

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

22 May 2025

-: Present :-

Councillor Johns (Chairwoman)

Councillors Bryant, Foster and Spacagna (Vice-Chair)

Non-voting Co-opted

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

Pat Harris (Healthwatch Torbay)

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

43. Apologies

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

44. Minutes

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

45. Update on the Prevent and Modern Slavery Workstream

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

Members raised the following questions:

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

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

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

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

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

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

Resolved (unanimously):

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

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

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

46. Review of Women's Health in Torbay

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

Members asked questions in relation to the following:

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

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

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

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

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

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

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

Resolved (unanimously):

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

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

The Sub-Board noted the submitted action tracker.

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

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

Resolved (unanimously):

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

Chairwoman
