

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

12 June 2025

-: Present :-

Councillor Johns (Chairwoman)

Councillors Foster, Penny and Spacagna (Vice-Chair)

1. Apologies

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 Penny in place of Councillor Douglas-Dunbar for this meeting. Apologies for absence were received from Amanda Moss and Pat Harris (Non-voting Co-opted Members).

2. Minutes

At the last meeting of the Sub-Board Members considered a report on a Review of Women's Health in Torbay and as per Minute 45 1/5/25. Members agreed to request a written report, however, following a review of the submitted report and the Minutes, in consultation with the Chairwoman, it was deemed that this was not required as all the relevant information was covered. It is therefore proposed to rescind the Minute:

“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”

Resolved (unanimously):

That subject to the decision in Minute 45 1/5/25 being rescinded, the Minutes of the meeting of the Sub-Board held on 22 May 2025 be approved.

3. MacMillan Torbay Community Engagement Project

Abi Gascoyne from Engaging Communities South West presented the submitted MacMillan Torbay Community Engagement Report and presentation, circulated information packs on the project to Members of the Sub-Board and responded to questions. Pat Teague, Trustee from Engaging Communities South West also attended the meeting for this item.

The Board raised the following questions:

- what support was there to help cancer patients towards purchasing wigs and other items e.g. blankets (as they feel the cold more) and what support was there for families and children;
- what work was being done if the schools were not picking up support for the children and family members;
- the findings showed that LGBTQ+ experienced health inequalities, what was being done about this;
- family history of cancer did not seem to be mentioned, was there a reason for this;
- there was a difficulty in the language used regarding deprived communities as some people do not deem themselves as being socially deprived, how was this quantified; and
- many people were unable to see their GP and there was a move towards pharmacies, what happens with this report now.

Ms Gascoyne provided the following responses:

- The Lodge at Torbay Hospital has a wig fitting service. As part of preparing the report it was clear that most people knew about the services provided by the Hospital and that the support was well received. The report focussed on community-based support services. The overall feeling from children and families was that there was no community support for children and family members affected by cancer treatment or bereavement. They relied on existing services through schools and counselling.
- This was a two-year project with the findings being submitted to MacMillan and it was hoped that something positive would come out of the report.
- Engagement was required to understand how sexual orientation and gender could impact on cancer. There were higher rates nationally, but the project was focussing around if there was specific support for people. There was a national charity to support LGBTQ+ but nothing specifically in Torbay. There was not a lot of feedback received from the LGBTQ+ community. It was acknowledged that they were a closed community and tended to keep themselves to themselves.
- History of family members was not part of the research as the focus was around health inequalities and barriers accessing health systems in general. A written response would be provided on the numbers of people who responded to the survey from each targeted area.
- The deprivation areas were calculated using the Joint Strategic Needs Assessment (JSNA) and people's post codes where they provided them. There could not be 100% guarantee that the feedback had come from deprived areas.
- It was acknowledged that there were wider difficulties than just getting GP appointments, there were also issues with different communities accessing services in Primary Care and appointments with translators being cancelled at short notice. The report had been sent to all stakeholders and networks including the Integrated Care Board (ICB) and NHS and has gone back to MacMillan. Some funding had been held back to look at the impact of Co-

design of services with Learning Disability Ambassadors going back in September to evaluate and produce a short report.

Members welcomed the report and thanked Ms Gascoyne for her presentation.

Resolved (unanimously):

1. that the short report on the impact of the Co-design of the Learning Disability campaign be circulated to all Councillors once it is published in September; and
2. that Ms Gascoyne, Engaging Communities South West, be requested to provide a written update on the impact of the implementation of the recommendations within MacMillan Torbay Community Engagement Project Report.

4. Draft Adult Social Care Market Position Statement

The Director of Adult and Community Services - Anna Coles, the Head of Strategic Commissioning - Adam Russell and the Strategic Care Manager - Nigel Williams provided the background and overview of the submitted draft Adult Social Care Market Position Statement and responded to questions.

Members raised the following points:

- Torbay had previously had lower numbers of people receiving direct payments for adult services than the national average, this seems to have improved, how has this been achieved;
- would a person with a learning disability have to have a money manager for their direct payment;
- does the Council have anywhere to support people with a learning disability to live together;
- page 124 showed a large increase in the number of long-term residential and nursing home placements over the past 12 months, with the cost rising by 150%, what was being done to manage this; and
- a lot of beds were being utilised by residents under 65 years of age and Torbay was a national outlier for use of residential care for working adults, what was the reason for this.

The following responses were provided by the Head of Commissioning Services, Strategic Care Manager and Director of Adult and Community Services:

- The Council was developing the personal assistant model and encouraging Social Workers to work in a different way to look at the needs of the individual as they know best what they need and how the care package could be shaped around them.
- There was not a one size fits all in terms of managing direct payments, if a person has capacity to make decisions and the professional judgement was that this was ok then the person can manage their own finances, however if they do not have capacity or were unable to make safe decisions layers of

- support would be wrapped around the individual proportionate to their needs. This could be a parent or guardian, but not a personal assistant.
- Personal assistants were currently not registered with the Care Quality Commission (CQC) and the Council was looking to protect individuals as much as possible. Therefore, was introducing a Council Quality Mark for personal assistants to say to clients that they were Council approved, this created the opportunity to have quality assurance within the market. Personal assistants were self-employed or employed by the Direct Payment User, if they register with the Council for the Quality Mark it would provide them a better route to work, advertise their offer and demonstrate that they were properly trained to fulfil their role.
 - There was a supported living framework which worked to empower more people with a learning disability to aspire towards independent and supported living, rather than requiring them to do so. More individuals had explored their own rights and wanted to live in a home of their own, but some were happy to share with others. There was a disconnect between the demand and provision with around 30 vacancies across the framework for shared accommodation and 24 people looking for accommodation on their own. The Council was looking how to enable small groups of people to make elective decisions about living together and then matching those people together. This relied on being able to commission suitable accommodation at pace and there was an overall shortage of housing across all sectors in Torbay. Officers were working creatively with housing providers and developers who want to invest long term in the learning disability market. There was also a Shared Living Shared Lives Scheme where people could open their homes to someone as a family member and be paid, and supported living schemes for a period of time, especially for those moving from Children's Services living in general needs housing with support as and when needed.
 - One of the challenges for residential and nursing home provision was an externalised market in an integrated care system. There was a need to manage the difference between what a market wants to sell and the service we want to buy and the price we want to buy it for. There had been a huge escalation in the cost of delivery of care as inflation had increased, costs of care had gone up, a jump in minimum wage, indemnity insurance increased and a spike in utility costs which was why providers were demanding higher prices. In addition, there was a five year spike in the population coming through from 2022 onwards.
 - As a system there were not enough alternatives to traditional residential or nursing home placements and possibly historically the decision to place in a home was made too easily. The Team had started to introduce schemes such as supported living, better use of domiciliary care, better day services which had started to see numbers coming down. Once someone was placed in residential care they would normally be there for life. There was a need to create more alternatives such as extra care housing and multi-generational extra care housing, rather than place into residential care. The Team was currently looking at those people in residential care to see if their care needs could be met differently.

Resolved (unanimously):

That the Cabinet be recommended to approve the Market Position Statement (MPS) 2025-2029 as set out in Appendix 1 to the submitted report.

5. Adult Social Care Self-Assessment

The Director of Adult and Community Services - Anna Coles, the Deputy Director of Adult Social Services - Sharon O'Reilly and the Care Quality Commission (CQC) Lead for Torbay Council - Michelle Penna provided an overview of the submitted annual Adult Social Care Self-Assessment and responded to questions.

Members raised the following points:

- how were people receiving direct payments supported to manage PAYE and ensure they have sufficient cover;
- Disability Focus implies that they support people with disabilities but there were many people over 65 years of age who take up direct payments how were they supported;
- the report identified that broadly there was sufficient care provision but there remains a challenge regarding complex needs across the whole market, an example was given of a young person who left hospital under 18 years old and was now over 18 years old and had not been able to find suitable accommodation, how was this supposed to be managed;
- how was Adult Social Care working with the Housing Team to improve supply;
- how could the Council influence the Government to provide more money for adaptations to help people live at home; and
- was the Care Quality Commission (CQC) Inspection covering all health and social care areas.

The following responses were provided:

- The Council had a seven-year contract in collaboration with Devon County Council with Disability Focus to provide support to clients to manage PAYE. This was being reviewed in 2025 to see what was required moving forward to ensure that the contract was offering what the clients needed and to ensure appropriate improvements were put in place.
- The aim of the project was to de-myth direct payments and make it as easy as possible for people who could benefit from having additional control over how their support needs could be met regardless of age or disability. As well as working with the social care workforce so that they were not frightened of them. This would be ageless and include those transitioning from Children's Services into Adult Social Care, those with lifelong needs and older people who require support, accessible to all.
- The Adult Social Care Team works closely with Children's Services colleagues in the Council and it was acknowledged that there were challenges from being a child moving into adulthood due to changes in legislation and health issues from paediatrician to health provider. Over the last two years Panels that met had child and adolescent mental health,

education and adult social care representatives to look at those who were likely to be needing support from 14 years of age and monthly meetings for people aged 16 plus, to join up the approach to their support needs. There remained a challenge around suitable accommodation for those with challenging needs. Complex care meetings have been introduced with commissioners of adult social care and other members who work with people who need independence and how to move them forward. Housing needs could also fall outside the remit of Adult Social Care with demand outstripping supply.

- The Adult Social Care Team was working with the Head of Strategic Housing and Delivery analysing what housing was needed as a system and who might draw on adult social care. This had been delayed due to decisions around housing provision and not previously having any Council owned housing stock and relying on housing associations to shape the market for a long time. The Housing Strategy includes an ask around adult social care which gives a long-term list with social housing, hotels to homes policy and considering adult social care and health needs moving forward. Even where funding was identified it takes three to five years to realise. Developers were reluctant to develop supported housing to help people live independently as social care funding was not stable and there was no long-term Government policy to assist this.
- The Government had announced more money for adaptations, but housing provision would be provided by a registered provider market. The Director of Adult and Community Services has fed into the Housing Delivery Plan with the Council's responsibility being to develop the business cases to ensure they stack up. The Sub-Board would be holding the Director of Adult and Community Services and Director of Pride in Place for the delivery of the housing across Torbay, including suitable housing for adults with social care requirements, working across wider Directorates.
- The CQC Inspection was of the Local Authority only, the NHS were subject to separate inspections.
- It was highlighted that the areas for improvement included attention to the fact that the Council was the sixth highest area in the Country for carers providing more than 50 hours of care a week. There was a need to consider replacement care, direct payments and review the length of waiting times.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the contents of the submitted report on the Adult Social Care Self-Assessment and the areas identified for improvement;
2. that the Chief Executive of the Torbay and South Devon NHS Foundation Trust be requested to provide the Adult Social Care and Health Overview and Scrutiny Sub-Board with updates on the areas identified for improvement in the Adult Social Care Self-Assessment on a quarterly basis; and

3. that the Director of Adult and Community Services and Director of Pride in Place be requested to report back to the Sub-Board in six months' time on what action has been taken in response to appropriate adult social care housing provision.

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

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

- Action 2 for Minute 40/4/25 was complete the letter had been sent.
- Action 1 for Minute 46/5/25 – Members requested Domestic Abuse to be included to the iLearn modules for all Councillors.

Chairwoman