

Wednesday, 10 December 2025

**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, 18 December 2025

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 Board

Councillor Johns (Chairwoman)

Councillor Bryant
Councillor Douglas-Dunbar

Councillor Foster
Councillor Fellows

A Healthy, Happy and Prosperous Torbay

Download this agenda via the free modern.gov app on your [iPad](#) or [Android Device](#). For information relating to this meeting or to request a copy in another format or language please contact:

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 Overview and Scrutiny Sub-Board.
2. **Minutes** (Pages 5 - 10)
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 6 November 2025.
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. **Oral Health and Dental Access Update** (Pages 11 - 28)
To receive an annual update from NHS Devon ICB and Torbay Public Health in respect of oral health and dental access in Torbay.
6. **Winter Plan** (Pages 29 - 56)
To receive an update from One Devon NHS on Winter Plan.

7. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker (Pages 57 - 60)

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).

This page is intentionally left blank

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

6 November 2025

-: Present :-

Councillor Johns (Chair)

Councillors Douglas-Dunbar, Foster and Tolchard

(Also in attendance: Councillors Long and David Thomas)

28. Apologies

Apologies for absence were received from Councillors Spacagna and Tranter, Pat Harris and Amanda Moss.

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Sub-Board had been amended to include Councillor Tolchard in place of Councillor Bryant.

29. Minutes

The minutes of the meeting of the Sub-Board held on 9 October 2025 were confirmed as a correct record and signed by the Chair.

30. Public Health Update on Suicide Prevention and Baton of Hope Torbay

Public Health Specialist – Rachel Brett, presented the submitted Suicide Prevention and Baton of Hope Torbay report and responded to Members' questions.

The Suicide Prevention Action Plan focused on three priority areas. The first priority was making mental health and emotional support accessible to all which includes better promotion of the services that are already available and providing more sustainable mental wellbeing support through the Torbay Community Helpline. The second priority was to acknowledge and work with Torbay's risk factors with a particular focus on relationships and creating resources aimed at reducing suicide risks before they occur. The third priority was to harness passion, commit to collaborate and pool resources to reduce suicides. The Baton of Hope Tour, which is the UK's largest suicide prevention campaign gave a structure to do this creatively and well.

The sub-board were shown a video highlighting the Baton of Hope Torbay event, which covered a 14-mile route within Torbay, raising over £5,000 in sponsorship and over £9,000 in ticket sales and donations.

Work was underway on the One Devon Suicide Prevention Action Plan in collaboration with other authorities, with the aim of the Plan being presented to the Health and Wellbeing Board meeting in March 2026.

Devon-wide activities include bespoke suicide prevention training for GPs, media engagement, creation of self-harm support training resources, updating the “It’s Okay to Talk About Suicide” Z-Card, and development of a Safety Plan Z-Card.

The Board raised the following questions:

- was work being undertaken to address the issue of the backlog of data provided by the Coroner’s Office;
- was support provided to families of an individual who may be experiencing suicidal thoughts;
- how accessible was the community support helpline for residents and did it operate 24 hours per day similarly to the Samaritans helpline;
- within the data provided by the Coroner’s Office of deaths by residents from Torbay, was information provided whether the individual was a new or long term resident;
- was mental health training provided to local taxi drivers in Torbay who may pick up a customer and ask to be driven to a known suicide hot spot; and
- was the Public Health Team liaising with Talkworks for individuals to be referred to for support.

The following responses were provided:

- conversations had been held with the Coroner’s Office and there were more staff now in place to assist with reducing the back log to assist with more timely data being provided;
- the Public Health Team have a training package which was used by local employers within Torbay for their awareness of suicide prevention. There was hope that through the Baton of Hope event and the new communication channels created that this would provide more awareness and learning opportunities for families and the general public in Torbay;
- the mental health support operates the same working hours as the community support helpline which was 9 am – 6 pm weekdays with some provision for support on a Saturday. The helpline was not available 24 hours per day. Should a member of the public contact the helpline out of hours, they would hear a voicemail message explaining what alternative support was available and be provided with the relevant contact details;
- the data provided within the Coroner’s report included data for deaths of people who are resident to Torbay;
- the Public Health Team have created business cards with details of support available, which have been provided to local taxi companies to be kept within taxis for drivers to issue to any passengers they may have concerns about.

There was also a free e-learning course available for taxi drivers for their awareness; and

- the Public Health Team and the community helpline were aware of Talkworks and the services provided and would signpost an individual to Talkworks for their assistance if appropriate.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the report and support efforts to improve public mental health and reduce the number of local deaths by suicide; and
2. that the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board be requested write to the Chief Coroner to request their attendance at a future meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board.

31. Public Health Update on Winter Readiness and Year Round Resilience to Adverse Weather and Infections

The Consultant in Public Health – Julia Chisnell, Public Health Specialist – Mandy Guy and Public Health Practitioner – Lu Wills presented the submitted Public Health Update on Winter Readiness and Year-Round Resilience to Adverse Weather and Infections report and responded to Members' questions.

The UK Health Security Agency (UKHSA) produces an Adverse Weather and Health Planning Framework, which was used by the Council to help prevent mortality, reduce morbidity, and reduce pressure on healthcare services.

Should severe weather alerts be received, various Council Teams would be involved including Public Health, Emergency Planning, Adult Social Care, Children's Services, Events, Rough Sleeping Team, Highways, Harbours, Parking, Health and Safety and Communications. A range of actions would be put in train, including infection prevention and control in schools and care settings support to rough sleepers during severe weather, and ensuring staff protection.

Vaccination awareness remains a key priority for Torbay. Winter vaccines (flu and Covid) were provided locally by GPs, pharmacies and the schools immunisation service. The Outreach Team provided pop-up clinics within the town centre, workplaces such as at SWISCo, and hostels.

Anti-Microbial Resistance (AMR) remains a critical challenge worldwide, with infections lasting longer and becoming harder to treat, and over 35,200 deaths annually in the UK. Torbay Public Health team had a programme of work to tackle AMR, focusing on schools, early years and care homes. The team were finalists in the UKHSA international AMR awards in 2024.

The Board raised the following questions:

- were plans in place for all alert types received;
- when notifiable diseases were reported, was Torbay Council notified;

- do school children receive vaccines annually within schools or through their own GP surgeries;
- was there a list of warm spaces within Torbay communicated to local residents;
- would the warm spaces provision start earlier in 2025, or not until January 2026 as per the start of the spaces for 2025;
- when a cold alert was received, which voluntary groups would go out and check on elderly or vulnerable residents; and
- do Torbay Council publish communications to remind residents to check in on their neighbours when the weather turns very cold.

The following responses were received:

- there are plans in place for all alert types. Should a red alert be received, emergency response systems would be activated, and Government advice would be followed;
- notifiable diseases are reported to UKHSA by clinicians and through laboratory notifications. Torbay Council receive notifications from the UKHSA of each disease outbreak notified. Individual cases are notified for certain conditions (e.g. meningococcal, E-Coli, iGAS);
- children aged 2 and 3 years old receive their flu vaccinations through their GP practice or at local pharmacies. Children up until the age of 16 receive the nasal spray vaccine in school. Children up to the age of 18 may receive the vaccine if they have certain health conditions. Parents can choose to attend community clinics within their areas should they require.
- Torbay Council have invited submissions for the warm spaces grant funding. All submissions received will be reviewed to ensure a good geographical split within Torbay to provide local residents with a range of options;
- the review of all submissions received for warm spaces grant funding will be completed by the end of November with decisions made and an announcement can be made of the agreed locations in December. These will be well publicised; and
- on receipt of a cold weather alert, Torbay Council issue communications to provide advice to Torbay residents for keeping safe during the colder weather, and residents were reminded to check in on their neighbours.

Resolved (unanimously):

1. that the Director of Adult and Community Services and the Director of Public Health be recommended to work with colleagues across the Council to improve communications with Members to ensure that when important key messages are to be issued to Torbay residents, Members are kept up to date to enable them to use their various communication methods to increase resident awareness; and
2. that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the report and support efforts to build and maintain population resilience to adverse weather and infections.

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

The Sub-Board noted the submitted action tracker.

Chair

This page is intentionally left blank

Oral health and dental access

NHS Devon ICB & Torbay Public Health update - December 25

Setting the scene

Public Health has the **mandatory duty for oral health** in the population across the life course. Since July 2023, the responsibility for **dental commissioning and delivery** has moved to the ICB - presenting an opportunity for joint improvement and delivery.

Children with dental problems may have poorer diets due to dental pain, have higher levels of school absenteeism, as well as impaired concentration due to pain and interrupted sleep. Severely decayed teeth will often require extraction under general anaesthetic, exposing children to low but significant risk. Extractions in early years may also require follow-up procedures including orthodontics.

Reduced dental access, coupled with poor oral hygiene manifests in higher rates of life course dental caries and extractions especially on those resident in areas of inequality. Residents unable to afford private care or unable to travel to dentists accepting new patients are often those worse affected.



Local update – latest Torbay statistics

Statistic	Detail
Admissions to hospital and extractions under GA in 0-19s in Torbay	<ul style="list-style-type: none">• 2023-24 Hospital admissions for tooth decay in 0-19 years: 617 per 100K population (England 229, Southwest 261). Hospital admissions for tooth decay (0-19) are defined as finished consultant episodes with tooth extractions. The majority of the 170 extraction cases are within the 5-9 age group – this is reflected in the focus of mitigating programmes.• 3.35% increase on 21-22, though this is a reduction in the previous annual increase rate (6.8%). Torbay remains the highest in the Southwest, though our overall % increase is lower than the Southwest and presents a positive direction of travel.• Torbay extractions have remained largely static but the reduction in the England value has increased Torbay’s outlier status.• Expectations re the impact of our mitigating programmes need to realistic. There is little evidence to draw on to help with expectation, though Child Smile Scotland with its programme of community and clinical interventions has adopted a 20-year model starting in 2003, seeing a 9% increase in children living in deprived areas with no obvious decay over 10 years.• Not all extractions in children and young people take place under GA within the hospital setting. Some are completed under sedation and local anaesthetic in NHS Community Dentistry (Castle Circus Health Centre) and more in high street dental settings. Work is underway to establish how many take place in the former to complement the hospital data and help establish an estimation of the true burden of disease in our most disadvantaged populations in Torbay.
Dental caries in 5-Year-olds in Torbay	<ul style="list-style-type: none">• The 2024 Epidemiological Survey shows a worsening situation: 26.4% of the school sample (217 pupils) showing evidence of decay. Torbay is an outlier and is worse than the SW (19.7) and England (22.4) values. This marks an increase on the 2022 value (21.3) but is lower than 2020 (28%). Of the 19 Torbay schools sampled all were in Indices of Multiple Deprivation (IMD) areas 1-7, with 59% in IMD 1-3 (most deprived).
Oral cancers in adults (18+)	<ul style="list-style-type: none">• Mortality rate from oral cancer (21-22) 5.4 per 100,000 (27 cases). This is <u>similar to England</u> (4.7). Rates rose to 7.7 in 2014-16 but have been decreasing since then. Oral cancer is more common in men and deprived groups. Southwest 4.3, Plymouth 6.5 (highest in Southwest), Devon 4.4.• Oral cancer registrations (21-22) 17.9 per 100,000 (84 cases). This is <u>worse than England</u> (15.6). Southwest 15, Plymouth 19.1 (highest in Southwest), Devon 15.6



National update

“The Government’s ambition remains to fundamentally reform the dental contract. We developed this package of proposals to address some of the real and pressing issues that dentists and dental teams are experiencing.”

- The national consultation regarding NHS dental care was open for 6 weeks and closed on 19 August 2025.
- The Southwest had higher than average submissions compared to the rest of the country.
- It is anticipated that they will introduce appropriate changes for April 2026.



National update

- Overview of items being consulted on:
 - Mandate a proportion of dental contract capacity to be unscheduled (urgent) care
 - supported by new payment arrangements
 - Improved payments to support care for patients with significant dental decay and/or significant gum disease
 - Create a new course of treatment for the application of fluoride varnish on children, without a full dental check-up and which can be applied by extended duty dental nurses (EDDNs) between full check-ups

National update

- Incentivise greater use of preventative sealants on high-risk children's permanent teeth by increasing payment to band 2 (from band 1)
- Introduce increased payment for denture modifications, relining and repairs, which can prevent most costly treatments for patients
- Options to support reducing clinically unnecessary check-ups
- Introduce funded quality-improvement activities for practices
- Provide practices with funding for annual appraisals
- Develop minimum terms of engagement set out in an NHS model contract for dental associates
- [Consultation document website](#)

Local update

Recovery Plan

25/26 priority	Detail
Oral Health improvement initiatives	<p>A suite of oral health initiatives are now available in Devon through a collaborative ICB and joint local authority approach. We have attempted to turn the challenge of limited NHS dental capacity into an opportunity by repurposing the associated underspend to commission a programme of initiatives to improve oral health in children. Accordingly, NHS Devon has committed £900k per annum, for 3 years, (total £2.7m) to fund a series of mitigating oral health programmes. Current programmes include:</p> <ul style="list-style-type: none">• First Dental Steps (1-2 yrs). This programme trains health visitors and midwives to give oral health care advice to families with children under two and supply free oral health care packs (toothbrushes and toothpaste). Children at high risk of decay are identified and referred directly to Community Dental teams for further help if required.• Big Brush Club (supervised toothbrushing programme for 3-5yrs). This important programme trains reception school and nursery staff to increase daily brushing via supervised activity - making brushing part of children's everyday routine and helping to protect their teeth from decay. The Big Brush Club has been extended to provide an offer to 100% of schools and nurseries in Torbay. At present, the programme is achieving a 90% uptake in schools and 75% in nurseries. Reasons for non-take-up include space, teaching capacity and a multiplicity of interventions. The programme provider, At Home Dental and Public Health work with settings to attempt to resolve such issues.• Open Wide Step Inside (6-7 yrs). Year 2 children in primary schools across Torbay have been part of this programme where the Peninsula Dental Social Enterprise (PDSE), Dental Outreach Team go into schools to deliver 45-minute oral health education lessons. The lesson includes a 15-minute animated film and an interactive session teaching important messages around oral health. The programme is offered to all primary schools in Torbay and is currently achieving a 75% take-up.• Oral Health Workforce Training. A potential new service is being scoped by to design and deliver an evidence-based workforce training offer for non-dental professionals working with both children and adults, including priority populations at higher risk of poor oral health. It will include the distribution of toothbrushing packs. It is likely that a phased approach will be adopted with initial focus on care homes, supported living, domiciliary care and children in care.• Food Banks/Warm Spaces/Night Shelters: A draft advice and guidance leaflet for distribution via food banks and warm spaces has been developed by Public Health. This will cover oral health and dental access for children and adults, as well as warning signs for oral cancer.
Oral Health Strategy	Torbay Council has launched its Oral Health Framework 2025-30 and Action Plan which can be found HERE

Local update

Recovery Plan

25/26 priority	Detail
Urgent dental care provision	<ul style="list-style-type: none">• Remains the team's top commissioning priority due to government's commitment to 700k additional urgent dental care appointments.• Commissioned review of urgent dental care in Q1.• Recently reopened the expression of interest process following additional engagement with Devon Local Dental Committee (LDC) and providers/practitioners.• Devon providers currently at 67% of nationally planned achievement, including baseline activity, for year to date.• Procurement of new dental contracts across Devon include a prescribed 30% activity level of urgent dental care, to contribute towards the target.
Commissioning of further stabilisation sessions	<ul style="list-style-type: none">• Longer-term contracts secured for stabilisation sessions, with 34 contracts now being delivered in 2025/26. 5 of these are in the Torbay area, with 3 in Torquay and 2 in Paignton.
Commissioning access for vulnerable groups	<ul style="list-style-type: none">• Collaboration with public health to expand access for these cohorts of patients.• Draft proposal is currently being worked on with the aim of procurements taking place in the new year.• Procurement for new dental contracts across Devon aims to elicit bids with a focus on provision for vulnerable groups through innovative service delivery.
Procurement of lost activity (UDA and UOA)	<ul style="list-style-type: none">• Lotted procurement of new dental contracts across Devon include general dental activity.• Torbay lot - contract for an additional 33,000 units of dental activity (UDA) at a contract value of £1,320,000, per annum.• Torbay is also included in the separate out of hours (OOH) lot, with Barnstaple, Exeter and Plymouth aiming to contract for an additional 5,222 OOH appointments.

Local update

2025/26 Progress, successes and achievements

2025/26 workstream	Detail
UDA uplift	<ul style="list-style-type: none">Minimum rate for a unit of dental activity (UDA) uplifted to £34.66 (incl. 2025/26 Review Body on Doctors' and Dentists' Remuneration (DDRB) uplift) from £28This is above the nationally mandated rate
Urgent Dental Care (UDC)	<ul style="list-style-type: none">Improved rate of pay for UDC - top-up to £105/appointment to stimulate the market and drive uptake. One of the most financially attractive UDC schemes in the country.Series of engagement webinars and events in collaboration with Devon LDC with the aim of increasing awareness and understanding of Devon's UDC scheme to both contract holders and performers.Six providers signed up across Torbay, offering an additional 8,224 Urgent Care appointments.Improved national ranking from 41 – 31 (as of Q1 2025 - more recent benchmarking has not yet been made available).30% of the activity procured in new contracts for dental provision across Devon (see below) will be mandated as UDC.
Contract management	<ul style="list-style-type: none">£733,937.91 of activity has been released from rebased contracts in Torbay for 2025/26, ensuring that delivery levels are achievable. This has created capacity to procure new activity (see below).
Lotted procurement	<ul style="list-style-type: none">NHS Devon ICB and CIOB ICB joint lotted procurement for new dental practices and related services is in process. Deadline for bid submissions past on 28 October 2025, and evaluation process began mid-November after initial bid compliance checks by CCH.There is provider interest across all Devon lots.Torbay included in the Out of Hours (OOH) provision lot – 5,222 OOH appointments valued at £658k.These new contracts potentially key across multiple priorities including urgent dental care, provision to vulnerable populations and improvement of general access to dental services in Devon.

Local update

2025/26 Progress, successes and achievements

2025/26 workstream	Detail
Vulnerable groups	<ul style="list-style-type: none">NHS Devon ICB currently has two services focussing on provision of dental services to people experiencing homelessness, one in both Plymouth and Exeter.Discussions on-going with public health regarding Devon-wide provision, which may include expansion of existing services and procurement of new services in Torbay with an initial focus on Leonard Stocks HostelNHS Devon contracts three providers for provision of dental services to Children in Care across Devon, 1 of which is in Torbay.Procurement for new dental contracts in Devon includes a focus on vulnerable populations, encouraging innovation in service delivery to these cohorts of patients.Work ongoing to provide support to other vulnerable groups, with proposals currently under consideration for:<ul style="list-style-type: none">Cancer Action Support Practice – whereby participating practices would offer a temporary dental home for patients who have undergone treatment for head and neck cancer.Bone strengthening medication service pathway proposal for treatment of osteoporosis, cancer and respiratory conditions.Oral Health Checks for residential Special Educational Settings (SES).
Paediatric dental services	<ul style="list-style-type: none">Started work to review paediatric dental services and agree strategic priorities going forward.
Workforce	<ul style="list-style-type: none">NHS Devon ICB agreed £327,400 for 22 ‘Golden Hello’ applications. Four appointments have been made, with one pending final approval. NHS Devon continues to support this scheme.Torbay practices have submitted one application, which has been approved.Identified six initial areas of focus: Recruitment, retention, roles and models of care, wellbeing of staff, training and university places and education support and foundation trainingNext meeting on 15 December – looking at activity against those six key themes and how to support the workforce in Devon.

Local update

Dental access

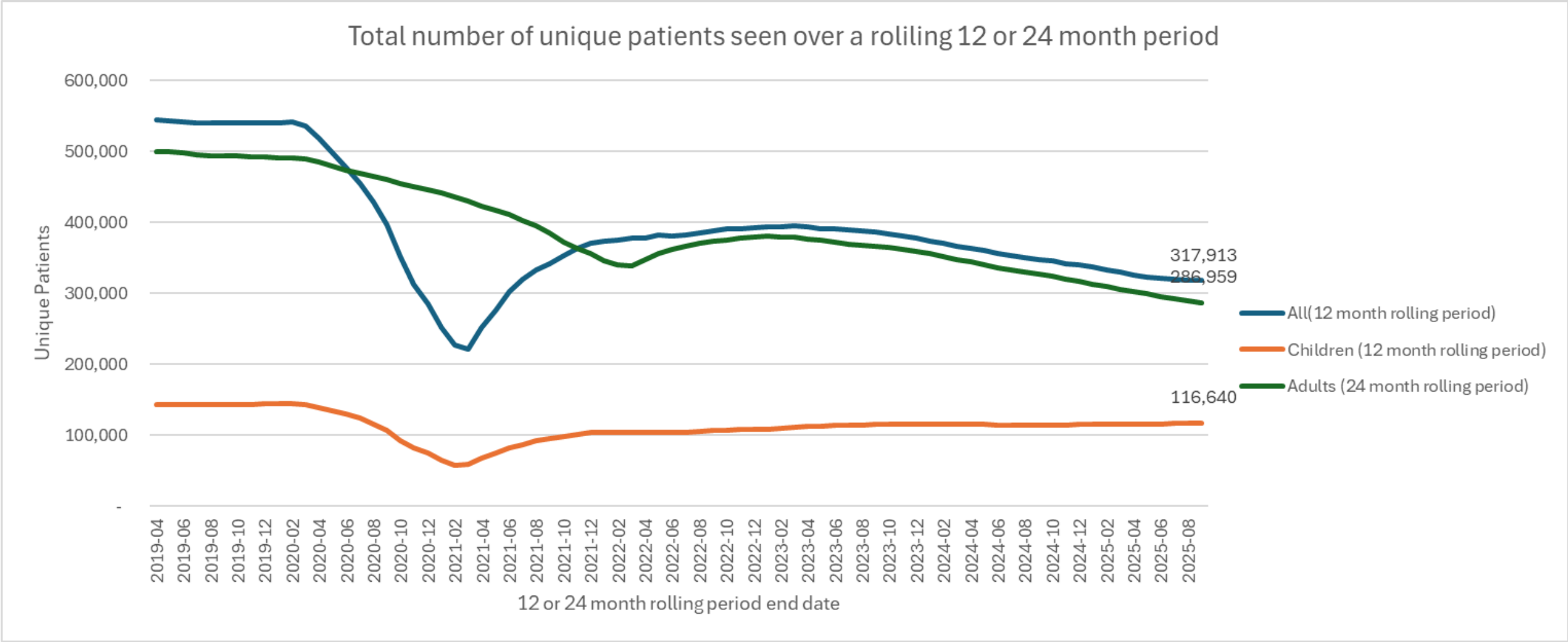
- Devon currently hold **150 NHS dentistry contracts** and **13 orthodontic contracts**.
- The ICB target in the 2025/26 planning indicators for Q1 was 241,819 appointments. NHS Devon dental contracts **delivered 211,977 in Q1 (87.7% of target)**.
- The ICB target in the 2025/26 planning indicators for Q2 is 246,962 appointments, or 82,320 per month. Actual delivered for **August was 67,376 (82% of target)**.
- **NOTE:** August data is yet to be finalised due to the claim window still being open and may increase. There has also been a delay in release of September SW Dental performance dashboard.
- NHS Devon is currently working with NHS England business intelligence colleagues to breakdown dental data by local authorities.



Local update

Dental access

- Most up to date data indicating unique patients seen by a dentist over 12/24 months rolling period is shown below:

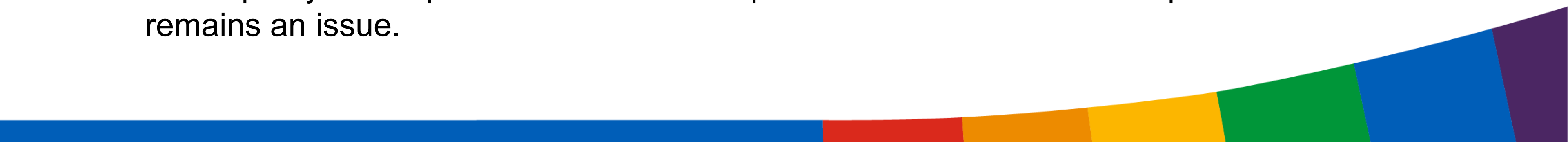


Date	ALL – 12M	Child – 12M	Adult – 24M
01/01/2020	541,046	144,442	491,754
01/08/2025	317,913	116,640	286,959

Local update

Urgent Dental Care (UDC) – Government mandate

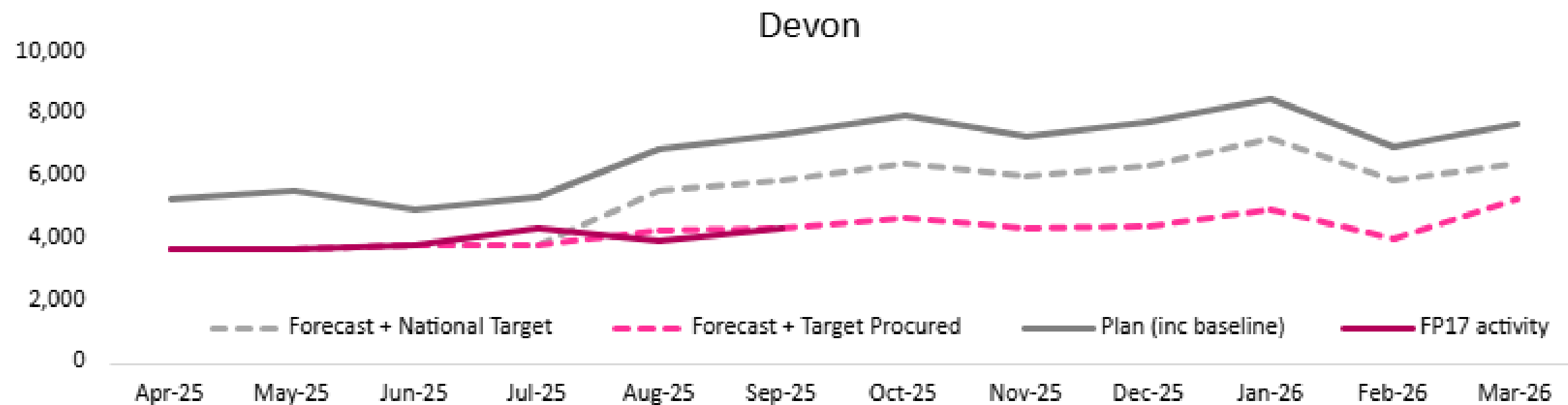
- Main team priority is delivery of 81,705 UDC appointments in 2025/26, representing a **42.3% increase** above when baseline data was collected.
- There had been **continued decline in UDC** delivery over the last five years.
- Since 2019/20 UDC activity has dropped by c.5% per annum on the previous year, until 23/24 which was a 17% drop, followed by a further **decline of c.24%** for 24/25.
- Reversing this trend is top priority and team continue to explore additional commissioning options to run in parallel with its current UDC offer.
- NHS Devon's UDC offer to providers is one of the most attractive in the country. However, the disparity in compensation available to providers between NHS and private treatment remains an issue.



Local update

Urgent Dental Care – Government mandate

- We have **6 providers in Torbay** (19 in total across Devon).
- Lotted procurement of new dental practices across Devon will mandate a percentage of the contracts to be delivered as urgent dental care.
- NHS Devon ICB providers have achieved 67% of their combined target (year to date) for urgent dental care. We are working on breaking this data down to LA level.



- Note that claim window for August and September remain open and claim figures are likely to increase.

Local update

Devon Dental Helpline

Since June 2025, the dental helpline has stopped adding new patients to the NHS dentist 'waiting list'.

Why the change?

- Nationally there is no process for a waiting list for Dental.
- Historically there was a register held across Devon and Cornwall sometimes referred to as a 'waiting list'.
- The list did not provide an accurate reflection of the level of need.
- Many patients had moved, no longer required care, or were duplicated but remained on the list.
- It created unrealistic expectations about timescales and access.
- Patients are not registered with dental practices in the same way as they are GP practices.
- Allocation only provided one course of treatment, not ongoing registration, leading to complaints.
- The process risked increasing health inequalities where those able to travel were more likely to be allocated. It also didn't prioritise clinical need which is standard with most NHS waiting lists.
- Focus resource on improving access to NHS dental services rather than the maintenance of an unvalidated list.
- We will work with our new dental practices during the mobilisation period to offer patients who were added to the list Urgent Dental care or Stabilisation if required.

Advice for patients:

- For urgent dental care: **Call 111**
- To find an NHS dentist: **Visit NHS [Find a Dentist](#) webpage**

Local update

Mouth Cancer

Our ambition is to support improvements in mouth cancer outcomes, while recognising where responsibilities sit across the wider system.

Awareness Campaigns

- There is an annual campaign led by the Oral Health Foundation, [Mouth Cancer Action Month](#), which encourages dental teams to promote prevention and early detection through effective conversations with patients.
- The Dental Public Health team are leading an oral cancer strategy and action plan, an element of which is focused on increasing awareness of preventative advice for head and neck cancer and is being supported by the RCDO and Restorative MCN.

Expand Access to Dental Services

- Devon ICB is addressing the expansion of dental services through procurement processes, workforce engagement, enhanced rates, and targeted support for vulnerable groups. This will help ensure timely access to care for those most at risk.

Comprehensive Training

- Training is not directly within Devon ICB remit, but we note that several events have recently taken place for the dental workforce in Devon, including the Devon LDC Oral Medicine training day on 11th November and the South West regional cancer training for Dental Care Professionals on 6th November.

Streamlined Referral Process

- Work is ongoing to improve referral pathways through the Dental Electronic Referral System (DERS), with Oral Surgery and Urgent Care MCNs engaging closely with Cancer Alliances to ensure timely and efficient referrals.

Recap

- In summary:
 - National dental contract reform – anticipated appropriate changes from April 2026
 - NHS Devon commitment to national urgent dental care (UDC) mandate – main team priority
 - Devon providing one of the most attractive UDC offers in the country – drives uptake and activity
 - Devon were the first movers for enhanced urgent care expressions of interest in the Southwest
 - Upcoming procurement of additional dental activity across Devon – general dental activity, UDC and vulnerable groups are key focusses



Q&A time

Page 28

Torbay Adult Health Overview and Scrutiny Committee - Winter Plan

18 December 2025

Johnathon Kelly – Winter Director, University Hospitals Plymouth NHS Trust

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

National Picture



- Increasing cases of Flu and COVID-19
- Resident doctor industrial action
- Increasing ED attendances and hospital admission
- Cold weather

NHS England – Winter assurance

Objectives

Promote interdisciplinary collaboration

- Encourage collaboration between different health, social and third sector disciplines to improve patient care
- Facilitate networking opportunities to build stronger, professional relationships

Utilisation of data

- Identify opportunities to understand winter trends
- Promote the use of data across all sectors within health and social care

Explore opportunities within our communities

- Promotion of self care
- Encourage participation in vaccination drives and other public health initiatives
- Sharing of good practice and lessons learnt

Testing our system resilience

Winter Learning & Improvement Network (LIN)

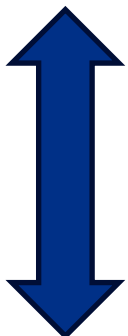
Elective Purpose	UEC Purpose	Mental Health Purpose
To bring our clinical and operational leaders together to learn from each other and share best practice to further support delivery of the best and most effective care possible for patients	To bring clinical and operational leaders together, share best practice and drive improvement to further support delivery of the best and most effective care possible for patients	The focus for the mental health learning improvement network is to reduce the length of stay for adult mental health inpatients and significantly improve the community and crisis and acute mental health pathways across the NHS
Elective Aim	UEC Aim	Mental Health Aim
To work together to drive improvement with priority focus on increasing percentage of patients waiting <18 weeks for their first appointment in the wider context of elective recovery, and the three strategic shifts	<p>The aim is to reduce the proportion of beds occupied by long stay patients (7+days) by :</p> <ul style="list-style-type: none">• Making care safer and patient experience better by increasing the adoption of evidenced best practice• Maximising the value of patients' and clinicians' time and the productivity of services by tackling waste and addressing inefficient processes• Focussing on Neighbourhoods, acute flow and community	The aim is to reduce the median length of stay in adult mental health hospitals in the southwest by 1 day before April 2026
Elective Measurement	UEC Measurement	Mental Health Measurement
Increase percentage of patients waiting <18 weeks for their first appointment	Reduce the proportion of beds occupied by long stay patients (7+days) by	Reduce the average length of stay for adult mental health inpatients

Key System Risks and Equality / Quality Impact Summary

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, Right to Treat (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.

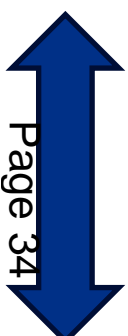
System Governance

System Escalation



NHS Cornwall and Isles of Scilly and NHS Devon

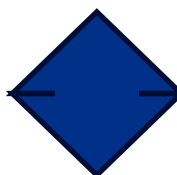
GOLD SYSTEM CALL



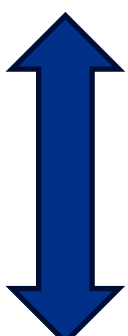
NHS Devon Finance, Quality and Performance Committee

LOCALITY PROVIDER ESCALATION

DEVON ASSURANCE GROUP (WEEKLY)



SYSTEM CONTROL CENTRE [(SCC) DAILY]



University Hospitals Plymouth

Torbay and South Devon

Royal Devon

South Western Ambulance Service

Devon Partnership Trust

Livewell Southwest

Councils

Primary Care/GPs

Torbay and South Devon NHS Foundation Trust – Overview

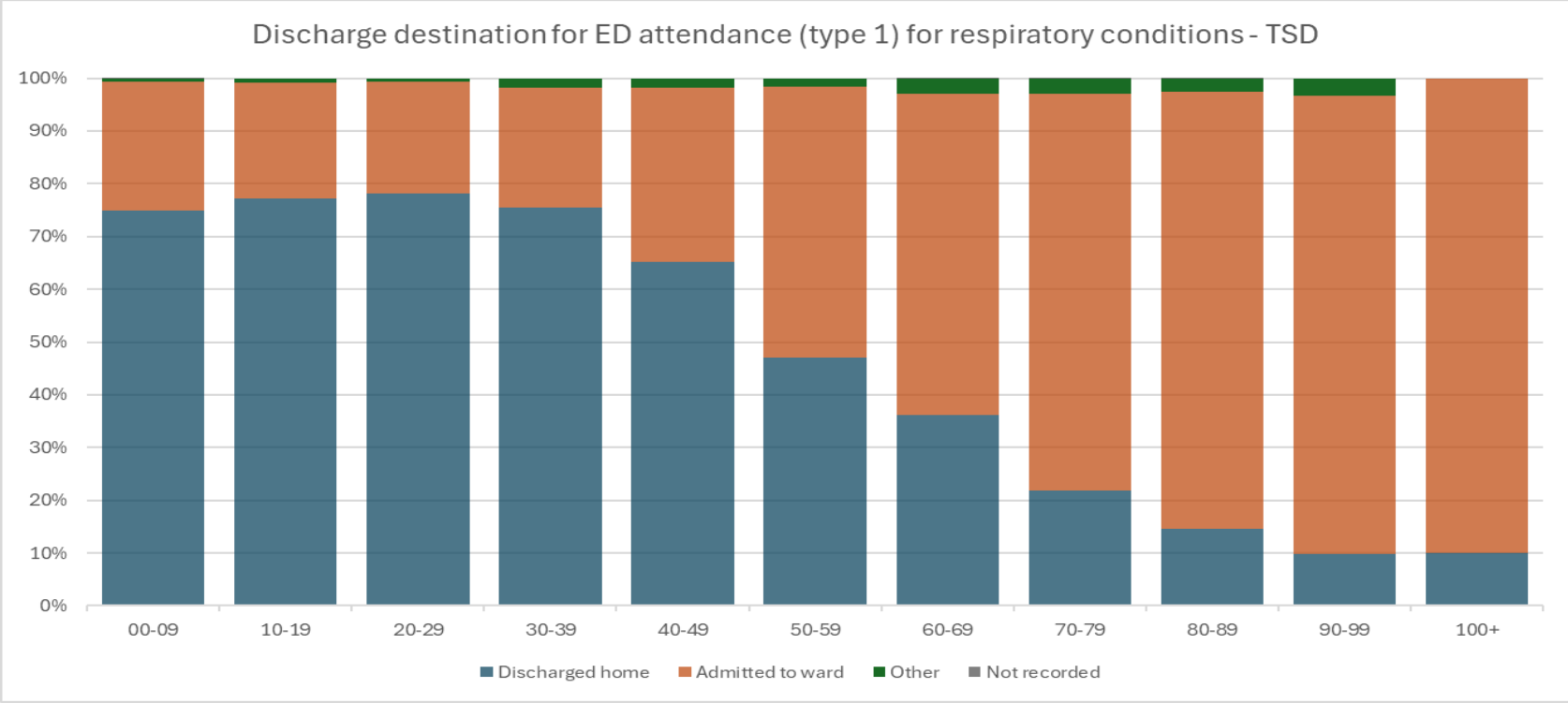
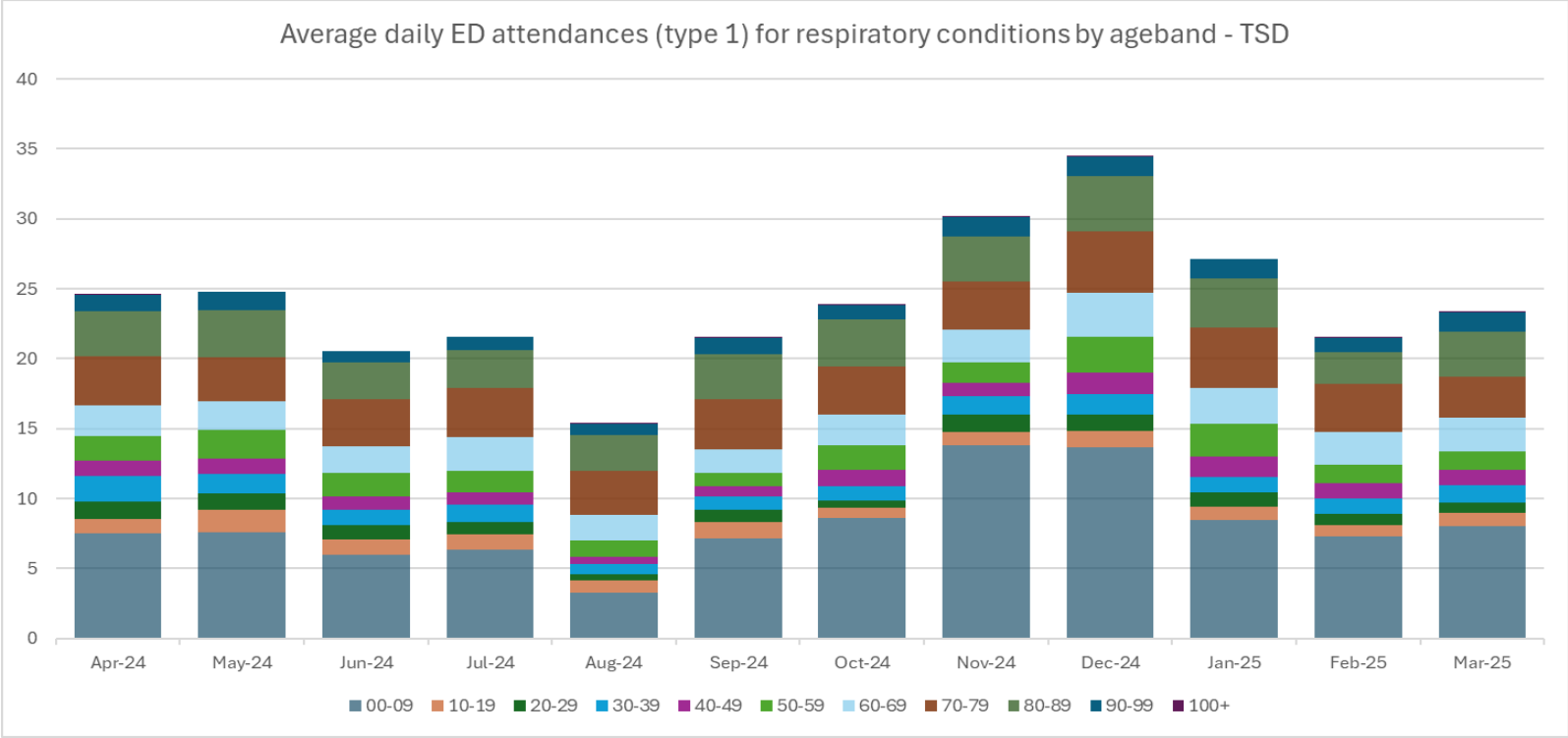
- Our priority is to ensure people can access safe care in the right setting
- Our planning began in July and our winter plan was submitted in September
- We have strengthened our internal processes since last winter, with responsibility shared by a new winter group comprising of clinical, community and operational representatives
- We're working as one health and care system and have planned for a challenging winter
- Increased demand for urgent and emergency care and ambulance services
- Flu and COVID-19 is already impacting our services – the peak is predicted before Christmas
- Five days of resident doctors' industrial action from 17 to 22 December
- Delivering our operating plan for 2025/26: financial requirements and elective recovery with no new winter monies

Torbay and South Devon NHS Foundation Trust - winter objectives

- Deliver the requirements of NHS England's urgent and emergency care plan
- Identify local challenges and risks for winter and develop mitigation plans
- Develop strategies to manage expected winter demand safely, ensuring patient waiting times, outcomes and experience are maintained
- Maintain delivery of our 2025/26 operating plan, including elective services, financial and productivity delivery
- Keep our people well and motivated, including a robust staff vaccination and communication campaigns
- Ensure our estate remains safe and accessible, including our community settings
- Deal effectively with any demand surge or other issues through effective site management, on call arrangements and contingency plans

Who is using our emergency department?

Page 37



Spell Dominant Diagnosis (ICD)	Summer minima	Winter maxima	Total (ytd)	Increase	Average LoS	Bed impact
J101 : Influenza with other respiratory manifestations, seasonal influenza virus identified	0	64	175	64	3.0	6.1
J219 : Acute bronchiolitis, unspecified	3	42	148	39	1.4	1.8
J22X : Unspecified acute lower respiratory infection	19	69	418	50	5.8	9.4
J210 : Acute bronchiolitis due to respiratory syncytial virus	0	14	27	14	3.0	1.4
B349 : Viral infection, unspecified	16	47	330	31	2.6	2.6
J069 : Acute upper respiratory infection, unspecified	8	24	157	16	1.5	0.8
J440 : Chronic obstructive pulmonary disease with acute lower respiratory infection	25	49	398	24	6.7	5.2
J189 : Pneumonia, unspecified	20	41	307	21	7.9	5.4
J100 : Influenza with pneumonia, seasonal influenza virus identified	0	35	62	35	4.5	5.1
J459 : Asthma, unspecified	5	35	175	30	2.9	2.8
J181 : Lobar pneumonia, unspecified	76	140	1061	64	11.7	24.1
J09X : Influenza due to identified zoonotic or pandemic influenza virus						
T814 : Infection following a procedure, not elsewhere classified	11	34	236	23	2.9	2.2
J050 : Acute obstructive laryngitis [croup]	1	10	46	9	0.6	0.2
J441 : Chronic obstructive pulmonary disease with acute exacerbation, unspecified	11	26	175	15	5.0	2.4
I635 : Cerebral infarction due to unspecified occlusion or stenosis of cerebral arteries	8	16	131	8	14.8	3.8
S720 : Fracture of neck of femur	17	24	233	7	13.6	3.1
I639 : Cerebral infarction, unspecified	15	29	217	14	14.2	6.4
Estimated winter surge	235	699	4296	464	5.5	82.6

Winter plan summary



Medicine/Urgent and Emergency Care

- 1) Respiratory Support Unit
- 2) Respiratory front door support
- 3) Cardiology Front Door Support
- 4) Additional cath lab capacity
- 5) Additional Senior Medical Resource
- 6) Virtual Ward Maximisation
- 7) Emergency department rotas
- 8) Increase weekend ward cover



Families and Communities

- 1) 5% No criteria to reside target
- 2) Increase block book bed to 80% occupancy
- 3) Increase UCR 2-hour response to 94%
- 4) Community hospital LoS reductions
- 5) Maximise reablement bed capacity
- 6) Weekly LoS reviews
- 7) Virtual Ward
- 8) Frailty Unit



Planned Care

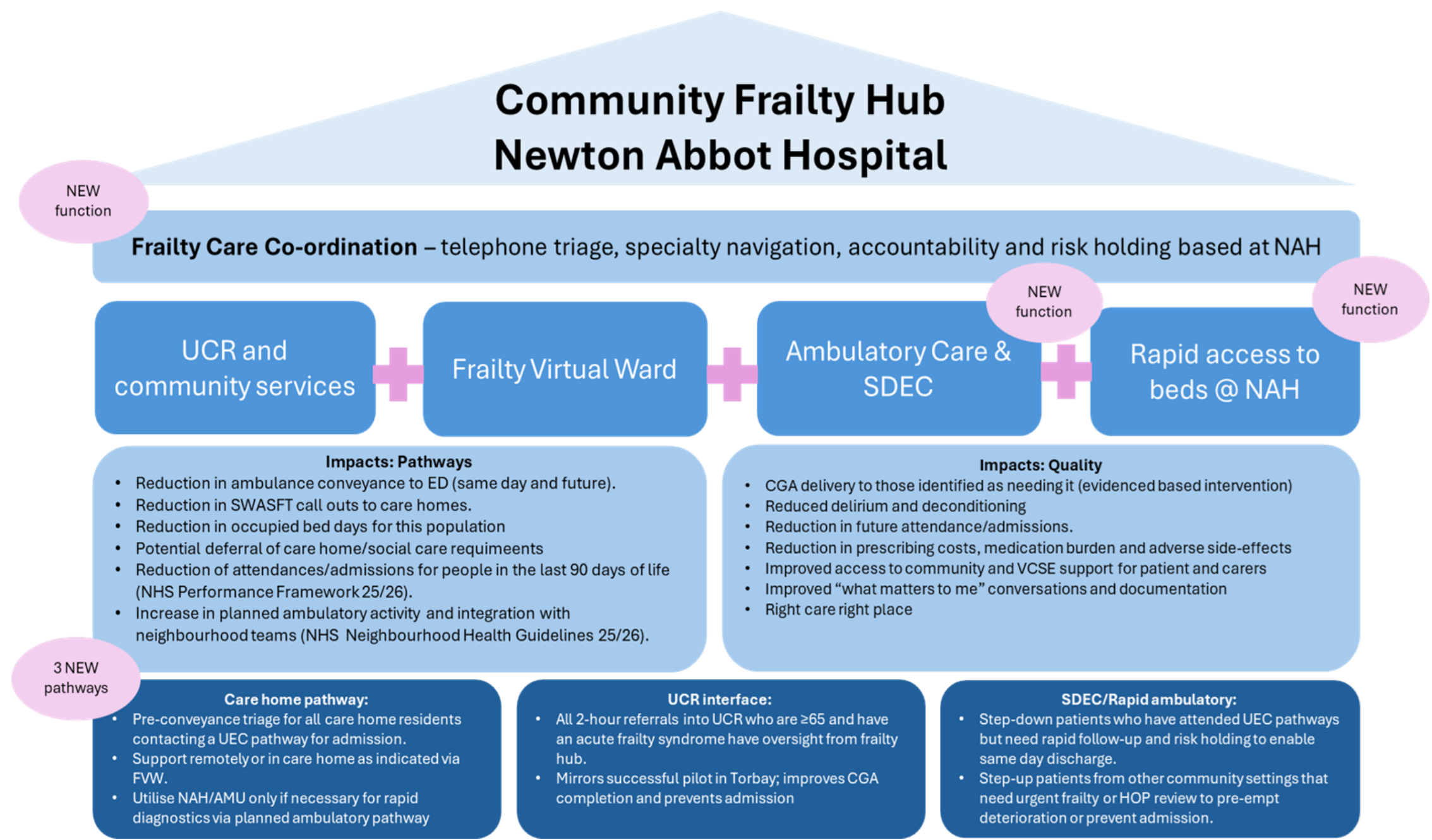
- 1) Trauma Plan for NOF
- 2) Orthopaedic escalation capacity
- 3) Fracture clinic focus
- 4) Radiology capacity
- 5) Point of Care Testing
- 6) Mortuary Capacity
- 7) Effective elective planning



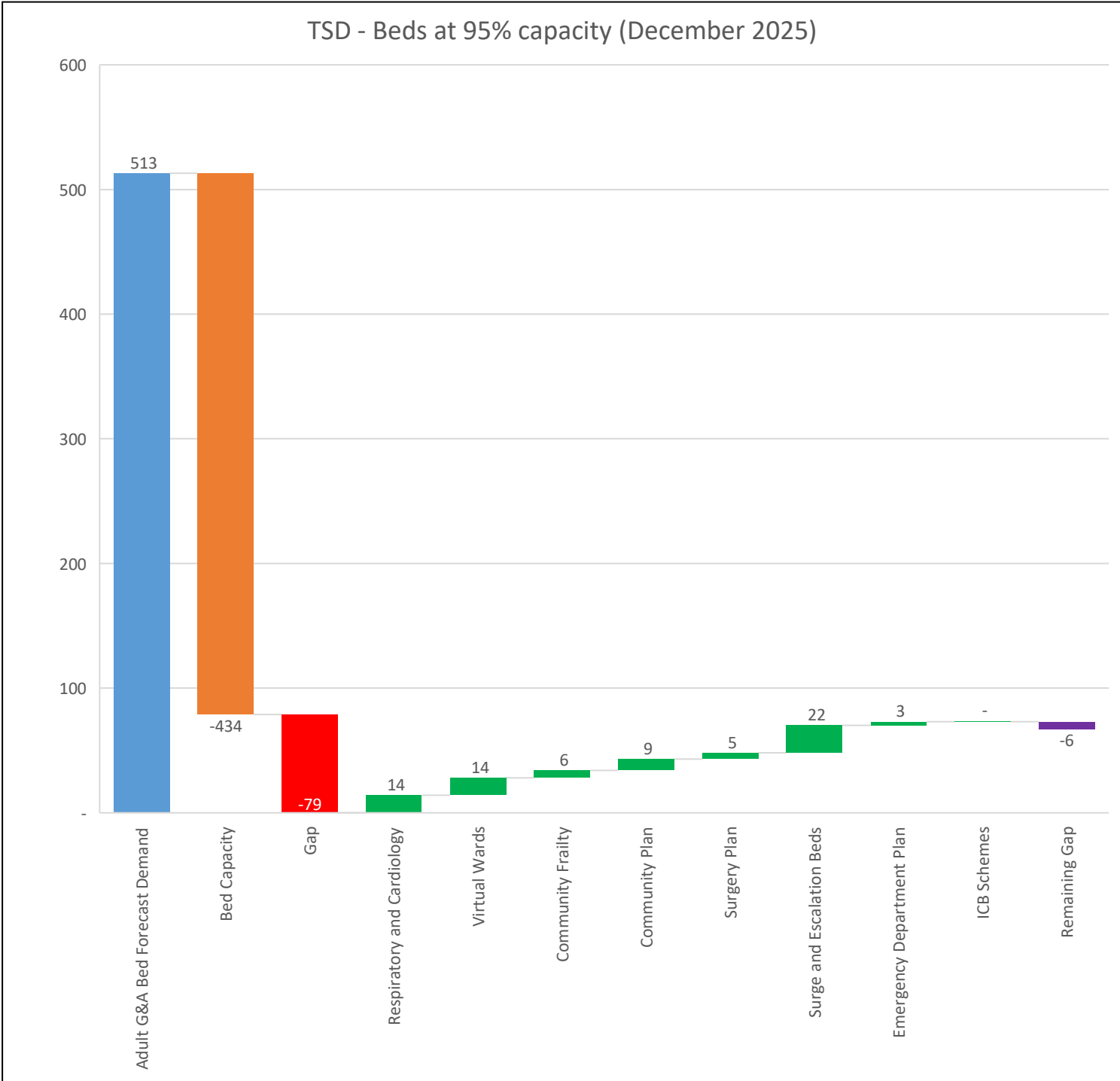
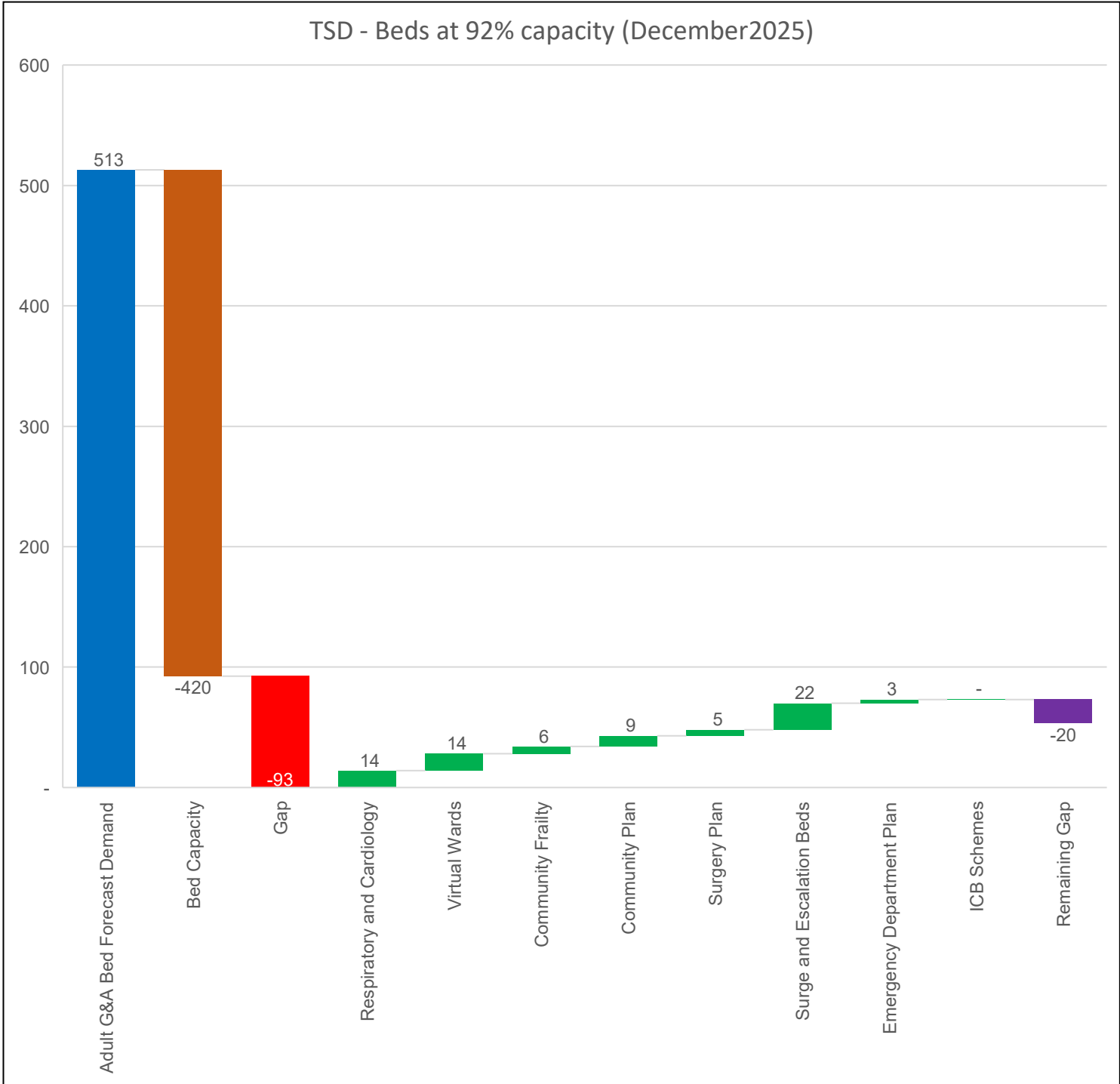
Site Operations

- 1) 7 Day senior site operations cover
- 2) CSM Winter Briefing and Away Day
- 3) On Call Manager Rotas
- 4) Surge and Escalation Plan
- 5) Additional escalation space opened
- 6) Staff vaccination programme
- 7) EPRR business continuity planning

Torbay and South Devon – Winter Plans



Winter plan bed model



Torbay and South Devon NHS Foundation Trust - Winter achievements so far

- Our new Timely Handover Protocol with South Western Ambulance Service NHS Foundation Trust launched in October to ensure people who arrive at our emergency department are admitted quicker.
- The Harbour, our new service at Newton Abbot Hospital, provides specialist frailty care, holistic assessments, urgent care and diagnostics for older people who are living with frailty to receive care in the community as a safe alternative to a hospital admission.
- Phase one of the £14.2million expansion of our emergency department has been completed and will increase capacity and reduce the time people are waiting for urgent and emergency care.
- People waiting for treatment are being seen and treated quicker. We're the 13th best performing trust in England for 18 week waits (Referral to Treatment times) and our performance continues to improve – from 63.3% in April to 70.4% in September.
- 51.4% of our staff have received their flu jab (the highest performing NHS trust in Devon) and our roving vaccinators continue to offer it to everyone during day and night-time shifts

Torbay and South Devon - High Intensity Use (HIU) programme

- British Red Cross (BRC) commissioned by NHS Devon to deliver the High Intensity Use (HIU) programme.
- Model supports people who access services more than expected within an approach that is de-medicalised, de-criminalised and person-centred.
- Evidence shows that unmet needs often cause a decline in health. Using a holistic approach to identify and address these wider determinants of health, BRC support people to build resilience.
- Everything is strengths based allowing long term conditions outcomes to be achieved for the individual, and as a by product there are often reductions in Urgent and Emergency Care and Secondary Care activity
- British Red Cross are commissioned to achieve 40% reductions in activity across HIU cohorts; A&E attendances, hospital admissions and conveyances. Seeking to achieve improved wellbeing, more in control and increased activation.
- To prepare for winter, the HIU Team reminds clients about the importance of flu and COVID-19 vaccinations and submitting prescriptions on time. They reinforce that A&E and 999 should be used only for emergencies and encourage clients to stay connected with their GP and community services, especially mental health support.
- The Team has increased telephone check-ins due to rising isolation and loneliness among clients.

General Practice in Torbay

Page 43

- 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 October 2025

PCN	% patient requests managed on same day	% patient requests managed within 2 weeks
Baywide PCN	49.2%	79.2%
Paignton & Brixham PCN	32.9%	72.5%
Torquay PCN	47.5%	81.6%
Torbay Total	44.2%	78.1%
Devon	37.8%	71.1%
England	38.8%	75.1%

During October 2025, Torbay practices delivered 114,408 appointments (770.2 appointments per 1,000 patients); this is 25% (approximately 23,000 pro rata) higher than the England average

GP appointments April to October 2025

PCN	% patient requests managed on same day	% patient requests managed within 2 weeks
Baywide PCN	55.7%	85.6%
Paignton & Brixham PCN	38.0%	78.9%
Torquay PCN	52.2%	89.4%
Torbay Total	50.0%	85.0%
Devon	43.3%	78.5%
England	43.4%	80.7%

During these seven months, Torbay practices delivered 617,362 (4,154.8 appointments per 1,000 patients); this is 21% (approximately 107,000 pro rata) higher than the England average

NHS app – there is an “easy to contact practice using the NHS app” response in the annual GP patient survey:

GP practices in	% respondents saying practice is easy contact using the NHS app
Baywide PCN	39.1%
Paignton and Brixham PCN	47.0%
Torquay PCN	55.4%
Torbay total	46.9%
Devon	50.1%
England	49.0%

General Practice Patient Survey Results - Good overall experience of GP Practice

GP practices in	Patients reporting their overall experience of the GP Practice was good
Paignton & Brixham PCN	75%
Baywide PCN	74%
Torquay PCN	73%
Devon average	79%
England average	75%

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

System Coordination to Manage Pressures

1. Executive Management Group oversight with twice-weekly winter touchpoints.
2. Clear Clinical Safety Plans (CSP) and Emergency Operations Centre (EOC) 58 escalation frameworks.
3. Joint escalation with hospitals to avoid 45-min breaches.
4. Resourcing plan: 50,000 conveying hrs weekly (+ festive uplift).
5. New initiatives: Escalation lead, improved handover processes.

South Western Ambulance Service

Assurances That Residents Are Supported

1. Clinical Safety Plans Level 4 ensures highest-acuity prioritisation.
2. Additional Emergency Operation Centre clinicians - increase Hear & Treat rates.
3. Non-patient-facing clinicians redeployed during peaks.
4. Corporate escalation ensures whole-Trust response.
5. Strong call answering with mitigations in high-risk weeks.

South Western Ambulance Service

Managing Waiting Times

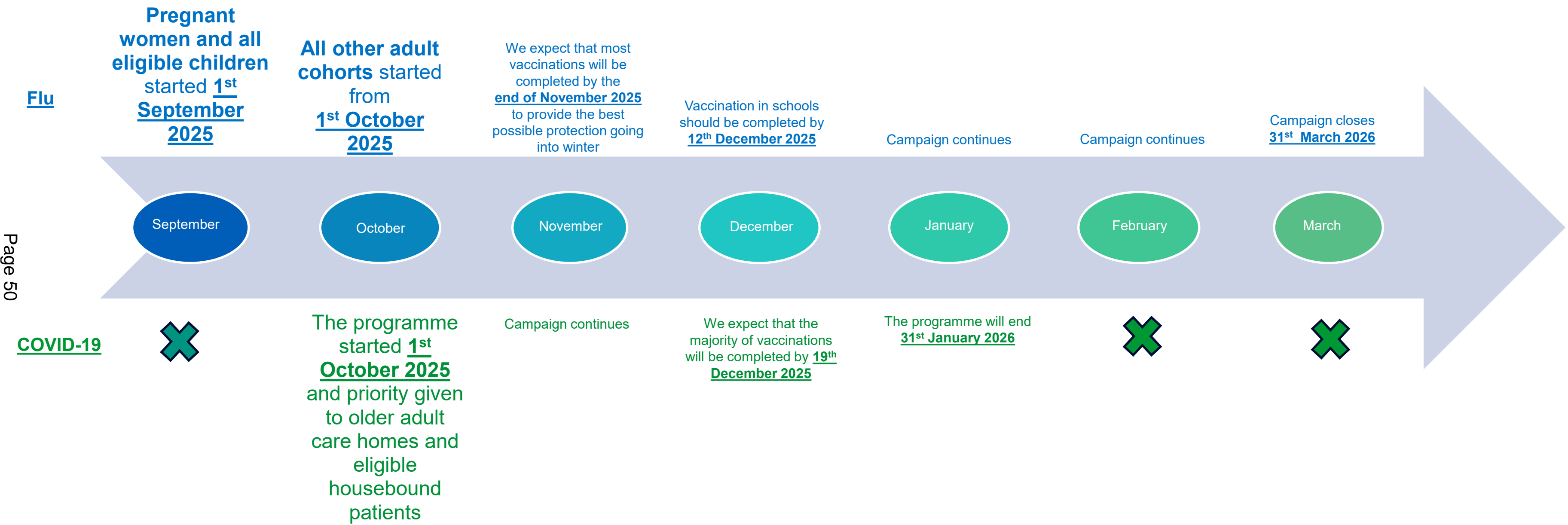
1. Modelling enables Category 2 performance of 28–33 mins.
2. Additional weekly resource hours planned for peak months.
Current Devon resourcing plan between 111% and 116% for the 3-week festive period commencing 15 December.
3. Actions to maximise Hear & Treat and reduce delays.
4. Operational managers support flow and reduce unavailability.

South Western Ambulance Service

Managing & Communicating Care Pathways

1. Forecasting informs pathway optimisation.
2. Enhanced Emergency Operation Centre (EOC) clinician presence for appropriate remote care.
3. EOC58 ensures safe redirection of lower acuity calls.
4. Daily system touchpoints update pathway availability.
5. EOC communicate ED pressures and alternative routes.

Vaccinations – Winter Timeline



Vaccinations – Communications and Engagement

Public Communications

- 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.

Targeted Communications

- NHS text, emails and letters to eligible individuals
- Schools text and emails to parents
- Clinicians to promote with inpatients and outpatients
- Digital marketing and outdoor advertising to target parents of young children, clinically vulnerable, Health and Care staff and diverse communities.
- Case studies to target clinically vulnerable and staff.

What's Different in 2025/26

- GPs have been asked to focus on Respiratory Syncytial Virus (RSV) vaccination for 75-79s, pneumococcal vaccinations for respiratory patients and COVID-19 vaccinations for immunosuppressed patients.
- Education events have been held with care home managers, at nurseries and in other community settings
- Commissioning of flu vaccinations via Community Pharmacies for 2–3-year-old for the first time
- Trusts will increase their focus on clinically vulnerable patients by asking clinicians to have vaccination conversations with their patients
- Trusts will ensure vaccinations are available at outpatient clinics, including at respiratory clinics, and before discharge
- From November, a request to GPs to have a clinical discussion with unvaccinated clinically vulnerable patients which may be supported by the outreach team
- Increased vaccination education offers to staff in Trusts
- Trusts had a second push campaign aimed at staff during November

Vaccinations – Uptake at week ending 7/12/2025

- Comparatively the Devon system is seeing a good level of uptake and is tracking at very similar levels to last year.
- Public facing comms switches to ‘don’t give the gift of flu for Christmas’ w/c 24th November with refreshed, radio, digital and social media messaging to encourage eligible people to get vaccinated. In excess of 50,000 flu vaccination appointments are available across Devon and there are no reported issues/complaints about access.
- PCNs and Community Pharmacies in Torbay have clinics and appointments available until mid-December and continue with housebound and school visits. Clinics are run by the outreach team to provide additional capacity in areas of low uptake and to target underserved communities.

Page 52

Uptake for week ending 7/12/25

	FLU Sept start for pregnant and children. 1 st Oct start for all other cohorts	Increase from previous week	AW25 – AW24 YOY Uptake % Difference	COVID 1 st of Oct start for all cohorts	Increase from previous week	AW25 – AW24 YOY Uptake % Difference
National uptake	49.61%	1.50%	↑+0.50%	55.87%	0.87%	↓-4.24%
Regional uptake	58.05%	2.10%	↑+0.86%	66.04%	0.80%	↓-4.05%
Devon uptake	58.39%	2.01%	↑+0.88%	65.84%	0.89%	↓-2.25%

Uptake by Local Authority	Flu VVEs	Eligible Population	% Uptake	Covid VVEs	Eligible Population	% Uptake
Torbay	46,982	87,568	53.65%	15,407	25,912	59.46%

System Comms Campaign

A system approach - 2025/26

A professionally developed joined-up system approach, informed by data, insight from previous campaigns and national NHS England messaging. Informed by behavioural science – our messages are crafted with behaviour change in mind. Note that shifting people's behaviour often takes time as people form new habits. Running from September 2025 to March 2026, the approach will focus on:

- Encouraging people to think Pharmacy First or to contact 111 to ease the pressures on ED and GP services
- Encouraging uptake of winter vaccinations
- Promoting support and resources to parents of young children
- Giving people information so they can make good decisions about staying safe over the winter period

Winter priority areas

1. Think Pharmacy First
2. Winter vaccinations - Flu, Covid-19 and RSV
3. Using 111 - as an alternative to ED departments
4. Online access - NHS app, 111 online
5. Mental health - local support accessing 111
6. Stay Well - how to look after yourself at home, stay well and stay warm messaging
7. MIU and UTC access - localised messages tailored to each locality relevant to local offer

Planned activity (includes, but not limited to)

- Local Pharmacy First campaign promotion, focusing on the conditions that Pharmacy First treat for conditions most likely to occur in winter
- Targeted digital marketing and social media across all priority messages
- Paid outdoor and radio advertising across Devon
- Print advertising to mitigate digital exclusion
- Working with system partners, stakeholders, media, local organisations and VCSE to maximise messaging through existing channels
- Local AI-backed insights promoting the experience of Pharmacy First and other service experiences
- 'Maria and Mel' – GP social media influencers promoting winter messaging
- Winter messages and digital marketing to feature on the My Health Devon webpages
- Mental health campaign activity to promote access to 111
- Regular briefing for stakeholders – MPs, OSC, Healthwatch, etc

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**

NHS
Devon

Seven common conditions
now treated by your pharmacist.



“ 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

Your
health
matters
Help us
help you

nhs.uk/thinkpharmacyfirst

Shingles?

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

Think pharmacy first.
nhs.uk/thinkpharmacyfirst

Your
health
matters
Help us
help you

**Have
something
to look
forward to**

NHS

**Get closer
to nature**

NHS

Better
Health
every mind
matters

**Make sure
you're protected
this autumn**

**COVID-19 vaccination this
autumn will be offered to**

Adults aged
65 and over
Residents in a
care home for
older adults
Individuals
65 months
years in

Dr Maria & Dr Mel - Following
Risks - 21 Jan - 0

Fevers

Dr Mel, GP

Dr Maria & Dr Mel

When your child has a fever, it can be hard to know what's normal and when to worry. In this video, we'll break it down: what's okay, what to watch out... See more

Page 54

**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.**

**View your
hospital appointments
in the NHS App**

**NHS
App**



TALKWORKS
IMPROVING YOUR MENTAL AND PHYSICAL WELLBEING
**HERE TO HELP
YOU GET BACK
ON TRACK**

TALKWORKS is a free, confidential talking therapy service. We're here to help you feel better again by giving you the tools and techniques to improve your mental wellbeing.

0300 555 3344
TALKWORKS.dpt.nhs.uk

FirstResponse
mental health crisis • 24/7

Livewell
Southwest

Experiencing a
mental health crisis?

CALL 111



select the **mental health** option



**Get to the help
you need**

Use 111

If you need urgent
medical help.
**Call, go online or
use the NHS App.**

NHS

111 Help us
help you

**الذهاب إلى
الصيدلية
أولاً**

يمكن للصيدلي الآن تقديم العلاج أو وصف بعض الأدوية عند الحاجة لسبع حالات شائعة من دون الحاجة إلى زيارة الممارس العام

- 1 التهاب الجيوب الأنفية (البالغين والأطفال بعمر 12 سنة فما فوق)
- 2 التهاب الحلق (البالغين والأطفال بعمر 5 سنوات فما فوق)
- 3 الهريس النطاقي (البالغين بعمر 18 سنة فما فوق)
- 4 آلام الأذن (الأطفال من عمر 1 - 17)
- 5 القوباء أو الحصف (البالغين والأطفال بعمر سنة واحدة فما فوق)
- 6 عضة حشرة ناقلة للعدوى (البالغين والأطفال بعمر سنة واحدة فما فوق)
- 7 التهاب المسالك البولية (النساء بعمر 16 - 64)

عبدول
صيدلي مجتمعي
غلوسترشاير
(Gloucestershire)

لم
زيارة
الصيدلي
ساعة
نساء

اكتشف المزيد:
nhs.uk/thinkpharmacyfirst



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

This page is intentionally left blank

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

Date of meeting	Minute No.	Action	Comments
06/11/25	30	<ol style="list-style-type: none"> that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the report and support efforts to improve public mental health and reduce the number of local deaths by suicide. that the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board be requested write to the Chief Coroner to request their attendance at a future meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board. 	<ol style="list-style-type: none"> Complete Complete – Letter sent by email.
06/11/25	31	<ol style="list-style-type: none"> that the Director of Adult and Community Services and the Director of Public Health be recommended to work with colleagues across the Council to improve communications with Members to ensure that when important key messages are to be issued to Torbay residents, Members are kept up to date to enable them to use their various communication methods to increase resident awareness; that the Adult Social Care and Health Overview and Scrutiny Sub-Board note the report and support efforts to build and maintain population resilience to adverse weather and infections. 	<ol style="list-style-type: none"> Complete – Letter sent by email.
04/09/25	20	<ol style="list-style-type: none"> that the Director of Pride in Place be requested to provide final energy costs for the proposed Nightingale Park Solar Farm and work collaboratively with the 	<ol style="list-style-type: none"> A letter has been received from the Trust setting out their commitment to the project, subject to the price for the electricity being agreed. As such work has taken place to cost the procurement steps to establish the firm

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

Date of meeting	Minute No.	Action	Comments
Page 58		Torbay and South Devon NHS Foundation Trust to reach agreement stage;	development costs and the legal cost in getting the contracts finalised. A decision is then required at Capital and Growth Board on whether we want to invest this money to allow a formal price to be given to the Trust. This decision is due at the December Capital and Growth Board.
		2. that the Chair of the Adult Social Care and Health Overview and Scrutiny Sub-Board provide a letter of support for Torbay and South Devon NHS Trust future estate funding to be sent to the Government;	2.
		3. that the Director of Capital Development be requested to provide a written response to confirm the various buildings being used for patient appointments; and	3.
		4. that the Chief Strategy and Planning Officer be requested to provide a written response to confirm the number of wards within Torbay Hospital building.	4.
17/07/25	8	1. that Torbay Council Housing Options team provide a written update to the Members of the Adults Social Care and Health Overview and Scrutiny Sub-Board once the visit to Harbour Housing scheme in Cornwall has been completed to provide feedback on any innovation that could be considered for implementation across Torbay;	1.
		2. that the Adult Social Care and Health	2. Complete. Email sent.

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

Date of meeting	Minute No.	Action	Comments
		Overview and Scrutiny Sub-Board Members are kept up to date on Union Square and Victoria Square developments on the numbers of properties that will be policy compliant;	
12/06/25	3	<p>a. to provide a written response would be provided on the numbers of people who responded to the survey from each targeted area.</p> <p>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</p> <p>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.</p>	<p>a. Teresa emailed Abi Gascoyne 19 June 2025</p> <p>1. To follow up in September</p>

This page is intentionally left blank