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Date: Monday, 19 May 2025

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Dear Member

**ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD -
THURSDAY, 22 MAY 2025**

I am now able to enclose, for consideration at the Thursday, 22 May 2025 meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board, the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
6.	Review of Women's Health in Torbay	(Pages 3 - 16)

Yours sincerely

Governance Support
Clerk

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Meeting: Adult Social Care and Health overview and Scrutiny Sub-Board **Date:** 22nd May 2025

Wards affected: All

Report Title: Review of Women's Health in Torbay

Cabinet Member Contact Details: Councillor Hayley Tranter, Cabinet member for Adult and community Services, Public Health and Inequalities, Goodrington and Roselands Ward, hayley.tranter@torbay.gov.uk

Director Contact Details: Report by Sarah Aston, Public Health Specialist and Steven Clark, NHS Devon ICB Stakeholder Engagement and Public Affairs manager, Nicola McMinn, Chief Nurse and Director of Infection Prevention and Control at TSD, Jo Bassett, Director of Midwifery and Gynaecology at TSD.

Report sponsored by Dr Lincoln Sargeant, Director of Public Health, Lincoln.sargeant@torbay.gov.uk

1. Purpose of Report

- 1.1. To provide the Overview and Scrutiny board with an update on the progress of the Director of Public Health's Annual report on Women's Health 2024
- 1.2. This report is a joint submission by officers of Torbay Council and NHS Devon Integrated Care Board (ICB)

2. Reason for Proposal and its benefits

- 2.1. The information in this report is available to provide members with assurance and an overview of this part of the local health sector, which specifically addresses women's health and wellbeing needs.

3. Recommendation(s) / Proposed Decision

- 3.1. This is for information only.
- 3.2. For members of the board to note the contents of the report, including key lines of enquiry.
- 3.3. Officers and partner organisations to follow up on any requirements from discussion or specific actions from the board.

4. Background Documents

- Women's Health Strategy (2022) <https://www.gov.uk/government/publications/womens-health-strategy-for-england>
- Women's Health Hubs (2024) <https://www.gov.uk/government/collections/womens-health-hubs>
- Torbay Public Health partnerships and Annual Director of Public Health report (including films) <https://torbayhealthpartnerships.co.uk/>

Supporting Information

5. Introduction and summary

- 5.1. In October 2024, the Director of Public Health launched his annual report which focussed on the health of women in Torbay. This report is multi-media and is available at www.torbayhealthpartnerships.co.uk
- 5.2. The national Women's Health Strategy was published in 2022. Subsequently, all ICBs in England were charged by the Department of Health and Social Care (DHSC) with the delivery of Women's Health Hubs. All ICBs in England received, non-recurrent funding in 2023/24 and 2024/25 alongside guidance, and a specification in March 2024, to deliver against from DHSC.
- 5.3. This report is additionally an update on the progress of the recommendations made within the Director of Public Health Annual Report 2024 and initial report to this board in November 2024. The recommendations were broken into six themed areas which are:
 - To develop flexible and inclusive employment practices to reflect and encourage women into education and employment.
 - To commit to actions which raise awareness of domestic abuse and sexual violence (DASV) and directly address the impact of domestic abuse on women who experience it.
 - To improve access, experience, and outcomes for women's healthcare through Torbay's women's health hub
 - To recognise and supporting grass roots women's groups and activities as integral components of mental health and wellbeing provision.
 - To develop integrated service delivery pathways for women's health care, reducing the need to attend multiple appointments for routine health care
 - To develop inclusive approaches that facilitate and support girls and women to become more physically active.
- 5.4. The overview and scrutiny sub-board has also initiated some key lines of enquiry which this report will also aim to address.

5.4.1. The responses to these key lines of enquiry are provided in section 8 of this report. The responses to maternity and gynaecological services have been provided by Torbay and South Devon NHS Foundation Trust as the provider of these services in Torbay.

6. Update on Directors Annual report recommendations

7.1 Recommendation: To develop flexible and inclusive employment practices to reflect and encourage women into education and employment.

- 7.1.1 Update from the Economy and Enterprise team that the majority of those seeking support to start their own businesses in Torbay in the past year have been women. It is reported that there is a flourishing self-supporting network of female entrepreneur emerging.
- 7.1.2 A gap has also been noted in reaching younger families with young children and linking into education and employment. Public Health staff will follow this up and ensure good links and pathways with Family Hubs and 0-19 services.
- 7.1.3 Demand for childcare is high, with occupancy in all settings currently at:

Torquay	93%
Paignton	96%
Brixham	93%

7.2 Recommendation: To commit to actions which raise awareness of Domestic and Sexual Violence and directly address of the impact of domestic abuse on women who experience it.

- 7.2.1 A more detailed update to this strategy is presented at a later time within the agenda of this sub-board.

7.3 Recommendation: To improve access, experience, and outcomes for women's healthcare through Torbay's women's health hub.

- 7.3.1 NHS Devon ICB have worked with partners in Primary Care, Public Health and local NHS Trusts to improve pathways for women in two main areas. The identified local priority areas are:

- British Menopause Society specialist menopause advice and guidance for Primary Care and
- Improvement of (Intra-Uterine Device) IUD (for contraceptive and non-contraceptive reasons) delivery in Primary and Specialist settings.

7.3.2 While not all eight core areas of the specification were locally prioritised, the two areas identified above are continuing to be developed and improve pathways at a systems level for community-based services, beyond the funding term.

7.3.3 More details about the NHS Devon women's health strategy can be found [here](#).

7.4 Recommendation: To recognise and supporting grass roots women's groups and activities as integral components of mental health and wellbeing provision.

7.4.1 An event is planned for 1st July 2025 to bring together the dozens of female-focused grass roots organisations, associations, groups and charities operating in Torbay. If successful, this will be supported by Public Health staff for a period of time to support the network to establish its own peer-led approach to networking and mutual aid.

7.5 Recommendation: To develop integrated service delivery pathways for women's health care, reducing the need to attend multiple appointments for routine health care

7.5.1 Torbay Public Health team have facilitated the ICB to utilise a contract to ensure seamless access to non-contraceptive IUD specialist fitting. This is intended to reduce wait times into gynaecology and improve equity of access. It has benefitted women in Torbay through a local clinic delivered by Devon Sexual Health.

7.5.2 Development of Growth in Action's (MCN Alliance) integrated support offer for women experiencing one or more of drug and alcohol misuse, homelessness, and domestic abuse.

7.5.3 Work is underway to communicate recent pathway improvements and approaches to Primary Care networks as well as at the forthcoming community engagement events.

7.6 Recommendation: To develop inclusive approaches that facilitate and support girls and women to become more physically active

7.6.1 All children identified through the National Child Measurement Programme with a weight issue are followed up by the 0-19 and Family Hubs team, offered free leisure centre passes and given advice and guidance on the benefits of whole-family approaches to physical activity.

7.6.2 A Ramble Club for new Mums and facilitated by Family Hubs continues to be a success, parent connectors (funded through the Family Hubs Start for Life grant) will extend these clubs to include all three of the Torbay towns and will be monitored through the new 0-19 and Family Hubs contract.

8 Responses to Key Lines of enquiry

8.1 Is the Maternity Unit being closed?

Response: There are no plans to close the maternity unit at Torbay Hospital.

8.2 What maternity services are available within the community?

Response: Torbay and South Devon NHS Foundation Trust offer a fully integrated model of care and have six community-based teams (three covering Torbay) support women during pregnancy and birth.

The midwives provide antenatal and postnatal care in the community and also work on the labour work in Torbay to provide care to women during birth.

Women can choose to birth in the acute hospital in Torbay, at home or at the midwifery-led White Lake Birthing Centre in Newton Abbot.

The Torbay teams also have additional resource that is delivered by enhanced maternity support workers who provide additional support for the most vulnerable patients.

8.3 What provision is there for access to sexual health services?

Response: Access to specialist sexual and reproductive health services in Torbay is good. Services are provided by Devon Sexual Health (www.devonsexualhealth.nhs.uk). Access to Long-Acting Reversible Contraception (LARC) in specialist services is excellent, compared to national standards (14 day and 28-day standards).

Access to STI testing and care is good but was over the two-day standard in the last quarter (Oct-Dec 2024). This is due to a new digital patient management system being implemented.

Access to LARC in primary can be challenging due to a range of reasons.

A new contract is in place from July 2025, and it is hoped that the specialist service leadership and support will enable access to the shared ambition of Public Health and the ICB to achieve a robust LARC offer in each Primary Care Network (PCN) across Torbay.

8.4 What provision is there for timely gynaecological help?

Response: There are 2,275 people waiting for gynaecology treatment (under the 18-week referral to treatment pathway). Of those, 61% have been waiting fewer than 18 weeks.

During the past month Torbay and South Devon NHS Foundation Trust has appointed two consultants to support capacity across the obstetrics and gynaecology service, which will help reduce waiting times for patients.

During the past 12 months there has been an improvement in people waiting for an outpatient appointment, with 675 people waiting at the end of April 2025, compared with 1739 in April 2024.

There has been an increase in the numbers of people waiting for inpatient / admitted treatment as more patients progress from an outpatient referral and challenges in workforce capacity.

8.5 Additional maternal and neonatal mortality and morbidity rates for Torbay and how we compare to other areas?

Response: The national perinatal mortality data viewer presents stillbirth, neonatal, and extended perinatal mortality rates for organisations responsible for the commissioning of health care in the

UK. This resource was developed by MBRRACE-UK (Mothers and Babies: Reducing risk through audit and confidential enquiries across the UK) and accompanies the work published in the MBRRACE-UK perinatal mortality surveillance report.

<https://timms.le.ac.uk/mbrrace-uk-perinatal-mortality/data-viewer/>

8.6 The below table provides an update directly from Torbay and South Devon NHS Foundation Trust on some of the key areas identified in the CQC action plan following an inspection in 2023 relating to maternity services.

Medical cover	<p>Our obstetric workforce was highlighted as a must-do action as part of the 2023 CQC report, and we have been working hard to address the issues raised.</p> <p>We have successfully recruited (and now in post) two new consultants and continue to recruit to our midwifery vacancies and operating department assistants (ODP) of which there is a national shortage.</p> <p>We have also launched an enhanced midwifery staffing model of care in our outpatient department in May to increase its opening hours and address the maternity triage recommendations highlighted within the CQC report.</p> <p>We have a mechanism in place to monitor and ensure that optimum staffing levels are in place with escalation processes when issues arise.</p> <p>We are looking at in-house training to strengthen our workforce gaps. We are nationally recognised for our work to retain our workforce, which we presented to the All-Party Parliamentary Group last year.</p> <p>We continue to monitor timely access to the obstetric theatre with oversight and scrutiny of all processes.</p>
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Equipment	<p>Many of the improvements related to equipment were already in progress at the time of the inspection. Additional machines for monitoring fetal (baby) heart rates had already been ordered prior to the CQC inspection. New resuscitaires (equipment to support resuscitation of newborn babies) were purchased in early 2024 and are now in use. We have also strengthened the fetal monitoring training delivered to staff.</p> <p>Our dedicated triage telephone line was initiated immediately after the inspection visit.</p>
Data on number of births daily/weekly/annually	<p>Annual births 2024/25: 1672 2023/24: 1760 2022/23: 1847 2021/22: 2073 2020/21: 1946 2019/20: 2073 2018/19: 2280</p> <p>Monthly births for past six months March 2025: 153 February 2025: 135 January 2025: 144 December 2024: 134 November 2024: 116 October 2024: 129</p>
Mortality and Morbidity rates	<p>https://timms.le.ac.uk/mbrace-uk-perinatal-mortality/data-viewer/)</p> <p>Our award-winning smoking cessation team continues to support people to quit smoking and vaping during pregnancy, and during 2024/25 5.5% of people had stopped smoking at the time of delivery – below the national ambition target of 6%, which is a fantastic achievement for our team. For context, in 17/18 the rate of smoking at time of delivery was around 15%.</p>

<p>Monitoring arrangements across the unit, standard procedures and times.</p>	<p>We provide monthly updates to our quality assurance committee. We use a nationally mandated reporting framework called the perinatal quality surveillance model. This enables demonstration against the aim of achieving the national target to reduce brain injury and stillbirth, neonatal and maternal deaths by 50% by 2025. The most recent national data does show a reduction in both stillbirth and neonatal death however the gap continues to grow between the most deprived and the least deprived.</p> <p>We are working as one system, and our work is aligned to the Devon Local Maternity and Neonatal System (LMNS), and we comply with reporting to NHS England.</p> <p>Our board and executive also have oversight of our work through regular reporting by our Chief Nurse and Director of Midwifery.</p> <p>Details of our progress are also contained in our publicly available board reports.</p>
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9 Financial Opportunities and Implications

- 9.4 Department of Health and Social Care (DHSC) funding was allocated to the ICB for the implementation of women's health hubs in 2023/24 and 2024/25. Each ICB area in England was allocated a total of £595,000 across the two years, in Devon this was received in two equal parts in 23/24 and 24/25.
- 9.5 There are a further 7 years for the women's national health strategy. However, the funding allocation to ICBs has not been renewed by DHSC.
- 9.6 This financial pressure creates an ongoing imperative for system leaders and providers to maintain and continue to develop partnerships and shared opportunities to improve pathways and direct patient experiences for women.
- 9.7 With regard to Public Health funded Long-Acting Reversible Contraception (LARC), where methods include implant and coil devices, the spend in 2024/25 was a total of £403,618. 4.3% of this spend was in general practices. The remainder was in the specialist service, Devon Sexual Health.
- 9.8 In 2023, Torbay had good rates of prescribed LARC, exceeding the England average of 43.5 people per 1,000 with 59.3 per 1,000. The GP prescribed rate was 8.3 per 1,000, which is significantly lower than the England average at 25.6 per 1,000. In contrast, the

Specialist Health Services prescribed LARC rate in Torbay is 51 per 1,000, whereas the England average is 18 per 1,000.

- 9.9 This suggests an imbalanced local system where fewer women have access to the full range of contraception, including LARC within general practice settings than in other parts of England. It also suggests that Devon Sexual Health are performing at a high level and are meeting the needs of women who may be unable to access the provision within General Practice.
- 9.10 A new contract has recently been awarded to Royal Devon University Healthcare NHS Foundation Trust, who are the incumbent provider of Devon Sexual Health, locally based at Castle Circus Health Centre in Torquay. The new contract commences on 1st July 2025 and includes increased systems and clinical leadership requirements and provision of community based LARC, ideally within general practice settings. This is intended to improve access and efficiency to the local model of delivery. Local and national surveys and data suggests women require localised access to high quality contraceptive advice, guidance and services.
- 9.11 The return on investment for providing Long-Acting Reversible Contraception (LARC) is a combined £9 for every £1 spent over a ten-year period. This is a return to both healthcare systems and local government (including maternity, education and welfare costs).

10 Legal Implications

- 10.4 Not applicable in this briefing

11 Engagement and Consultation

- 11.4 NHS Devon operate a regular Women's Health Improvement Group, with partners from across Torbay, Plymouth and Devon. Through the work to develop Women's Health services as part of the national strategy, this group has also engaged with Women's Health groups and VCSE colleagues, clinicians from across Primary and Secondary Care and with the Local Medical Council. Engagement continues on a regular basis around specific items.

12 Procurement Implications

- 12.4 Not applicable to this briefing

13 Protecting our naturally inspiring Bay and tackling Climate Change

- 13.4 Not applicable to this briefing

14 Associated Risks

- 14.4 Not applicable to this briefing

15 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.	There is no differential impact		
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.	There is no differential impact		
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	There is no differential impact		

	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.	There is no differential impact		
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.	There is no differential impact		
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.	Women and pregnant people in Torbay will benefit from system changes and improvement in pathways and provision.		

Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.	There is no differential impact		
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	There is no differential impact		
Sex	51.3% of Torbay's population are female and 48.7% are male	Women and pregnant people in Torbay will benefit from system changes and improvement in pathways and provision.		
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.	There is no differential impact		
Armed Forces Community	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay,	There is no differential impact		

	5.9 per cent of the population have previously served in the UK armed forces.			
Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)		There is no differential impact		
Public Health impacts (Including impacts on the general health of the population of Torbay)		Cumulative improvements in services and systems are expected to see improvements in public health outcomes.		
Human Rights impacts		There is no differential impact		
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.	There is no differential impact		

16 Cumulative Council Impact

16.4 None

17 Cumulative Community Impacts

17.4 None