TORBAY COUNCIL

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

15 January 2026

-: Present :-

Councillor Johns (Chairwoman)

Councillors Douglas-Dunbar, Foster and Spacagna (Vice-Chair)

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

(Also in attendance: Councillor Tranter)

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40. Minutes

The minutes of the meeting of the Sub-Board held on 18 December 2026 were confirmed as a correct record and signed by the Chair.

41. Torbay and Devon Safeguarding Adult Partnership Annual Report 2024/25

The Board received and noted the Torbay and Devon Safeguarding Adults Partnership (TDSAP) Annual Report 2024–25, which set out safeguarding activity, partnership arrangements and key learning under the Care Act 2014. Members noted the continued strategic leadership role of the Partnership across Torbay and Devon, supported by an independent Chair and multi-agency membership, and the shift towards a more outcome-focused approach over the next three years.

Members noted Devon recorded an increase in safeguarding concerns and Section 42 enquiries, while Torbay saw a reduction in both. It was noted that Torbay's data does not present as an outlier when compared nationally. Members were reminded that Devon data could not currently be relied upon as a direct comparator due to historic operational and data-recording issues. Members were advised that the Partnership continued to monitor data trends closely through the Performance and Quality Assurance Sub-Group.

Members noted that the majority of safeguarding enquiries continue to relate to adults with care and support needs living in their own homes. There has been a corresponding reduction in care-home-based enquiries. The TDSAP Chair advised that the most common types of risk remain self-neglect, neglect and acts of omission, and psychological abuse. It was clarified that self-neglect data includes hoarding behaviours and an inability to manage the home environment. Members acknowledged funding recently awarded to voluntary sector partners, including

Citizen Advice and Age UK, to support work around hoarding, and noted the important role of Fire and Rescue Services in managing fire risk through staged, long-term engagement approaches.

An overview of Safeguarding Adults Reviews (SARs) completed during the year was provided. Five SARs were published in 2024–25, with recurring themes including mental health, self-neglect, substance misuse and challenges in applying the Mental Capacity Act (2005). Members noted the consistent learning around professional disagreement on mental capacity, particularly in cases of self-neglect, and the need to better understand executive capacity and decision-making ability. Concerns were raised that professionals may rely too heavily on the Mental Capacity Act without considering wider legal frameworks such as the Care Act or Mental Health Act. It was emphasised that disagreements about capacity should prompt a formal, multi-disciplinary assessment, and that professionals can refer into safeguarding to ensure this process was undertaken.

Training and workforce development were discussed. Members raised concerns about reliance on e-learning and the lack of assurance that learning was fully understood and embedded in practice. It was acknowledged that e-learning serves a basic awareness function but that face-to-face training, shared learning and discussion of real cases are often more effective, particularly for safeguarding and mental capacity. The TDSAP Chair acknowledged the need to perhaps improve the visibility and marketing of the training provided by the Safeguarding Board. The Partnership had identified an ongoing issue around legal literacy and the importance of continuous professional development to maintain high standards of legal understanding.

The Divisional Director of Adult Social Care clarified advocacy arrangements noting that advocacy was used across the safeguarding system at an operational level where appropriate, depending on the individual's circumstances and the specific context of capacity and decision-making.
Members discussed reporting pathways and thresholds under the Care Act. All concerns should be reported into Adult Social Care, with the subsequent assessment determining whether Section 42 safeguarding duties were triggered and what outcomes were required. It was confirmed that safeguarding concerns arising in an individual's own home were reported by a mixture of professionals and family members, in line with national patterns.

The Board noted the agreed TDSAP strategic priorities for 2025–27: seeking assurance on practice improvement in key risk areas, embedding learning from SARs into frontline practice, and improving awareness, engagement and inclusion, particularly within harder-to-reach communities.

Actions agreed:

1) TDSAP Chair to share with the Clerk for wider dissemination links to available face-to-face safeguarding and mental capacity training, including details of costs and access arrangements.

42. Care Quality Commission (CQC) Adult Social Care Assessment Report and Improvement/Action Plan

The Sub-Board received the Care Quality Commission (CQC) Adult Social Care Assessment Report and the emerging Improvement Action Plan following the inspection undertaken in September 2025. Members congratulated officers on progress made to date and welcomed the positive direction of travel. It was noted that the action plan was still in development and would be brought back for further scrutiny, with members expressing an interest in having sight of the detailed plan once completed.

Members raised questions about the level of detail within the action plan, particularly in relation to timelines, measures of success and how progress would be shared with the public. Officers advised that a significant element of the improvement work focused on co-production and that engagement with people who use services had been, and would continue to be, central to the improvement approach.

The Sub-Board discussed hospital discharge, specifically the average time of 91 days for some people to return home. Clarification was sought on what was driving this and whether readmissions were contributing. Officers advised that, from an adult social care perspective, the quality of assessments was critical to ensuring people received the right support at the right time. However, it was acknowledged that wider system pressures were also contributing, including capacity pressures within the NHS and access to primary care services such as GPs.

Concerns were raised regarding the low uptake of Direct Payments. Members queried whether perceptions and practice might be limiting take-up and whether more could be done to promote their benefits. Officers acknowledged that while Direct Payments cannot be mandated, there was a need to better shape and refocus practice and messaging to improve understanding. It was confirmed that support mechanisms were in place to assist individuals with the administration of Direct Payments for those who required help managing them.

Members asked whether people accessing Adult Social Care services could be routinely identified as veterans, to enable veteran specific services and support agencies to be involved at an earlier stage. Officers advised that work was underway to strengthen this, including linking Adult Social Care webpages with veteran support information. It was acknowledged that identification and effective flagging of veteran status was an area requiring further development.

The Sub-Board noted work being undertaken by Healthwatch in partnership with the Torbay and South Devon NHS Foundation Trust and the Council to capture feedback from people using Direct Payments. It was reported that Healthwatch was exploring the opportunity to hold an engagement event aimed at improving understanding and increasing uptake of Direct Payments.

Members referred to concerns highlighted within the report regarding young people transitioning to adult services and the risk of individuals “slipping through the net”. Officers advised that this could in part be attributed to limitations in IT

systems, and that the move to the Liquidlogic system would assist improvement. It was noted that not all young people transition through Children's Services, as they may not have required the support of Children's Services. Officers advised that work was ongoing to identify missed cases, understand the reasons, and raise awareness by increasing presence within the community. It was also noted that the Commissioning Director sat on the SEND Board, strengthening cross-system oversight.

Members asked about the Section 75 partnership arrangements and what the implications might be in the event of a further inspection. Officers advised that the position was not yet clear and that further guidance was awaited.

Resolved:

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the Care Quality Commission Adult Social Care Assessment Report and Improvement Action Plan; and

2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board receive a quarterly progress update on the Adult Social Care, Care Quality Commission Improvement Plan.

43. Overview of the Adult Social Care Market

The Sub-Board noted the Overview of the Adult Social Care Market report, which provided an update on the quality, capacity and sustainability of Adult Social Care provision in Torbay, including workforce issues across residential, nursing, supported living and domiciliary care.

Members discussed provision for people living with dementia. It was noted that a significant number of care homes continued to support people with dementia. The Divisional Director of Adult Social Care advised that earlier awareness and diagnosis were important in supporting prevention, enabling family support and facilitating alternative community-based or home support options before admission to residential care became necessary.

The Sub-Board queried whether training for care staff was regulated. Officers advised that training should be accredited and that the Care Quality Commission (CQC) was responsible for the registration and regulation of care homes, including compliance with training requirements. The Divisional Director of Adult Social Care confirmed that while care providers were not regulated directly by the Council, they were required to be registered with the CQC as part of the Council's contracting and quality assurance processes, and the Council became involved where safeguarding concerns arose.

Members sought clarification on the Living Well at Home domiciliary care arrangements and whether these operated under a contract. Officers explained that the Living Well at Home offer operated through a Framework, which providers could join. When care was required, the brokerage team identified needs through assessment and issued requirements to providers on the Framework to secure appropriate care.

Members were reminded that assessments were undertaken in line with the Care Act 2014, and that where an individual was assessed as having eligible needs under the Act, they would receive services to meet those needs in line with statutory duties.

The Sub-Board discussed the Jack Sears House model and queried whether it was being sufficiently promoted. Members expressed the view that the approach was strong and should be more actively championed. Officers acknowledged that greater emphasis was required to ensure people were supported to return to their own homes where appropriate. It was noted that the CQC report reinforced the importance of this approach and that, regardless of the future of the Section 75 arrangements, the core principle of protecting and promoting independence remained central. Officers also referenced the NHS 10-Year Plan, which reinforced the need to equip people with the tools to maintain independence.

Members queried how the Council assured itself that care homes were following their own procedures and meeting wider health needs, such as dental care. The Divisional Director of Adult Social Care advised that where a person was at risk of harm or abuse, this would be addressed through safeguarding processes. Where concerns related to failure to provide routine care, this might constitute a CQC regulatory matter. Where issues related to access to services, such as dentistry, responsibility could sit with the Integrated Care Board (ICB). It was noted that Healthwatch received significant feedback regarding access to dentistry generally, though not specifically from care home residents, and Members were encouraged to direct relevant concerns to Healthwatch to support wider monitoring.

The Sub-Board discussed nutrition, particularly in the context of dementia and Alzheimer's disease. The Divisional Director of Adult Social Care advised that under the Care Act the Council's responsibility related to ensuring individuals were supported to eat and drink, rather than determining the nutritional content of their diet. It was acknowledged that there was no specific system wide focus on nutrition in relation to dementia. Officers confirmed that individuals retained choice and control over what food they purchased and consumed.

Workforce challenges were discussed, including staff turnover. Officers advised that turnover often reflected staff moving between providers rather than leaving the sector entirely. Members were informed that reliance on overseas workers presented a risk to workforce stability, particularly given recent changes to immigration arrangements.

Actions:

1) that the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board write to the Integrated Care Board to request that they attend to discuss dentistry access for care home residents and those in supported living. In addition, the Divisional Director for Adult Social Care identify the responsible bodies for other services such as opticians and chiropody in order for the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board to write to them seeking details as to how care home residents access these services; and

2) that the Director of Public Health attend a future meeting of the Adult Social Care and Health Overview and Scrutiny Board to present to Members Public Health activities regarding healthy weight/nutrition with a focus on older people.

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

The Sub-Board noted the submitted action tracker.

Chair