TORBAY COUNCIL

Wednesday, 01 October 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, 9 October 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 Board

Councillor Johns (Chairwoman)

Councillor Bryant
Councillor Douglas-Dunbar
Councillor Foster
Councillor Spacagna (Vice-Chair)

A Healthy, Happy and Prosperous Torbay

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Governance Support, 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 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 4 September 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. Women's Safety and Domestic Abuse Strategy (Pages 13 - 32)

To receive a presentation on the submitted Women's Safety and Domestic Abuse Strategy Report.

6. Multiple Complex Needs (MCN) Alliance Review (Pages 33 - 70)

To receive a presentation on the submitted Multiple Complex Needs (MCN) Alliance Review Report.

7. Adult Social Care and Health Overview and Scrutiny Sub-Board (Pages 71 - 76)

Action Tracker

To receive an update on the implementation of the actions of the Sub-Board and consider any further actions required (as set out in the submitted action tracker).

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

4 September 2025

-: Present :-

Councillor Johns (Chairwoman)

Councillors Douglas-Dunbar and Foster

Non voting Co-opted Members
Amanda Moss (Chair of the Voluntary Sector Network)

(Also in attendance: Councillor Long)

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15. Apologies

Apologies for absence were received from Councillor Spacagna and Pat Harris.

16. Minutes

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

17. Healthwatch Annual Report 2025

The Communications and Digital Lead for Healthwatch – Si Culley and Chair of Healthwatch in Devon, Plymouth and Torbay – Dr Kevin Dixon, presented the submitted Healthwatch Annual Report 2025.

The Board raised the following questions:

- how will people without access to digital technology be supported with completing online surveys;
- how does Healthwatch work with the Torbay Patient Advice and Liaison Service (PALS); and
- does Healthwatch Torbay receive some funding towards preventative work carried out.

Mr Culley and Dr Dixon provided the following responses:

- Healthwatch are holding conversations with the NHS regarding continuing to offer an in person service to help residents who do not have access digital technology and wish to speak to advisor face to face;

- Healthwatch have a good working relationship with Torbay PALS and where appropriate, residents complaints or issues are referred to PALS for action and response to both Healthwatch and the resident;
- collaborative work is carried out by Healthwatch with local housing associations, Councils and Citizens Advice on preventative work to help local residents with issues such as health and housing. Healthwatch expect contributions currently received to continue until it is known what the future of Healthwatch will look like. With positive changes to increase the use of digital methods used for community engagement, more messages can be promoted on how residents can work with Healthwatch.

Members welcomed the report and thanked Mr Culley and Dr Dixon for their presentation.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the content of the Healthwatch Annual Report 2025; and

2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board recommend to Cabinet that the Public Health funding provided to Healthwatch be included within the future years budget provision and if Healthwatch ceases, the funding should continue to be made available to ensure that engagement, coproduction and codesign continues in Torbay.

18. Public Health Annual Report 2025/26

The Director of Public – Lincoln Sargeant and Public Health Consultant – Julia Chisnell, provided an overview of the submitted Public Health Annual Report 2025/26 and responded to questions.

The Board raised the following questions:

- was work being completed by Public Health to review the effects that cost of living is having on residents nutrition;
- were Public Health actively contacting local employers to discuss employment of residents aged over 50; and
- what work was being carried out to encourage age friendly communications between members of both the younger and older generations to work together.

The following responses were provided by the Director of Public Health and Public Health Consultant:

- the impact on nutrition from the cost of living was not something that was focused on specifically in the annual report. It is known that more residents of all ages in Torbay are visiting food banks, and food and fuel poverty were within the scope of the Turning the Tide on Poverty programme, and the Torbay Food Strategy;
- the Public Health team, in collaboration with Economy, NHS and Voluntary Sector partners, are supporting the Connect to Work programme, promoting

access to employment for all age groups, in particular those who are out of the workplace through long term health conditions or caring responsibilities. One recommendation of the Annual Report is to promote disability friendly working environments, and the Council is working on this as an employer; and

- within the Public Health Annual Report there were examples of work being carried out to promote inter-generational activities, recognising the benefits of this for all ages.

Resolved (unanimously):

That the Adult Social Care and Health Overview and Scrutiny Board note the development of the Public Health Annual Report 2025/26.

19. Spotlight Review of Adult Safeguarding

The Divisional Director of Adult Social Care – Gary Patch, along with the Head of Safeguarding Adults, Torbay – Jon Anthony and the Independent Chair of Torbay and South Devon Safeguarding Adults Partnership – Paul Northcott, provided the background to the submitted Torbay and Devon Safeguarding Adults Partnership Annual Report 2023/24 and an overview of the submitted Safeguarding Adults in Torbay presentation which was circulated to the Board after the meeting, and responded to questions.

Members raised the following points:

- what action was taken to prevent 'cuckooing' to vulnerable residents who reside in Torbay;
- what action was taken to assist residents where there was evidence of self neglect;
- was the training provided to social workers, all online training or was there face to face training provided;
- were there reports received regarding residents who may be struggling with their mental health and stating that they no longer wish to live;
- how can the public report safeguarding concerns;
- does the Safeguarding Team investigate abuse that residents by receiving via social media; and
- if a resident engages with the safeguarding team and then no longer engages with the Team, how long do individual cases remain active.

The following responses were provided:

- 'Cuckooing' is now classed as an offence and is a contemporary theme which had become an emerging issue. The Safeguarding Team have developed an exploitation toolkit that can be used to provide assistance;
- the issue of self-neglect by residents is not an easy issue to resolve. The assistance is based around the social worker and the resident engaging with each other to build positive relationships throughout the process. Should residents not easily engage with their social worker, a multi-agency approach can be put into place to resolve the issues as social workers do not have the power to enter residents homes;

- all social workers have face to face training and part of the training consists of reflective group working and looking at previous case reviews to gain learning from. The training is provided in different formats, where the team look at opportunities beyond the formal training including a successful Prevention Conference that was held in 2024;
- for residents who may be struggling with their mental health, there is a mental capacity framework which is followed. The assessment completed by the social worker is unique to the individual and a multi-agency approach is used to create a care plan for the resident;
- the details of how members of the public can report safeguarding concerns are detailed on the Torbay and South Devon Safeguarding Adults Partnership website see - Home - Devon Safeguarding Adults Partnership New literature has been produced through coproduction and posters were being created to be displayed in various languages;
- the Safeguarding Adults Team carry out various multi-agency approaches including working with trading standards and have good relationships with the Money Lending Team, to assist with concerns reported from residents receiving abuse through social media channels. This assists with building and enabling partnership arrangements so that various partnerships are aware of the statutory duties of the Safeguarding Team and how to engage for assistance; and
- there is a case management system in place which enables the Safeguarding Team to track previously reported safeguarding concerns for residents and the Team use any intelligence provided by partnership agencies to work collaboratively.

Resolved (unanimously)

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the content of the Torbay and Devon Safeguarding Adults Partnership Annual Report 2023/24;

2. that the Sub-Board receive 6 monthly updates on performance from the Chair of Torbay and South Devon Safeguarding Partnership; and

3. that the Director of Adults and Communities be requested to work with the Independent Chair of Torbay and South Devon Safeguarding Adults Board on public awareness, engagement and communication planning.

20. Annual Review of Building a Brighter Future Programme

The Chief Strategy and Planning Officer – Simon Tapley, the Director of Capital Development and the Head of Communications and Engagement – Elisenda McCutchion, for Torbay and South Devon NHS Foundation Trust, presented the submitted Annual Review of Building a Brighter Future Programme and responded to Members questions.

Members raised the following points:

- whether the delay with the proposed Nightingale Park Solar Farm was due to Torbay Council or Torbay and South Devon NHS Trust;
- if patients would be able to access their records through the new One Devon Electronic Patient Record system (Epic);
- whether new MYCARE app would be in addition to or to replace the NHS app;
- if the Annexe building was being used more to hold patients appointments and if smaller building were now being used more frequently;
- was the tower block being replaced after demolition; and
- how many wards were there in total within Torbay Hospital.

The following responses were provided:

- the Director of Capital Development had received draft energy costs from Torbay Council and was now waiting for final costs to be provided to allow for approval and the agreement to be signed off;
- the new Epic system would allow patients to be able to access their records and see the results of various tests;
- the MYCARE app is in addition to the NHS app provided by Torbay and South Devon NHS Foundation Trust. However, both apps would provide access to both systems;
- Torbay Hospital is reviewing with all departments how to provide the best care to the community utilising all hospital assets; and
- the demolition and replacement of the tower building was planned to be part of the redevelopment of the hospital including refurbishment of all wards. Due to the recent changes to the New Hospital Programme announced by the Government, which has delayed the proposed constructions works to the hospital until 2030, some remedial works had been carried out to the tower building to address some of the issues. The Director of Capital Development is continuing to speak with NHS England regarding the challenges being experienced at the hospital with the towers and the number of issues outstanding with the hospital wards, to ensure that the wards are continued to be maintained and welfare facilities are improved.

Resolved (unanimously):

1. that the Director of Pride in Place be requested to provide final energy costs for the proposed Nightingale Park Solar Farm and work collaboratively with the Torbay and South Devon NHS Foundation Trust to reach agreement stage;

2. that the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board provide a letter of support for Torbay and South Devon NHS Trust future estate funding to be sent to the Government;

3. that the Director of Capital Development be requested to provide a written response to confirm the various buildings being used for patient appointments; and

4. that the Chief Strategy and Planning Officer be requested to provide a written response to confirm the number of wards within Torbay Hospital building.

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

The Sub-Board noted the submitted action tracker. The clerk provided the following updates:

Action 1 for Minute 12/08/25: that the Integrated Care Board (ICB) notes the strength of concern from Torbay residents and considers how they can engage further with residents as they develop their case for change

NHS Devon is very cognisant of the concerns raised from Torbay residents regarding the future of cardiology services. This is clear from communication that has been received from local people over the last few months related to the previous proposal that was withdrawn ahead of the NHS Devon Board in May and the feedback shared from those that attended the Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board meeting on 6 August 2025.

There are currently no proposals regarding cardiology services and the draft case for change, which covers the whole of Devon, will not contain any proposals. The case for change will describe the current and future needs of the local population, the provision of local services and the key challenges facing the health and care system that need to be addressed. The case for change will remain in draft form until the engagement programme is complete and findings have been considered, after which point a final version will be published.

Since the Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board meeting, 6 August, the NHS Devon Stakeholder Engagement and Public Affairs Manager has been working with Healthwatch Devon, Plymouth and Torbay to design an engagement programme which will allow patients, members of public, clinicians, elected representatives and other keys stakeholders to provide their views on the draft case for change. This includes a discussion with the Heart Campaign in Torbay.

Once the draft case for change has been agreed, details of the engagement programme and how people can share their views will be shared and publicised.

Action 2 for Minute 12/08/25: that the ICB be requested to provide the Adult Social Care and Health Overview and Scrutiny Sub-Board with details of who will be involved in engagement with the case for change so that they can be assured that all relevant groups are included and confirm the date that the case for change will be available for publication; and

A Cardiology Review Group (CRG) will be established to lead the engagement programme, as well as monitor the 'in year' performance recovery of cardiology services that is required by commissioners. The programme will report to NHS Devon's Board and NHS England's Specialised Commissioning Board. An overarching 11-month timeline is proposed to ensure there is time to engage stakeholders in a meaningful manner.

A wide range of stakeholders will be involved in developing, reviewing and refining the draft case for change:

- **Clinicians** working across the whole patient pathway will be engaged, including through a Devon-wide clinical reference group. Independent and external clinical advice will also be sought
- **Overview and Scrutiny Committees** in Torbay, Devon and Plymouth. Once the draft case for change is published – we will then return to the Overview and Scrutiny Committees in the Autumn to share the draft case for change for review, feedback and comment.
- **Public, patients and stakeholders from across Devon** – including those with lived experience, MPs, Healthwatch, the Voluntary Community and Social Enterprise Sector (VCSE) and a stakeholder reference group.

The cardiology draft case for change is currently being developed alongside the One Devon Health and Care Strategy. The Health and Care Strategy is due to be taken to the NHS Devon Board in October 2025 and the draft case for change will be published shortly after this Board meeting – an exact date has not been agreed.

Action 3 for Minute 12/08/25: that the ICB be requested to engage with the Adult Social Care and Health Overview and Scrutiny Sub-Board as they develop their case for change and any other significant changes to health care affecting Torbay's residents and that appropriate professional colleagues be invited to the Sub-Board to give evidence.

NHS Devon consider the three Overview and Scrutiny Committees across Devon as key partners to involve as part of the cardiology draft case for change development. If there were any significant changes to the delivery of healthcare that affected residents, Overview and Scrutiny Committee members will be key stakeholders to be involved in the conversation and NHS Devon would send the appropriate officers to present information/answer questions. It is proposed that NHS Devon will attend Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board again in the Autumn to present the latest information, answer questions and advise people how they can get involved in the draft case for change development process.

Chair

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TORBAY COUNCIL

Meeting: Overview and Scrutiny Adult Social Care and Housing Sub-Group

Date: 9th October 2025

Wards affected: ALL

Report Title: Update on Women's Safety and Domestic Abuse Strategy

When does the decision need to be implemented? n/a

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

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

1. Introduction

1.1 The purpose of this report is to provide the O&S Sub-Group with an update on Women's Safety and the Domestic Abuse Strategy highlighting key activity and emerging strategic issues.

2. Women's Safety Update

2.1 **Governance - TTAG & ENTE Delivery Group -** The Torbay Town Centre Action Group (TTAG) has been established as part of the revised governance of the Street Focus partnership activity. This partnership group is responsible for overseeing the implementation of the ASB Action Plan including the recommendations from the Environmental Visual Audit (EVA) which identifies potential safety improvements to the town centre. Although it is initially focusing on Torquay, the intention is for an EVA to be completed for Paignton and Brixham and specific plans to be developed for these areas. Reporting into this is the newly formed Evening and Nighttime Economy (ENTE) Delivery Group which will consider community safety partnership activity around licensing, including oversight of taxi marshalling; women's safety and other concerns, including engaging with the business community. This group will be using the Purple Flag framework as a guideline for best practice.

2.2 **Project Nighteye -** Project Nighteye is a Devon and Cornwall Police (DCP) campaign to specifically target the male perpetrators of sexual violence in the evening and night-time economy (ENTE). The project aims to make public spaces safer for women and girls and deter crime. In order to raise awareness around behaviours of concern, how to spot them and provide signposting to methods of reporting, the Force has created two animated videos – one for partners and one for the public. This will be circulated via existing networks including across the DA Champions and SWAN.

2.3 **SWAN (Safety of Women at Night Charter)** – the SWAN charter has been running for several years and is about supporting businesses and organisations to take practical steps together to make Torbay safer at night for women. 150 organisations are currently signed up to the Charter and we have continued to engage with local businesses to increase engagement. For the upcoming year funding has been secured to strengthen the offer to the network by providing additional bystander training, including developing an online offer; input from voluntary sector partners to increase awareness of VAWG – and linking more closely with the DA Champions network. The ENTE delivery group will be evaluating the effectiveness of SWAN during 25/26.

2.4 **Safer Travel Survey –** a Torbay wide survey in April 2025 targeted at women and girls regarding safety on public transport which had 279 responses across the age range. This found that:

- Most people feel safe on public transport during the day.
- Younger people are more likely to feel unsafe during the day.
- 48% of participants feel unsafe using public transport after dark.
- Females, young people, and disabled people are more likely to feel unsafe when using public transport after dark.
- 42% of respondents have witnessed, or experienced, crime or harassment.
- People aged 54 and under are twice as likely to have experienced, or witnessed, crime of harassment on public transport than those aged older.
- 31% of people who experienced or witnessed crime or harassment reported it, and many respondents were unsure how to report concerns whilst using public transport.
- Only 12% of people think there are enough security measures in place on public transport.

2.5 **Safer Travel app** – learning from the Safer Travel survey, with funding from Great Western Railway, this project aims to improve safety for women and girls when using public transport, although it's impact will potentially be much wider. The funding has been used to purchase access to the IMABI travel app for a 12-month test and learn project. The app provides localised mapping and safety tools specific to Torbay – including quick incident reporting to police, Stagecoach and other partners. It also provides information on local services, safe spaces and useful advice guides which can be edited and changed locally. It offers a method for direct engagement with local users for example for spot surveys; and provides users with virtual tracking and other safety tools. This is already available to download free from here. Comms will start leading up to 16 Days of Action although stakeholders have already been involved in developing local content and raising awareness.

2.6 **Development of the Mentors in Violence Prevention approach –** funded by the Home Office Serious Violence Duty grant, this project works with primary age children. This is an early intervention peer mentoring programme that aims to create a safe and positive space to encourage positive peer to peer connection to ultimately reduce crime and violence. MVP is a preventative programme where children and young people develop leadership skills to consider their role as 'active bystanders', it aims to create safe and supportive learning environments by challenging bullying and abuse, building relationships and creating partnerships. MVP has continued to be delivered in several Torbay Primary schools however was impacted this year by severe delays in the announcement of Home Office funding. Work is ongoing to identify ways in which the project can be continued post 25/26 and potential embedded into wider prevention activity in education or community settings. Discussions have also taken place with Shekinah to develop a joint business

case outlining a combination of peer mentoring and restorative circles approach to deliver a programme in schools focused on healthy relationships and tackling misogyny.

3. Domestic Abuse Strategy Update

3.1 DASV Strategy Workstream Updates:

Communication: The Communications workstream is focused on delivering three campaigns this year. These include work specifically on Suicide Prevention (September), 16 Days of Action (November/December), and Sexual Violence Awareness Week (February). 16 Days of Action this year runs from 25th November to 10 December with variety of awareness raising events planned across Torbay. This will include drops in, myth busting, and an awareness raising bus.

Workforce Development: The workstream has mapped the various training offers on domestic abuse and sexual violence and is also examining the different offers on trauma informed practice. Most recently the group has been actively involved in reviewing and updating the Council's I-learn modules:

- Introduction to Domestic Abuse
- Introduction to Sexual Violence
- Introduction to MARAC
- Managing Sexual Violence Disclosures.

Disruption: The Disruption workstream focuses on developing and implementing activities that will identifying the person causing the harm and addressing these behaviours as early as possible and ensuring there is a coordinated system response that breaks the cycle of abuse. A significant gap in Torbay is the lack of a Behaviour Change offer to address the perpetration of domestic abuse. The focus of the Disruption workstream has been to scope and prepare a proposal recommending how this can be addressed (see Appendix 1). The paper presents three options:

Option 1: Recruiting Behaviour Change Specialist Roles x 2 (into existing structure)

Option 2: Commission Behaviour Change interventions with support for victims and children (as a separate provision)

Option 3: Seek to partner with Plymouth or Cornwall pending their commissioning outcomes

The preferred option which will now be costed and put forward as part of budget considerations for 26/27 is **Option 2** to commission a Behaviour Change intervention with support for victims and children. This will be progressed via the Disruption work-steam.

3.2 Findings from our Lived Experience Work: One of our key DASV Strategy pillars is Embedding Lived Experience. This means listening to, learning from and using what our victim and survivor communities tell us to develop and improve the system response to DASV in Torbay, including co-producing with them. To support this, we provided funding for some specific activities**:**

a) **Peer Researchers** – recruited, trained and supported by Devon Rape Crisis to undertake structured interviews with victims and survivors of their experiences of accessing services and suggestions for improvement

b) **Facilitating Engagement Grants** – small sums of money paid to VCS organisations to use to facilitate engagement with victims and survivors and build lived experience networks.

The first year of work has provided valuable insights for the Domestic Abuse and Sexual Violence Executive Group (DASVEG) which have been collated and reflected upon by a small sub-group of DASVEG and some proposed solutions identified:

Issue	**Proposed solution**
Waiting lists for services including therapy offers	• OPCC Sexual Violence Therapies contract due to start in early 2026 will help to address some of the waiting lists however demand will continue to exceed supply • Trauma stabilisation training has been and continues to be delivered to staff in key services so they can support people whilst waiting for MH support. The training gives staff skills and techniques to help ground people in emotional distress.
Fragmented and disjointed referral pathways	• Ensure multi- disciplinary forums and pathways are well publicised
People feel let down, disbelieved, stigmatised and alone	• Co-produce a Victims Charter setting out values and principles of what to expect from services including making venues trauma informed and welcoming
Tensions between trauma informed approaches and limitations in what statutory agencies can do	• Increased complexity and multiple nances in presentations • Amplify Power Threat Meaning Framework approach across system *(What happened to you?* not *what is wrong with you*?)
Lack of long-term support	• Fund Peer Support offers that are available long term
VCS holding unacceptable and unsafe levels of risk due to MH thresholds/limited service offers	• Address impact of DPT thresholds on wider system • Support VCS to facilitate safe delivery as a valued partner - including in-kind support
Request to co-produce service solutions with people with living and lived experience	• Support for men and those with intersectional needs

In addition, the Peer Researchers have been involved in gathering views to help frame communications around suicide prevention and DASV to support the Council's work on suicide prevention.

4. Policy and the External Environment

4.1 **The Increasing Impacts of Online Pornography on Children:** In September the Children's Commissioner published a new report on the harms being experienced by children from online pornography.

This report follows on from the 2023 report "*A lot of it is just actually abuse - young people and pornography*" and highlights that the situation has worsened in the last two years – with the caveat that the report was prepared before the Online Safety Bill was enacted this July.

The report is clear that the Act's protections can only go so far whilst online and offline pornography is governed by two different sets of rules- what is illegal to publish offline is not always illegal to publish online. Offline formats of pornographic videos, for example DVDs, are required to be classified by the British Board of Film Classification (BBFC) to be legally distributed in the UK. The BBFC will not classify pornographic material that is potentially harmful, including acts likely to cause serious physical harm and material likely to encourage an interest in sexually abusive relationships.

Online pornography is not regulated in the same way so whilst the Online Safety Act provides protection against illegal material, and access protections for children, it is important to understand there are no provisions to regulate the publication of legal but harmful pornography.

Key findings from the report:

It is normal for children and young people to be exposed to online pornography:	• 70% of survey respondents had seen pornography online, up from 64% in 2023. • Boys (73%) were more likely than girls (65%) to report seeing online pornography • A larger proportion of children with Special Educational Needs (SEN) (76%) had seen • pornography in comparison to those without SEN (69%)
Children are being exposed at very young ages:	• The average age a child first sees pornography online is 13. • More than a quarter (27%) of respondents had seen online pornography by the age of 11. • Some respondents reported having seen pornography by the age of "6 or younger".
Children are most likely to see pornography by accident	• 59% reported seeing pornography online by accident up from 38% in 2023. • X (formerly Twitter) remains the most common source of pornography for children, outstripping even dedicated pornography sites. • The gap between the number of young people who saw porn on X and the number who saw it on dedicated pornography sites has widened in the last 2 years. X now accounts for 10% points more exposure than dedicated pornography sites (45% vs. 35%) in 2025, compared to only 4% points in 2023 (41% vs. 37%). • 8 out of 10 of the main sources children access pornography are social media or networking sites.
It is normal for the pornography children see online to be violent	For example, choking, strangulation, hair pulling

4.2 **<u>The weaponisation of the VAWG agenda</u>:** In recent months we have seen women's safety being co-opted by far-right groups to justify racist and anti-migrant agendas. Male violence against women and girls (VAWG) is being reframed as an "imported" issue, rather than a systemic, society-wide problem.

Examples include:

- False statistics (e.g. *"40% of sex attacks by foreign nationals")* spread by unverified sources like the Centre for Migration Control and then quoted by the media and some high-profile political figures without verification
- Misleading claims linking immigration to rising sexual violence, reinforcing incorrect and harmful myths that most gender-based violence is committed by strangers or migrants
- Far-right groups have staged protests outside hotels housing asylum seekers, claiming to protect women and girls (for example the recent demonstrations in Epping against a migrant who had allegedly sexually assaulted a young girl.) Such protests often use isolated incidents to generalise and stigmatise entire migrant communities. Last summer's riots following Southport, involved a similar rhetoric and protesting around asylum hotels. In Rotherham, out of the 75 people arrested after rioters set fire to an asylum hotel 35 turned out to have been previously reported to the police for domestic abuse.
- Slogans like "Safety of women and children before foreigners" have been used to promote anti-migrant protests.
- Influential public figures Elon Musk amplified far-right voices on X (formerly Twitter), including Stephen Yaxley-Lennon (aka Tommy Robinson) and Andrew Tate.

The impact of this is that:

- The narrative distracts from the reality that most violence is committed by men known to the victim, not strangers or migrants. Male violence is not imported; it is a pervasive issue across all communities
- It puts survivors at greater risk
- It detracts from educational discourse with young people and communities about healthy relationships and consent
- It diverts attention from systemic issues like underfunded support services and long waiting lists for support
- It normalises hate speech and fuels division, thus affecting community cohesion
- Migrant and minoritised women face increased fear, harassment, and isolation
- Survivors are retraumatised by using their experiences for political purposes
- Public trust in genuine safeguarding efforts is undermined.

In response we need to:

- Ensure our communications centre survivor voices and systemic causes of violence
- Ensure that we correct misinformation
- Challenge the narrative

4.3 Emerging challenges for LGBTQ+ community and impact on victims experiencing DASV: Over the last few years and particularly since the High Court ruling regarding Biological Sex, the Intercom Trust report noticing a significant negative impact on our trans and gender diverse communities, due to the social, political climate of fear that has been created in the media/social media and by some politicians. The Intercom Trust are now working with more victims of crime than ever before, a significant rise in mental/emotional health and fear of living their authentic lives.

The service has reported having clients that will not go out into town due to fear of using toilet facilities and have had Trans, CIS gender clients and staff who have been challenged in toilets as they do not fit the perceived appearance of a 'woman'. They have noticed the increased need for support as the current climate impacts on the trauma, mental and emotional health of individuals.

The current provision for LGBTQ+ DASV victims and survivors is provided by grant funding from the Ministry of Justice and delivered by the Intercom Trust's Safer Rainbow service, which is commissioned by Torbay for the whole of wider Devon. The funding is due to end on 31st March 2026.

There is no information about continuation or new funding for this work at the time of writing this report, suggesting that nothing will be announced until after the Chancellors Budget in late November. This places the service at risk as staff may leave before any announcement is made.

In the meantime, The Intercom Trust is actively seeking charitable funding to enable the continuation of the work in some format.

The value of the work being delivered by Safer Rainbow has come to the attention of the Domestic Abuse Commissioner Nicole Jacobs, who is a strong advocate for "by and for" services.

5. Appendices

Appendix 1: Report on Options for Responding to DA Perpetration

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Report on Options for Responding to DA Perpetration

July 2025

Introduction:

This report considers options for the adoption of a response to challenge people who cause harm in Torbay, identified as a significant gap of our system and one of the central pillars of the Domestic Abuse and Sexual Violence Strategy (DASV) Strategy to address. The Torbay system currently focusses on the provision of support to victims of domestic abuse, relying on the Criminal Justice System as the mechanism for challenging the people causing harm. Most perpetrators do not go through the CJS (approximately 76% of DA related offences go unreported), which highlights the gap of reach into the population of people causing harm.

In 24/25 domestic abuse was the second largest reason for MASH referrals in Torbay (19%). Between 2021 – 2024 domestic abuse was found to be a factor across 48% of all referrals into MASH upon completion of assessment. A recent deep dive taken into re-referrals into MASH of 10 children found 100% had been exposed to domestic abuse. The Domestic Abuse Act 2021 explicitly references children as victims of DA if they see, hear or experience effects of abuse.

Background and overview

Perpetration programmes have typically consisted of 121 or group work with individuals, or a blend of both accompanied with support for any partners and their children. Generally these programmes are community based and voluntary in nature, for people that recognise their behaviour is of concern / causes harm and they wish to address this. Attendance at such structured programmes takes place over many months and requires a genuine commitment to change, which enhances the likelihood of better outcomes and increased safety for partners and children. Risks of such programmes can include attendance as a means to give the impression of trying to be a better partner / parent either for the purposes of further controlling the relationship and / or using it as a means to try and influence the outcome of child protection processes. Pre-engagement assessment is a crucial and integral part of any programme seeking to address harm and ensuring they are not misused.

Torbay has previously delivered a behaviour change programme through its commissioned domestic abuse service Torbay Domestic Abuse Service (TDAS), using applicable grant funds that covered the costs of training some staff in the ability to deliver a programme to groups of males. The programme was voluntary to attend and ran over a 26 week period. Referrals came from children's services, probation or were self-initiated. Due to the non-recurrent nature of funds the programme ceased when trained staff moved on from the service.

In the few years after covid more funds became available for perpetration based work on a short term basis. The intention was to recruit into a post called a 'Behaviour Change IDVA' who would work directly with people causing harm, as Devon County were doing with their allocation of funds. At the time the Police and Probation service's Integrated Offender Management Teams focus included DA, which would have helped provide some wider support and structure to the work. Despite multiple attempts recruitment into the post was unsuccessful, we believe due to the short term nature of the contract and the fact that it was an entirely new role within systems. This aspiration differed from the provision of a programme that would run on a referral basis, as it incorporated a proactive and targeted means to engage people of concern and seek to address harm within wider mechanisms of systemic activity. It also would have been accompanied by individual support for victims and their children. This has meant that an intensive casework management of high harm perpetrators has not been developed in Torbay. Despite some targeting of offenders by police on a routine basis, this has been a largely single-agency response without the input of the wider system in a structured and intentional way.

To utilise the funds we then procured access to a behaviour change programme focussed on standard / medium risk harm perpetrators delivered by an organisation based in Plymouth. This included 121 and group work as well as support for victims and children. The programme was weekly over a period of 30-40 weeks. Due to the funding nature this was only able to run on a referral basis between Feb – Nov 2023. It received 9 referrals, 8 of which were self referrals (remaining 1 from Children's Services) and 5 people successfully engaged the programme. 3 referrals were assessed as not suitable.

From the experience of having delivered two forms of programme in Torbay it was apparent that having access to a programme is a necessary part of the system, but in isolation it is not sufficient to meet various levels of harm, particularly responses to high risk harmers who may require targeted and bespoke action taken to address risks posed. Referrals into both programmes were less than had been anticipated and clearly needed further time to embed with practitioners across the system being able to identify appropriate referrals. It also confirmed in line with best practice that providing support to victims and their children as part of the approach was vital.

In the absence of any specific and focussed work in a community setting, the only specific response to perpetration is within the Criminal Justice System (CJS).

CJS

The CJS will process people convicted of DA related offences (there is no specific offence of DA). Within the system are two main areas of work that people having caused harm may be suitable for.

Firstly, there is a Cautioning and Relationship Abuse (CARA) service for standard risk first time offenders who have accepted full responsibility for their offence and been offered a conditional caution. They will then go on to attend two workshops that explores abusive behaviours and ways

to ensure that they are not repeated. This is a new initiative within Devon and Cornwall with rates of use currently low.

Secondly, Building Better Relationships is a 30 week programme for men convicted of an intimate partner violence (IPV) related offence, typically delivered by the Probation Service. It uses group work and a cognitive behaviour therapy approach to explore abusive behaviours and develop healthier relationship skills.

It is estimated that less than 24% of domestic abuse related offences are reported to the police (1).

For 23/24 across England and Wales (2):

- 42 arrests were made per 100 reported DA related offences.
- Percentage of prosecutions resulting in conviction was 76%

Under these circumstances at least 76% of DA offences in Torbay go <u>unchallenged</u> by the system. As such the CJS is only able to reach a comparatively small proportion of people causing domestic abuse, highlighting the size of the gap within Torbay's current system due to a lack of community based interventions. Having access to behaviour change interventions seeks to make visible the unseen perpetrators and make them accountable for their actions.

<u>Behaviour Change Interventions – evidence</u>

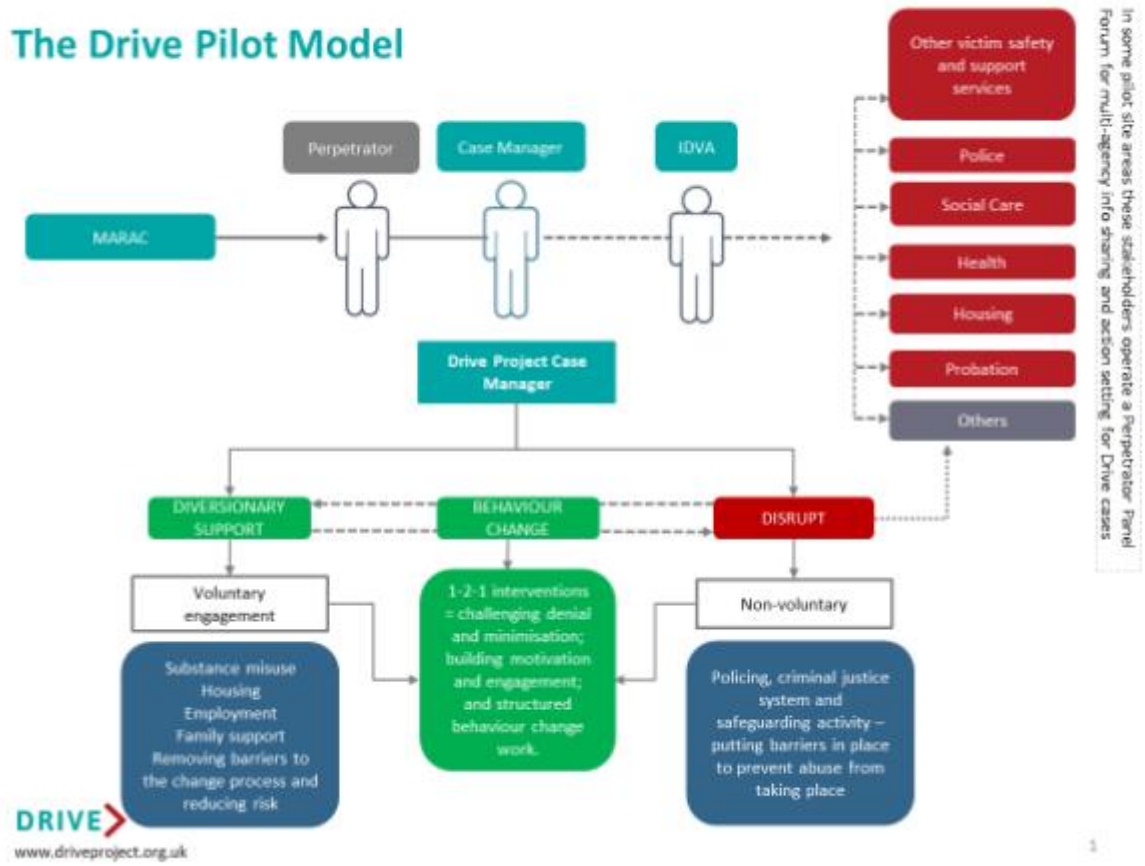
In general terms, there is insufficient evidence regarding the long-term impacts of behaviour change interventions. But there are evaluations of some programmes that indicate positive shorter term impacts which may or may not have been sustained into the future. A research project from 2015 exploring the questions of 'do they work in reducing mens violence AND in increasing freedom for women and children' concluded that whereas many questions remain, many lives of men, women and children are improved after engagement with a perpetrator programme (3).

In the UK there is an accreditation mechanism for behaviour change programmes through Respect. The Respect Standards provide a framework for the safe, effective and survivor focused work with perpetrators of domestic abuse – inclusive of those who are willing and motivated to change and those who are categorised as high harm and require intensive case management approaches (4). Delivery to these standards ensures the efficacy of the intervention being delivered, including the organisational support / governance around it. Depending on what is to be delivered in Torbay and how, there may be a cost for achieving accreditation.

The Drive Project is a whole system approach to high risk / high harm and or serial perpetrators of domestic abuse, using intensive case management and involving a range of other partners to provide a coordinated response. The focus is to improve safety for victims and children. It was the focus of a 3 year randomised control trial which found that it was successful in reducing abusive behaviours and enhanced the safety for victims (6).The evaluation indicated that participation resulted in reductions in abuse and risk amongst users of the service, with physical abuse reduced by 82% and jealous and controlling behaviours reduced by 73%. Figure 1 represents an overview

of the Drive Model with its core components, demonstrating how it uses a multi-disciplinary model around both perpetrators and victims of the behaviours. Whereas most behaviour change work with perpetrators should be through voluntary engagement, Drive also provides a non-voluntary approach that seeks to disrupt abusive behaviours / patterns.

Figure 1 The Drive Intervention



The Drive Partnership have launched a Call To Action for a National Strategy on DA perpetration, with 5 central tenets. Attached here for reference (7).

Key elements of effective responses to perpetrators

Safe and effective interventions for perpetrators of DVA should be provided within the context of an integrated or coordinated community response, which includes the requisite support provision for victim-survivors, as set out in the Respect Standard.

Evidence from evaluated programmes, discussed here, together suggest interventions and programmes which respond to perpetrators of DVA require:

- A multi-agency, multi-sector response across a range of different settings
- A combination of different types of engagement including one-to-one and group work
- Broad and varied referral pathways
- Information sharing across the services and providers involved in supporting families

- Robust risk assessment and management
- Good governance. (5)

Approaches should also provide specialist consideration and responses for the needs of LQBTQ communities.

Therefore a systemic response necessitates multiple elements that address harms of varying degrees. This paper does not seek to outline all such components, but highlights this as the context for which any funded intervention/s would sit. To be able to respond to the various degrees of harm and operate in a preventative manner, our system would require both trained caseworkers (as per option 1 below) and access to 121 and group behaviour change interventions – as well as healthy relationship and bystander programmes. The blend of casework and programme activity would ensure responses are viable for those motivated to change and those who are not.

Developing a coordinated approach in Torbay to people who cause harm - options

An optimal system for responding to harm would include working across primary, secondary and tertiary levels of prevention. This would integrate a range of approaches from early intervention through to intensive case management approaches. More thoroughly developing this range of activity is for DASVEG to conduct and there are elements of work that have already been delivering on this. Given that there is such limited infrastructure in terms of direct perpetration centric work, there are several places at which an investment could be made to start building a coherent response.

Targeting investment at medium and or high risk / high harm perpetration would likely have most immediate impact in improving the safety of victims and their children. Currently, both Plymouth and Cornwall are engaged in commissioning exercises for related service provision that may provide an opportunity for collaborative working within the region if Torbay is able to provide committed funds to this area of work. Both Plymouth and Cornwall are delivering or expanding community based approaches to perpetration with various levels of intervention to address the types of harm. As such they have experience of delivering a more holistic range of interventions in a system coherent way, which could be beneficial for Torbay to partner with if opportunity allows.

As the models differ by context and developing programmes not an ‘off the shelf’ exercise, it is not possible to obtain broad quotes based on the various options. We believe that an investment of around £100k would enable one of the following options (with caveat it could be more or less) given the funds previously spent on similar:

Option 1. Recruiting Behaviour Change Specialist Roles x 2

This option is based upon the Drive Model, which is believed to be expensive to implement but replicable as an approach. Such roles would be recruited to carry a caseload of medium / high risk perpetrators whilst support for victims / children provided by additional resource. As the first of this type of role in Torbay they would also advise on further system development of our community based response to perpetration. They would conduct intensive casework in respect of high risk perpetrators and also engage in casework with medium risk people particularly within the context

of family-based work with Children's Services. They would be responsible for delivering behaviour change work directly with individuals and facilitate group work.

Option 2. Commission behaviour change interventions with support for victims and children

There are providers who provide packages of interventions such as briefly experienced in Torbay in 2023. This could seek to provide interventions and support at the medium / high risk levels, but would not include intensive case management function – therefore focus on those motivated to change. A procurement exercise would be run to identify programmes for referrals into and the support for any accompanying victims and children. This would provide a consistent means for 121 and group work to be facilitated, but would be less fully embedded with the system given the referral nature of the structure – this would likely have less reach into the casework of Children's Services as previously experienced.

Option 3. Seek to partner with Plymouth or Cornwall pending their commissioning outcomes

Cornwall have already expressed a willingness to consider joint contractual arrangements following their process and it is likely that a similar conversation is welcome with Plymouth also, given the continuous relationships enjoyed across the peninsular between the respective commissioners of such services. This would mean waiting for the outcome of existing processes that they are engaged with before being able to take any tangible steps to start work, but it would provide a direction of travel and benefits of shared learning and possibly economies of scale with the successful provider.

Option 1:

STRENGTHS	WEAKNESSES
• Provides embedded expertise within our systems as opposed to attached to it • Case-holding function means can directly contribute to the work of Police, Children's Services and other relevant agencies – becomes part of a multi-disciplinary approach • Could operate with medium / high risk situations and provide integrated assessment of suitability for behaviour change interventions • Provision of both 121 and group sessions of behaviour change work • Development function would help further mature a system response by identifying areas for improvement / investment	• Cost likely to exceed £100k to ensure necessary inclusion of victim / child support alongside behaviour change work undertaken • Accreditation would also be an additional cost of an unknown quantity • Unlikely to be able to take self-referrals (unless already known to statutory system)

• This option is most likely to provide the best connectivity to the work of Children's Services if delivered well (due to the integrative nature of casework model) • Would enable an approach similar to the Drive Model with demonstrable outcomes	
OPPORTUNITIES	**THREATS**
• To develop greater understanding of behaviour change work across systems in Torbay • To learn from Devon who have implemented similar roles for a number of years • To start developing ways of working across the system that challenge the default position of requiring women to be responsible for the behaviour of their abuser when it comes to protecting their children from them.	• Current levels of system capacity appear such that there is no obvious place to host the roles with confidence that the work can be thoroughly supported and developed • Inability to sufficiently support or develop the work would lead to suboptimal outcomes and potentially increase risk for some victims and their children • The roles would require another form of multi-agency meeting structure to help achieve outcomes, this is another request for resource from a stretched system (although this is in part mitigated by the strong support for enabling this sort of work).

Option 2:

STRENGTHS	WEAKNESSES
• Intervention would be provided by an organisation with demonstrable skill and experience in domestic abuse related behaviour change • Can specify that any intervention delivered is Respect Accredited as part of procurement process • Service start would most likely be quicker than Option 1, possibly significantly so. • There are at least some regionally experienced providers • Can take self-referrals as well as from statutory agencies	• A procured programme would be an addition to the current system, not embedded within it – not being actively engaged in casework relies on referral mechanisms and 'arms-length' relationship between the provider and referrers • Previous experience of running similar programmes in Torbay demonstrated very low utilisation from Children's Services • Can only work with persons already motivated to change – cannot provide disruptive element to high risk / high harm perpetrators
OPPORTUNITIES	**THREATS**
• Learning from the delivery of the interventions can help support further system development on work challenging perpetration	• That the expectations of key referral partners are not met, through a variety of foreseeable realities such as referrals being accessed as not suitable / safe, attrition rates and length of programmes • Expectations not being met would likely reduce future referral levels and increase lost opportunities for pattern changing work – this is foreseeably most probable in terms of referrals from Children's Services • Any lack of impact seen directly across the work of statutory agencies may be perceived as lacking value for money

Option 3:

STRENGTHS	WEAKNESSES
• Procurement work would already have been completed, saving time and Council resource in respect of commissioning processes • Regional partners have greater experience in the delivery of behaviour change interventions, embedding the work and managing related contracts • Potential for some savings through economies of scale	• Timescale and contract details currently unknown, including cost implications • Provider selection process would not include Torbay representatives
OPPORTUNITIES	**THREATS**
• Potential for added value in a contract with another LA that covers wider range of interventions – possibility of creative means to resource additionality • Access to wider source of learning when working in a regional partnership • Could strengthen future funding bids for related activities	• Torbay could be seen as the weaker / smaller partner within the contract (assuming larger volumes of funds from other LAs) • LGR creates uncertainty regarding regional arrangements

Summary

Investment in any of the options discussed would put Torbay in a stronger place than it has ever been, unless the funding were to be short term in which case option 1 would not be viable and option 2 / 3 achieve limited impact .

Whereas option 1 would be strongly preferential due to the nature of the work being integrated into Torbay's systems and casework, with the ability to target efforts towards individuals and families as well as support the work of MARAC – the concerns regarding the capacity of the system to competently host such new and risk-holding roles are significant. It is not a comment on willing, but of time and commitment capacity to provide strong and effective management, governance and the navigation / forming of new cross-system relationships. Growth In Action would be the natural host for such roles given the presence of domestic abuse and drug and alcohol services, but has a series of challenges at present that would impact ability to deliver.

For this reason, option 2 is the most straight forward and clearly defined option available, that will lead to tangible and known result in the form of a procured service. Lack of reach into the casework of Children's Services remains a concern but with some concerted effort this may be mitigated to a degree. Option 3 does have strengths and could lead to added value, but creates delay and uncertainty if the intention was to proceed in a more timely manner.

However, should this form part of budget setting for next financial year, this would give time to explore these options in more detail and obtain more detailed costs associated with them. If implementation were to be from 26/27 then it may be possible to seek some assurance regarding the viability of option 1.

Recommendation

This paper concludes that under current circumstances Option 2 is the most viable to be progressed within the shortest timescale.

Dave Parsons

Community Safety

Torbay Council

July 2025

References:

1. Domestic Abuse Statistics UK - NCDV
2. Office of National Statistics - Domestic abuse and the criminal justice system, England and Wales - Office for National Statistics
3. Project Mirabel - https://projectmirabal.co.uk/wp-content/uploads/2020/06/ProjectMirabalfinalreport.pdf
4. Respect Standard 2022 Respect_Standard_4th_edition_2022.pdf
5. Working with people who perpetrate domestic violence and abuse in families: Summary report. Research in Practice 2021 working-with-people-who-perpetrate-domestic-violence-and-abuse-in-families-summaryreport.pdf
6. Evaluation of the Drive Project: University of Bristol evaluation of The Drive Project - The Drive Partnership
7. Drive Partnership Call To Action: Call-to-action-A-Domestic-Abuse-Perpetrator-Strategy-for-England-and-Wales.pdf

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TORBAY COUNCIL

Meeting: Overview & Scrutiny Sub Board – Adult Social Care and Health **Date:** 09 October 2025

Wards affected: All Wards

Report Title: Multiple Complex Needs (MCN) Alliance Review

When does the decision need to be implemented? n/a

Cabinet Member Contact Details: Cllr Hayley Tranter, Cabinet Member for Adult Social Care and Public Health and Inequalities plus Communities, hayley.tranter@torbay.gov.uk

Director Contact Details: Dr Lincoln Sargent, Director of Public Health, lincoln.sargent@torbay.gov.uk

1. Purpose of Report

1.1. The Multiple Complex Needs Alliance (MCNA) was commissioned under an Alliance Agreement to better respond to and meet the needs of those who experience homelessness, drug & alcohol problem, and domestic violence or abuse. Following a mobilisation year, the Alliance went live on 21 June 2022. It comprises Substance misuse treatment services (Torbay Recovery Initiatives); Homeless Hostel (Torbay Council); and Domestic Violence and Abuse Support Service (Sanctuary). This service is now named as Growth in Action (GiA).

1.2. At the Overview & Scrutiny Board on 14 November 2024, whilst there was recognition of benefit from GiA, the timeliness and scale were identified as not wholly being where they should ideally be. Particularly in reference to the transformational ambition of the Alliance Agreement.

1.3. At this meeting, an action was taken to provide future assurance to the Overview & Scrutiny Sub-Board: Adult Social Care and Health that the transformational opportunities afforded by the Alliance approach are observable and progressing towards realisation. This paper provides a progress to date position in accordance with this instruction.

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 delivering a service that is seeking to bring about real sustainable change with many of those who experience greatest need and complexity in Torbay. Central to this is empowering those with lived experience of the issues as well as services by putting them at the heart of shaping the support offer to best meet their needs and aspirations through a coproduction approach.

2.2. The reasons for the proposal, and need for the decision are, that this initiative is a significant provision for delivering against the community and corporate plan and as such Overview & Scrutiny have sought an ongoing understanding of progress.

3. Recommendation(s) / Proposed Decision

3.1. To acknowledge and endorse those improvements made to date.

3.2. To recognise the variance in key process metrics across service in GiA, and the need for improvement where decline over time has been noted.

3.3. To seek assurance over the coming year that [1] GiA's implementation plans are realising the strategic aims and milestones as stated; [2] GiA has the necessary internal mechanisms, forums and capability to improve performance and quality of service.

3.4. For a progress update of GiA is presented to Overview & Scrutiny: Adult Social Care & Health Board again next financial year.

4. Appendices

Appendix 1: Essential Process Metrics over time for adult drug and alcohol treatment service
Appendix 2: Essential Process Metrics over time for domestic abuse support service.

Appendix 3: Essential Process Metrics over time for homeless hostel.

5. Background Documents

- Growth in Action strategy

Growth in Action Strategy.pdf

Supporting Information

6. Introduction

Key Process Metrics

6.1. *Drug and alcohol treatment service*: overall performance against key process metrics has been fluctuating over recent months, but generally over a longer period of time (two years) performance has declined across most metrics (comparing Q1 in 2023/24 to Q1 2025/26, see table in Appendix 1).

6.1.1. Numbers in treatment have overall declined with marked decreases in opiate users and alcohol. This has been offset to a degree by increases in non-opiate and alcohol and non-opiate cohorts.

6.1.2. People remaining in treatment over 12 weeks (an indicator of likelihood of success) has declined, as have waiting times over three weeks for opiate, non-opiate and alcohol client groups.

6.1.3. Leaving treatment successfully has improved for opiate; alcohol and alcohol & non-opiate cohorts, with declining performance for non-opiate.

6.1.4. The number of people re-entering treatment within 6 months of leaving, have been increasing over the longer term (lower is better). In the last year that has been increasing for most groups; the opiate cohort being the exception with an improving rate.

6.2. *Domestic abuse support service:* overall performance against key process metrics has been fluctuating over recent months, but generally over a longer period of time (two years) performance has declined across most metrics (comparing Q4 in 2022/23 to Q4 2024/25 or Q1 data when Q4 was not historically available, see table in Appendix 2).

6.2.1. Monthly fluctuations in numbers in service are evident but overall, there has been a reduction. The majority of which is within the outreach element which holds the most significant volume. Waiting time length has remained unchanged.

6.2.2. Utilisation of the safe accommodation elements have been impacted by increasing times taken for vacated units to be turned around ready for next occupant. Length of stays in the accommodation have also become routinely lengthy due to problems with accessibility of move-on accommodation.

6.2.3. A significant observation between years is that percentages of unplanned exits from service have increased as well as re-presentations into the service.

6.3. *Homeless Hostel*: since the service was brought back in-house, there has been a marked and sustained improvement in overall performance. Following an initial uplift, performance has remained consistently strong. Over the longer term—specifically when comparing Q4 of 2022/23 with Q4 of 2024/25—there is clear evidence of progress across most performance indicators (refer to Appendix 3 for detailed metrics).

6.3.1. In 2024/25, there was a modest increase in the number of individuals accommodated at the Hostel, rising from 82 to 87 compared to the previous year. Early data from Q1 2025/26 indicates a further slight improvement. However, it is important to note that the number of unplanned exits has also increased. These exits are attributed to a range of factors, including hospital admissions, entry into custody, and abandonment of accommodation.

6.3.2. Waiting times for access to the Hostel have increased. Previously, the metric focused solely on individuals waiting more than 24 hours to be accommodated. From 2025/26 onwards, this has been expanded to include the average waiting time from referral to placement, providing a more comprehensive view of access delays.

6.3.3. This rise in waiting times reflects increased demand for the service, which is being impacted by broader pressures within the homelessness system. In particular, difficulties in securing suitable move-on accommodation have contributed to longer

stays and slower throughput. These challenges are indicative of wider societal issues affecting housing availability and support pathways.

6.3.4. Several additional support services have been introduced at the Hostel, including the deployment of Complex Needs Navigators specifically for female residents. This targeted intervention has led to a marked improvement in both engagement levels and individual outcomes, demonstrating the value of tailored, trauma-informed support within the accommodation setting.

Strategic transformation

6.4. GiA has a strategic document that articulates the end state position that is being worked to against several domains. These include the key features of the Alliance Agreement which means that there is a universal understanding of how the transformational agenda is being realised. The inclusion of milestones and timelines means there is transparency of the development processes for all parties. This strategy has been endorsed by all services and the Oversight Board.

6.5. The implementation plans for delivering the GiA strategy are being developed and delivered to ensure milestones are being achieved.

6.6. While the plans demonstrate a pathway to realising the transformational opportunities, observable benefits are yet to be seen.

Internal assurance

6.7. One of the strategic areas of focus is concerned with organisational development through learning that improves the outcomes of people supported by GiA. Inherent in this is the creation and embedding of a learning approach that gathers data and information; converts this into knowledge, which becomes actionable to drive learning.

6.8. The quality and performance improvement workstream is responsible for developing the model and processes to enable GiA to understand the depth and breadth of data for services individually as well as collectively to enable identification of issues and inform action to effectively respond. Performance-related metrics in addition to qualitative feedback being used.

6.9. This workstream is GiA's means of addressing the process metrics issues as identified above.

7. Options under consideration

7.1. Not applicable as this is a commissioned and established provision.

8. Financial Opportunities and Implications

8.1. Under the Alliance Agreement, all parties focus on people rather than organisational needs. Central to this is the enabling flexibility around resources, which include finances. It is in the gift of GiA to reallocate finances within the overarching financial envelope. There is representation in the Alliance of Torbay Council Officers with commissioning responsibilities.

8.2. For this financial year GiA has had additional central government grant funding for substance misuse treatment and domestic violence and abuse support.

8.3. The substance misuse Grant (DATRIG) is expected to continue into next year and may have a three-year settlement. No formal notification of central Government intent or financial amount has been provided.

8.4. The Domestic Abuse Safe Accommodation settlement announced in December 2024 saw a £100K uplift to £400K. This has been allocated into the base budget for the service.

9. Legal Implications

9.1. There are no legal implications for this report.

10. Engagement and Consultation

10.1. Coproduction is a central component of GiA. This is well embedded in the culture and practice of the MCNA but requires further iteration to be fully representative and impactful.

10.2. Further engagement with GiA stakeholders by the Alliance is required to ensure that its development is consistent with the needs and practices of its partners.

11. Procurement Implications

11.1. There are no direct or immediate procurement implications because of this report.

11.2. Social value has been incorporated into the Alliance Agreement bidding and award process.

12. Protecting our naturally inspiring Bay and tackling Climate Change

12.1. There are no direct environmental or climate change impacts as a result of this report.

13. Associated Risks

13.1. Additional capacity funded through central grants for substance misuse come to an end on 31 March 2026. There has been no formal notification from central government whether there will be an extension or mainstreaming of these grants. The planning assumption, from informal indications, however, is that there will be a longer-term settlement and potential mainstreaming (with ring-fenced expectations) for April 2026 onwards. Planning for no award has also been made with up to £315,000 notionally being allocated from public health ring fenced grant funds to the substance misuse treatment offer to continue key grant funded provisions and to prevent ‘cliff edges’ of funding. Additionally, notification of the cessation of grant funding is known and exit planning will commence in due course as necessary.

13.2. Additional capacity funded through central grants domestic violence comes to an end on 31 March 2026, although committed grants to help meet statutory obligations regarding provision of support within safe accommodation have been confirmed within base budget (see 8.4).

13.3. There is a significant risk that additionality benefits derived from central grants to date will not be maintained in their entirety.

13.4. For domestic abuse provision, irrespective of any reduction in grant funding and mitigation of impacts, there remains a statutory duty to provide support in designated safe accommodation. Pressure upon which may be expanded considering the Family First Partnerships expectations, which are currently unfunded. The capacities and workforce capabilities being additional to the service

13.5. Like domestic abuse support, it is expected that there will be increased responsibilities for drug and alcohol treatment services from the Family First Partnerships work that are currently unfunded. These additional duties will require additional capacity and capabilities to deliver. Clear details on the exact scope and requirements of the services have not currently been determined and therefore the model of delivery required.

14. 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	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.	GiA's delivery benefits directly some of the most vulnerable populations in Torbay. Family need is identified and responded to, not only adults.	n/a	n/a
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.	Recovery is integral to reducing the demands on cares significant others. Additionally supporting family members is integral to the service model.	n/a	n/a
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	All GiA support of inclusive, with many accessing support having physical and/or mental health difficulties. The service is open to all.	n/a	n/a

	a physical or mental health condition or illness.			
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 service is open and accessible to all.	n/a	n/a
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 service is open and accessible to all.	n/a	n/a
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.	The service is open and accessible to all.	n/a	n/a
Race	In the 2021 Census, 96.1% of Torbay residents described	The service is open and accessible to all.	n/a	n/a

	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 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.	The service is open and accessible to all.	n/a	n/a
Sex	51.3% of Torbay's population are female and 48.7% are male	The service is open and accessible to all.	n/a	n/a
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.	The service is open and accessible to all.	n/a	n/a
Armed Forces Community	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 served in the UK armed forces.	The service is open and accessible to all.	n/a	n/a

Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)		The service is open and accessible to all. There is a focus on more deprived populations and recovery mitigates child poverty	n/a	n/a
Public Health impacts (Including impacts on the general health of the population of Torbay)		The service is a public health provision.	n/a	n/a
Human Rights impacts		Human rights are respected and promoted by GiA.	n/a	n/a
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.	GiA supports and protects some of the most vulnerable children and young people in Torbay directly or indirectly.	n/a	n/a

15. Cumulative Council Impact

15.1. GiA improves lives and outcomes for vulnerable communities in Torbay. This has current and future benefits for adult social care, children's social care, community and environmental services as well as reducing financial demands on the council.

16. Cumulative Community Impacts

16.1. The cumulative benefit is derived by the service model that recognises service delivery being built around the person in an integrated way.

16.2. Additionally, there is cumulative benefit at community, family and individual levels by addressing the underlying causes to trauma, distress to self and others.

Appendix 1: Essential Process Metrics over time for adult drug and alcohol treatment service

	Improvement		Decline

Drug and alcohol performance summary

Numbers in treatment (taken from 1.2 on DOMES)	Q1 2023/24	Q1 2025/26	Difference
Opiate	576	494	-82
Non-opiate	156	158	+2
Alcohol	441	375	-66
Alcohol & Non-opiate	188	220	+32

Retention over 12 weeks	Q1 2023/24	Q1 2025/26	Difference
Opiate	97.4%	93.5%	-3.9%
Non-opiate	90.8%	72.8%	-18%
Alcohol & Non-opiate	93.8%	78.8%	-15%

Waiting times	Q1 2023/24	Q1 2025/26	Difference
Opiate	0%	5.1%	+5.1%
Non-opiate	0%	7.4%	+7.4%
Alcohol	4.6%	4.8%	+0.2%
Alcohol & Non-opiate	0%	0%	-0%

Successful completions	Q1 2023/24	Q1 2025/26	Difference
Opiate	5.9%	6.9%	+1%
Non-opiate	30.1%	28.5%	-1.6%
Alcohol	36.3%	38.1%	+1.8%
Alcohol & Non-opiate	28.7%	30.5%	+1.8%

Re-presentations	Q1 2023/24	Q1 2025/26	Difference
Opiate	11.8%	10.5%	-1.3%
Non-opiate	0%	10.3%	+10.3%
Alcohol	9.4%	10.1%	+0.7%
Alcohol & Non-opiate	4.8%	8.6%	+3.8%

Appendix 2: Essential Process Metrics over time for domestic abuse support service.

	Improvement		Decline

Domestic abuse performance summary

Numbers in domestic abuse support	Q1 2023/24	Q1 2025/26	Difference
Independent Domestic Violence Advocate Service	31	54	+23
Outreach Service	201	141	-60
Safe Accommodation	27	14	-13
Total	259	209	-50

Retention over 12 weeks	Q1 2023/24	Q1 2025/26	Difference
Independent Domestic Violence Advocate Service	91%	85%	-6%
Outreach Service	0%	30%	+30%
Safe Accommodation	92%	58%	-34%

Waiting times	Q1 2023/24	Q1 2025/26	Difference
Independent Domestic Violence Advocate Service	100%	100%	0%
Outreach Service	0%	0%	0%

Successful completions	Q1 2023/24	Q1 2025/26	Difference
Outreach Service	97.7%	60.7%	-37%
Safe Accommodation	85.7%	59.1%	-26.6%

Re-presentations	Q1 2023/24	Q1 2025/26	Difference
Across service	19.5%	39.1%	+19.6%

Appendix 3: Essential Process Metrics over time for homeless hostel.

	Improvement		Decline

Hostel performance summary

Numbers in hostel	2023/24	2024/25	Difference
Numbers accommodated in hostel in a year	82	87	+5

Retention over 12 weeks	Q1 2023/24	Q1 2025/26	Difference
Unplanned exits within 12 weeks	9%	29%	+20%

Waiting times	Q4 2023/24	Q4 2024/25	Difference
Waiting over 24 hours to access the hostel	45%	92%	+47%

Successful completions	Q1 2023/24	Q1 2025/26	Difference
Successfully leaving hostel	8.7%	18%	+9.3%

Re-presentations	Q1 2023/24	Q1 2025/26	Difference
Re-presentations within 6 months of leaving hostel	2	0	-2

Freedom to flourish in Torbay

Strategy

2025-2030

Contents

Introduction

Growth in Action reflects the belief that by working together to improve outcomes for all people in Torbay, we need to take a different approach to the way support is provided for those in our population with multiple and/or complex needs.

The Multiple Complex Needs Alliance (renamed Growth in Action) was commissioned by Torbay Council to improve the system response and outcomes for people needing support with drug & alcohol issues, domestic abuse, sexual violence and homelessness. The key benefits to this are that people can access support more easily, have a better experience and achieve better outcomes than commissioning services individually. Under an alliance agreement, a group of providers has a single agreement with the commissioning organisation, where risk, responsibility and rewards for delivery of the contract are shared between all parties, including commissioners.

People with complex lives face significant challenges, including stigma, poor quality of life, social isolation, mental health issues, homelessness and housing problems. They often don't qualify for individual services, causing them to fall through the cracks and miss out on support. These issues result in a social cost for their communities, their children and families, consequently using significantly more public resource.

This strategy has been written for our Growth in Action stakeholders which includes our commissioners, our workforce and our partner agencies. A summary document will be developed for the people we support within Growth in Action services. An overarching Implementation Plan will be developed to ensure the aims and objectives of this strategy are achieved.

Foundations & Principles

Our name, vision, principles, values and behaviours were coproduced with people using Growth in Action services, staff and leaders. By working to our values and towards our vision we will create a strong foundation for collaborative work within Growth in Action. Listening to and acting on people's voices, respect, transparency, and shared accountability are our core principles. These values are well-aligned with trauma informed practice, coproduction and supporting Growth in Action's vision.

Our Vision

Growth in Action is striving towards a vision of:

> "Wherever you are on your journey, Growth in Action aims to offer hope and choice and connect you to the right person, in the right place, when the time is right for you."

Our Principles

- A united partnership approach embedded in shared values and behaviours.
- To adopt a culture of 'no fault, no blame' between all participants.
- Encouragement to challenge each other in a constructive manner focused on finding solutions.
- A universal focus on the person and not the service.
- A flexible, responsive approach.
- Utilising an evidence-based approach founded upon feedback and learning of 'what works' for the people we are supporting.
- Respect for all knowledge, experience and expertise.
- To introduce and embed a trauma informed approach across Growth in Action. To have positive regard for service recipients, strength-based conversations and a reflective environment for staff.

Our Values and Behaviours

Value	Behaviour	
Listen actively People first	We pay close attention to each other & value everyone's input	We prioritise people's needs & voices & put them at the centre of their care
Respect	We value everyone's input and respect their perspectives	We treat individuals with kindness & consideration
Clear communication Trust Transparency	We share information in a way that is easy to understand & we are open and honest in all we do	We are open, transparent & honest in relationships & interactions
Take action Ambition	We turn ideas into real improvements	We provide people with real options & choices for achieving their goals
Learn together Learning	We share knowledge and experiences to enhance services	We learn with shared accountability & apply learning to adapt & improve
Feedback loop Perseverance	We keep the conversation going, ensuring everyone is heard	We work with people to find solutions, no matter how big the challenge or how limited the resources
Celebrate success Cooperation	We recognise and appreciate our shared achievements	We collaborate to develop shared outcomes & achievements
Flexibility Ownership Inclusive	We adapt to different needs and situations & we take pride in making things better, together	We provide equality of access to opportunities & resources for all & regard the rights & feelings of all parties

Table 1: GiA Values and Behaviours

Growth in Action Delivery Model

Importance of Relationships

Aim

The aim is that priority is given to the key relationship ensuring that people are put before processes.

Objectives

- The delivery model will be built around the individual accessing the service.
- This model will place the relationship between worker and the individual accessing support at its core and avoid unnecessary referral or handoff.
- Any changes to the core relationship will be led by the individual accessing support wherever possible.

Why

Building trust and a sense of safety between worker and the individual accessing support is key to enabling meaningful, person-led engagement, which leads to a deeper understanding of the individual and allows for personalised support that helps people achieve what matters most.

Final Importance of Relationships Model	Evidence of achievement
The finalised workforce model will hold the relationship as the cornerstone of effective practice.	Workforce Model in practice demonstrates: • Defined exceptions to Case holder and Complex Lives Navigator (CLN) and relationship with the persona accessing support being maintained. • Clear and consistent monitoring and review of any change in this relationship against policy.
All GiA job descriptions and internal policies will include language that reflects the priority of maintaining consistent, trusted relationships with the people we support.	All GiA Job Descriptions include 'relationship-centred practice' as a key duty. All policy documents include/reference the priority of consistent and trusted relationships.

	Primacy of relationships included in GIA induction and onboarding materials.
100% of core staff (Case Holders and Complex Lives Navigators) will be trained in relationship-centred practice, and a person-led protocol for worker continuity will be embedded across all Growth in Action services.	All core staff training records show training in relationship-centred practice has been completed

Table 2: Final Importance of Relationships Features and Evidence

Year 3 - 2025-26	Year 4 - 2026-27	Year 5 - 2027-28	Year 6 - 2028-29	Year 7 - 2029-30
The finalised workforce model will demonstrate the relationship as the cornerstone of effective practice.	Where the service needs to make a change to an individual's worker this will always be discussed in advance with the individual accessing support and a mutually agreed plan for reallocation will be developed.	Core staff (Case Holders and Complex Lives Navigators) trained in relationship-centred practice.	Relevant service policies include language that reflects the priority of maintaining consistent, trusted relationships with the people we support.	
	Job descriptions will include language that reflects the priority of maintaining consistent, trusted relationships with the people we support.			

Table 3: Importance of Relationships Milestones and Timeline

Delivery Model: Structure and Roles

The GIA model aims to deliver integrated, trauma-informed, person-centred services across Torbay for individuals experiencing complex challenges such as homelessness, substance misuse, domestic abuse, and mental health issues. Access will be seamless via a 'No Wrong Door' approach.

Central to the delivery model is the 'importance of relationships' principle i.e. recognition that the consistency of relationship between the person accessing services and a named worker who supports the individual in achieving their goals

throughout their engagement with GIA, irrespective of service. Figure 1 depicts the overarching model for how the core workers will operate.

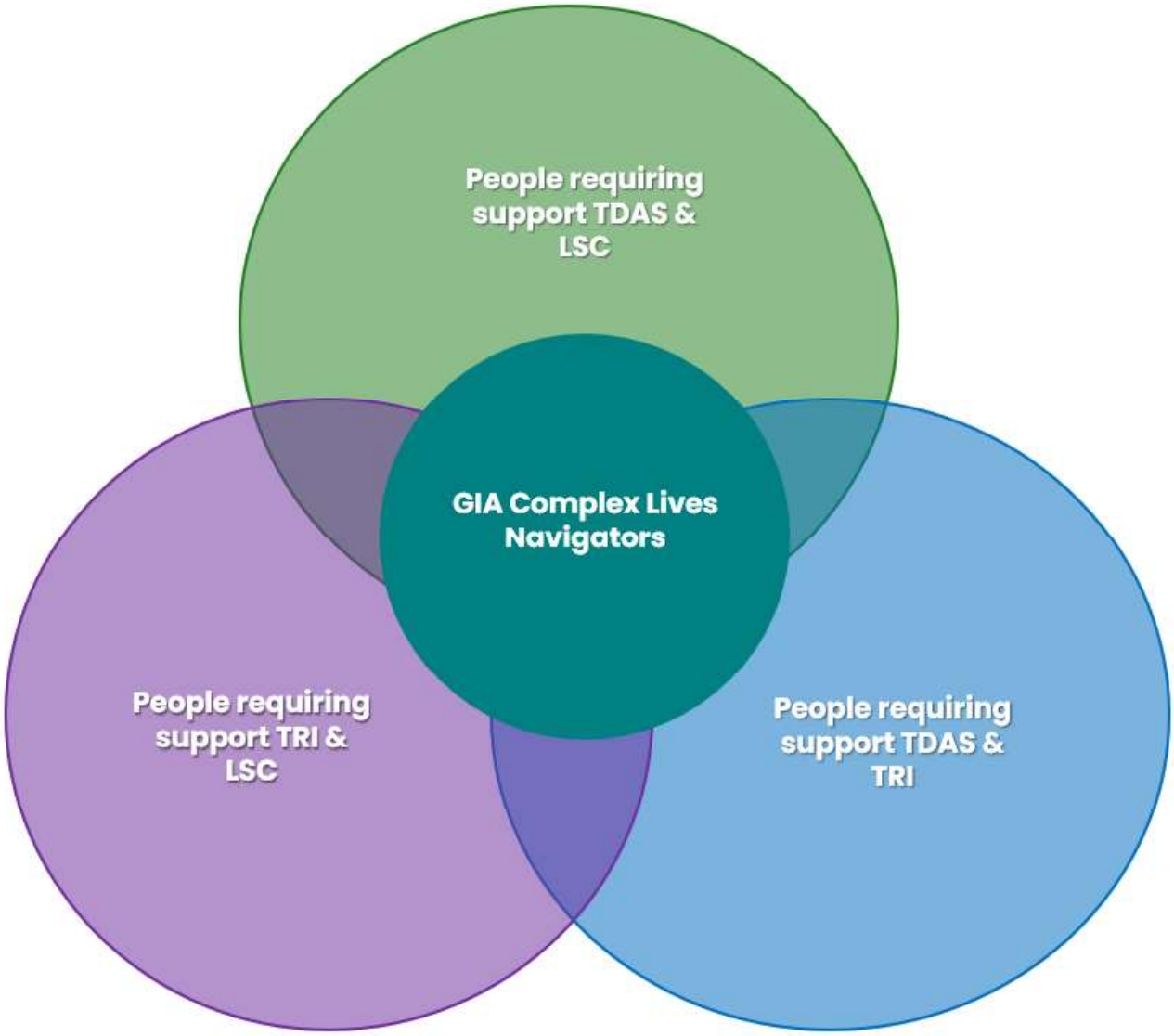

Figure 1: Overarching Model

There are two core roles:

- Case Holders: When someone's presentation fits in the remit of a single service.
- Complex Lives Navigators (CLNs): When someone's presentation requires support from two or more of GIA's provider services.

For those where there is an increase (from 1 to 2 or more) or decrease (from 2 or more to 1) in their service support profile a review of support will take place to determine whether a change in core worker would be beneficial. Such a change in primacy of relationship will always be managed, with the individual accessing support involved in all discussions, with the ultimate decision being theirs.

To achieve the transformational elements within the Alliance Agreement the following roles and responsibilities will be required:

Figure 2: GiA Support Model

Delivery Model: Process

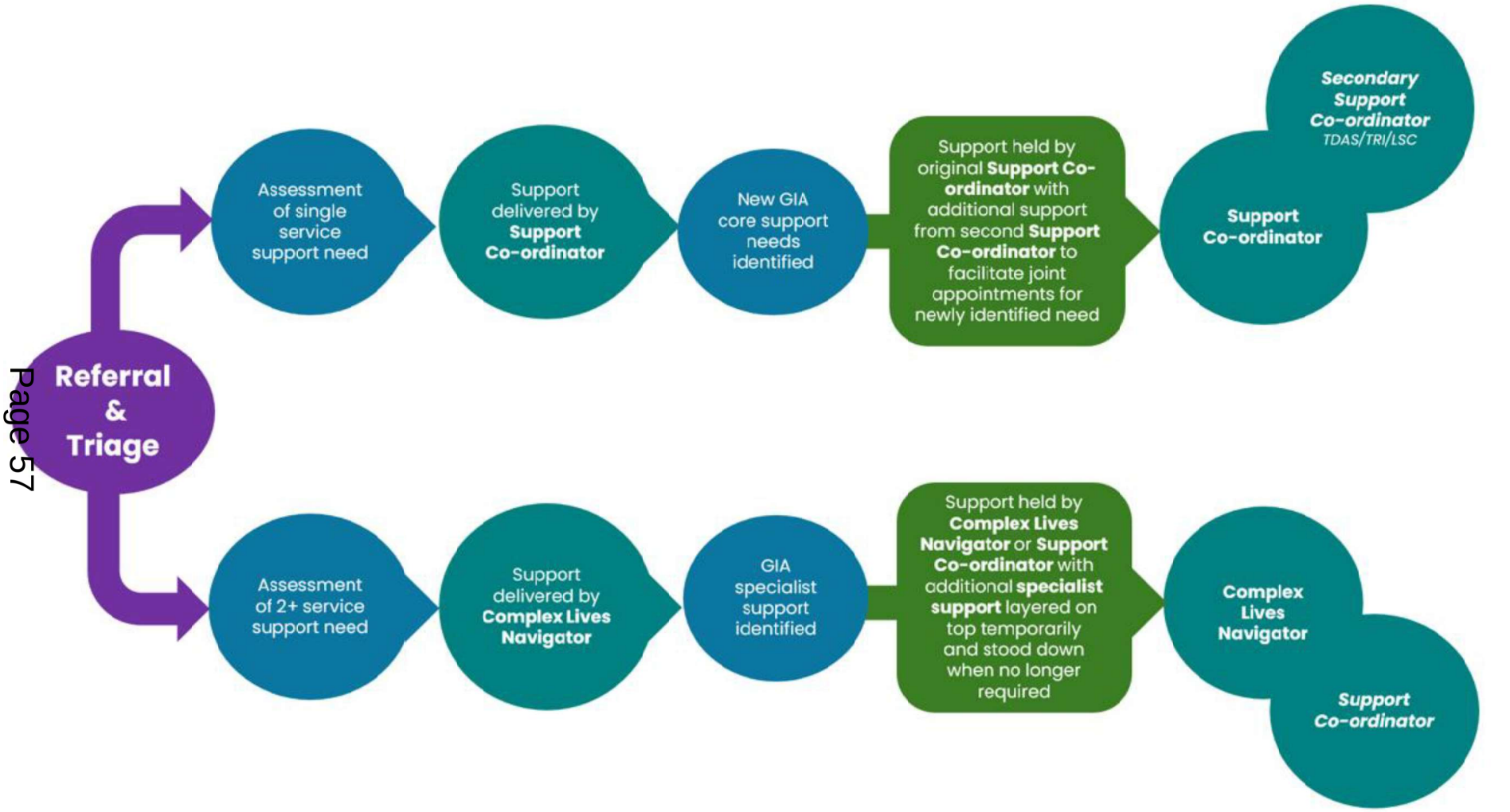

Figure 3: Pathway for people accessing Growth in Action

Trauma Informed Practice

Aim

The aim is that 100% of people accessing support will receive trauma informed care.

Objectives

- We will ensure the sustainability of trauma informed practice training.
- Workforce access trauma informed best practice support.
- All our work will be trauma informed.
- We will champion trauma informed practice.

Why

Trauma-informed practice recognises the impact trauma has on someone's life. It not only reduces the negative impact of trauma on someone's mental, social and physical health but also enables people to engage more fully in their care and support, by preventing re-traumatisation.

Final Trauma Informed Model	Evidence of achievement
Trauma Informed Practice model is in place.	A Trauma Informed Practice (TIP) Framework document. Audit of policies evidencing explicit TIP language and rationale.
Workforce recognises and can address trauma, providing care with sensitivity and respect.	All staff have completed trauma-informed training relevant to their role. There is evidence of trauma informed practice. Training records CPD sessions Supervision notes
People using services report they receive a trauma informed approach.	Feedback demonstrates people feel safe, supported, empowered and have trust in their core worker and wider provision

Table 4: Final trauma informed practice model features and evidence

Year 3 - 2025-26	Year 4 - 2026-27	Year 5 - 2027-28	Year 6 - 2028-29	Year 7 - 2029-30
Workforce recognise and address trauma.	Trauma Informed Practice model is defined and embedded within policies and processes across GIA			
Trauma-informed training, CPD, and supervision in place for staff.	Final Trauma Informed Practice model achieved.			
	Feedback mechanisms in place for gathering views of people using services to capture their experience of the trauma informed approach.			

Table 5: Trauma Informed Practice Milestones and Timeline

Workforce

Aims

Essential to the delivery model is having a workforce with the necessary capacity and capability to meet the strategic dual aims for the workforce:

- To support people accessing GIA effectively.
- For GIA staff to prioritise building safe and trusting relationships with the people who use our services.

Objectives

- For everyone accessing our services to be supported by a workforce that has core competencies in all GIA disciplines.
- To minimise referrals to other services, and 'hand-offs' within GIA wherever possible.
- Where specific additional needs are identified, we will bring the skills to the individual.

Why

Enabling the continuity of the personal relationship between individuals and their worker within services is critical. By focusing on the relationship, people have better outcomes, higher satisfaction rates, and the care they receive is more cost-effective. Developing the workforce with the appropriate level of knowledge and skill across a broad range of issues will improve effectiveness of the worker in meeting a greater range of needs, minimising the need for onward referrals thereby maintaining the core worker/person receiving support relationship and reducing trauma. This will support the cultural change required to help staff work more responsively.

What the final workforce model will look like

- A dedicated team of Complex Lives Navigators will manage individuals with multiple needs, ensuring seamless service delivery.
- Case Holders: Where someone's presentation fits in the remit of a single service, these staff will deliver an integrated support approach, be trauma informed and able to provide holistic support across GIA.

Final Workforce Model	Evidence of Achievement
Delivery Model developed.	Delivery Model document
Transition to end-state model	Implementation of transitions plan with progress against milestones.
Workforce Plan developed.	Competency Framework document
All GIA staff roles mapped against the competency framework	Competency mapping for each role completed Job descriptions incorporate key competency expectations for each role
Training needs analysis completed for all GIA staff against their role competencies	Service training analysis with identified training needs identified for each staff member

Table 6: Final Workforce Model Features and Evidence

Year 3 - 2025-26	Year 4 - 2026-27	Year 5 - 2027-28	Year 6 - 2028-29	Year 7 - 2029-30
Delivery Model & Workforce Plan finalised	All GIA staff roles mapped against the competency framework	Training needs analysis completed for all GIA staff against new role competencies		100% of GIA workforce model in place

Table 7: Workforce Milestones and Timeline

Learning Organisation

Aims

The aim is to create a continuous learning environment and model that improves the outcomes of people supported by GIA.

Objectives

- To develop and embed a learning model that efficiently and effectively gathers data and information; converts this into knowledge, which becomes actionable to drive learning.
- To ensure that GIA's service offer is responsive to the unique needs of each person being supported.
- To create an environment where service improvement is driven by continuous learning and adaptation.
- To make sure the collective learning and improvement that takes place creates positive outcomes in people's lives.

Why

- **To turn insight into action.** Learning cycles help GIA use real-time experience and data to improve support.
- **To respond to individual complexity.** They enable flexible, person-centred support that adapts to unique needs.
- **To grow through learning, not compliance.** Teams are empowered to test, reflect, and improve what works.
- **To link learning to outcomes.** Shared learning drives real, positive change in people's live

Human Learning System Model

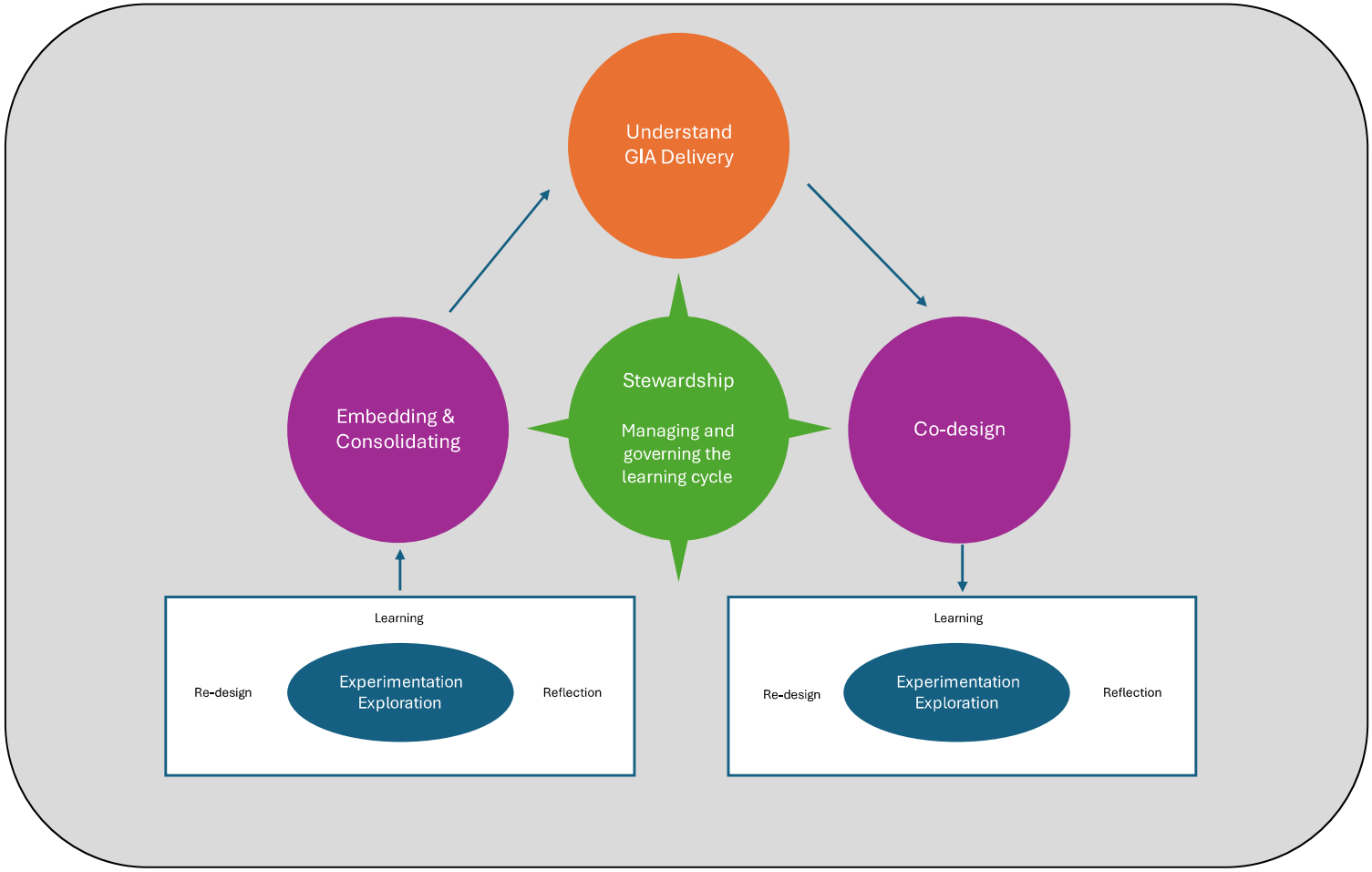

Figure 4: GIA Learning Model

Final workforce model	Evidence of achievement
Model and processes for creating, capturing and sharing knowledge is in place.	A documented model with processes that define the GIA continuous learning approach. The structures and capacities required to deliver the learning model are in place.
GIA is actively testing, reflecting on, and improving their approaches based on what they learn.	Documented examples of small tests of change, learning reports, and team-led adaptations.
Learning leads to measurable improvements in people's lives and service experience.	Outcome tracking, personal stories of change, and service-level improvements linked to learning themes.

Table 8: Final Learning Organisation Features and Evidence

Year 3 - 2025-26	Year 4 - 2026-27	Year 5 - 2027-28	Year 6 - 2028-29	Year 7 - 2029-30
The GIA Learning Model developed and finalised.	GIA Learning Model is operationalised		Outcome tracking and feedback leading to measurable service improvement.	

Table 9: Learning Organisation Milestones and Timeline

Coproduction

The following GIA definition of coproduction was coproduced:

> "Coproduction is more than just a word; it is a process in which all people with the same interest work together as equals to combine their expertise and experience to shape and improve services."

While co-production is central to the GIA approach, it is not assumed to be appropriate or possible in every context. In these cases, participation may still be sought through alternative forms of engagement, such as consultation or feedback.

Clear communication about when, how, and why co-production is used (or not used) is an essential part of this commitment.

The GIA principle is that whenever possible and beneficial, coproduction will be adopted. This includes, but is not limited to:

- **Service design, delivery, and review**
- **Shaping face-to-face practice and enhancing service user experience.**
- **Shaping and informing GIA and service specific strategy.**

Aim

To build coproduction into service innovation and development wherever possible, ensuring services are person centred and not process driven.

Objectives

- **Assess and communicate the appropriateness of co-production** in different contexts, including when it is or is not suitable and why.
- **Actively seek and listen to the views** of people currently receiving support from GIA, to understand their experiences and inform improvements.
- **Identify and explore barriers to engagement** for individuals who could benefit from GIA but are not currently accessing support.
- **Ensure that people with lived and current experience** of multiple and complex life challenges are meaningfully involved in the development, design, delivery, and review of GIA services.

Why

Co-production enables the true experts - people with lived experience and those currently using our services to shape, inform, and advise on the support and services that will genuinely make a positive difference in people's lives. This approach is not just a token gesture but a fundamental principle that ensures services are grounded in real needs and realities, leading to more relevant, effective, and compassionate support.

Co-production builds trust, empowers individuals, and fosters shared ownership of solutions. It enhances service quality, improves outcomes, and helps to challenge systemic barriers by valuing the voices of those who are often unheard. In embedding co-production at the heart of Growth in Action, we commit to transforming how

services are designed and delivered, from doing 'to' or 'for' people, to doing 'with' them.

Final coproduction model	Evidence of achievement
Participation ladder embedded in GIA team practice.	Document that defines participation when key engagement/non-engagement approaches are used in GIA.
Coproduction model and strategy in place.	Co-produced definition and strategy included in GiA strategic documents. Co-produced projects and developments
Establishment of a lived experience advisory group with representation at all GIA governance levels. This will be a group made up of people with lived (and current) experience of multiple complex life challenges (e.g., homelessness, substance use, domestic abuse).	Advisory group established with diverse lived (and living) experience members. Input documented in minutes and reflected in strategic decisions.

Table 10: Final Coproduction Features and Evidence

Year 3 - 2025-26	Year 4 - 2026-27	Year 5 - 2027-28	Year 6 - 2028-29	Year 7 - 2029-30
Development and dissemination of the coproduction strategy.	Workforce understands the GIA approach to participation and coproduction.	Establishment of a lived experience advisory group.	Representation of lived experience at all GIA governance levels.	
'Participation ladder' model for GIA articulated and operationalised.	'Participation ladder' model for GIA embedded.			

Table 11: Coproduction milestones and timeline

Collective ownership

Three services, one alliance

Aim

The aim is that GIA is viewed and experienced by people using services and staff alike as unified provision.

Objectives

- To work to the same vision, values and outcomes.
- Collective decision making and integrated working that benefits all of GIA.
- Transparency of budgets and associated decisions on spend.
- To share risks, responsibilities and rewards.
- To develop a mutually agreed financial plan
- To combine resources (staff, buildings, equipment)

Why

By working collectively, services can be delivered more effectively with better outcomes for the individual than single service offers.

Final collective ownership model	Evidence of achievement
Financial Plan mutually agreed.	Joint financial plan signed off by the Strategy Group Documented process of partner involvement in budget setting and revisions. The financial plan is transparent with an open book accounting approach implemented.
All GIA services operate under shared values and vision, sharing risks and rewards equally.	Signed alliance agreement reflecting shared values, risks, and rewards. Risk-sharing principles agreed and tested in practice (e.g. flexible staffing or cost coverage).
Distributed leadership established.	Decision making authority is clearly designated, supported by a governance

	structure which identifies shared leadership across GIA.

Table 12: Final Collective Ownership features and evidence

Year 3 - 2025-26	Year 4 - 2026-27	Year 5 - 2027-28	Year 6 - 2028-29	Year 7 - 2029-30
Financial plan (including forecast) signed off by Strategy Group.	Halo, the EPR system for GIA is operational across all services enabling effective GIA workforce delivery	All staff align with a shared vision, values, and success measures, supported by evaluation to confirm this is achieved.	Review of joint budget setting and reporting processes	
We share all risks, responsibilities and rewards	Development of joint financial processes			

Table 13: Collective Ownership milestones and timeline

Decision-making and Oversight

Effective and transparent decision-making is essential to ensuring the GIA alliance remains collaborative, accountable, and driven by shared values. Decision-making and oversight must reflect the depth and breadth of collective knowledge within the alliance - balancing local public facing insight with strategic leadership. Our approach is grounded in a **high support, high challenge** model: one that promotes trust, enables shared responsibility, and drives continuous improvement.

We are committed to building a governance model that empowers partners at all levels to contribute meaningfully to decision-making, while maintaining clear roles, responsibilities, and accountability. Oversight is not about control, but about ensuring the alliance stays on course, adapts effectively, and upholds the vision and principles that underpin our work.

Aim

To ensure decision-making and oversight in GIA are inclusive, transparent, and support the delivery of our shared vision.

Objectives

- To embed a clear and shared governance structure with representation from all partners, including lived experience members.
- To enable timely and transparent decision-making that reflects collective insight and shared accountability.
- To support a high support, high challenge culture across all levels of leadership and oversight.
- To ensure oversight processes strengthen service quality, safety, and alignment with GIA principles.
- To monitor delivery through shared measures, learning loops, and real-time feedback from services and people using them.
- To deliver the best service possible to the people who access GIA.

Why

Strong decision-making and oversight ensure that GIA remains accountable, and responsive to the needs of people we support. By sharing responsibility across partners, including lived experience voices, we create a culture of trust, transparency, and continuous improvement, where challenge is welcomed and decisions lead to real change.

Final Governance Model	Evidence of achievement
Shared governance structure in place.	Governance framework agreed and in place, roles and responsibilities clear. Representation from partners and lived experience in relevant forums.
Transparent and inclusive decision-making.	Meeting records show joint decisions. Key decisions documented and shared. Partner feedback confirms clarity and fairness.
High support, high challenge culture.	Governance meetings include reflection and review and minutes show constructive challenge and shared accountability.

	Annual review covers leadership and culture.
Delivery monitored through shared indicators.	Alliance dashboard tracks outcomes. Regular reports to oversight group. Changes made based on data and feedback.

Table 14: Final decision-making and Oversight model Features and Evidence

Year 3 - 2025-26	Year 4 - 2026-27	Year 5 - 2027-28	Year 6 - 2028-29	Year 7 - 2029-30
Governance framework and Terms of Reference in place.	Induction materials include GIA decision-making structure.		Review of governance structure and processes.	
	GIA internal governance model and dashboard operational.			

Table 15: Decision-making and Oversight Milestones and Timeline

Conclusion

The Growth in Action Strategy sets out a bold and compassionate vision for transforming support for people with multiple and complex needs in Torbay. It is rooted in trauma-informed practice, relationship-centred care, and coproduction, and reflects a shared commitment to doing things differently. We will place people before processes and foster collective ownership across our services. By embedding continuous learning, inclusive governance, and a unified workforce model, Growth in Action will deliver more responsive, equitable, and effective support. Together, we will create a system where hope, choice, and connection are not just aspirations, but everyday realities.

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

Date of meeting	Minute No.	Action	Comments
04/09/25	17	1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the content of the Healthwatch Annual Report 2025; and 2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board recommend to Cabinet that the Public Health funding provided to Healthwatch be included within the future years budget provision and if Healthwatch ceases, the funding should continue to be made available to ensure that engagement, coproduction and codesign continues in Torbay.	1. Complete 2.
04/09/25	18	1. that the Adult Social Care and Health Overview and Scrutiny Board note the development of the Public Health Annual Report 2025/26.	1. Complete
04/09/25	19	1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the content of the Torbay and Devon Safeguarding Adults Partnership Annual Report 2023/24; 2. that the Sub-Board receive 6 monthly updates on performance from the Chair of Torbay and South Devon Safeguarding Partnership; and 3. that the Director of Adults and Communities be requested to work with the Independent Chair of Torbay and South Devon Safeguarding Adults Board	1. Complete 2. Added to the work programme 3.

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

Date of meeting	Minute No.	Action	Comments
		on public awareness, engagement and communication planning.	
04/09/25	20	1. that the Director of Pride in Place be requested to provide final energy costs for the proposed Nightingale Park Solar Farm and work collaboratively with the Torbay and South Devon NHS Foundation Trust to reach agreement stage; 2. that the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board provide a letter of support for Torbay and South Devon NHS Trust future estate funding to be sent to the Government; 3. that the Director of Capital Development be requested to provide a written response to confirm the various buildings being used for patient appointments; and 4. that the Chief Strategy and Planning Officer be requested to provide a written response to confirm the number of wards within Torbay Hospital building.	1. Complete 2. 3. 4.
06/08/25	12	1. that the Integrated Care Board (ICB) notes the strength of concern from Torbay residents and considers how they can engage further with residents as they develop their case for change;	1. NHS Devon is very cognisant of the concerns raised from Torbay residents regarding the future of cardiology services. This is clear from communication that has been received from local people over the last few months related to the previous proposal that was withdrawn ahead of the NHS Devon Board in May and the feedback shared from those that attended the Torbay OSC meeting on 6 August 2025.

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

Date of meeting	Minute No.	Action	Comments
			There are currently no proposals regarding cardiology services and the draft case for change, which covers the whole of Devon, will not contain any proposals. The case for change will describe the current and future needs of the local population, the provision of local services and the key challenges facing the health and care system that need to be addressed. The case for change will remain in draft form until the engagement programme is complete and findings have been considered, after which point a final version will be published. Since the Torbay OSC meeting 6 August, the NHS Devon Stakeholder Engagement and Public Affairs Manager has been working with Healthwatch Devon, Plymouth and Torbay to design an engagement programme which will allow patients, members of public, clinicians, elected representatives and other keys stakeholders to provide their views on the draft case for change. This includes a discussion with the Heart Campaign in Torbay. Once the draft case for change has been agreed, details of the engagement programme and how people can share their views will be shared and publicised.
		2. that the ICB be requested to provide the Adult Social Care and Health Overview and Scrutiny Sub-Board with details of who will be involved in engagement with the case for change so that they can be assured that all relevant groups are included and confirm the date that the case for change will be available for publication; and	2. A Cardiology Review Group (CRG) will be established to lead the engagement programme, as well as monitor the 'in year' performance recovery of cardiology services that is required by commissioners. The programme will report to NHS Devon's Board and NHS England's Specialised Commissioning Board. An overarching 11-month timeline is proposed to ensure there is time to engage stakeholders in a meaningful manner. A wide range of stakeholders will be involved in developing, reviewing and refining the draft case for change:

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			• Clinicians working across the whole patient pathway will be engaged, including through a Devon-wide clinical reference group. Independent and external clinical advice will also be sought. • Overview and Scrutiny Committees in Torbay, Devon and Plymouth. Once the draft case for change is published – we will then return to OSCs in the Autumn to share the draft case for change for review, feedback and comment. • Public, patients and stakeholders from across Devon – including those with lived experience, MPs, Healthwatch, the Voluntary Community and Social Enterprise Sector (VCSE) and a stakeholder reference group. The cardiology draft case for change is currently being developed alongside the One Devon Health and Care Strategy. The Health and Care Strategy is due to be taken to the NHS Devon Board in early October 2025 and the draft case for change will be published shortly after this Board meeting – an exact date has not been agreed.
		3. that the ICB be requested to engage with the Adult Social Care and Health Overview and Scrutiny Sub-Board as they develop their case for change and any other significant changes to health care affecting Torbay's residents and that appropriate professional colleagues be invited to the Sub-Board to give evidence	3. Added to the work programme.
06/08/25	13	1. that Members welcome the joint work being carried out in partnership with Heart of the South West Trading Standards, Devon and Cornwall Police	1. Added to the work programme

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		and Torbay Council and request them to continue to work together to identify the best way to address closure orders moving forward and bring an update back to the Sub-Board in 12 months time; 2. that the Police and Crime Commissioner be recommended to continue the funding for the Vulnerability Lawyer, post the temporary funding due to the importance of this role to Torbay in tackling crime and sale of illegal tobacco and vapes and prosecuting where appropriate.	2.
17/07/25	8	1. that Torbay Council Housing Options team provide a written update to the Members of the Adults Social Care and Health Overview and Scrutiny Sub-Board once the visit to Harbour Housing scheme in Cornwall has been completed to provide feedback on any innovation that could be considered for implementation across Torbay; 2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board Members are kept up to date on Union Square and Victoria Square developments on the numbers of properties that will be policy compliant; 3. that progress on the Homelessness and Rough Sleeping Action Plan is reported quarterly to the Adult Social Care and	1. 2. 3. Complete. Added to the work programme

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		Health Overview and Scrutiny Sub-Board; 4. the recommendation from 12 June 2025 meeting, requesting a report detailing the actions that have been taken in response to Adult Social Care Housing need from the Director Pride in Place, be amended to include an update on plans to increase the delivery of affordable housing across Torbay to support the increasing demand on homelessness services.	4. Complete. Work programme amended.
12/06/25	3	a. to provide a written response would be provided on the numbers of people who responded to the survey from each targeted area. 1. that the short report on the impact of the Co-design of the Learning Disability campaign be circulated to all Councillors once it is published in September; and 2. that Ms Gascoyne, Engaging Communities South West, be requested to provide a written update on the impact of the implementation of the recommendations within MacMillan Torbay Community Engagement Project Report.	a. Teresa emailed Abi Gascoyne 19 June 2025 1. To follow up in September