

Wednesday, 30 September 2026

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, 8 October 2026

commencing at **2.00 pm**

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

Members of the Committee

Councillor Johns (Chair)

Councillor Bryant

Councillor Spacagna (Vice-Chair)

Councillor Douglas-Dunbar

Councillor Barbara Lewis

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 and Health Overview and Scrutiny Sub-Board.

2. Minutes

(Pages 3 - 6)

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 3 September 2026.

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 Chair decides are urgent.

5. Torbay System Winter Plan

(Pages 7 - 44)

To receive an update on the Torbay System Winter Plan from NHS Devon ICB, Health Partners and Director of Public Health.

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

(Pages 45 - 46)

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).

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

3 September 2026

-: Present :-

Councillor Spacagna (Vice-Chair)

Councillors Barbara Lewis and Long

Non-voting Co-opted Members

Sarah Lonton (Healthwatch Torbay)

(Also in attendance: Councillors Tranter, Chris Lewis, David Thomas and
Jacqueline Thomas)

21. Apologies

Apologies for absence were received from Councillor Douglas-Dunbar, Pat Harris and Amanda Moss (Non-voting Co-opted Members).

It was reported that, in accordance with the wishes of the Liberal Democrat Group, the membership of the Sub-Board had been amended to include Councillor Long in place of Councillor Johns for this meeting only.

Members were advised that Pat Harris had retired from Healthwatch and would no longer be attending future meetings. Sarah Lonton would represent Healthwatch going forward. The Chair conveyed Pat's thanks and appreciation to Members for their support to both her and Healthwatch over the years. Members also placed on record their thanks to Pat for her valuable contribution and commitment to the Sub-Board and wished her well in her retirement.

22. Minutes

The minutes of the meeting of the Sub-Board held on 16 July 2026 were confirmed as a correct record and signed by the Chair.

23. Declarations of Interest

No declarations of interest were made.

24. Public Health Annual Report 2026/2027

The Public Health Registrar – Peter Mennear, presented the Public Health Annual Report 2026/2027 update as set out in the submitted report and responded to

questions. The Public Health Practitioner – Lucinda Wills also provided an update on progress made following publication of the 2025 Annual Public Health Report on Healthy Ageing.

Members asked questions in respect of trends in men's mental health concerns, suicide prevention, engagement with families and support networks, age-related health outcomes, loneliness amongst younger generations and the development of the Frailty Hub at Newton Abbot Hospital.

Members were advised that suicide remained a complex issue, single men were recognised as a vulnerable group, substance misuse was often linked to wider mental health challenges, and the Frailty Hub would support referrals from hospitals and GP practices.

Resolved (unanimously):

That the Adult Social Care and Health Overview and Scrutiny Sub-Board note the emerging findings of the 2026 Annual Public Health Report and note the progress made on the 2025 Annual Public Health Report.

25. Quarterly progress on the Torbay Adult Social Care Transformation Programme

The Divisional Director of Adult Social Care - Gary Patch, presented the quarterly update on the Torbay Adult Social Care Transformation Programme and responded to questions.

Members discussed the implementation of the Liquidlogic Care Management System, recording of reasonable adjustments, the collection of protected characteristic data and the system's ability to respond to future legislative changes.

Members welcomed the successful implementation of the new system and the opportunities it provided for improved performance reporting and service improvement.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the progress made in delivering the Adult Social Care Transformation Programme; and
2. that the Senior Democratic, Overview and Scrutiny Officer be requested to update the work programme to include a future update on the Transformation Programme and organise a Member briefing on the new Liquidlogic system.

26. Review of the Multiple Complex Needs (MCN) Alliance

The Public Health Consultant - Bruce Bell, and the Divisional Director for Community and Customer Services - Tara Harris presented the Review of the Multiple Complex Needs (MCN) Alliance.

Members were advised that insufficient progress had been made against the transformational objectives of the Alliance model and that separate commissioning arrangements were being considered for domestic abuse and drug and alcohol services.

Resolved (by majority):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the findings of the Multiple Complex Needs (MCN) Alliance Review, specifically the concerns relating to the performance of the drug and alcohol service; and
2. that the Senior Democratic, Overview and Scrutiny Officer be requested to update the work programme to include a further update on the adult drug and alcohol treatment service at the January 2027 meeting of the Sub-Board.

27. NHS Devon, Cornwall and Isle of Scilly ICB Clustering

The Place Director for West Devon – Chris Morley, presented the update on NHS Devon, Cornwall and Isle of Scilly Integrated Care Board (ICB) Clustering.

Members were advised that recruitment to the permanent Cluster Chief Executive role and the Torbay and South Devon Place Director role was underway and that work continued towards a single organisation from April 2027.

Resolved (unanimously):

That the Adult Social Care and Health Overview and Scrutiny Sub-Board note the update on the NHS Devon, Cornwall and Isle of Scilly ICB Clustering.

28. Healthwatch Annual Report 2026

Sarah Lonton, Healthwatch Torbay, presented the Healthwatch Annual Report 2025/26 and highlighted concerns regarding digital exclusion, including the complexity of multiple digital platforms, issues with proxy access for carers and the impact on missed appointments.

Members were advised that Healthwatch's work on reasonable adjustments had identified inconsistent use and awareness of digital flags and hospital passports for people with disabilities, learning disabilities and neurodiverse conditions. These concerns had been raised with Torbay and South Devon NHS Foundation Trust.

Sarah also provided an update on proposed national changes to Healthwatch arrangements and emphasised the importance of maintaining an independent public voice within any future arrangements.

Resolved (unanimously):

That the Adult Social Care and Health Overview and Scrutiny Sub-Board note the Healthwatch Annual Report 2026.

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

The Sub-Board noted the submitted Action Tracker. Members were advised that a response remained outstanding from the Integrated Care Board regarding commissioning responsibilities and that the visit to the Emergency Department at Torbay Hospital that was scheduled to take place on 10 September 2026 would be rearranged due to a conflicting meeting.

Chair

Meeting: [Adult Social Care and Health Overview and Scrutiny Sub-Board](#) **Date:** [08/10/26](#)

Wards affected: [All](#)

Report Title: [Public Health update on system Winter readiness and year round resilience to adverse weather and infections](#)

When does the decision need to be implemented? [n/a](#)

Cabinet Member Contact Details: [Hayley Tranter, Cabinet member for Adult and Community Services, Public Health and Inequalities, hayley.tranter@torbay.gov.uk](#)

Director Contact Details: [Lincoln Sargeant, Director of Public Health, lincoln.sargeant@torbay.gov.uk](#)

Authors: [Julia Chisnell, Consultant in Public Health julia.chisnell@torbay.gov.uk](#); [Mandy Guy, Public Health Specialist Mandy.Guy@torbay.gov.uk](#); [Lu Wills, Public Health Practitioner Lucinda.Wills@Torbay.gov.uk](#)

1. Purpose of Report

- 1.1 This report updates the information members received in November 2025 giving an overview of the work of the public health team and partners in the following areas:
- Maintaining year round resilience and readiness in relation to adverse weather and health
 - Preventing and managing outbreaks through good infection control, and tackling anti-microbial resistance
 - Promoting health through uptake of the Winter vaccine programmes.

2. Reason for Proposal and its benefits

- 2.1 The programmes of work described in this report will help us to deliver our vision of a healthy, happy and prosperous Torbay by helping to prevent and manage poor health through adverse weather and the spread of infections.
- 2.2 There are significant risks associated with excess heat and cold, and these disproportionately affect those who are most vulnerable through poor health, disability, or

economic challenge. This paper outlines plans and activities designed to tackle these risks at national and local level.

3. Recommendation(s) / Proposed Decision

3.1.1 Members are asked to note the report and to continue to support efforts to build and maintain population resilience to adverse weather and infections.

Supporting Information

Preventing and Managing Outbreaks of infection

Local Authority public health teams work with UKHSA on all outbreaks of notifiable diseases. In Torbay we receive notifications of outbreaks in care homes, schools or homeless settings, and work with UKHSA to prepare for and respond to outbreaks in any setting that may require our support.

Vaccination is our key defence against infectious disease. The Measles, Mumps and Rubella (MMR) vaccination has been updated this year to include Varicella (Chicken Pox) and is now known as MMRV. Torbay Public Health has supported the communication of this change to early years and education settings as well providing leaflets at local events. Devon ICB has focused a project on Torbay under 10s, across the three Primary Care Networks, to cleanse data and hold conversations with parents to understand more about the barriers Torbay families face in accessing vaccinations. This has been supported by our team through conversations with local parents who home school their children. This work will continue with support from the Devonwide Vaccination Outreach team to deliver vaccinations.

Torbay Public Health has worked with Kernow Health CIC, the School Aged Immunisation Service (SAIS) and a Torbay Secondary School to deliver a project on HPV vaccine hesitancy. This project identified barriers and put into place actions to support vaccine uptake. Results have shown that for this school HPV vaccine uptake did increase.

We continue to mitigate against the risk of a future pandemic which includes maintaining risk management systems and participating in regional and national pandemic planning exercises.

Infection prevention & management and Antimicrobial resistance (AMR)

Good infection prevention and control is the cornerstone of the prevention of infectious disease and the spread of infections. NHS and Social Care settings in England are required to follow national guidance in relation to infection prevention and control. This is updated regularly and is used by the Council and our NHS and Care colleagues to promote best practice and monitor compliance.

Torbay Public Health have been active members of the Peninsula Antimicrobial Resistance Group and the development of a new peninsula wide infection prevention and AMR programme due to commence over the next two months. Our local Torbay IPC/ AMR group has continues to be active in reviewing local trends, developing multi-agency working and turning the national AMR commitments into practice.

We delivered a day of events at Torbay Hospital on 19 November 2025 during World Antimicrobial Awareness Week, working with our AMR group members, Vaccination Outreach team and the hospital's own roving vaccinators. This supported visitors and hospital staff to understand more about how IPC and vaccinations contribute to AMR.

We have also invested in handwashing demonstrator kits for use with schools, early years and care homes.

This year will build on previous activities and include a primary school competition supported by Torre Abbey, where the finalists designs will be exhibited. The two winning posters will be printed and cascaded out to local schools.

Winter planning as part of year round readiness

UKHSA develops an annual national adverse weather and health plan which includes preparation for both excess heat and excess cold.

In Torbay, the Public Health team work with Emergency Planning to turn the plan into local sector specific action cards which are reviewed and updated each season.

Seasonal Vaccination Programme 2026/27

The annual Autumn/Winter vaccination programme provides vital protection to keep people from developing serious illness and requiring NHS care or admission.

Overall population influenza vaccination coverage for those at risk was above the national rate at 42.5% for Torbay. Uptake for the 65 and over age group was 74.3%, slightly below the national rate of 74.9%. For childhood vaccinations, Torbay at 40.7% was below the national rate of 42.6% and above for primary school aged children at 56.2% versus 54.5% nationally. Torbay's secondary school vaccination rate at 45.7% was similar to the national rate of 44.6%. This year there will be an opportunity for school aged children to access a flu vaccination via a community pharmacy from 1 December. This will support access for those who were not in attendance on the day of their school offer or unable to access a community clinic. A new publication has been launched this year aimed at children with SEND and young people. Torbay Public Health have ensured hard copies of this document have gone out to all Torbay schools.

The national vaccination campaign for 2026/27 started with two waves. The flu vaccination programme started for cohort 1 on 1 September 2026. This included pregnant women, children and young people. The second cohort started on 1 October 2025, focusing on eligible adults. School vaccinations are due to completed in December, with the offer then opening up through

community pharmacies. The flu vaccination programme ends on 31 March 2027. This year those who are homeless (including those sleeping outside, or staying in the hostel) will be automatically eligible for free flu and pneumonia vaccinations. Torbay Public Health have ensured this programme of work has included liaison with Torbay Council's RSI (rough sleeping) team. This work will be led by Chilcote Surgery with an offer also available through the Devonwide Vaccination Outreach team.

The COVID-19 vaccination programme started on 1 October 2026 and will end on 31 January 2027. Eligibility remains the same as for 2025/26 season.

Torbay and South Devon NHS Foundation Trust Maternity Service has active plans in place to promote and deliver all three Winter vaccines to pregnant women through the season. This is a group where uptake nationally and locally could be much higher, offering increased protection from infection to both the mother and the child. We have reported on [the Torbay Health Partnerships website](#) on the success of the Torbay Hospital Perinatal Vaccine Service, and the 30% reduction in the number of admissions for RSV for babies under the age of 1 year, with 90% of pregnant women receiving an RSV vaccination.

There are 28 community pharmacies offering the flu vaccination in Torbay and of which 21 are also offering the COVID-19 booster vaccination.

Vaccine uptake in Torbay historically tends to be slightly below the Devon and Plymouth rates, mirroring the high proportion of deprivation which is a key factor in low uptake. Our efforts continue to raise this at Devon ICB level for a focus on health inequality groups. We have arranged for the Devonwide Outreach Vaccination team to be part of a Screening and Vaccination session in November as part of our work with Torbay Citizens' Assembly to support coverage in the older adult cohorts. Torbay Public Health, with partners, is working to try and enable an increase in deployment of outreach vaccination clinics in areas where uptake is low and people are less able or likely to attend a GP or pharmacy appointment.

Winter communications programme

The Winter communications campaign is launched in October. Key messages are around the importance of vaccination, and 'choose well' in terms of where to get help when needed.

Torbay Public Health has also been involved via the South West Local Authority Healthy Ageing Network in developing an Every Move Matters Campaign to roll out alongside the national Winter communications campaign. This has included the Torbay Citizens' Assembly voting and feeding back on the proposed imagery to influence the regional campaign. Torbay Council, through the Public Health team along with Adult Social Care, Housing and other departments, promote coordinated Winter well messaging (in leaflet and web formats) focused around: 'keep well, keep warm, keep safe'.

3. Financial Opportunities and Implications

3.1 None identified

4. Legal Implications

4.1 None identified

5. Engagement and Consultation

5.1 Programmes include communications and engagement plans with local communities and target groups.

6. Procurement Implications

6.1 None identified

7. Protecting our naturally inspiring Bay and tackling Climate Change

7.1 Anti-microbial resistance is strongly linked with climate change and tackling one can help to tackle the other. Sustainability is a target area in the South West Infection Prevention and Management Strategy which we are all signed up to deliver.

8. Associated Risks

8.1 There are risks to population health and to health and care services associated with Winter infections and poor infection management or response. The aim of the programmes described in this paper is to put in place measures to control and address these risks.

9. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	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.	Age is a risk factor for infection.	Age guides targeting of infection control measures including vaccine programmes.	
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.	Carers are a risk group.	Vaccine programmes target carers.	
Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.	Those with clinical risk conditions are at higher risk.	These groups are targeted in the vaccine programmes.	
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	It is not anticipated that programmes will have a specific positive or negative differential impact based on this characteristic.		

	to the Southwest and is lower than England.			
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.	It is not anticipated that programmes will have a specific positive or negative differential impact based on this characteristic.		
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.	Pregnancy, and infants, are at additional risk.	These groups are targeted for vaccination.	
Ethnicity	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.	It is not anticipated that programmes will have a specific positive or negative differential impact based on this characteristic.		
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	It is not anticipated that programmes will have a specific positive or negative differential impact based on this characteristic.		
Sex	51.3% of Torbay's population are female and 48.7% are male	It is not anticipated that programmes will have a specific positive or negative		

		differential impact based on this characteristic.		
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.	It is not anticipated that programmes will have a specific positive or negative differential impact based on this characteristic.		
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.	It is not anticipated that programmes will have a specific positive or negative differential impact based on this characteristic.		
Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)		People in more challenged socio-economic circumstances are at greater risk of low vaccine uptake.	These groups are targeted for vaccine outreach.	
Public Health impacts (Including impacts on the general health of the population of Torbay)		All programmes are designed to improve population health.	All programmes are designed to improve population health.	
Human Rights impacts		Services and providers will remain cognisant of human rights, including the right to life, health, privacy, education and prohibition of discrimination.		
Child Friendly	Torbay Council is a Child Friendly Council and all staff and Councillors are Corporate	Infection prevention, AMR, and vaccine programmes all have activities targeting children.	Infection prevention, AMR, and vaccine programmes	

	Parents and have a responsibility towards cared for and care experienced children and young people.		all have activities targeting children.	
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10. Cumulative Council Impact

- 10.1 Planning for Winter includes all areas of the Council to a varying degree, and relevant teams are involved in preparation and delivery.

11. Cumulative Community Impacts

- 11.1 All of these programmes involve close partnership working across the Integrated Care System, including voluntary, community and social enterprise (VCSE) sector, and all are intended to promote and improve health across the whole of our population.

Torbay Adult Health Overview and Scrutiny Committee - Winter Plan

8 October 2026

James Wenman – Deputy Director Commissioning, NHS Devon

Samuel Wadham-Sharpe - Chief Operating Officer, Torbay and South Devon NHS Foundation Trust

Simon Tapley, Chief Strategy and Planning Officer, Torbay and South Devon NHS Foundation Trust

Core Challenges

- **Year-round strain and "Summer in Winter" pressures:** Services face high demand continuously without enough recovery time between peak periods, worsened by seasonal events like extreme heat affecting hospital infrastructure.
- **A&E overcrowding and corridor care:** Emergency departments expect high volumes of patients, leading to long waits, ambulance handover delays, and patients treated inappropriately in corridors.
- **Bed shortages and high occupancy:** Hospitals continue running close to or above safe capacity limits, driven by difficulties discharging patients into social or community care.
- **Seasonal respiratory viruses:** Surges in seasonal illnesses like flu, COVID-19, RSV, and norovirus threaten to rapidly fill up capacity.
- **Staff vacancies and morale:** Tens of thousands of secondary care vacancies leave remaining clinical teams stretched thin while managing ongoing backlogs.

NHS England – Winter Objectives

Last winter was the best in 3 years for 4-hour performance and ambulance response times, despite an early flu season, a January norovirus peak and industrial action. That was the result of early planning and strong collaboration across health and care.

Capacity and Flow

- Expanding general and acute bed capacity and speeding up patient discharge processes to improve flow through hospitals.

Ambulance Services

- Keeping more ambulances on the road with increased deployed hours to reduce response and handover times.

Vaccination Campaigns

- Delivering seasonal flu, COVID-19, and respiratory syncytial virus (RSV) vaccinations to vulnerable groups and healthcare staff.

Alternatives to Admission

- Using virtual wards, urgent community response teams, and same-day emergency care to treat patients at home and prevent hospital admission.

System Coordination

- System coordination centres and 24-hour live data centres to manage surges in real time

Winter Learning 2025/26

Reported finding	Change for winter 2026/27	How delivery will be checked
Planning began later due to staffing capacity and identifying leads.	Confirm protected winter leadership and an end-to-end timetable, with evaluation scheduled now.	Named sponsor and delivery lead, protected capacity and dated readiness and review gates.
999 calls rose 3.9%; conveyances rose about 15%. Cat 2 daily average response times improved from 53.7 to 33.9 minutes.	Strengthen senior advice and admission alternatives while checking the consequences for hospital flow.	Review conveyance, referral acceptance, ED demand, admissions and internal waits together.
Operational time lost to handover delays fell 63.2%, but pressure transferred into internal escalation areas.	Joint SWAST and provider decisions on handover, corridor safeguards and discharge.	Monitor handover delay, corridor patient-hours, harm and escalation-bed use together.
No provider met the report's 78% four-hour target; twelve-hour performance improved unevenly and peak days remained difficult.	Test simultaneous surge and target providers with lower surge tolerance.	Site-level forecast variance, long waits and recovery after peaks; confirm current trajectories.
Discharge delays worsened across much of Royal Devon; Torbay data were unavailable for the historical comparison.	Create complete pathway-level discharge information and protect seven-day community, medicines and transport capacity.	Required versus actual discharges, discharge data by pathway and longest delays, with a data-completeness check.
226 mental-health ED delays over 24 hours were reported from 15 October to 31 March; 90 reached 48 hours or more.	Use daily acute–mental-health escalation linked to DPT flow meetings and LSW bed-flow/length-of-stay reviews; test crisis, liaison, Section 12 and suitable-bed contingencies.	Track waits beyond 24, 48 and 72 hours, named clinical plans and resolution; counts are nested, not additive.
Infections prevention and control (IPC) coordination improved; side-room capacity, out-of-hours antivirals/testing and fatigue remained issues.	Maintain proportionate IPC coordination, confirm seven-day advice and test out-of-hours pathways.	Readiness checklist, stock/fit-test assurance, pathway test results and outbreak-related capacity loss.
Storms disrupted staff travel and patient transport; some incident debriefs are ongoing.	Update emergency planning resilience and readiness (EPRR) plans, test transport and staffing contingencies and complete outstanding local resilience forum (LRF) learning.	Dated review and exercise register, action closure and tested contact chains.



Key System Risks and Equality / Quality Impact Summary

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Risk Area	Impact on Patient Safety and Quality	Equality / Operational Implications	Financial / Governance Impact	Mitigations
High Bed Occupancy and Flow	Increased corridor care, infection, prevention control risk.	Older and frail patients most affected.	Elective loss, Referral to Treatment (RTT) pressures.	Maintain occupancy ≤95%, expand virtual wards.
Ambulance Handover Delays	Higher harm from delayed care.	Rural and deprived areas impacted.	Reduction in system access, regulatory risk.	30-min Timely Handover Procedure, Hospital Ambulance Liaison Officer (HALO) role, right place, first time.
Workforce Fragility	Short staffing increases safety risk.	Disproportionate effect on carers, part-time staff.	NHS Professionals, locum and agency costs rise.	Staff vaccination, planning for surge rotas, wellbeing support.
Community Discharge Gaps	Deconditioning, prolonged length of stay.	Older people disproportionately delayed.	Higher bed occupancy, digressionary spend increase.	7-day brokerage, block-book step-down.
Data and Harm Escalation	Missed deterioration.	Possible bias focus on equality data.	Increased care cost, weak assurance.	100% data validation daily.

Torbay and South Devon NHS Foundation Trust

Our priorities for winter 2026/27

Our aim is to provide safe and timely care throughout winter, reduce long waits and corridor care and protect planned appointments and operations wherever possible.

Our plan focuses on:

- helping people receive the right care without being admitted to hospital
- supporting people to recover at home or closer to home
- helping people leave hospital promptly and safely when they are ready
- co-ordinating our services closely throughout periods of pressure
- supporting our workforce and reducing the impact of flu and other winter illnesses.

What we have learned from previous winters

Our planning for this winter reflects what we know makes the greatest difference when services are under pressure:

- making senior clinical decisions as early as possible
- providing more alternatives to an overnight hospital stay
- planning for discharge from the beginning of a person's stay
- coordinating hospital, community and social care support
- protecting planned and time-critical care wherever possible
- responding quickly when staffing, infection or capacity pressures change

This year we are strengthening same-day and community-based care, introducing new urgent care pathways and monitoring demand and capacity every day.

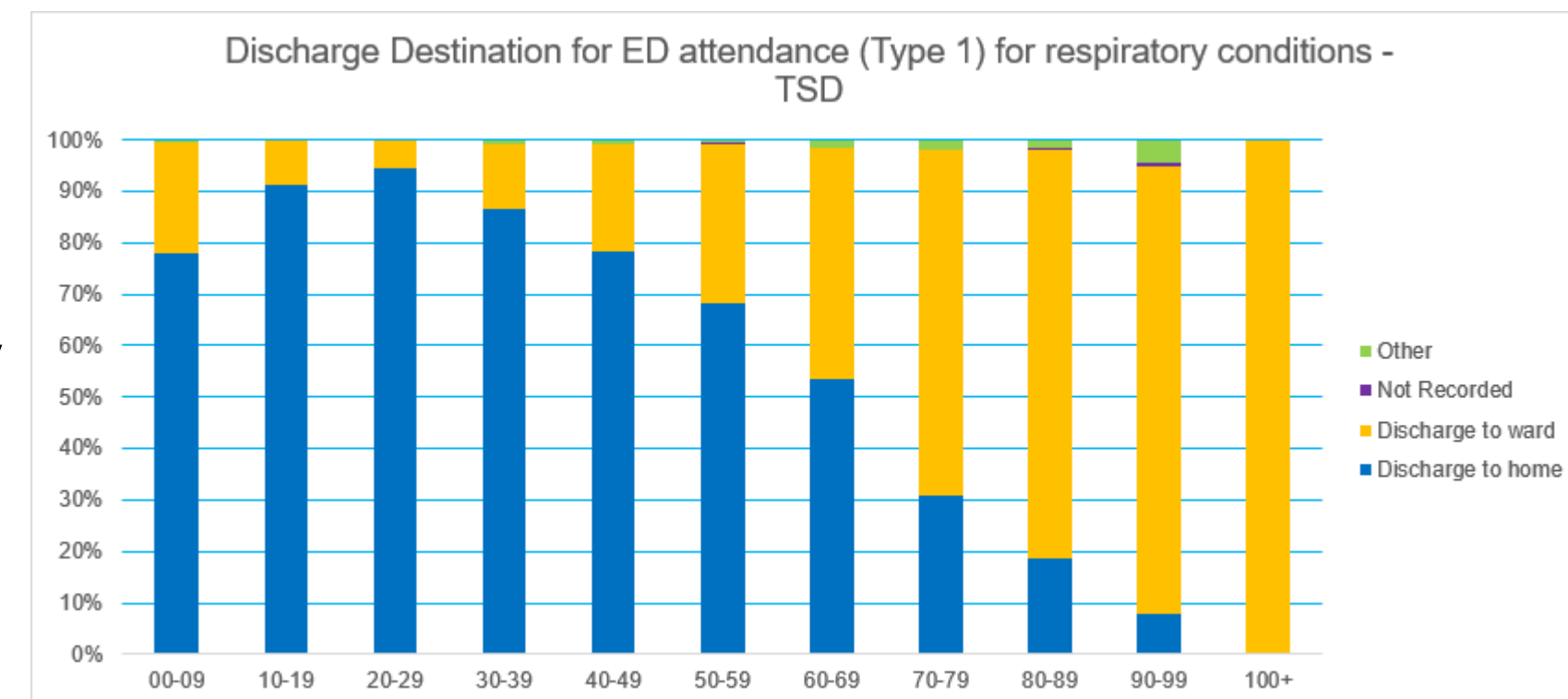
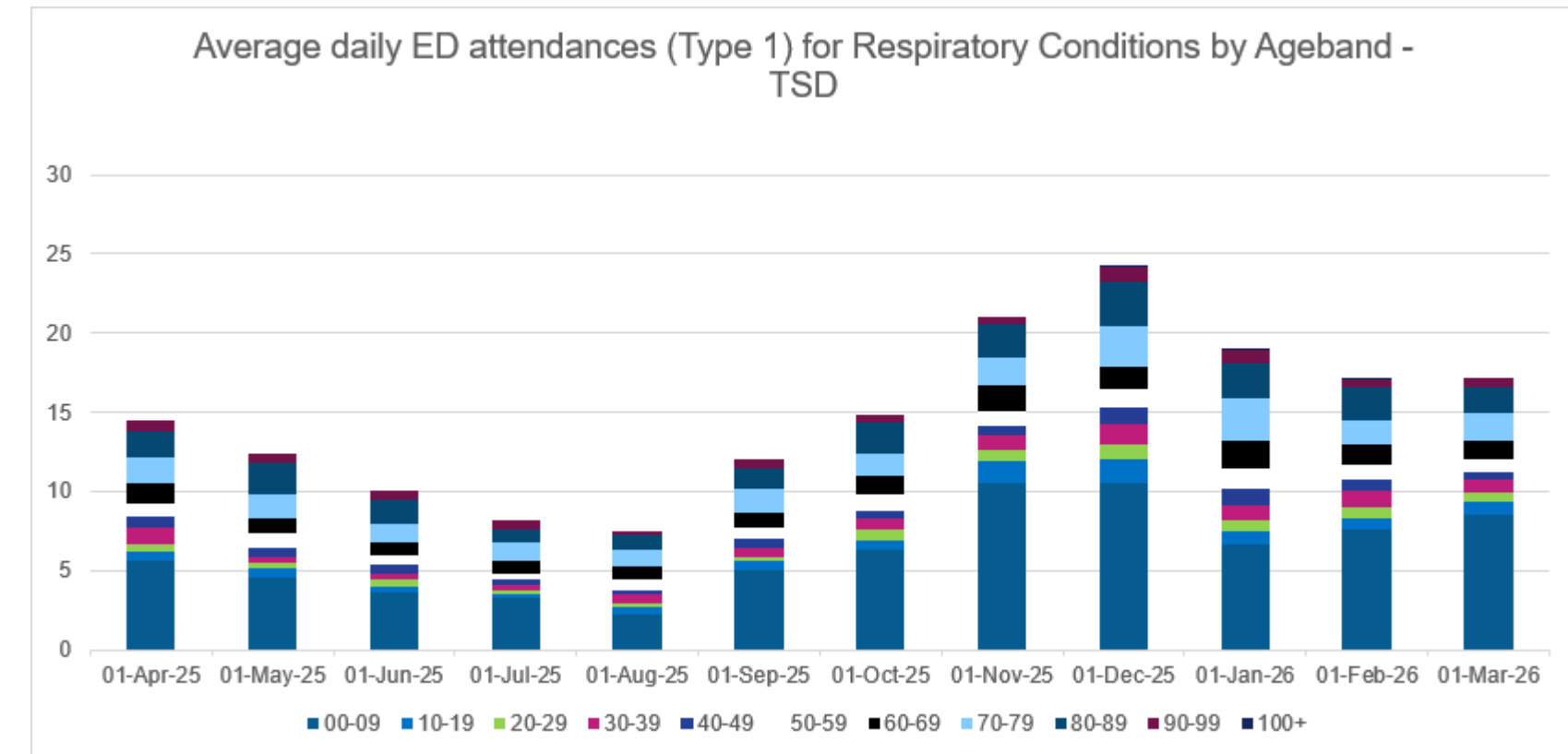
Understanding demand for emergency care

Demand is not evenly spread across our population or throughout the year.

- emergency department use rises among older age groups
- older people are more likely to need complex assessment and support from several services
- respiratory illness makes up a greater proportion of demand during the winter period
- these pressures affect the emergency department, hospital beds, community services and the support people need to return home.

What this means for our plan

We are focusing additional support on frailty, respiratory illness, same-day care and alternatives to admission, while working with partners to help people recover safely at home.



What we are doing differently this winter

- **Right care:** senior clinicians will review people earlier so that decisions about their care can be made promptly.
- **Right place:** where it is safe and appropriate, people will receive assessment, tests and treatment without needing to stay in hospital. This includes same-day emergency care, specialist support for older people living with frailty, virtual wards and urgent care at home.
- **A safe return home:** planning for discharge will begin early. We will work with patients, families, carers and our partners so people can return home, or move to the right place of care, as soon as they are medically ready.
- **Working together when services are under pressure:** senior teams will monitor demand and capacity every day, with clear arrangements for responding quickly when pressure increases.

How we are strengthening services for winter

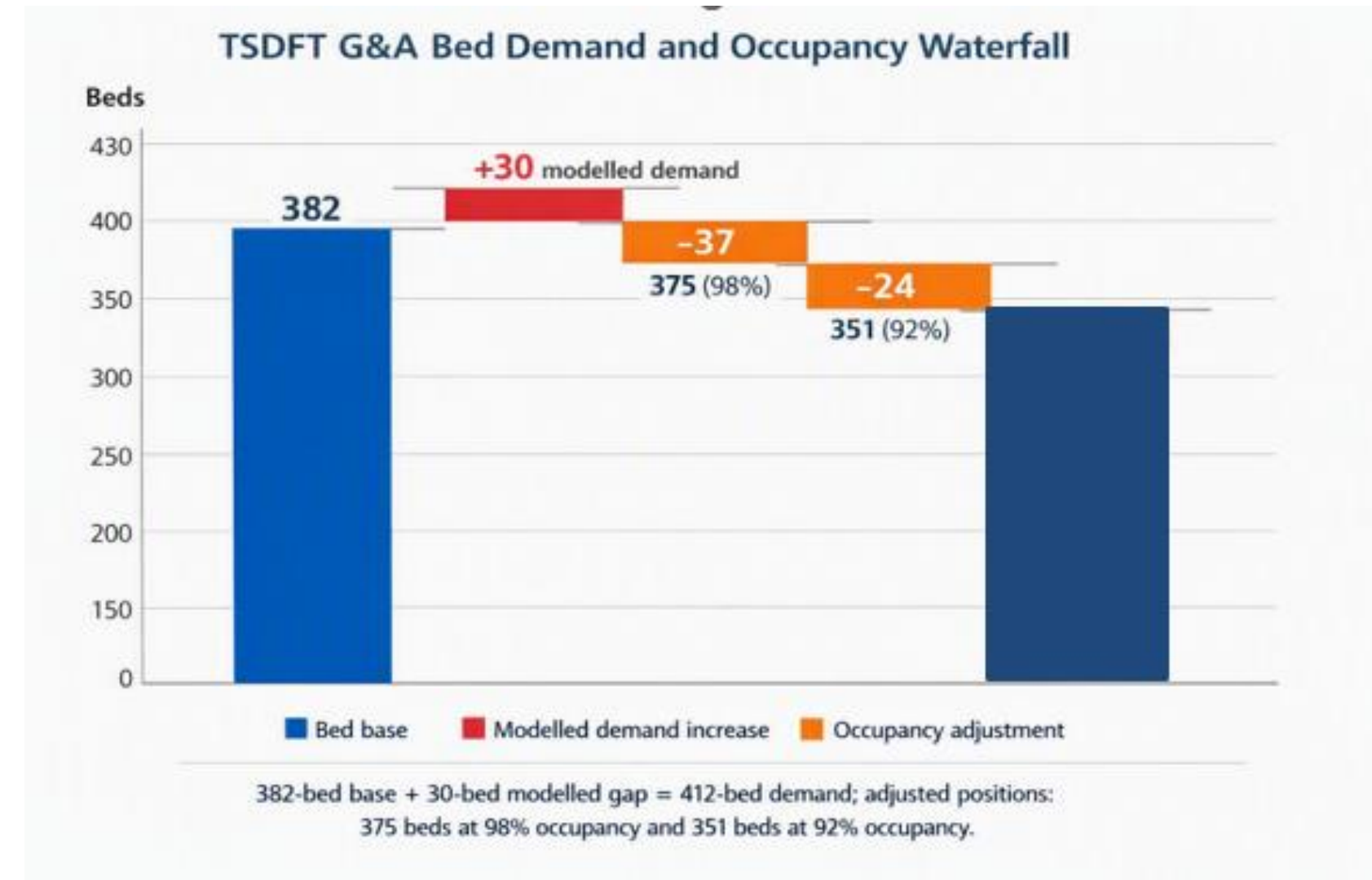
- **At the hospital front door:** earlier assessment and more opportunities for people to receive care without being admitted
- **Alternatives to a hospital stay:** rapid access to clinical advice, tests and treatment through same-day, specialist and community services
- **Frailty and community care:** helping more people receive care and recover closer to home
- **Protecting planned care:** maintaining planned appointments, operations and time-critical treatment wherever possible
- **Safe and resilient services:** planning for staffing, staff wellbeing, vaccination, infection prevention and service continuity throughout winter

The capacity challenge

Demand is expected to exceed our available core beds.

Running continually at or close to full capacity makes it harder to admit people promptly, avoid corridor care and respond safely to a sudden increase in demand.

We cannot address this pressure by adding hospital beds alone. Our plan focuses on reducing avoidable admissions, providing more same-day and community care and helping people return home safely as soon as they are ready.



How we will manage the capacity risk

Our plan is designed to reduce the pressure, but it does not remove every risk.

We will:

- monitor demand, staffing, bed availability and discharge delays every day
- increase senior oversight when pressure rises
- use additional capacity where it is safe and staffed to do so
- expand same-day and community alternatives to admission
- work with health and care partners to resolve barriers affecting people's return home
- monitor whether the adult social care transition is creating any additional pressure or delay
- protect planned and time-critical care wherever possible
- escalate pressures that cannot be resolved by one organisation alone

The winter plan and the adult social care transition will need to be managed together, particularly where they affect discharge and care at home.

Adult social care transition and winter

This winter falls within the transition period for the current Section 75 arrangements.

Adult social care services in Torbay will continue under the current arrangements throughout winter 2026/27.

We are working with Torbay Council and NHS Devon to maintain continuity of care and effective day-to-day working.

We will monitor any effect on hospital discharge, community capacity, staff and people receiving care.

Any emerging risks will be managed through the winter and transition arrangements.

The contractual arrangements are changing, but the need for health and social care to work together remains.

What is already in place and what happens next

- Changes in our emergency department are helping more people to be assessed and treatment without being admitted to hospital. Early results show an improvement of around seven percentage points in four-hour performance.
- The Harbour at Newton Abbot Hospital provides specialist assessment, urgent care and diagnostic tests for older people living with frailty, offering a safe alternative to hospital admission where appropriate.
- We have introduced a same day appointment priority service at Newton Abbot Urgent Treatment Centre and are recruiting additional colleagues to help reduce the time people are waiting to be seen
- New urgent care pathways bringing services together on the Torbay Hospital site are due to open on 15 October
- Last year, 58% of our colleagues received their flu vaccination. This year's staff vaccination clinics open on 01 October and we are aiming to improve on last year's uptake by at least 2.5%

How we will know whether the plan is working

Throughout winter we will monitor:

- emergency department waiting times and corridor care
- admissions to hospital
- use of same-day and community alternatives
- bed occupancy and length of stay
- the number of people waiting to leave hospital
- the reasons for delays, including any linked to health or social care capacity
- planned care cancellations
- workforce sickness and flu vaccination uptake
- patient safety and experience

We will review emerging pressures with our partners and adjust our response as circumstances change.

General Practice in Torbay

- NHS Devon aims for high levels of access and experience for patients, working with the 116 GP practices in Devon and other stakeholders
- Patients can access GP practices services by making contact either online, by telephone or in person at the practice
- There is no additional funding for primary care this winter, but practices are delivering higher than national average access for patients
- Torquay Primary Care Network (PCN) are delivering the acute care service funded by NHS Devon. This provides additional same-day primary care for people with an urgent and necessary need, testing new models of care.

Across Torquay, Paignton and Brixham there are 10 GP practices. These practices work as part of 3 Primary Care Networks (PCNs)

GP practice	Primary Care Network
Brunel Medical Practice	Torquay PCN
Chelston Hall Surgery	Torquay PCN
Croft Hall Medical Practice	Torquay PCN
Southover Medical Practice	Torquay PCN
Chilcote Surgery	Baywide PCN
Compass House Medical Centre	Baywide PCN
Pembroke House Surgery	Baywide PCN
Corner Place Surgery	Paignton and Brixham PCN
Mayfield Medical Centre	Paignton and Brixham PCN
Old Farm Surgery	Paignton and Brixham PCN

General Practice Activity

GP appointments July 2026

PCN	% clinically urgent appointments seen on the same day	% patient seen within 2 weeks
Baywide PCN	79.90%	84.70%
Paignton & Brixham PCN	77.40%	80.70%
Torquay PCN	87.30%	90.20%
Torbay Total	80.90%	85.50%
Devon	81.50%	81.30%

PCN	Total Number of Appointments	Appointments per 1,000 weighted population
Baywide PCN	39,931	705.0
Paignton & Brixham PCN	24,533	585.1
Torquay PCN	31,742	650.1
Torbay Total	96,206	652.7
Devon	848,959	657.5

General Practice Patient Survey Results

PCN	Patients reporting their overall experience of the GP Practice was good	Easy to contact GP practice on the phone	Easy to contact GP practice using their website	Easy to contact GP practice using the NHS App
Baywide PCN	83%	40%	62%	56%
Paignton & Brixham PCN	65%	35%	54%	54%
Torquay PCN	75%	45%	57%	57%
Devon	79%	59%	62%	55%
National	77%	57%	58%	54%

We are working with providers representative and their statutory committees on several schemes across General Practice such as, community pharmacy and dental to support enhanced access to services for patients over winter.

Community Pharmacy in Torbay

There are 23 community pharmacies in Torbay

Each pharmacy provides core services (e.g. dispensing medicines, advice for self care, repeat dispensing services, disposal of unwanted medicines) with contractually agreed opening hours

Provision is enhanced by additional services commissioned and provided in support of meeting local need

- Pharmacy First (5,221 consultations April-August 2025)
- Hypertension service (3,111 consultations April-August 2025)
- Contraception service (627 consultations April-August 2025)
- Delivery is solidly above our target to increase provision by 40% since 2024/25



South Western Ambulance Service (SWAST)

System Coordination to Manage Pressures

1. Executive Management Group leads delivery, with weekly winter reviews and escalated approaches when pressure rises.
2. Clinical Safety Plans and assessments to provide a clear risk-based escalation route across operations and clinical teams.
3. Joint SWAST–provider action activates the Timely Handover Protocol before 45-minute (30mins from 1 Jan 27) breaches.
4. The plan deploys 50,000 conveying hours each week;

South Western Ambulance Service

Assurances That Residents Are Supported

1. Clinical Safety Protocol Level 4 protects the highest-acuity patients through risk-based dispatch and clinical prioritisation.
2. Additional Emergency Operations Centre (EOC) clinicians expand senior advice and Hear & Treat, keeping suitable patients safely at home.
3. At peak pressure, non-patient-facing clinicians, corporate teams and operational managers are redeployed to frontline priorities.
4. Whole-Trust escalation connects to daily system coordination and locality/provider escalation calls.
5. Call answering has remained very resilient in periods of peak pressure through 2026.

South Western Ambulance Service

Managing Waiting Times

1. Category 2 response is modelled at 28–33 minutes, building on last winter's improvement from 53.7 to 33.9 minutes.
2. Devon deploys 111–116% of planned resource through the three-week festive period from 15 December, above the 50,000-hour weekly trust wide baseline.
3. EOC clinicians maximise Hear & Treat while senior operational managers reduce unavailable hours and protect flow.
4. The Timely Handover Protocol and 30-minute escalation trigger joint action before delays reach 45 minutes.
5. Performance reviews align response, conveyance, handover, Emergency Department(ED) demand, admissions and corridor pressure.

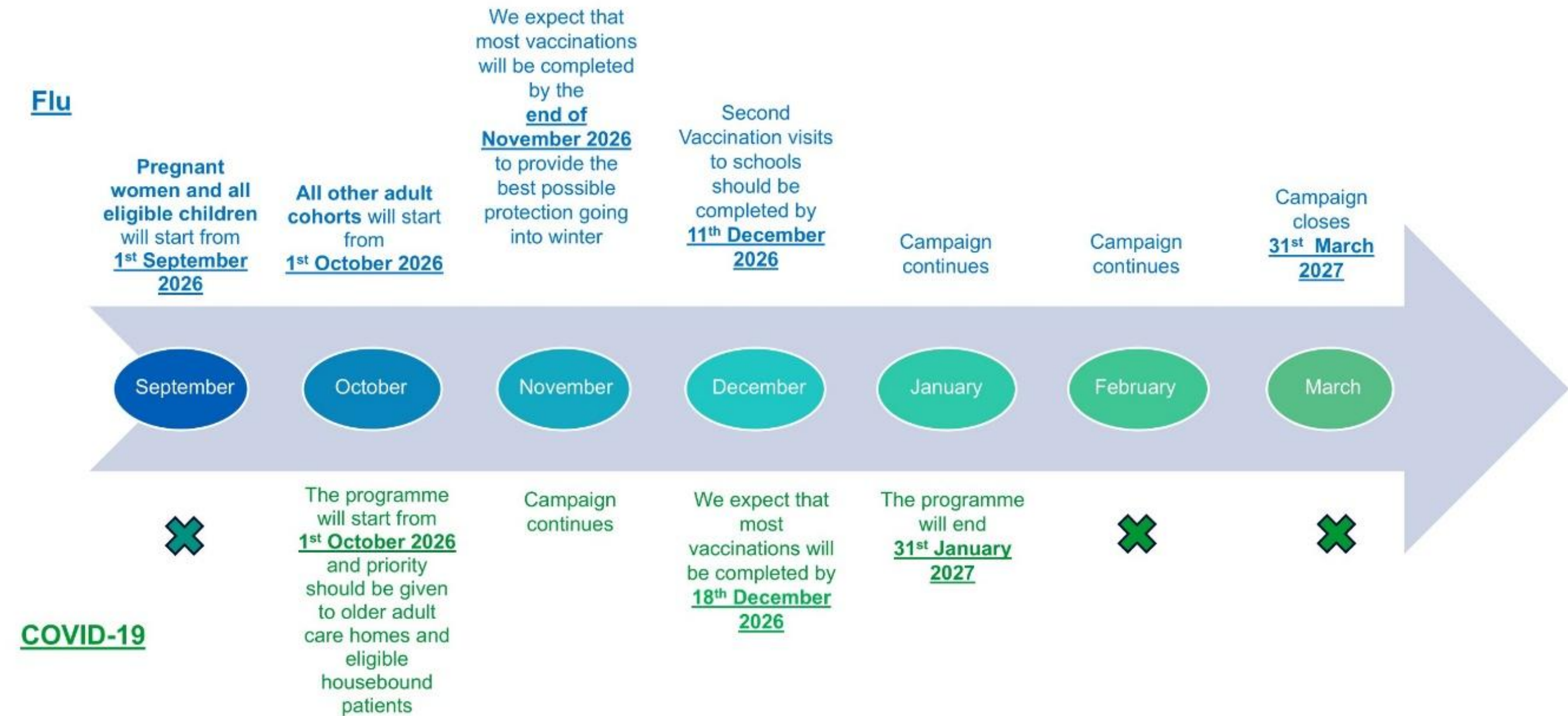
South Western Ambulance Service

Managing & Communicating Care Pathways

1. Daily forecasting and system touchpoints refresh pathway availability, ED pressure and community capacity.
2. Enhanced EOC clinical cover provides remote assessment, senior advice and more Hear & Treat.
3. Safely redirect suitable lower-acuity calls to available primary, community and same-day alternatives.
4. SWAST and providers coordinate handover, corridor safeguards and discharge action through daily escalation.
5. Pathway assurance reviews referral acceptance, non-conveyance, ED arrivals, admissions, delay and harm.

Vaccinations – Winter Timeline

Autumn/Winter 26 - Timeline



RSV and **Pneumococcal** vaccinations are offered all year round but have increased focus during the winter period

Vaccinations – Communications and engagement

Communication channels

- National media
- Local media
- National and Local Booking Systems
- Communications Toolkit shared with stakeholders includes posters, case studies and press releases
- Stakeholders to promote vaccination communications through their channels
- Stakeholders include GP, Community Pharmacy, Schools, Trusts, Councils and Voluntary Sector.

Audiences

- NHS Staff
- Healthcare workers, carers and unpaid carers
- School-aged children
- Pregnant women
- Children aged 2 and 3
- People in clinical risk groups
- People who are immunosuppressed and their household contacts
- People aged 65+, and people aged 75+

Activity 2026/27

Working towards a significant increase in frontline healthcare worker uptake across the cluster working closely with NHS trusts and providers

Supporting public vaccination uptake through a multi-channel campaign combining content, targeted digital amplification, hyperlocal targeting, print and out-of-home activity.

Core activity includes 21 content articles, hosted across Cornwall Live, Devon Live and Plymouth Live, with each article tailored towards a specific priority cohort.

Targeted amplification through Facebook, Taboola and InYourArea, using our audience insight from previous years' campaigns and postcode-level targeting to help with relevant messaging.

Also includes out-of-home advertising across Devon and Cornwall, as well as seven supporting print articles and inserts.

System Communications Campaign

A system approach - 2025/26

A coordinated, system-wide communications and public engagement approach is being developed jointly by the communications teams at NHS Devon and NHS Cornwall and Isles of Scilly Integrated Care Boards to support winter planning across the South West Peninsula.

Key aims:

Keep people well: Increase public understanding and uptake of the actions that prevent avoidable illness and deterioration over winter, particularly among higher-risk groups.

Support appropriate use of services: Enable people to make confident, informed choices about where and when to seek help, increasing use of the most appropriate services and reducing avoidable pressure on urgent and emergency care.

Maintain confidence in the NHS: Sustain public and staff confidence through clear, credible communications that demonstrate how the NHS is preparing for winter, responding to pressures and continuing to provide safe, effective care

Planned activity (includes, but not limited to)

Print and broadcast media- planned regional media moments supported by local press releases, case studies

Social media and digital- regionally-produced paid and organic assets for vaccination, prevention and service access, with local versions for priority audiences

Influencers – identify local influencers to work with on specific campaigns and messaging.

Advertising and marketing- a blend of paid social, digital display, search, online video, local radio,

Face-to-face engagement - local systems and partners to deliver conversations in trusted settings,

Direct communication to priority groups - targeted messages to people at higher risk of winter illness or avoidable admission, using GP text messages, NHS App notifications, letters or calls where appropriate

Partnership work - including local authorities, VCSE partners, Healthwatch, community pharmacies, primary care networks, social care, housing, care providers, schools, universities, major employers

Staff and stakeholder communications - regular briefings, cascade materials, intranet content, staff social media packs, partner newsletters

2026/27 priority areas

Vaccination: increasing uptake of flu, COVID-19, RSV and other eligible vaccination offers, with targeted activity for groups where uptake is lower.

Prevention: helping people reduce the risk of winter illness, deterioration and avoidable admission through practical advice on staying active, eating well, keeping warm, infection prevention and looking after mental wellbeing.

Service access: helping people use the right route first time, including the NHS App, pharmacy, general practice, NHS 111 online and phone, mental health crisis support and emergency care when needed.

Think pharmacy first.

If needed, your pharmacist can now provide some prescription medicine, without seeing a GP.



**Insect Bite • Sinusitis • UTI • Shingles
Impetigo • Earache • Sore Throat**



Seven common conditions now treated by your pharmacist

UK Government

VACCINES HELP PROTECT YOU AND YOUR BABY

Pregnant women are eligible for the flu, RSV and whooping cough vaccines. Speak to your midwife or GP practice. nhs.uk/pregnancyvaccinations

STAY STRONG. GET VACCINATED.

Sinusitis?

If needed, your pharmacist can now provide some prescription medicine, without seeing a GP. Twelve years and over.

Think pharmacy first.
nhs.uk/thinkpharmacyfirst

Your health matters. Help us help you.

NHS Devon

“ I booked online, on a Sunday for a same day appointment at Tesco, and was seen within ten minutes of my arrival. The pharmacist was brilliant and got me the medication I needed. 100% would use again! ”

Paul S
East Devon

FOLLOW

Dr Maria & Dr Mel

FirstResponse
mental health crisis • 24/7

Livewell
Southwest

UK Government

Experiencing a **mental health** crisis?

CALL 111

select the **mental health** option

Get to the help you need

NHS

111
111.nhs.uk

111
111.nhs.uk

NHS

Need urgent help for a mental health crisis?

Call 111 and select the mental health option

View your hospital appointments in the NHS App

NHS App

NHS

Protect your festive season with a flu vaccine

Don't let flu ruin your fun

Get to the help you need

NHS

111
111.nhs.uk

How can OSC members help

Vaccinations

Uptake of most vaccines is typically lower in Torbay than in Plymouth or Devon local authorities. We are increasing comms messaging across all media.

A comprehensive vaccinations comms toolkit is shared with local authorities to support engagement with community and voluntary organisations.

How can OSCs help with vaccinations?

- Please promote vaccinations within your communities
- Any help to identify new groups that may reach into underserved communities, would be appreciated.

Encouraging people to stay well

As part the winter “stay well” campaign

- Please share messages about Pharmacy First, 111 and general winter health advice

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

Date of meeting	Minute No.	Action	Comments
03/09/26	25	1. that the Senior Democratic, Overview and Scrutiny Officer be requested to update the work programme to include a future update on the Transformation Programme and organise a Member briefing on the new Liquidlogic system.	1. Complete – added to work programme
03/09/26	26	1. that the Senior Democratic, Overview and Scrutiny Officer be requested to update the work programme to include a further update on the adult drug and alcohol treatment service at the January 2027 meeting of the Sub-Board.	1. Complete – added to work programme
16/07/26	18	2. that the Senior Democratic, Overview and Scrutiny Officer request a written response regarding the location of reported stillbirths 3. that the Senior Democratic, Overview and Scrutiny Officer request and circulate to Members of the Adult Social Care and Health Overview and Scrutiny Sub-Board Members the most recent monthly monitoring information on DMO1 performance and ask that comments raised during the meeting be considered when preparing future reports.	2. Response received - The definition of a stillbirth is the death of a baby at or after 24 completed weeks of pregnancy. Of the five stillbirths recorded in the report, all involved women who presented during the antenatal period with reduced foetal movements. Following clinical assessment and management, each woman underwent induction of labour and subsequently gave birth in hospital. Therefore, the reported stillbirths relate to births that occurred in a hospital setting following antenatal presentation with reduced foetal movements. 3. Response requested 10/08/26
18/06/26	11	1. that the ICB be requested to provide assurance to the Adult Social Care and	1. Response requested 07/07/26 and 10/8/26

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

Date of meeting	Minute No.	Action	Comments
		Health Overview and Scrutiny Sub-Board that they understand their commissioning responsibilities at place and confirm that with the ending of Section 75 agreement, additional resources will be made available to support the market development work required 2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board monitor progress on the delivery of the Adult Social Care Commissioning Plan every six months.	2. Complete - Added to work programme