

Wednesday, 28 October 2026

ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD

A meeting of **Adult Social Care and Health Overview and Scrutiny Sub-Board**
will be held on

Thursday, 5 November 2026

commencing at **2.00 pm**

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

Members of the Board

Councillor Johns (Chair)

Councillor Bryant
Councillor Douglas-Dunbar

Councillor Spacagna (Vice-Chair)
Councillor Barbara Lewis

A Healthy, Happy and Prosperous Torbay

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Governance Support, Town Hall, Castle Circus, Torquay, TQ1 3DR

Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD AGENDA

- 1. Apologies**
To receive apologies for absence, including notifications of any changes to the membership of the Adult Social Care and Health Overview and Scrutiny Sub-Board.
- 2. Minutes** (Pages 5 - 8)
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 8 October 2026.
- 3. Declarations of Interest**
 - a)** To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
 - b)** To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
- 4. Urgent Items**
To consider any other items that the Chair decides are urgent.
- 5. Annual Review of Dentistry Provision in Torbay** (Pages 9 - 14)
To receive an annual update from NHS Devon ICB and Torbay Public Health on oral health and dental access in Torbay
- 6. Gambling Harms Prevention** (Pages 15 - 22)
To receive an update on the Gambling Harms Prevention workstream
- 7. Homelessness Action Plan** (Pages 23 - 94)
To receive the Homelessness Action Plan

- 8. Annual Safeguarding Adults Board Report** (Pages 95 - 134)
To review delivery against the priorities set out in the Annual Safeguarding Adults Board Report and consider making recommendations to the Board
- 9. Quarterly progress on Adult Social Care Quality Commission (CQC) Improvement Plan** (Pages 135 - 198)
To receive a quarterly update on the progress on the Adult Social Care Quality Commission (CQC) Improvement Plan
- 10. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker** (Pages 199 - 200)
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).

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

8 October 2026

-: Present :-

Councillor Johns (Chair)

Councillors Douglas-Dunbar, Barbara Lewis and Spacagna (Vice-Chair)

Non-voting Co-opted Members

Sarah Lonton (Healthwatch Torbay)

Amanda Moss (Chair of the Voluntary Sector Network)

(Also in attendance: Councillor Chris Lewis)

30. Apologies

An apology for absence was received from Councillor Bryant.

31. Minutes

The minutes of the meeting of the Sub-Board held on 3 September 2026 were confirmed as a correct record and signed by the Chair.

32. Torbay System Winter Plan

The Sub-Board received a presentation from James Wenman, Deputy Director Commissioning NHS Devon and Samuel Wadham-Sharpe, Chief Operating Officer, Torbay and South Devon NHS Foundation Trust together with a presentation from Julia Chisnell, Consultant in Public Health. The presentations outlined the Torbay System Winter Plan 2026/27, winter readiness arrangements, vaccination programmes and measures to build year-round resilience to adverse weather and infectious diseases.

Members were advised that winter planning had commenced in July and was focused on supporting residents to remain well, receive care in the right place first time and avoid unnecessary hospital admissions wherever possible. The Plan included a strong emphasis on improving patient flow, expanding alternatives to hospital admission, reducing corridor care and strengthening discharge planning. Officers advised that approximately 62% of unscheduled care demand reviewed could potentially have been met through alternative services rather than attendance at the Emergency Department.

Members were informed that a new urgent and unscheduled care model would commence on 15 October 2026, including an Unscheduled Care Village and enhanced specialist support pathways designed to enable assessment and treatment without requiring admission to hospital. Virtual wards and urgent community response services were also being expanded to support people to remain safely at home.

Members asked the following questions:

- What information was available regarding delayed discharges and how was discharge performance being monitored?
- Was there sufficient staffing capacity to support early discharge planning?
- How were people experiencing mental health crises accommodated whilst waiting for assessment and treatment?
- What measures were used to monitor patient harm resulting from delays within the system?
- What were the principal causes of delays and pressures within the emergency care pathway?
- Could additional performance information and pathway data be provided to help Members understand the baseline position and monitor progress over winter?
- Was there a risk of ambulance queues during winter and what progress had been made in reducing handover delays?
- What impact might the emerging Covid-19 variants have on winter pressures?
- What assurances could be provided regarding patient safety and dignity where corridor care continued to be used?
- What additional support was available for unpaid carers given winter pressures?
- Was there sufficient resilience across community services and primary care to manage anticipated pressures?
- Could further information be provided on developments relating to same-day clinical access, additional primary care capacity and Pharmacy First services?
- How would vaccination and winter wellbeing communications be delivered to residents?
- Were housebound residents able to access vaccinations?
- How would outreach vaccination programmes target communities with lower uptake rates?
- How were carers and voluntary sector organisations being engaged to support vaccine uptake?
- What further preventative measures were being promoted to reduce the spread of infection during winter?

The following responses were provided:

- Discharge performance was monitored daily using a range of operational measures. Work was underway to improve the accuracy of discharge-ready data and strengthen pathway tracking.

- Officers were satisfied that staffing levels were sufficient to support earlier discharge planning, although consistent application of processes was equally important.
- Dedicated spaces had been created within the hospital for patients awaiting mental health assessment, helping to provide a safer and more appropriate environment. Additional work was also being undertaken with mental health partners to reduce presentations at the Emergency Department.
- A range of quality and safety metrics, including readmission and mortality rates, were monitored and reported regularly through governance arrangements.
- A combination of factors contributed to delays, including high levels of demand, bed capacity constraints and discharge challenges. Approximately 72% of patients attending the Emergency Department were discharged directly without admission and performance had improved in recent months.
- Significant improvements had been achieved in ambulance handover times, with waiting times reduced by approximately 50% and a strong focus maintained on preventing delays exceeding 45 minutes.
- Officers advised that there was no evidence of a new Covid strain that would create additional concern beyond existing variants and that robust infection prevention and control arrangements remained in place.
- The Trust reiterated its commitment to eliminating corridor care and advised that patient safety and experience continued to be monitored closely through daily operational oversight.
- Winter planning recognised the importance of unpaid carers, with vaccination programmes and wider support arrangements helping to build resilience across the community.
- Workforce planning was being actively managed across health and care services with robust rota reviews and contingency arrangements in place.
- Primary Care Networks continued to perform above target for appointment provision, with investment also being directed towards same-day clinical access and community-based alternatives to hospital care.
- Winter communications would include targeted campaigns promoting vaccinations, winter wellbeing, appropriate service access and preventative health measures through a range of digital, print and face-to-face channels.
- Housebound residents remained eligible to receive vaccinations through existing outreach arrangements.
- Outreach vaccination activity would focus on communities with lower uptake rates, including people experiencing homelessness, food bank users and other vulnerable groups.
- Work continued with carers' organisations, voluntary groups and community partners to promote vaccination opportunities and improve accessibility.
- Public health messaging continued to promote vaccination, hand hygiene, responsible use of antibiotics and general winter preparedness as key preventative measures.

Members requested several written responses and data presentations to be provided by James Wenman, and Samuel Wadham-Sharpe to support future

scrutiny of winter preparedness to include discharge pathway performance data, P0-P3 performance information, support arrangements for unpaid carers, primary care initiatives and clarification of pharmacy activity figures included within the submitted presentation.

Resolved:

That the Adult Social Care and Health Overview and Scrutiny Sub-Board note the update on the Torbay System Winter Plan and continue to support the efforts to build and maintain population resilience to adverse weather conditions, seasonal pressures and infectious diseases

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

The Sub-Board noted the submitted action tracker.

Chair

Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board

Oral Health and Dental Access Update NHS Devon ICB and Torbay Public Health November 2026

Introduction

This report provides an overview of current oral health and dental access initiatives across Devon and Torbay, including progress against national dental reform objectives, service developments, prevention programmes, workforce initiatives, and performance against key national measures.

Torbay Statistics

- **Hospital admissions & extractions under general anaesthetic (0-19s)**

Torbay has a significantly higher rate of extractions than the England and Southwest values at **729.3 per 100K population** (England 251, Southwest 230). Hospital admissions for tooth decay (0-19) are defined as finished consultant episodes with tooth extractions. Source – Hospital Episode Statistics (HES). Latest data (2-24-25) shows an **18%** increase from 23-24. This is a greater % increase than England (8%). The Southwest has seen a reduction of 11%. Torbay has the highest rate in the Southwest and is the fifth worst in England. Numbers likely to be an under reporting based on variability in HES data.

- Numbers 24-25: **200 in total**. 0-4: 15 / 5-9: 125 / 10-14: 45 / 15-19: 10.
- Most extractions are in the 5-9 age group, highlighting the need for programmes (for example First Dental Steps and Supervised Toothbrushing) to focus on early years

- **Prevalence of tooth decay in five-year old children.** This profile describes the oral health of five-year-olds living in Torbay. It uses data from the 2024 Biennial National Dental Epidemiology Survey, published in Feb 25.

- **217 five-year-olds** were examined via a sample of primary schools. Prevalence of experience of dentinal decay: **Torbay: 26.4% (21.3% increase)**, England 22.4%. Devon: 19.3%. Next survey us due for release early 2027

- **Oral cancers in adults - mortality rate.** Latest data set **2020-22**. Torbay prevalence based is **6.3** per 100,000 (34 cases). This is worse than England (5.2) and an increase on last measurement period (2017-19). Oral cancer is more common in men and deprived groups. Source: ONS. Southwest prevalence is 4.7, Plymouth 6.5 (highest in SW) and Devon 3.9.

- The first **National Dental Epidemiology Programme Survey of Adults aged 65+ in care homes** was completed in 2025, results are due in early December. The survey will provide a first national, comparable picture of

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clinical oral health, including tooth decay, plaque, dentures, treatment needs and urgency. It will also cover residents' experiences of dental access, barriers to appointments and how oral health affects daily life, such as eating and socialising. The survey will provide a good baseline for future planning

National Dental Contract Reform

NHS dental contract reforms were introduced nationally from April 2026 with the aim of improving patient access, increasing urgent care capacity and supporting prevention-focused care. Key changes include:

- Mandatory delivery of 8.2% of contract value through urgent and unscheduled care.
- Introduction of new complex care pathways for patients with severe periodontal disease and extensive dental decay.
- Greater use of prevention through fluoride varnish application and changes to fissure sealant payments.
- Additional workforce support measures, including annual clinician appraisal funding and quality improvement incentives.
- Reinforcement of NICE recall guidance to support more appropriate patient recall intervals and release capacity for patients with greater need.

Improving Access to NHS Dentistry

NHS Devon continues to increase dental capacity through investment and procurement activity.

A new dental contract covering Torquay and Paignton has been awarded for up to nine years, valued at approximately £1.3 million per annum. The service will provide:

- 33,000 additional Units of Dental Activity (UDAs) each year.
- 30% of capacity dedicated to urgent and unscheduled care.
- A specific focus on addressing health inequalities and supporting vulnerable populations.

NHS Devon is also undertaking procurement of a new dental helpline service to improve patient experience and maximise utilisation of available appointments.

Supporting Vulnerable Groups

Targeted work continues to improve access for populations with the greatest oral health needs, including:

- Commissioning initiatives focused on vulnerable groups through newly procured dental contracts.
- Development of dental services for people experiencing homelessness in Torbay and North Devon.
- Dental checks for children and young people with Special Educational Needs and Disabilities (SEND).

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- Continued support for Children Looked After and care leavers.
- Development of a Devon-wide oral health workforce training programme.
- Review of domiciliary dental services for people unable to attend traditional dental settings.

Dental Workforce

NHS Devon continues to invest in recruitment, retention and workforce development through:

- The national Dental Recruitment Incentive ("Golden Hello") Scheme.
- Postgraduate bursaries and specialist dental trainee support.
- Funding for the Educational Supervisor Incentive Scheme through to 2028/29 to encourage more training practices and support recruitment and retention of Foundation Dentists.

Oral Health Improvement and Prevention

NHS Devon and local authority partners continue to deliver a range of prevention programmes aimed at improving oral health outcomes and reducing inequalities.

- **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 (3-11yrs).** This important programme trains 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 primary schools and nurseries in Torbay. At present, the programme is achieving a 90% uptake in schools and 75% in nurseries. National funding has also been drawn down to extend the offer to all primary year groups in schools that have the highest residency of children from the areas of greatest inequality. Take up is much lower in these older year groups – reason include space, teaching capacity and restrictions on pupil time (curriculum).
- **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) Outreach Team deliver 45-minute oral health education lessons. The lesson includes a 15-minute animated film and an interactive session. The programme is offered to all primary schools in Torbay and is currently achieving a 75% take-up.

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- **Devon Oral Health Workforce Training.** A new service will deliver a workforce training offer for non-dental professionals working with both children and adults, including priority populations at higher risk of poor oral health (care-dependent adults, children in care and care experienced). It is anticipated that this new service will be live by July 2027.

Torbay specific outputs

- **Resources for Food Banks, Night Shelters and Warm Spaces.** Work is now underway to make oral health packs available to these settings (adult/child oral health advice and guidance, brushes and paste) in late 2026.

Progress Against National Performance Priorities

1) Dental Activity (UDA Delivery)

As of August 2026:

- Devon had delivered 66% of contracted UDAs.
- Providers delivered 363,488 UDAs between April and August 2026 compared with 353,288 during the same period in 2025/26.
- This represents an increase of 10,200 UDAs year on year, providing additional NHS dental capacity for patients.

2) Patient Access

Whilst children's access has continued to improve, adult access remains below pre-pandemic levels. Improvements in capacity and activity are expected to take time to be reflected in the national access metrics because these are measured over a rolling 24-month period.

3) Clinically Appropriate Recall

- 31% of low-risk patients are currently on a recall interval of 12 months or longer.
- This is the second-highest performance of all Integrated Care Boards nationally.

4) New Care Pathways

New care pathways were introduced in June 2026. Providers have begun using the pathways and activity is being recorded, although it is currently too early to fully assess impact. Uptake is expected to increase as providers become more familiar with the new arrangements.

5) Urgent and Unscheduled Care

- Devon's annual target is 53,736 unscheduled courses of treatment (COTs).
- By the mid-year point of 2026/27:
 - 25,438 unscheduled COTs had been delivered.

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- This equates to 47.3% of the annual target.
 - Activity was 6% higher than the same period in 2025/26.
- Devon exceeded the national 8.2% urgent care requirement in June, July and September.

6) Contract Rebasing

Devon has actively addressed underperforming contracts to maximise available NHS capacity.

- 44 contracts were identified through the national rebasing process.
- 67% have been rebased.
- 4% have been terminated.
- Only 6% had no agreed management action in place.

Summary

Since the introduction of national dental contract reform, NHS Devon has continued to increase NHS dental capacity, improve urgent care provision and invest in workforce development and prevention programmes. Progress is being made against national performance measures.

Alongside these improvements, NHS Devon and Torbay Public Health continue to work together to improve oral health outcomes through targeted prevention programmes and services focused on vulnerable populations.

Future priorities remain improving access to NHS dentistry, embedding national contract reforms, supporting workforce sustainability and reducing oral health inequalities across Devon and Torbay.

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Gambling Harms Prevention

Summary of Report

This report outlines the steps the Council, through Public Health, have taken and intend to take to address gambling harm in Torbay.

Recommendations

- That the Adult Social Care and Health Overview and Scrutiny Sub-Board endorse Public Health activity in terms of gambling harm prevention in Torbay.
- Public Health welcome input from the Adult Social Care and Health Overview and Scrutiny Sub-Board on additional ideas for progression.

Background and Context

What is gambling related harm?

According to the *UK Gambling Commission*, gambling-related harm refers to the negative consequences that gambling can have on people who gamble and on others affected by their gambling. The Commission focuses on understanding when gambling becomes harmful, including situations where gambling leads to adverse impacts on a person's finances, relationships, health, wellbeing, work, or education.

Examples of gambling-related harm include:

- Financial difficulties or debt
- Relationship and family problems
- Emotional distress, anxiety, or depression
- Reduced performance at work or education
- Social isolation
- In severe cases, links to suicidal thoughts or suicide-related harms

Some groups of people are at more risk of gambling-related harm than general population. Key at-risk groups or behaviours include, but are not limited to:

- Men
- Those aged 16-44
- Young people
- Unemployed and those under constrained economic circumstances.
- Those residing in areas of deprivation.
- Those experiencing homelessness.
- Those experiencing mental ill health.
- Those experiencing substance abuse/misuse.

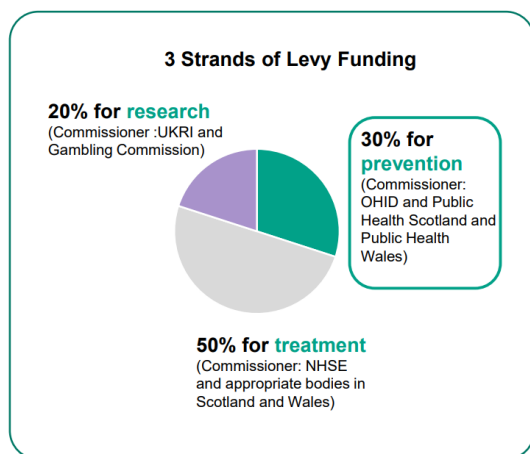
What is the role of local authorities?

Under the national statutory gambling levy (in place since April 2025), local authorities are now funded, mandated partners in gambling-harm prevention. They are expected to lead local prevention systems, co-ordinate partnership activity, and use levy funding to reduce gambling related harm in their areas.

It is important to note that the responsibility of local authorities does not include online gambling – prevention work here falls within the remit of Central Government, supported by the UK Gambling Commission.

Torbay Council has received an allocation of **£32,035** to spend on gambling harm prevention activity in 2025/26. Further funding has been guaranteed for 2026/27. Although not confirmed by Central Government, it is anticipated that levy funding will continue beyond this initial two-year period - addressing gambling harm established as a Government priority.

Figure 1. below outlines the split in national split in gambling levy funding.



The first two years of gambling related harm activity (2025-27) have a strong focus on building capacity and capability, as well as capturing the impact of harmful gambling activity at local authority level. The Department of Health and Social Care (DHSC) have assisted in local forward planning by producing a *Menu of Interventions* for local authorities to consider that combine a strong evidence base with encouragement to innovate.

Understanding the impact of harmful gambling activity

Public Health have completed a Devon wide **Health Needs Assessment** (covering the Torbay, Devon and Plymouth local authority areas) to understand the extent of gambling harm in Torbay.

National summary points:

- For each of person engaging in harmful gambling activity, it is estimated there are **six-ten affected others (family members & friends)** also experiencing gambling-related harms.
- **Financial harm:** Losses, debt, rent arrears, and reduced ability to meet basic needs. Coastal areas show concentrated harm hotspots.

- **Crime and safety harm:** Theft, fraud, and acquisitive crime linked to financial desperation. Coastal towns with dense gambling venues show elevated harm clusters.
- **Community-level harm:** Concentration of landed premises - such as betting shops, Adult Gaming Centres (AGC) and bingo halls) can create harm hotspots, reduce high-street resilience, and increase visible deprivation. Coastal areas are specifically identified as higher-risk environments.
- **Mental-health harm:** Anxiety, depression, suicidality, and stress linked to continuous-play machines and frequent visits. National evidence reviews identify mental-health deterioration as a core harm category.
- **Inequality-driven harm:** Landed premises, and especially AGC's often cluster in more deprived coastal neighbourhoods, amplifying existing socioeconomic vulnerabilities.
- **Work and productivity harm:** Reduced concentration, absenteeism, and job instability due to time spent gambling or stress from losses. Identified in national harms frameworks.
- **Physical-health harm:** Sleep disruption, stress-related symptoms, and neglect of health needs.
- **Relationship harm:** Conflict, breakdown, loss of trust, and domestic strain. The Gambling Survey for Great Britain highlights relationship discord as a common adverse consequence.
- **Youth exposure harm:** Youth exposure to gambling refers to the ways children and young people see, learn about, or become familiar with gambling long before they legally participate, which increases the likelihood of future harm. It's one of the most important early-risk factors identified in UK evidence reviews. This can happen through:
 - **Visibility of gambling venues:** High-street AGC's, betting shops, and arcades in places young people regularly pass.
 - **Advertising and marketing:** TV, social media, sports sponsorship, influencer content, and online adverts.
 - **Family and peer behaviour:** Seeing parents, siblings, or friends gamble, talk about wins, or treat gambling as normal.
 - **Digital exposure:** Loot boxes, social-casino games, and gambling-like mechanics in video games.
 - **Tourist-area clustering:** In coastal areas like Torbay, gambling venues are often concentrated in areas young people walk through daily.
- **Gambling harms cost** at least £1.27 billion from 2019 to 2020 in England alone. This analysis includes the first estimate of the economic cost of suicide (£619.2 million) and provides an updated cost of homelessness associated with harmful gambling (£62.8 million).
- **12.6%** of people who gambled in the preceding 12 months experienced suicidal thoughts or had attempted suicide, with 7.7% experiencing these harms as a result of their gambling.
- **The Marmot Review** 'Ten Years On' identified a higher concentration of gambling premises on high streets as a sign of an "unhealthy high street" - widening inequalities for the most vulnerable and leading to poor mental and physical health.

Torbay summary points

- Torbay has **44** landed premises (such as betting shops, Adult Gaming Centres (AGC) and bingo halls) licensed for gambling - approximately 27.2 gambling premises per 100,000 population. This figure is significantly higher than the England average of 12.9 and is one of the highest proliferations of gambling premises in England. Source: Gambling Commission, 2026.
- **53%** of adults (18+) are estimated to have spent money on gambling in the **past 4 weeks** (worse than the England value), falling to 28.68% when the National Lottery is excluded, though participation in gambling activity is higher in Torbay, both with and without the National Lottery, than both the Southwest and England values
- The **Problem Gambling Severity Index (PGSI)** measures how harmful an individual's gambling behaviour is, the frequency of gambling and behaviours such as chasing losses and experiencing a loss of control. It covers nine items with a rating scale of answers. A PGSI score of:
 - **1 to 2:** those experiencing low levels of harm
 - **3 to 7:** those experiencing moderate levels of harm
 - **8 and over:** those experiencing severe adverse levels of harm.
- 85.82% of Torbay's adult population have a PGSI score of 0, meaning the majority of the population experience low levels of harm. However, 3.24% are estimated to score 8+, meaning that they are likely to experience adverse consequences. This equates to approximately **3700** at any given time, with a further 6-10 others likely affected for each person. The PGSI scores for Torbay are largely similar to the England average, but Torbay has higher estimated numbers of those scoring 8+ than England and the Southwest.

Table 1. Cost of harm associated with gambling in Torbay

Cost of harm associated with gambling	Torbay	Great Britain
Health: General Medical Service Consultation (mental health)	£37,451	£22,870,771
Health: Hospital Inpatient	£774,497	£472,980,254
Crime: Crime Committed (police call out)	£55,482	£33,882,624
Crime: Court Appearance	£15,604	£9,529,488
Housing: Homelessness Support	£28,608	£17,470,728
Welfare: Universal Credit	£1,387,576	£847,383,250
Fiscal cost (£ millions)	£2,299,218	£1,480,000,000

Progress to date

There has been significant progress this year:

- **Joint Peninsula Agreement.** Cornwall, Devon and Torbay local authorities (approach agreed by DHSC) have pooled their gambling levy allocations to fund peninsula level interventions. This greatly increases the amount of available budget for the next two years to approximately £154K per annum. In line with DHSC direction, budget can be used to fund supporting posts as well as commissioned activity
- **Peninsula Recruitment.** Torbay Council has led on the recruitment of two posts, both of which will be hosted by Torbay Council, but will operate on a Peninsula footprint. QA new Public Health Specialist and Intelligence Analyst will be starting on a two-year fixed term basis on the 26 October this year.
- **Peninsula Gambling Harm Action Plan.** Leaning on the DHSC Menu of Interventions, a draft action plan has been created that supports the equitable approach central to the Joint Peninsula agreement. It is anticipated that several components will be delivered internally to the three local authorities, using the capacity of the two new posts. Some further components will be covered through uptake of VCSE activity in the Peninsula funded by the gambling levy, while some, not covered by either approach above, will require commissioning. List not exhaustive.
 - **Mapping of treatment referral pathways** as well as eligibility.
 - **Development of a toolkit** for frontline services including local authority teams, NHS, commercial and VCSE partners. Covering how to ask the question regarding harmful gambling, what to ask and referral options/methods.
 - **Training for frontline services regarding the application of the toolkit.**
 - **Gambling Harm Interventions for educational settings.**
 - **Gambling Harm Promotional Campaigns.**
 - **Guidance for Licensing and Planning Teams.** To include information on landed premises applications, further options within licensing controls (for example spot checks) and the latest/upcoming planning controls, such as cumulative impact assessments and the use of planning permissions.
 - **Restriction on gambling advertising on local authority estate**
- **Identification of VCSE delivery** across the Peninsula – not only those funded under the gambling levy 26-27 but also those not funded but able to deliver against the draft Peninsula Action Plan.
- **Identification of current treatment referral pathways** – At present there are two options for the Peninsula – ARA Recovery for All (VCSE levy funded) and the NHS Southwest Treatment and Recovery Service (Southampton). Both take external and self-referrals and have options for this engaged in harmful

gambling and affected others. Capacity within the latter will be increased by levy funding to cater for increased demand across the Southwest.

- **Local governance arrangements** – Gambling harm prevention is now included as a topic area for the *Turning the Tide on Poverty* Strategic Group. An initial paper was presented in May. A further update will be scheduled for later in the year. A supporting operational group led by Public Health has also been formed, including Community Safety, Licensing and Planning.
- **Coalition to End Gambling Advertising (CEGA)**, is a national charity founded to restrict the amount of gambling advertising in the UK. Membership includes the RSPH, ADPH and the Faculty of Public Health. Alongside Devon, Cornwall and over 20 other local authorities, Torbay has joined the organisation.
- **World Cup Gambling Harm Prevention Campaign** – Over the course of the Football World Cup in June and July, Torbay, alongside Cornwall, Devon and Plymouth local authorities signed up to this DHSC recommended national campaign delivered by CAN-Digital. The campaign included promotion via social media platforms, treatment pathways, text alerts and opt-in emails. Local authority level dashboards detailing uptake and performance have just been released – evaluation required. Costs were met through gambling levy allocations.
- **Torbay level data sets on gambling activity**, including the Problem Gambling Severity Index (PGSI) have now been released and will form our benchmark going forward.
- **Adult Gaming Centre (AGC) application/objection** – Torbay Road, Paignton. An AGC application was submitted to Licensing earlier in the year. Public Health, Licencing, Community Safety and Planning all agreed that we should jointly object to the application. An evidence/objection paper was submitted by Public Health outlining the risks posed by another AGC in Torbay, specifically in Roundham with Hyde, focusing on vulnerable groups, inequality and youth exposure. The objections were upheld at Licensing Committee in August and the license refused. This is the first time an AGC application has been heard and refused in Torbay. It is very likely that the applicant will appeal and next step will be Magistrates Court hearing later in the year.

Next steps

- **Health Needs Assessment Phase 2** – This will fall under the remit of the 2 new posts and will include local authority small area level maps from DHSC, updated small area data, NHS treatment numbers and local area level insights
- **Gambling Harm UK (GHUK) System Support Programme** – engage with levy funded VCSE provider over the two years of the funding to assess the

Torbay system and aid future delivery, with inference for the two other local authorities forming the Peninsula Agreement.

- **DHSC reporting on spend and activity (in year and planned)** – Via online portal. Mandatory requirement. Will also inform any potential carry forward of levy allocation.
- **Action Plan** – Confirm content in time for new posts starting & deliver until end of levy funding in Autumn 2028.
- **Peninsula Learning Network** – establish network.

Mark Richards

Public Health Specialist, Healthy Behaviours and the Wider Determinants of Health

23 October 2026

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Report title: Local Outcome Framework - Homelessness and Rough Sleeping Action Plan 2026- 2028

Report to: Overview and Scrutiny/Cabinet

Date: 24 November 2026

Lead Cabinet Member: Hayley Tranter - Cabinet Member for Adult Social Care and Public Health and Inequalities plus Communities

Email: Hayley.Tranter@Torbay.gov.uk

Lead Director: Anna Coles – Director of Adults and Communities

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1. Summary of Report:

- 1.1 Torbay Council has an adopted Homelessness and Rough Sleeping Strategy and accompanying action plan. While the strategy is a statutory requirement under the Homelessness Act 2002, the action plan is not currently required by legislation. However, it has provided an important framework for delivery, monitoring and accountability.
- 1.2 Since the current plan was developed, national requirements have changed. The Government has introduced the Local Outcomes Framework, setting out key homelessness and rough sleeping outcomes that local authorities are expected to achieve and monitor. MHCLG grant funding now also requires local authorities to have an action plan demonstrating how these outcomes will be delivered.
- 1.3 This report proposes replacing the current action plan with a refreshed *Homelessness and Rough Sleeping Action Plan 2026–2028*. The new plan will align with national requirements, support compliance with funding conditions, and reflect progress made under the previous plan. It also incorporates updated local evidence, including Torbay's Housing Needs Assessment, and has been informed by consultation with MHCLG, council services, statutory partners, voluntary and community sector organisations and people with lived experience where appropriate.

2. Recommendations and Proposed Decision:

- 2.1 That Cabinet approve the Homelessness and Rough Sleeping Action Plan 2026–2028.

3. Reasons for Recommendations/Proposed Decision:

- 3.1 The Action Plan responds to updated MHCLG requirements. An action plan demonstrating delivery against the Local Outcomes Framework is now a condition of Homelessness, Rough Sleeping and Domestic Abuse Grant.
- 3.2 Engagement with council services, statutory partners and voluntary and community organisations has strengthened shared ownership and helped ensure the actions are deliverable across the homelessness system.

4. Background and Context:

- 4.1 The Government's *A National Plan to End Homelessness* introduced the Local Outcomes Framework (LOF), which focuses on outcomes for residents. The homelessness and rough sleeping measures are:
- Households with children in temporary accommodation per 1,000 households.
 - Families in bed and breakfast accommodation for more than six weeks.
 - Successful prevention and relief of homelessness.
 - Successful prevention and relief for people experiencing multiple disadvantage.
 - People sleeping rough on a single night through the autumn snapshot.
 - People sleeping rough during the month who are long-term rough sleepers.
- 4.2 As a condition of homelessness grant funding, MHCLG requires local authorities to set out how they will deliver the LOF measures and associated targets through an Action Plan.
- 4.3 Torbay's Homelessness and Rough Sleeping Strategy 2024–2030 and existing Action Plan provided a strong foundation. However, as the plan pre-dates the LOF, it has been revised to link local actions directly to the new measures.
- 4.4 More than 40% of existing actions were completed in the past year. The refresh updates actions to reflect changes in demand, services, national policy and local need, ensuring the plan remains relevant, deliverable and aligned with the Strategy.
- 4.5 The revised plan is supported by a stronger evidence base, including Torbay's Housing Needs Assessment, improved homelessness and rough sleeping data, and commissioned insight from people with lived experience of homelessness and substance misuse. This evidence has strengthened understanding of local pressures, barriers and emerging needs.

5. Alternative Options Considered:

- 5.1 An alternative option was to retain the existing Homelessness and Rough Sleeping Action Plan and develop a separate Action Plan to meet the requirements of the Local Outcomes Framework. This option was not recommended as it would create duplication, increase complexity and reduce clarity in relation to delivery and performance monitoring. The preferred option is therefore to adopt a single refreshed Action Plan that incorporates both the LOF requirements and Torbay's wider homelessness and rough sleeping priorities, providing a clear and accountable framework for delivery.
- 5.2 The content and format of the Action Plan have been developed in accordance with relevant Government guidance.

6. Contribution to Council Priorities:

- 6.1 The Homelessness and Rough Sleeping Action Plan supports delivery of Torbay Council's Community and Corporate Plan 2023-2043. The Homelessness and Rough Sleeping Strategy 2024-2030 was developed to support the Council's strategic themes. The refreshed Action Plan continues to support these priorities whilst incorporating the requirements of the LOF:
- **Community and People:** Supporting improved health, wellbeing and independence through the prevention and relief of homelessness, reduction in rough sleeping, and increased access to stable housing.
 - **Pride in Place:** Supporting stronger, safer and more resilient communities through reduced homelessness and rough sleeping and improved access to suitable accommodation.
 - **Economic Growth:** Supporting access to employment, education and training through increased housing stability and reduced impacts associated with homelessness.

7. Consultation and Engagement:

- 7.1 The Action Plan has been informed by engagement with MHCLG, Council services, statutory partners, and voluntary and community sector organisations.
- 7.2 The MHCLG Homelessness Adviser reviewed the draft Action Plan and provided feedback on the proposed LOF targets and MHCLG expectations.
- 7.3 The Homelessness and Rough Sleeping Forum considered the LOF and associated outcome measures through a partner workshop held in July 2026. Actions within the refreshed Action Plan were developed collaboratively, with lead organisations and supporting partners identified where appropriate.

8. Implications:

8.1 Financial Implications:

- 8.1.1 Any expenditure arising from delivery of the Action Plan beyond existing operational activity will be subject to a business case and considered through the Council's appropriate governance and decision-making processes.
- 8.1.2 Approval of the Action Plan will support compliance with MHCLG grant funding requirements and the delivery of the LOF. The Action Plan will provide a framework for coordinating homelessness and rough sleeping activity and targeting available funding towards agreed priorities. Effective delivery may also help reduce demand for high-cost interventions, including temporary accommodation and rough sleeping services, through earlier prevention and improved housing outcomes.

8.2 Legal Implications:

- 8.2.1 Maintaining an Action Plan aligned to LOF is a condition of MHCLG homelessness funding. Failure to do so could place future funding at risk. There are no other significant legal implications arising from the recommendations in this report

8.3 Corporate Parenting/Children and Young People:

- 8.3.1 Children's Services have been consulted in the development of the Action Plan. The Local Outcomes Framework includes measures relating to families in temporary accommodation and bed and breakfast accommodation. In setting local targets and actions, consideration has been given to wider outcomes for children and families across the Council, supporting a whole-system approach to preventing homelessness and maintaining housing stability.
- 8.3.2 Further consideration of impacts on care leavers, families, and young people is set out within the Equality Impact Assessment.

8.4 Associated Risks, Risk Tolerance Level and Mitigations:

- 8.4.1 The risks of not approving the recommendations include non-compliance with funding requirements, reduced strategic oversight of homelessness and rough sleeping activity, and the potential loss of future grant funding. Overall risk exposure is assessed as acceptable within the Council's risk tolerance appetite.

Risk	Risk score before mitigations	Mitigations	Risk Score after mitigations
LOF targets may not be achieved due to changes in demand, housing market conditions, funding, or wider system pressures.	(4x3) 12	Targets have been developed using historical performance data, current evidence, local intelligence, and partner input. Progress will be monitored through existing governance arrangements, with actions reviewed and adjusted where required.	(3x3) 9
The Action Plan may become less relevant following proposed LRG due to changes in geography, need, priorities, or resources.	(4x3) 12	The Action Plan will be subject to regular review and updated as required. A revised Action Plan can be developed to reflect any new authority arrangements.	(2x2) 4
Failure to adopt the Action Plan could result in non-compliance with MHCLG funding conditions and place future homelessness funding at risk.	(5x4) 20	Adoption of the Action Plan will ensure compliance with current funding requirements and demonstrate how Torbay intends to deliver against LOF.	(1x4) 4

8.5 Contributions to tackling climate change or achieving carbon neutrality:

8.5.1 There are no significant climate change implications.

8.6 Social Value Considerations:

8.6.1 The Action Plan will deliver social value through the prevention and relief of homelessness, helping residents to sustain accommodation and achieve more stable housing outcomes. It is also expected to reduce rough sleeping, improve wellbeing, and support better outcomes for individuals and families.

8.6.2 Through partnership working, the Action Plan will support access to accommodation, support services, employment, training and financial resilience, helping residents at risk of, or experiencing, homelessness to achieve greater independence and economic participation.

8.7 Procurement Implications:

8.7.1 Delivery of individual actions may require future commissioning or procurement activity, including activity linked to the Rough Sleeping Programme. Procurement support will be required to support delivery against programme milestones and commissioning

requirements scheduled for July 2027. Any procurement activity will be undertaken in accordance with the Council's procurement and governance processes.

8.8 Other Implications:

- 8.8.1 A separate proposal has been developed to address the requirements of the Government's Rough Sleeping Programme. Relevant actions and requirements have been incorporated within this Action Plan and referenced throughout where appropriate. As a result, delivery of specific elements of the Plan will be subject to enhanced monitoring, performance reporting and grant funding requirements.

9. Equalities Impact Assessment:

Protected characteristics under Equality Act /groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe
Age	Torbay population: 18% under 18; 55% aged 18–64; 27% aged 65+. Housing Options approaches, Jan–Sep 2026: 1.3% under 18; 90.5% aged 18–64; 8.2% aged 65+.	Reducing B&B use for families, strengthening homelessness prevention, and improving access to support. Children, young people and older people may continue to face barriers arising from temporary accommodation, housing affordability, accessibility of services, and accommodation suitability. Actions include Early Help, improved access to Housing Needs and RSI services, and ongoing monitoring of temporary accommodation.	Monitor family placements and avoid B&B stays exceeding six weeks. Use Early Help and youth pathways to identify housing risks early. Provide face-to-face access to Housing Needs and RSI support. Consider age-related needs when assessing accommodation suitability, including children's schooling, older people's mobility, health, care, and support networks.	See Action Plan.
Carers	2021 Census: 14,900 unpaid carers in Torbay; 5,185 provided 50+ hours of care.	Improves prevention and support for carers, who may face access barriers or disruption to caring arrangements where temporary accommodation is unsuitable or distant from essential services and support networks.	Identify caring responsibilities throughout housing support. Consider caring responsibilities when assessing accommodation suitability.	See Action Plan.

			Provide flexible, accessible Housing Needs support, including face-to-face appointments.	
Care experienced	<p>January 2026: 277 former care experienced people aged 18–24 in Torbay.</p> <p>Care experienced young people face increased homelessness and housing insecurity.</p> <p>The Children's Wellbeing and Schools Act 2026 protects relevant care leavers under 25 from intentional homelessness decisions. Updated guidance emphasises joint housing and Children's Services protocols for care leavers.</p>	Supports earlier prevention, clearer pathways and stronger partnership working for care experienced young people, who may still face financial, practical and support barriers to sustaining accommodation.	Maintain the Care Experienced Lead role, strengthen joint working and ensure housing support reflects care leaver legislation and individual needs.	See Action Plan.
Disability	2021 Census: 23.9% of residents reported activity-limiting health conditions.	Supports more suitable specialist accommodation. People with disabilities may still face accessibility, communication and support barriers, increasing the risk of placement breakdown or homelessness.	<p>Use evidence to procure suitable accommodation, assess disability and support needs, provide accessible services and monitor outcomes.</p> <p>Increase accessible communication to services, including review of web content, face to face appointments, and covering letters for legal documents.</p>	See Action Plan.

Gender reassignment	<p>2021 Census: 0.4% reported a gender identity different from sex registered at birth. The Supreme Court judgment and updated EHRC guidance affect consideration of single-sex services.</p> <p>Past six months: three rough sleepers identified with a different gender from that assigned at birth.</p>	Respectful, safe and trauma-informed services should improve access. Trans people may still face discrimination, safety, privacy, accommodation and healthcare barriers.	Provide respectful, trauma-informed support; consider safety, privacy and dignity in placements; apply current guidance; and handle identity documents sensitively.	See Action Plan.
Marriage and civil partnership	<p>2021 Census: 44.2% of residents aged 16+ were married or in a civil partnership.</p> <p>Housing Options, Jan–Sep 2026: domestic abuse caused 13.9% of homelessness; relationship breakdown 8.9%.</p>	Strengthens prevention following relationship breakdown or domestic abuse. Housing, financial, discrimination and accommodation barriers may remain.	Strengthen domestic abuse prevention and pathways and ensure staff can identify and address discrimination.	See Action Plan.
Pregnancy and maternity	<p>2013–2024 birth rate: Torbay 56.0 per 1,000, South West 53.4 and England 56.3.</p> <p>2022–2024: Torbay's rate was 44.6, below England's 50.0.</p>	Supports low B&B use and self-contained accommodation for families. Location, health, transport and overlapping support needs may still affect pregnant people and families.	Prioritise self-contained accommodation, consider pregnancy and family needs, and use Early Help links to identify housing risk early.	See Action Plan.
Race	<p>2021 Census ethnicity:</p> <ul style="list-style-type: none"> • Asian: 1.6% • Black: 0.3% • Mixed/multiple: 1.5% • White: 96.1% • Other: 0.4% 	Ethnically minoritised may face language, cultural, discrimination and harassment barriers affecting access, placements and housing outcomes.	Provide accessible information and interpretation, consider cultural and safety needs, address discrimination and monitor outcomes by ethnicity.	See Action Plan.

	<ul style="list-style-type: none"> Minoritised ethnic communities are more likely to live in Torbay's most deprived areas. 			
Religion and belief	<p>2021 Census religion/belief:</p> <ul style="list-style-type: none"> Christian: 48.5% Buddhist: 0.4% Hindu: 0.2% Muslim: 0.6% Sikh: <0.1% Jewish: 0.1% Other religion: 0.7% No religion: 43.2% Not stated: 6.3% 	<p>Faith based venues offer an opportunity to increase face-to-face support but could present a barrier to those who do not identify with that religion or have negative experiences with religion.</p> <p>People may face harassment, hate crime, or discrimination related to their religion and belief.</p>	<p>Ensure support is non-conditional, offer alternative access, consider religious needs and respond to related discrimination or harassment.</p>	<p>See Action Plan.</p>
Sex	<p>Torbay population: 51.3% female;48.7% male.</p> <p>Housing Options, Jan–Sep 2026: 55.3% male; 43.4% female.</p> <p>Rough sleeping, Jan–Sep 2026: 74% male; 26% female.</p> <p>The Supreme Court's definition of sex is relevant to single-sex services.</p>	<p>Improves understanding and support for women's and men's differing experiences of rough sleeping. Safety, visibility and sex-specific accommodation needs may affect outcomes.</p>	<p>Use Women's Rough Sleeping Census and lived-experience evidence, trauma-informed practice and sex-specific safety, privacy and dignity considerations.</p>	<p>See Action Plan.</p>

Sexual orientation	<p>2021 Census sexual orientation:</p> <ul style="list-style-type: none"> • Straight/heterosexual: 89% • Gay/lesbian: 1.7% • Bisexual: 1.1% • Pansexual: 0.1% • Other: 0.1% • Not stated: 7.4% 	Improves early prevention and access. LGBT+ people may still face discrimination, harassment, family rejection, abuse and barriers within accommodation or services. Shared or communal accommodation (such as SWEP) may create additional risks for harassment and bullying.	<p>Provide inclusive, trauma-informed support, request and record information around sexual orientation sensitively, address discrimination and consider safety and privacy in placements.</p> <p>Provide dividers in communal accommodation settings to protect privacy.</p>	See Action Plan.
Armed Forces Community	Veterans: England 3.8%; Torbay 5.9%.	Veterans may face additional health, trauma and support barriers. Failure to identify veteran status may limit access to specialist advice and housing options.	Ensure staff understand veterans' housing needs and strengthen links with specialist support and accommodation services.	See Action Plan.
Socioeconomic impacts (Including impacts on child poverty and deprivation)	IMD 2025: Torbay is England's 39th most deprived upper-tier authority.	Poverty, additional living costs, digital exclusion, transport barriers and limited affordable housing may restrict access and housing outcomes.	Provide non-digital access, consider affordability and essential connections when assessing placements, and monitor poverty-related barriers.	See Action Plan.
Public Health impacts (Including impacts on the general health of the population of Torbay)	<p>Life expectancy gap between Torbay's least and most deprived areas: six years for males; three for females.</p> <p>Stable accommodation among treatment cohorts fell from 86% in 2019 to 67% in 2025; national performance remained stable.</p>	Accessible support may improve engagement for people with health, trauma, substance use or multiple disadvantage, who remain at greater risk of homelessness and crisis.	Use vulnerability, pathway and lived-experience evidence to target coordinated support and ensure accommodation reflects health, recovery and safety needs.	See Action Plan.

	Leonard Stocks Centre: 95–100% of residents have drug or alcohol challenges.			
Human Rights impacts	Relevant rights include life, dignity, private and family life, property and non-discrimination.	Rough sleeping and unsuitable placements may affect safety, dignity, health, family life and access to support, particularly for people with complex needs.	Consider dignity, safety, health, family life and support networks in placements; limit family B&B use; and target support to those at greatest risk.	See Action Plan.
Child Friendly (Children's Rights Impact Assessment (CRIA))		Supports prevention, low B&B use and self-contained family accommodation. Temporary placements may still disrupt children's education, health, routines and support, particularly for those with additional needs.	Avoid family B&B stays over six weeks, monitor placements, consider children's needs and use Early Help to prevent crisis.	See Action Plan.

10. Cumulative Council Impact:

- 10.1 The Action Plan supports a whole-Council approach to preventing and relieving homelessness. It is expected to improve housing stability, reduce repeat homelessness, strengthen partnership working, and support more effective use of resources through reduced reliance on crisis interventions and temporary accommodation.

11. Cumulative Community Impact:

- 11.1 The Action Plan is expected to deliver positive community outcomes through preventing homelessness, reducing rough sleeping, and supporting residents to access and sustain suitable accommodation. Delivery through partnership working across statutory, voluntary, community and housing sector organisations will support improved housing stability, reduced repeat homelessness, and better outcomes for individuals and families.
- 11.2 The Action Plan is also expected to contribute to improved health and wellbeing, increased opportunities for employment, education and training, and stronger, more resilient communities. Collectively, these outcomes will support safer, healthier and more inclusive neighbourhoods.

12. Monitoring and Evaluation:

- 12.1 Delivery of the Action Plan will be monitored through existing governance and performance management arrangements. The Action Plan will be subject to regular review to ensure that actions, targets and priorities remain relevant to local needs, national requirements and organisational priorities.
- 12.2 Each action within the Plan has an identified lead, supporting partners where appropriate, and a target completion date. Progress will be recorded through a dedicated action plan tracker, with quarterly updates completed to assess delivery against agreed actions and milestones.
- 12.3 The Local Outcomes Framework measures have been incorporated into Torbay Council's existing performance management framework and included within relevant corporate performance indicators and monthly management reporting processes. This ensures that progress against the LOF is monitored through established Council governance arrangements, alongside other corporate priorities, rather than through a separate reporting mechanism.

12.4 Finally, quarterly progress reports on action plan delivery and performance against the LOF targets will be reviewed through the Homelessness and Rough Sleeping Forum Steering Group, providing oversight, identifying barriers to delivery, and enabling corrective action where required.

Background Documents:

[Homelessness and Rough Sleeping Strategy 2024-2030.pdf](#)

[Housing Needs Assessment- corporate assessment of organisational needs](#)

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Summary: Torbay Homelessness and Rough Sleeping Action Plan 2026-2028

- 1.0 Purpose.** The Action Plan has been produced as part of the Government's requirements of the Homelessness, Rough Sleeping and Domestic Abuse Grant, setting out how Torbay will meet the new targets set by the Local Outcomes Framework. It establishes local targets, delivery actions, governance arrangements, and performance monitoring for 2026-2028, and has been developed in a format to meet the relevant grant requirements and associated criteria. It has been developed in partnership with Homelessness and Rough Sleeping Forum.
- 2.0 Current context.** Homelessness demand remains high. During 2025/26, 1,417 households approached the Council for assistance, a 44% increase on the previous year. At the end of August 2026, approximately 174 households were in temporary accommodation, comprising 64 families and 110 single-person households. Rough sleeping also remains above regional and national benchmarks.
- 3.0 Key challenges.** Delivery is affected by limited social and affordable housing, restricted access to affordable private rented accommodation, insufficient supported accommodation and move-on pathways, and high levels of multiple and complex support needs. Seven in ten homeless households have at least one identified support need, and two in five have three or more.
- 4.0 Opportunities.** The Plan identifies opportunities through increased affordable housing delivery, better use of existing stock, stronger landlord engagement and enforcement, specialist accommodation development, improved pathways between housing and support services, and coordinated delivery through the Homelessness and Rough Sleeping Forum
- 5.0 Targets** MHCLG has set out the targets for which performance will be measured against. Data from November 2025 HCLIC and monthly rough sleeping DELTA returns were used to inform baseline performance and will be used to monitor performance against LOF targets.

Table 1: Summary of Local Outcomes Framework Targets

Local outcome	Gov Baseline (Nov 25)	Sept 2026	2027 checkpoint	2028 final target
Households with children in temporary accommodation, per 1,000 households	0.98	1.01	0.95	0.87
Families in B&B over six weeks, households	0	0	0	0
Successful prevention and relief outcomes	31%	33%	48%	50%
Successful prevention and relief for people experiencing multiple disadvantage	29%	Data unavailable	45%	47%
People sleeping rough on a single night, autumn snapshot	26	26	25	20
People sleeping rough over the month who are long term	8	22	6	4

Note: Rough sleeping checkpoints are measured in November; H-CLIC measures are measured in September.

5.0 Strategic priorities

- **Reducing temporary accommodation:** Earlier intervention with households at risk of homelessness, improved move-on support, increased housing options, structured accommodation pathways, and continued scrutiny of family placements. The aim is to reduce family use of temporary accommodation while maintaining zero families in B&B beyond six weeks.
- **Prevention and relief:** Stronger private rented sector engagement, earlier identification of housing insecurity, improved specialist accommodation pathways, better data capture, tenancy sustainment and closer working with health and partner services.
- **Rough sleeping:** Improved access to Housing Options and outreach, sustainable off-the-street accommodation, targeted use of data, improved health access, women-specific responses and better pathway intelligence. The final targets are 20 people in the single-night sleeping rough and four people experiencing long-term rough sleeping.
- **Youth homelessness:** Improved coordination, clearer referral pathways and earlier identification through schools, colleges and Early Help services.
- **Lived experience:** A coordinated and trauma-informed approach so that lived experience routinely informs decisions and service design to improve engagement with support.

6.0 Key delivery risks and mitigations

- **Supported accommodation and move-on:** The existing offer is narrow and restricted move-on can limit throughput. The Housing Needs Assessment and insight work will inform service design and future commissioning.
- **Private rented sector access:** Affordability and landlord response to the new regulatory environment may further constrain access. Mitigation includes stronger landlord engagement, clearer communication on tenancy rights and consideration of enhanced floating support.
- **Data quality:** Historic under-recording of support needs affects the multiple-disadvantage measure. Operational changes are being introduced to strengthen completion and updating information.

7.0 Governance and monitoring

- 7.1 Delivery will be monitored through:** weekly operational meetings and temporary accommodation audits; fortnightly hostel reviews; monthly rough sleeping and performance reporting; quarterly corporate performance reporting; and annual review by Overview and Scrutiny and Cabinet. The Homelessness and Rough Sleeping Forum, Steering Group and subgroups will provide partnership oversight, review progress and help address barriers.



Torbay Homelessness and Rough Sleeping Action Plan

Local Outcomes Framework 2026-2028

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1 Background and Purpose of Action Plan

Torbay is a coastal unitary authority comprising the towns of Torquay, Paignton, and Brixham, with a population of approximately 139,500¹. Preventing and reducing homelessness and rough sleeping continues to be an important priority for Torbay Council, supporting the Community and Corporate Plan's ambition for a healthy, happy, and prosperous Torbay, particularly through its focus on improving residents' wellbeing, creating stable homes, and reducing inequalities.

In December 2025, the Ministry of Housing, Communities and Local Government (MHCLG) published a new national homelessness strategy, *A National Plan to End Homelessness*, which set out ambitions to make homelessness rare, brief, and non-recurring by strengthening prevention across public services, increasing access to stable housing and support, and taking targeted action to halve long-term rough sleeping. The strategy also introduced a new Local Outcomes Framework (LOF) covering a range of local government services and priorities. In relation to homelessness and rough sleeping, councils will be required to set local targets, publish regularly updated action plans, and demonstrate measurable progress in preventing homelessness and reducing rough sleeping.

Whilst Torbay already had a Homelessness and Rough Sleeping action plan, that set out how the Homelessness and Rough Sleeping Strategy 2024-2030 would be delivered, it did not include the new LOF targets, and therefore a revision was required. This document sets out the new action plan, including the LOF targets Torbay has set, and the actions that have been developed to meet these targets.

Torbay's homelessness response extends beyond Local Authority provision, working in collaboration with local statutory, community, voluntary and faith organisations to support those at risk of or experiencing homelessness. In 2025, the Torbay Homelessness and Rough Sleeping Forum was established, bringing together over 35 organisations to coordinate action and contribute to the shared ambitions of preventing and reducing homelessness in Torbay. This partnership approach is reflected throughout the action plan and will be central to its delivery.

¹ Torbay Joint Strategic Needs Assessment, 2025/2026

1.1.1 Homelessness in Torbay

Homelessness remains a significant challenge in Torbay. Local rates of homelessness are more than twice the national and South West averages, while levels of rough sleeping also exceed regional and national benchmarks².

1417 households approached the Council for homelessness assistance between 2025-2026, representing a 44% increase from the year before, and the trend has continued into 2026/2027. The immediate reasons for homelessness vary depending on the point at which households seek support. The most recent HCLIC data³ shows that between January and March 2026, the ending of a private rented tenancy was the most commonly recorded reason among households owed a prevention duty, accounting for 58% of cases, and this has continued to be the trend throughout 2026⁴ and 2025. Most of these cases involved landlords wishing to sell or re-let their properties, highlighting the effect of instability within the private rented sector on households at risk of homelessness.

Among households already homeless and owed a relief duty, the pattern was more varied. Domestic abuse was the most commonly recorded immediate reason for the loss of the last settled home, accounting for 23% of cases. This was followed by family or friends being unable or unwilling to continue providing accommodation at 18%, non-violent relationship breakdown at 15%, and the loss of private rented accommodation at 21%. A further 4% of households had been evicted from supported housing. No single reason accounted for a majority of relief duties, demonstrating the range and complexity of pathways into homelessness. These trends have continued throughout 2026, with the same drivers represented in September 2026⁵.

Demand for temporary accommodation also remains high. At the end of August 2026, approximately 174 households were living in temporary accommodation, comprising 64 families and 110 single-person households, a 6% increase from August 2025⁶. Despite this pressure, Torbay has consistently maintained no families in bed and breakfast accommodation beyond the six-week statutory limit.

Rough sleeping continues to be a particular concern. In August 2026, 23 people were recorded as sleeping rough on any one night (with an average of 18 across 2026), while 56 different people

² LGA Inform, 2026

³ National case-level data on statutory homelessness, January-March 2026 reporting period. [Tables on homelessness - GOV.UK](#)

⁴ Housing Options Service Data, September 2026

⁵ Housing Options Service Data, September 2026

⁶ Monthly service data

were recorded as sleeping rough at some point during the month (with an average of 50 across the year)⁷. The 2025 annual rough sleeping snapshot identified 26 people sleeping rough on a single night. The difference between these measures shows that a single-night count does not capture everyone who experiences rough sleeping over a longer period, with people moving into and out of rough sleeping during the month.

Overall, the evidence highlights pressures across the homelessness system, from households approaching for early assistance through to the continued use of temporary accommodation and rough sleeping. The action plan therefore focuses on strengthening prevention and relief outcomes, reducing the number of families in temporary accommodation, improving move-on into settled housing, and minimising both new and long-term rough sleeping, in alignment with the Local Outcomes Framework.

1.1.2 Challenges in Torbay

Torbay faces a number of structural and system-wide challenges that affect its ability to prevent homelessness, reduce rough sleeping, and support timely move-on into settled accommodation.

Limited social and affordable housing supply

Torbay has a limited supply of social and affordable housing meaning move-on into social housing is constrained and often slow. Social housing accounts for around 8%⁸ of housing stock in Torbay, compared with a national average of 16%⁹. The Devon Home Choice Monitoring Report (2026) shows that 1648 households in housing need were registered for Devon Home Choice in Torbay, with the greatest need for 1-bedroom properties. This broadly reflects the position across Local Authorities in Devon (except Plymouth and North Devon where the need for 2-bedroom properties is higher). Torbay receives on average 455 new applications for Devon Home Choice per quarter¹⁰.

However, the number of homes let through Devon Home Choice has been decreasing yearly since 2020/2021. In the first quarter of 2026, just 26 homes were let in Torbay. Delivery of affordable and social housing has also declined since 2013.

⁷ Monthly service data.

⁸ ONS [Census](#) 2021

⁹ [English Housing Survey](#) 2024 to 2025

¹⁰ Devon Home Choice Monitoring Report, July 2026

High demand, combined with historically low delivery of new affordable housing, has placed significant pressure on Torbay's social housing supply. However, the Community and Corporate Plan and Housing Strategy set goals to increase and make better use of Torbay's housing stock, including innovative approaches to delivering more social housing. This is explored further in section 1.1.3.

Private rented sector affordability and access

The private rented sector is an important route for preventing and relieving homelessness in Torbay, but affordability remains a major challenge. Around 42% of households renting privately rely on Universal Credit Housing Costs Element¹¹ (which has replaced Housing Benefit for most working-age households), compared with a national average of 25% and a regional average of 26%¹². Local rents are significantly above Local Housing Allowance rates, reducing the availability of affordable options for households at risk of homelessness. The end of a private rented tenancy remains a major driver of homelessness locally, accounting for around 39% of homelessness approaches in Torbay¹³.

High levels of support need and multiple disadvantage

Homelessness in Torbay is frequently associated with multiple and complex support needs. The Torbay Housing Needs Assessment 2025-2030 found that seven in ten homeless households have at least one identified support need and two in five have three or more support needs. Compared with the national average, households owed a homelessness prevention or relief duty in Torbay are significantly more likely to have a history of mental ill-health (45% compared with 26%), physical ill-health or disability (34% compared with 19%), domestic abuse (20% compared with 12%), offending (18% compared with 8%), and rough sleeping (17% compared with 6%)¹⁴. These factors can create additional barriers to accessing and sustaining accommodation and highlight the importance of coordinated trauma-informed responses across housing, health, social care and community services.

The Torbay Joint Strategic Needs Assessment (JSNA) highlights opportunities to improve health, educational, and social outcomes across the Bay. It identifies Torbay as the most deprived local authority area in the South West and shows that outcomes remain consistently poorer than the

¹¹ Universal Credit Housing Costs Element data does not include all households receiving support with housing costs. Some households continue to receive Housing Benefit, including many pension-age households and some residents of supported accommodation.

¹² LG Inform, May 2026

¹³ Housing Options service data, January 2026-September 2026

¹⁴ Torbay Housing Needs Assessment, 2026

England average. Significant inequalities also exist between communities within Torbay, including an almost eight-year gap in life expectancy between residents living in the most and least affluent areas.

Wider system and legislative pressures

Alongside other local authorities, Torbay is responding to significant legislative and policy change, including the Renters' Rights Act 2025, the Children's Wellbeing and Schools Act 2026, and the Supported Housing (Regulatory Oversight) Act 2023, all of which are designed to improve accessibility and quality of accommodation. Locally, the delivery of this Action Plan will take place alongside wider organisational change. These changes form part of a wider period of transformation across local government and partner agencies, providing an important context for the delivery of this Action Plan and reinforcing the need for strong partnership working and effective strategic planning.

1.1.3 Opportunities for growth in Torbay

Despite these challenges, Torbay has a number of opportunities to strengthen homelessness prevention, improve housing pathways, and develop accommodation and support that is better aligned to local need.

Improving housing supply and quality

The Torbay Housing Strategy outlines the upcoming plans for increasing accessibility to housing in Torbay, including:

- Delivering new homes through partnerships with Homes England, landowners, registered providers, and local communities.
- Maximising existing social housing through Devon Home Choice and the Rightsizing and empty homes project

Affordable housing delivery is up by 1044%, from 9 homes in 2023/2-24 to 103 homes in 2025/2026. There are currently 484 affordable housing units at various stages in the planning process, with the potential to be build out within the next 5-10 years.

In addition, Torbay Council is using increased enforcement activity through the Renters Rights Act powers to challenge poor housing conditions, landlord behaviour, and illegal evictions for those living in private rented properties. Finally, new units of specialist Temporary Accommodation are being explored following the Housing Needs Assessment. These actions provide an opportunity to

improve both the availability and quality of accommodation options across the homelessness pathway, including prevention, temporary accommodation, supported accommodation, and move-on.

Aligning Accommodation and Support with Local Need

A recent cross-directorate Torbay Housing Needs Assessment identified the housing needs of those experiencing homelessness or housing insecurity in Torbay. This assessment provides a robust evidence base of current and future housing need in Torbay, enabling the Council and to make better-informed decisions about where investment is required, helping to ensure that future housing development is targeted and aligned to local need.

A further piece of Insights research has complemented the Housing Needs Assessment by exploring the experiences of people experiencing homelessness who also have drug and alcohol support needs. The findings suggest that current accommodation and support options do not always meet people's recovery needs. The research also highlighted that people at different stages of recovery require different types of housing and support environments, reinforcing the need for a broader range of accommodation options and clearer pathways through the system.

Together, these two pieces of work enable Torbay to focus on developing the right housing, in the right places, with the right support, based on a clearer understanding of both housing need and lived experience. This will help ensure future investment is directed towards accommodation and support that better meets local need and improves outcomes for residents.

1.1.4 Action Plan

As per the Homelessness Act (2002) and the Homelessness Code of Guidance, Torbay already has a Homelessness and Rough Sleeping Strategy and an Action Plan that sets out how this strategy will be delivered. The Torbay Homelessness and Rough Sleeping Action Plan is regularly reviewed to monitor delivery.

The purpose of this Action Plan is to support delivery of the targets within the new Local Outcomes Framework for homelessness and rough sleeping in Torbay, as per the requirements set out by MHCLG in the *Homelessness, Rough Sleeping and Domestic Abuse Grant*. It sets out the local targets, the evidence and rationale used to establish them, the actions required to achieve them, and the governance arrangements that will be used to monitor progress and performance. This Action Plan complements other relevant documents, strategies, and action plans within Torbay Council, including but not limited to:

- Homelessness and Rough Sleeping Strategy, 2024-2030
- Homelessness and Rough Sleeping Action Plan 2024-2026¹⁵
- Torbay Housing Needs Assessment
- Torbay Housing Strategy 2023-2030
- Torbay Joint Strategic Needs Assessment 2025/26
- Torbay Domestic Abuse and Sexual Violence Strategy 2023-2030

Relevant documents can be found in Appendix 7.3.

2 Targets

The Local Outcomes Framework has been set nationally by MHCLG and provide a consistent basis for measuring homelessness and rough sleeping outcomes across local authorities. MHCLG will use H-CLIC submissions, monthly rough sleeping returns, and the annual rough sleeping snapshot to monitor performance against these measures. Local monitoring arrangements are set out in Section 5.1.2.

This section sets out the targets within the Local Outcomes Framework and the baseline against which progress will be measured. Where there are known limitations in the baseline data, it provides the relevant context and outlines the work being undertaken to improve data quality moving forward. This section also explains the rationale and methodology used to determine the overall targets and interim government checkpoints for Torbay. The actions that will support delivery of these targets are set out in Section 2.5.

¹⁵ This Action Plan builds on the progress established through the 2024-2026 Action Plan and sets out the priorities and actions for 2026-2028.

Local Outcome	Baseline	Current Position (Sept 2026)	Annual Checkpoint 2 (Sept 2027, Nov 27 for RS)	Final Target (Sept 2028 for HCLIC, Nov 28 for RS)
Households with Children in Temporary Accommodation - Per 1000 households	0.98	1.01	0.95	0.87
Families in B&B over 6 weeks - Number of households	0	0	0	0
Success at preventing and relieving homelessness - % of all duties owned where homelessness was prevented or relieved	31%	33%	48%	50%
Success at preventing and relieving homelessness for those experiencing multiple disadvantages - % of all duties owned where homelessness was prevented or relieved	29%	Data unavailable	45%	47%
People sleeping rough on a single night (autumn snapshot) - Number of people	26	26	25	20
People sleeping rough over the month who are long term - Number of people	8	22	6	4

Table 1: Summary of Targets for Local Outcomes Framework

2.1 Benchmarking

To support performance management, this Action Plan uses benchmarking data from other local authorities that are considered demographically similar. Comparator authorities have been selected by MHCLG based on characteristics shared with Torbay including but not limited to population, indices of multiple deprivation, median house prices, and evictions (number of court orders).

Where possible, this benchmarking has informed target setting by providing an evidence base of performance achieved in comparable areas, helping to ensure that targets are both realistic and appropriately ambitious. However, as some of these metrics are newly introduced, comparative data is not yet available across all local authorities. The following comparator authorities were selected by MHCLG to provide a benchmarking group.

Local Outcome	Torbay	Isle of Wight	Fenland	Kings Lynn and West Norfolk	East Lindsey
Households with Children in Temporary Accommodation	62	176	21	8	23
Per 1000 households	0.98	2.64	Data Unavailable	Data Unavailable	Data Unavailable
Families in B&B over 6 weeks - Number of households	0	2	0	0	0
Success at preventing and relieving homelessness - % of all duties owned where homelessness was prevented or relieved	31.0%	57.5%	81.5%	58.3%	61.2%
	112 households	100 households	75 households	63 households	123 households
Success at preventing and relieving homelessness for those experiencing multiple disadvantages - % of all duties owned where homelessness was prevented or relieved	29% (number individuals unknown gov estimate)	Data Unavailable New Indicator	Data Unavailable New Indicator	Data Unavailable New Indicator	Data Unavailable New Indicator
People sleeping rough on a single night (autumn snapshot) - Number of people	26	10	7	1	12
People sleeping rough over the month who are long term - Number of people	8	Data Unavailable	Data Unavailable	Data Unavailable	Data Unavailable

Table 2 Benchmarking Metrics of LOF Comparator Local Authorities

While the MHCLG benchmarking group provides a useful national comparator, Torbay also uses LG Inform data to benchmark performance against its CIPFA Nearest Neighbours. This statistical model identifies local authorities with characteristics similar to Torbay, helping to provide a more comparable peer group for understanding relative performance against Local Outcomes Framework measures. The following local authorities are included within Torbay's CIPFA Nearest Neighbours group: North East Lincolnshire; North Somerset; Cumberland; North Tyneside; York; Darlington; Wirral; Sefton; Calderdale; Warrington; Stockport; Bournemouth, Christchurch and Poole; Bury; Isle of Wight; and Southend-on-Sea.

Exeter and Plymouth have also been included as additional comparators due to their geographical proximity and their role as the nearest major cities to Torbay. While not part of the CIPFA Nearest Neighbour group, they provide a valuable regional benchmark and reflect authorities that members and stakeholders commonly use for comparison. Their inclusion also provides context within the changing local government landscape.

2.2 Households with Children in Temporary Accommodation

Baseline Data Context and Quality Considerations

There are no concerns surrounding the accuracy of this data.

Rationale and Approach to Target Setting

Torbay's baseline position for the rate of households with children in temporary accommodation is 0.98 per 1,000 households, which equates to 62 households. The graph below shows the number of households in TA on any one night over a two-year period. Over this period, the average number of families is 68, with the numbers in Temporary Accommodation fluctuating throughout this period but showing a consistent increase of the total number in TA across the past six months.

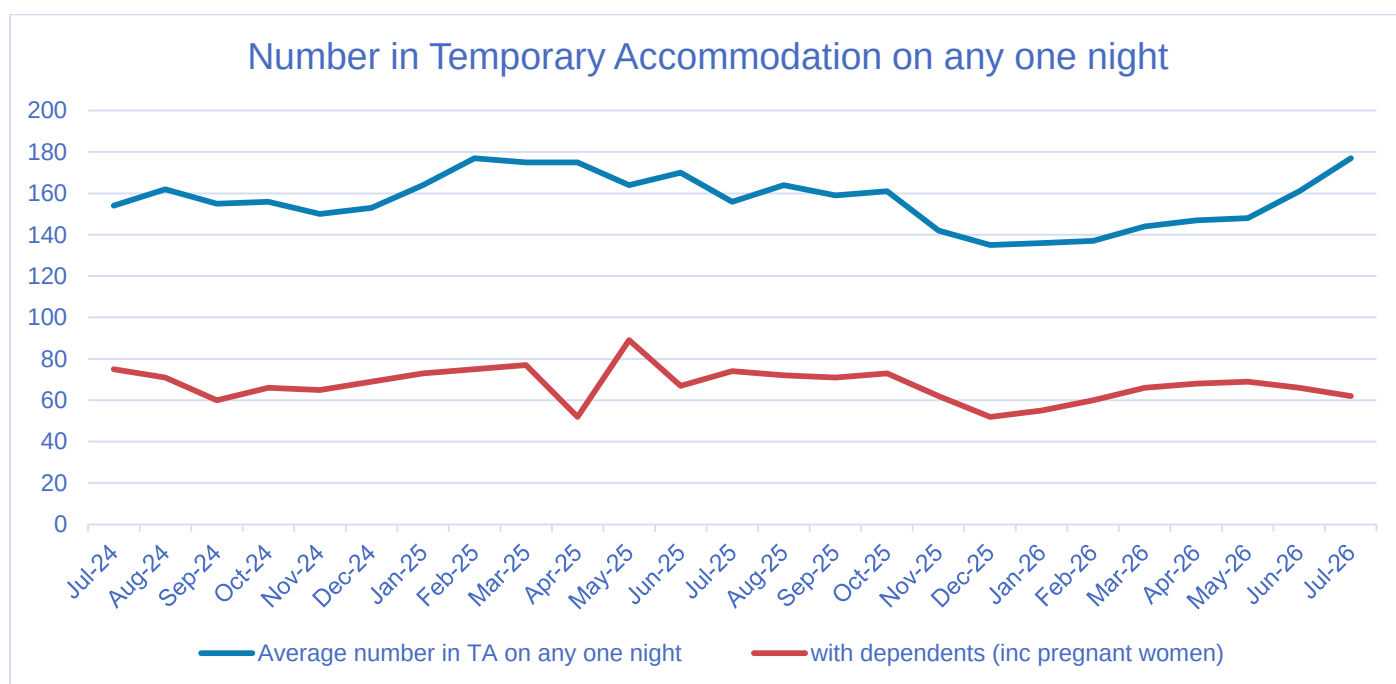


Figure 1: The Number of Households in Temporary Accommodation on any one night

Data Source: Torbay Housing Options Service Data

Figure 2 below shows the proportion of dependents in Temporary Accommodation. Whilst overall TA use has risen in recent months, the number of households with dependent children in TA remains lower than in previous years, suggesting that recent growth has been driven primarily by non-family households.



Figure 2 The Proportion of Households with dependent children (families) in Temporary Accommodation.
Date source: Torbay Housing Options Service Data

Understanding the reasons households lose their settled accommodation provides further context for pressures on homelessness services. Among approaches in 2026 where a reason was recorded, the ending of a private rented tenancy was the most common reason for loss of settled home, accounting for 39.0% of cases¹⁶. This was followed by domestic abuse (13.9%) and family no longer being willing or able to accommodate (13.1%).

Whilst understanding the local and historical context forms part of the picture, it is also helpful to look at performances in other Local Authorities. The following graph shows Torbay’s performance against the CIPFA nearest neighbourhood comparator authorities, as of July 2026.

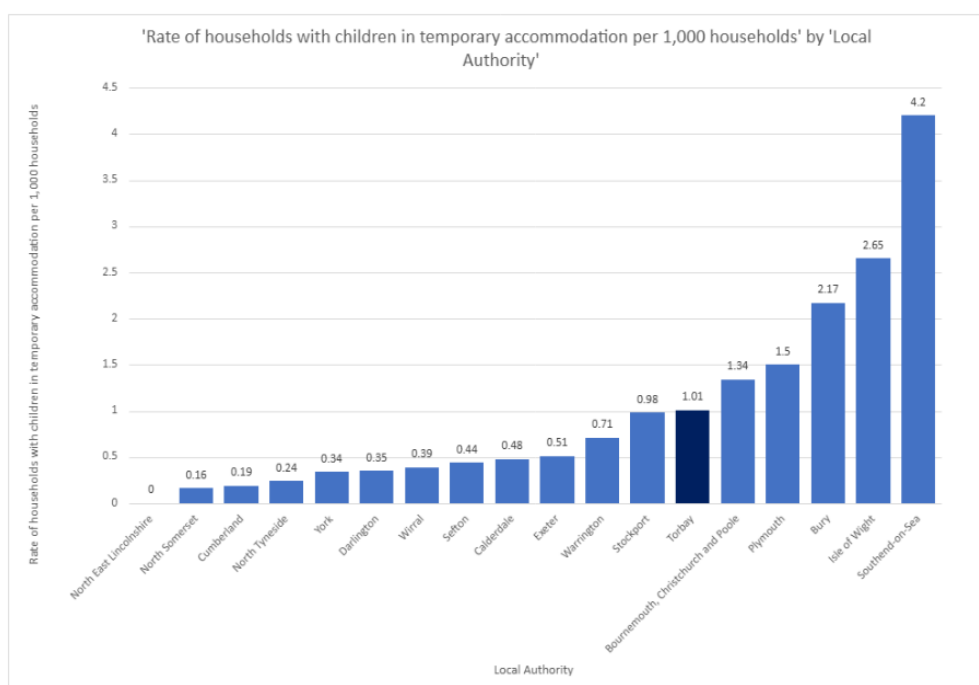


Figure 3 CIPFA performance comparison for families in temporary accommodation per 1000 households.
Data source: LG Inform, using HCLIC 2025/26 Q4 (1 January-31 March 2026)

¹⁶ Housing Options service data, January 2026-September 2026

Torbay has shown a decline in performance since the November 2025 0.98 baseline figure of households with children in temporary accommodation per 1000 households (62 families). Therefore, the targets reflect the need to first recover to, and then improve upon, baseline performance. The first target is 0.95 (60 families), reducing further to a final target of 0.87 (55 families).

The target trajectory firstly reflects that there are several factors which may influence the number of families approaching the Housing Options Service and requiring temporary accommodation. Increased prevention and early intervention activity, including work to raise awareness of the service, strengthen access to support, and encourage earlier help-seeking, may increase the identification of housing need at an earlier stage. This means that improvements in prevention activity may not translate immediately into reduced demand for homelessness services or temporary accommodation. Over the longer term, effective prevention should increase opportunities to resolve housing difficulties before homelessness occurs and reduce the need for temporary accommodation.

Demand is also influenced by circumstances that may be less directly influenced by housing interventions alone. Domestic abuse is a significant driver of homelessness locally, and households may approach Torbay after leaving accommodation in other areas. Whilst individual presentations cannot always be prevented, there is scope for wider partnership activity to better understand and address the relationship between domestic abuse, homelessness, and temporary accommodation. This includes strengthening the evidence base around where households have approached from and the factors influencing their decision to seek assistance in Torbay, alongside wider preventative activity delivered through the Domestic Abuse and Sexual Violence Strategy.

Secondly, the need for temporary accommodation for families should be understood within Torbay's wider approach to preventing housing instability and avoiding more disruptive accommodation arrangements. Where a family is found to be intentionally homeless, there is a potential need for accommodation to be provided through Children's Services under Section 17 of the Children Act 1989. Partnership working between Housing and Children's Services, however, has helped to significantly reduce the need for families to be accommodated through this route. This has been achieved through a dedicated Early Help team that works closely with families to maintain their temporary accommodation. This has contributed to a 64% reduction in the number of intentionally homeless decisions made for families in 2025 compared to 2024, with the reduction sustained into 2026.

As a result, more families have been supported to remain in temporary accommodation while appropriate housing solutions are identified, avoiding more disrupting accommodation

arrangements and providing greater stability for families. This approach also supports another Local Outcomes Framework target to eliminate the use of bed and breakfast accommodation for families beyond the six-week statutory limit.

However, the overall ambition is to improve performance by reducing the number of families requiring temporary accommodation and enabling those who do enter temporary accommodation to move on into sustainable housing more quickly. This will be achieved through the actions set out in 2.6, including earlier intervention activity such as increased use of Family Group Planning to support families to remain in their existing accommodation or avoid the need for council provided accommodation where possible. The Early Help team will continue to help families sustain temporary accommodation whilst identifying suitable move-on options, as well as supporting families to sustain their new homes and reducing the risk of repeat homelessness.

Increasing access to social and affordable housing, and improving access to the private rented sector, will increase the suitable move-on options for families. Alongside this, improved data sharing between Housing and Children's Services, will strengthen performance monitoring and provide a clearer understanding of how families move into, through, and out of temporary accommodation, supporting more targeted interventions and ongoing service improvement.

Together these measures are intended to support a sustained reduction in the number of families in temporary accommodation, while ensuring that improvements are achieved through appropriate and sustainable housing outcomes.

2.3 Families in B&B's over 6 weeks

Baseline Data Context and Quality Considerations

There are no concerns surrounding the accuracy of this data.

Rationale and Approach to Target Setting

This is an area of strong performance for Torbay, with effective processes and partnership working already in place to minimise the use of bed and breakfast accommodation for families and to move households into more suitable accommodation as quickly as possible. Figure 4 shows that Torbay is one of eight local authorities performing well against this measure, outperforming the remaining 10 authorities within the CIPFA comparator group used to benchmark performance in this report.

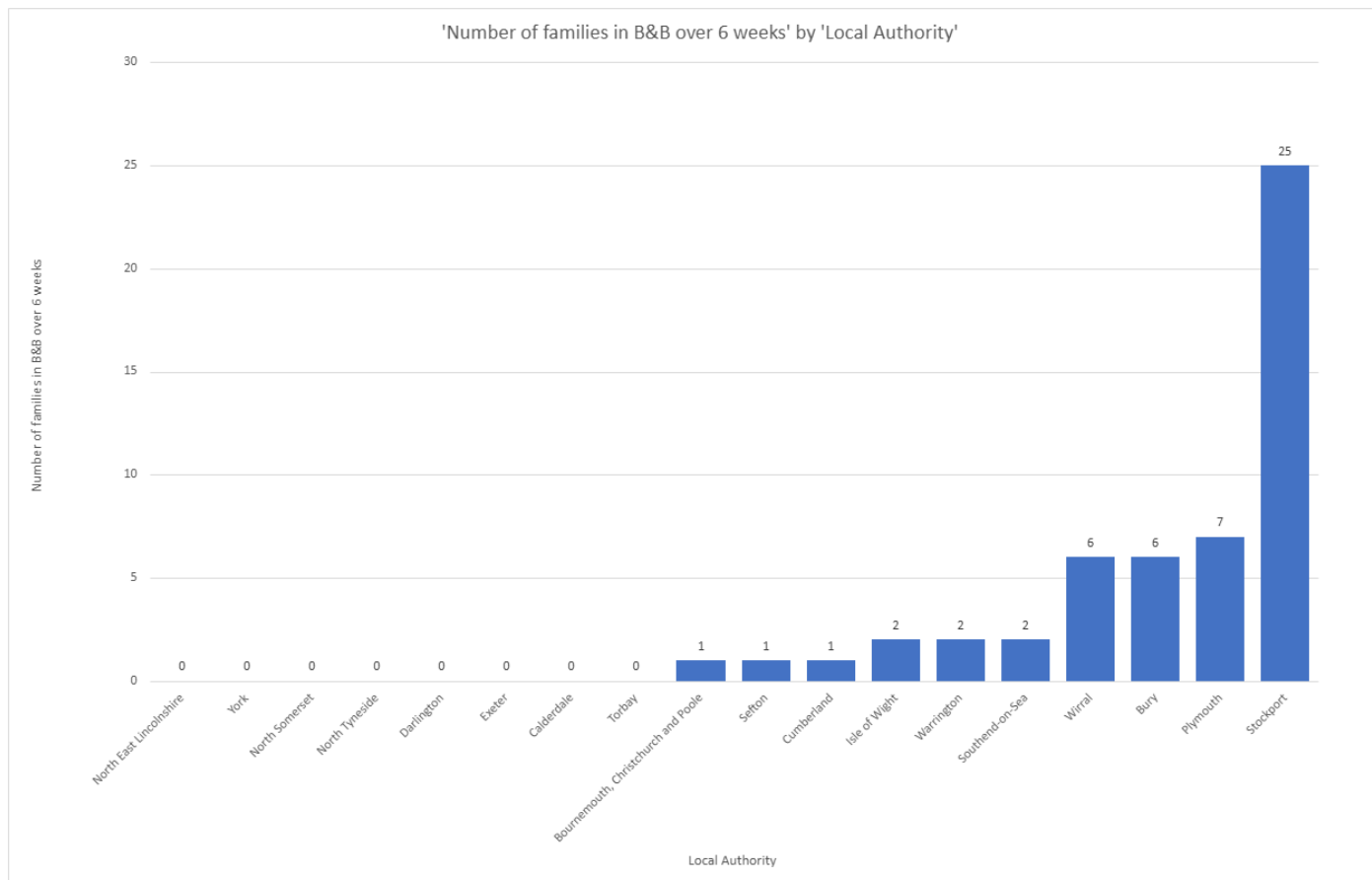


Figure 4 CIPFA Number of Families in B&B over 6 weeks.

Data source: LG Inform, using HCLIC 2025/26 Q4 (1 January-31 March 2026)

Torbay has sustained this strong performance throughout 2026, with no families accommodated in B&B's for longer than six weeks at any point during the year¹⁷. Building on this position, Torbay's ambition is to eliminate the use of B&B's altogether, recognising it is both costly and unsuitable for any type of household. The target is therefore to maintain the current position of having no families accommodated in bed and breakfast accommodation beyond six weeks.

2.4 Success at preventing and relieving homelessness, including sub-metric for those experiencing multiple disadvantages.

The target for prevention and relief activity has been set as a modest but positive improvement trajectory. Comparator data indicates that Torbay's current prevention and relief performance is below that of available benchmark authorities, suggesting scope for improvement. However, the

¹⁷ Housing Options Service Data, 2026

target also needs to reflect local housing market conditions, including limited social housing supply, restricted access to affordable private rented accommodation, and pressures within supported accommodation and move-on pathways.

Baseline Data Context and Quality Considerations

There were some concerns regarding the baseline metric for sub-metric target (for those experiencing multiple disadvantages), as HCLIC support needs data has historically under-represented the true level of need. This has largely reflected a number of data quality challenges:

- Data capture depends on applicants recognising and disclosing their own support needs, which can be particularly limited in relation to drug and alcohol needs.
- Some applicants may under-report support needs due to concerns that disclosure could affect their access to accommodation.
- Within Locata, the Support Needs task has previously been optional, meaning it was not completed consistently in all cases.
- Support needs information has not always been updated as applications progressed, resulting in incomplete or outdated records.

To address this, a number of operational changes have now been introduced to strengthen data quality going forward.

Rationale and Approach to Target Setting

The table below show the historic rates at which prevention and relief duties have had a successful outcome. The baseline figure for Torbay is 45%, which is an improvement to 2024 performance, but below the national average.

	November 2023	November 2024	November 2025	July 2026
Torbay	57%	41%	31%	Data not yet released
England	42%	47%	48%	Data not yet released

Table 3 Historic performance of rate of successful prevention and relief outcomes

Data Source: HCLIC, October to December reporting period. November taken as benchmark reference data comparable to LOF snapshot.

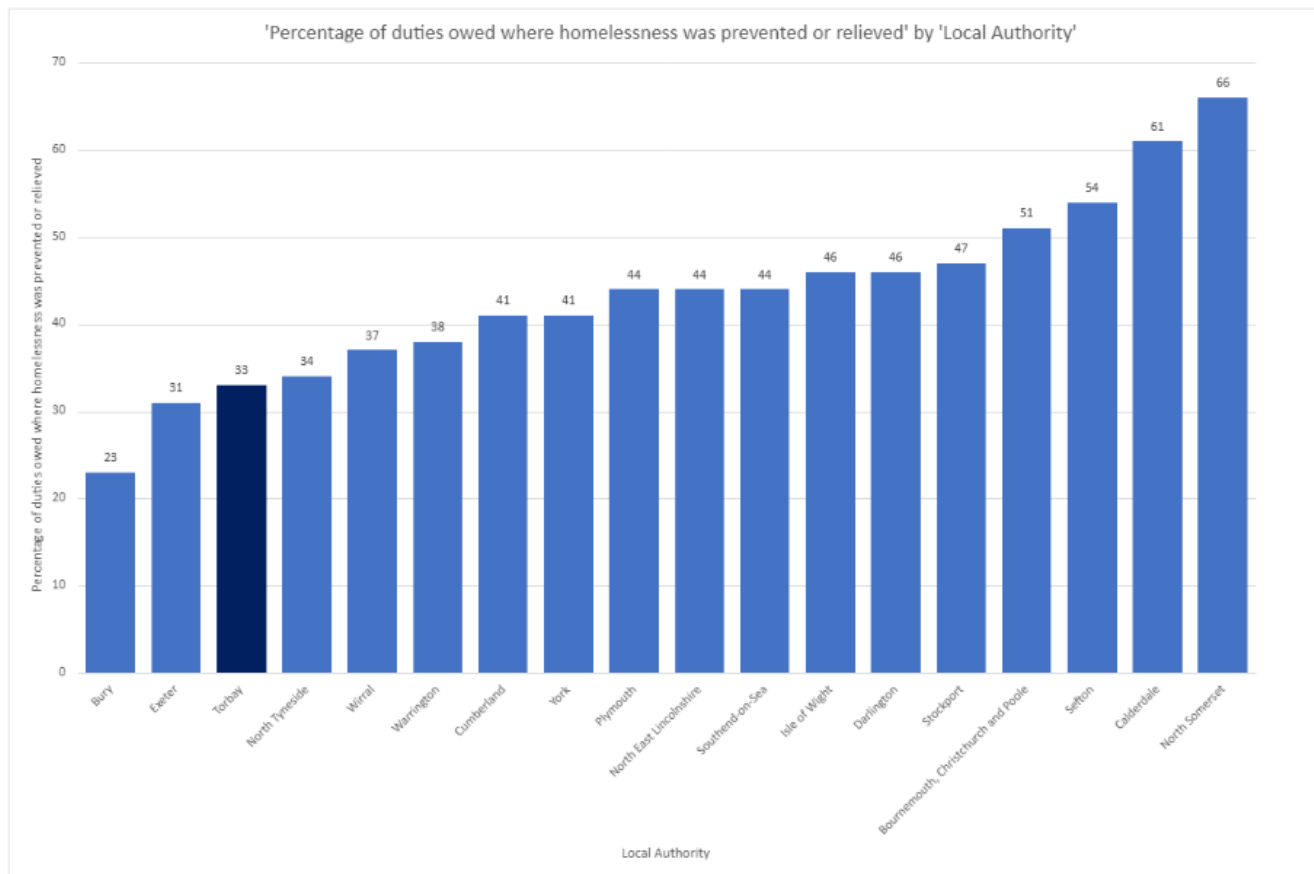


Figure 5 CIPFA performance comparison for success at preventing and relieving homelessness Data source: LG Inform, using HCLIC 2025/26 Q4 (1 January-31 March 2026)

Figure 5 shows Torbay's performance compared with its CIPFA nearest neighbours. Torbay is not in a strong position, and performance has declined since the November baseline. As outlined previously, Torbay has limited social housing and supported accommodation available to secure prevention and relief outcomes, resulting in greater reliance on the private rented sector, which can be unaffordable for households reliant on LHA. Figures 6 and 7 suggest that several higher-performing authorities have access to a broader range of accommodation options, particularly social housing and supported accommodation. This is most apparent at relief stage (Figure 7), where social housing and supported accommodation account for around half or more of successful outcomes in North Somerset (60%), Calderdale (47%), and Sefton (73%). In Torbay, these accommodation types account for only 31% of successful relief outcomes, while 60% are secured through the private rented sector. This suggests that Torbay's comparatively limited range of alternative accommodation pathways may constrain its ability to secure successful outcomes for households where the private rented sector is unaffordable or otherwise inaccessible.

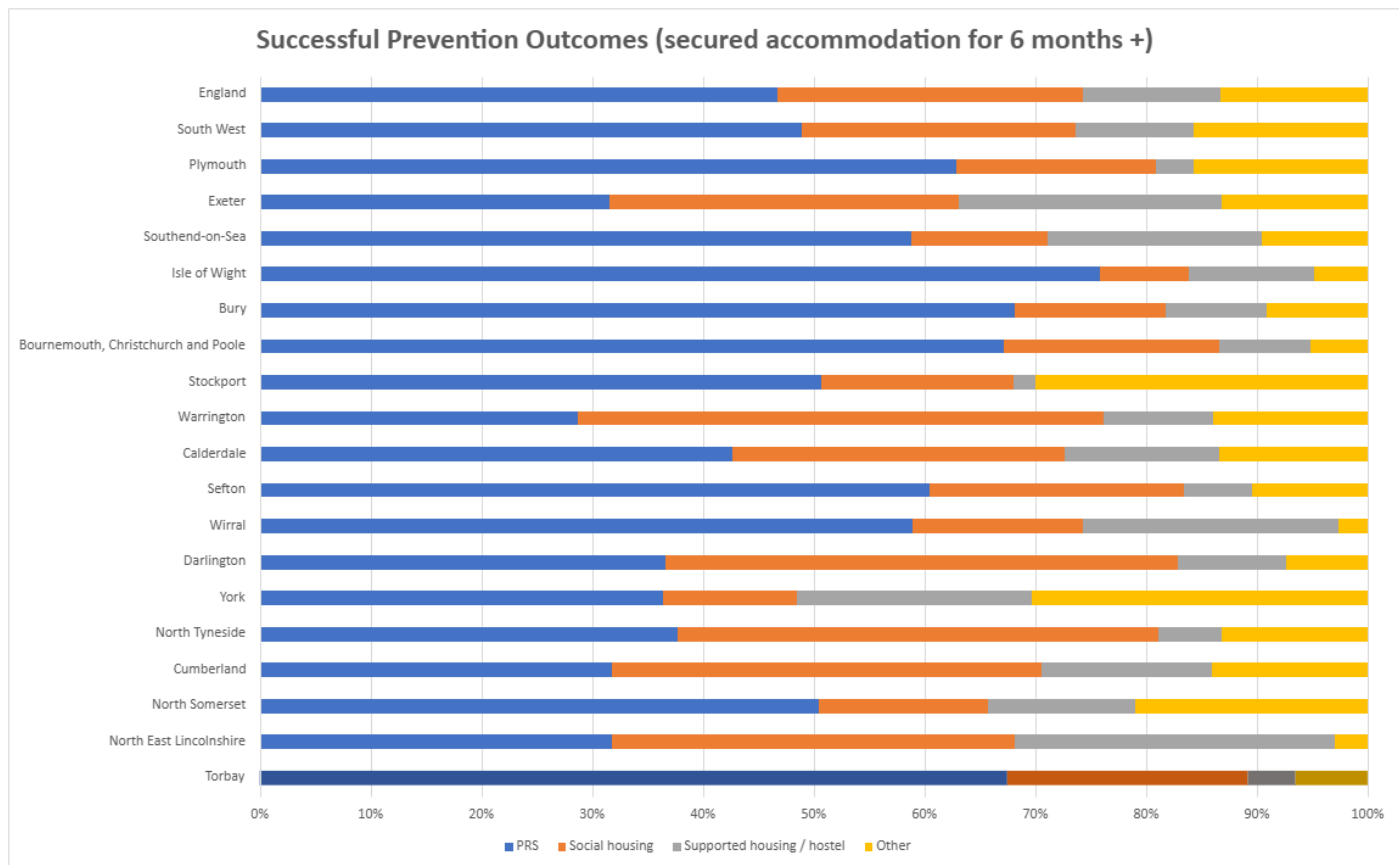


Figure 6 Successful Prevention Outcomes by accommodation type across CIPFA comparators.

Data source: HCLIC January-March 2026

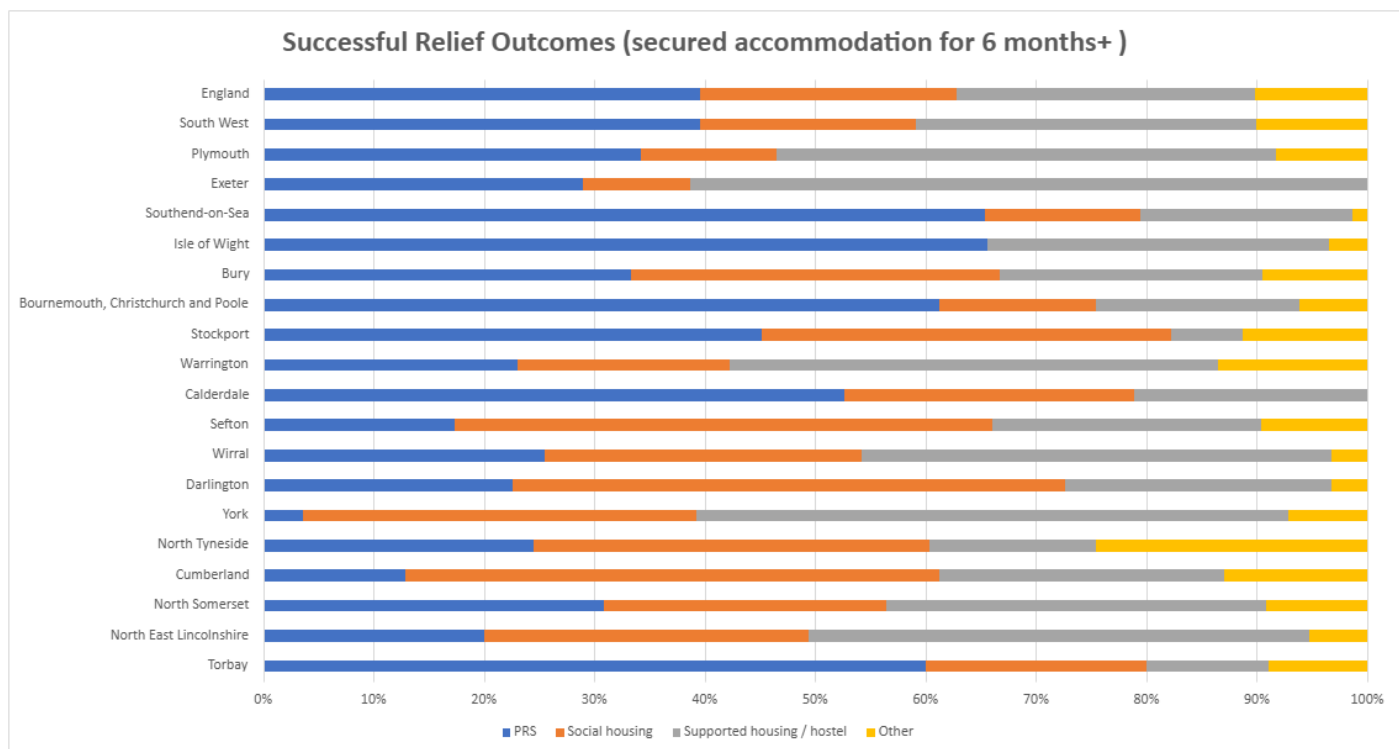


Figure 7 Successful Relief Outcomes by accommodation type across CIPFA comparators

Data source: HCLIC January-March 2026

Furthermore, the Local Outcome Framework metric does not capture positive outcomes under a Main Duty. In Torbay, 55.9% of Main Duties that ended with accommodation secured were ended through an offer of social housing (55.9%)¹⁸. Therefore, increasing the availability and effective use of social housing may improve outcomes for households experiencing homelessness without necessarily being reflected in the prevention and relief metric.

The target has been set in recognition of the significant housing market pressures currently affecting Torbay. Limited availability of affordable private rented accommodation, social housing and supported housing options can create challenges in securing suitable accommodation and achieving successful prevention and relief outcomes. These pressures are compounded by Torbay's reliance on a relatively small number of private landlords to provide accommodation used to prevent and relieve homelessness, making the local system particularly vulnerable to changes in market conditions and housing supply.

Despite these constraints, there are opportunities to improve performance. This action plan is supported by wider targets to increase the accessibility of affordable housing and make more effective use of existing social housing stock, alongside closer working between Housing Options and Housing Delivery to maximise access to new affordable housing opportunities for households experiencing homelessness. It also includes a more coordinated approach to private rented sector engagement and enforcement under the Renters' Rights Act, alongside work to strengthen the landlord offer and encourage more landlords to work with the Council. Together, these actions aim to broaden the range of accommodation available to prevent and relieve homelessness and reduce Torbay's reliance on a limited section of the private rented market.

This action plan recognises the scale of these challenges and the time needed for this activity to have an impact. As performance has declined since the baseline was set, the trajectory first aims to recover and improve performance, before progressing towards national and comparator levels.

- Baseline: 31%
- 2027 target: 48%, bringing Torbay in line with the national average at the time the target was set.
- 2028 target: 50%, moving Torbay towards the performance of better-performing CIPFA nearest neighbours.

The targets have been calculated based on the level of improvement required from the baseline, with the 2027 target representing an improvement of approximately 55% and the 2028 target

¹⁸ HCLIC January to March 2026

approximately 61%. The same approach has been used to set the trajectory for people experiencing multiple disadvantage.

- Baseline: 29%
- 2027 target: 45%
- 2028 target: 47%

People experiencing multiple disadvantage can face additional barriers to accessing and sustaining accommodation, including those associated with mental health, substance use, experiences of trauma, contact with the criminal justice system, and limited support networks. The housing market pressures described above can therefore create additional challenges in achieving successful prevention and relief outcomes for this group.

This action plan includes specific activity to address these barriers and improve outcomes for people experiencing multiple disadvantage. This includes developing a multiple disadvantage pathway, with actions relating to prison release, drug and alcohol support, health, and greater involvement of people with lived experience in shaping services, alongside wider actions to improve responses to rough sleeping and domestic abuse. Together, these actions aim to strengthen coordination across services, improve access to appropriate support and accommodation, and support people experiencing multiple disadvantage to achieve the same positive prevention and relief outcomes as the wider population. Setting the same target trajectory for both groups reflects our ambition to achieve the same positive outcomes, while recognising that additional action may be needed to address the barriers experienced by people experiencing multiple disadvantage.

2.5 People sleeping rough in Torbay

2.5.1 People sleeping rough on a single night (autumn snapshot)

Baseline Data Context and Quality Considerations

Torbay uses a combination of a physical count and intelligence-based estimate for its autumn snapshot. This is the standard approach for Torbay and was used for the years cited below.

Homeless Link confirmed there were not any significant issues or concerns with the accuracy of the annual snapshot figure in 2025.

Rationale and Approach to Target Setting

The annual count in Torbay for the past 3 years is as follows:

2023	2024	2025
27	29	26

The annual autumn snapshot count in Torbay over the past three years has remained relatively stable, with a mean of 27. Given the limited variation in these figures, the three-year trend above provides a narrow evidence base for setting targets for the LOF. Therefore, additional local rough sleeping data was used to develop a more informed target trajectory.

Monthly rough sleeping data from the previous 12 months was used to estimate the likely composition of the single-night rough sleeping cohort. This estimated that 14.3% of the cohort would be experiencing long-term rough sleeping, with the remaining 85.7% comprising the wider cohort.

Different reduction rates were then applied to the two groups. For long-term rough sleeping, the trajectory assumes a 25% reduction by 2027, increasing to 50% by 2028, in line with the separate Local Outcomes Framework target. For the remaining cohort, a 5% reduction is sought by 2027, increasing to 20% by 2028. This reflects current pressures on rough sleeping, alongside an expectation of greater improvement as planned activity and additional investment take effect.

Because the two groups make up different proportions of the overall rough sleeping cohort, their reductions are combined according to their relative size. This gives an overall reduction of 8% by 2027 and 24.3% by 2028. Applied to the three-year average of 27 people, this produces targets of 25 and 20 people respectively. Table 4 summarises the trajectory.

	2027	Final Target
Target	25	20

Table 4 Single-night rough sleeping target trajectory.

The 2027 target reflects the current level of pressure on rough sleeping in Torbay, which has increased during 2026¹⁹. The stronger reduction sought by 2028 reflects the scale of activity within

¹⁹ Service Data, September 2026

the Action Plan specifically focused on reducing rough sleeping and wider activity to prevent homelessness, reduce repeat rough sleeping, and improve access to accommodation and support.

The new Rough Sleeping Programme provides additional funding and services to accelerate reductions in rough sleeping. It will offer everyone sleeping rough a route off the street for before Christmas 2026. The programme will expand prevention, night shelter and supported HMO provision. It will also improve move-on from hostels and existing properties and provide peer-led support along with specialist support for mental health and substance misuse to reduce repeat and long-term rough sleeping.

The 2028 target therefore reflects the increased opportunity and expectation to accelerate reductions in rough sleeping as this additional provision is implemented. As the Rough Sleeping Programme is implemented, it is proposed that the target is reviewed at Checkpoint 2 (November 2027), when there will be greater evidence of its impact and an opportunity to consider whether the 2028 target should be made more ambitious.

2.5.2 People sleeping rough over the month who are long term

Baseline Data Context and Quality Considerations

In November 2025, only 1 individual was identified as experiencing long-term rough sleeping as per the government definition. This figure was not typical for a month in Torbay, with the surrounding months returning higher figures as indicted in table 5 below.

Furthermore, Torbay has completed a rigorous review of the data and methodological approach used to assess rough sleeping over the past six months. This has strengthened the accuracy of identification and reporting, including in relation to the number of people experiencing long-term rough sleeping. Although this has led to an initial increase in reported figures, it is considered to present a more accurate picture of the scale of rough sleeping in Torbay.

Reflecting this improved understanding of the data, Torbay has adopted 8 as the baseline figure for long-term rough sleeping. This baseline has been derived from both the mean number of long-term rough sleepers recorded over the previous six months and the mean number recorded in November 2024 and November 2025. Taken together, these measures indicate that 8 provides a more representative estimate of the long-term rough sleeping cohort in Torbay than the figure of 1 referenced above.

Rationale and Approach to Target Setting

The number of long-term rough sleepers in Torbay shows little variation between months, with April presenting a particularly high number.

Reporting Month	Total People Rough Sleeping	Total Long-Term Rough Sleepers	Long-Term Rough Sleepers (% of Rough Sleeping Cohort)
Jun-25	43	6	14%
Jul-25	54	5	9%
Aug-25	70	5	7%
Sep-25	58	8	14%
Oct-25	68	2	3%
Nov-25	39	1	3%
Dec-25	46	5	11%
Jan-26	38	7	18%
Feb-26	33	10	30%
Mar-26	36	6	17%
Apr-26	53	18	34%
May-26	55	12	22%
Jun-26	53	10	19%

Table 5 Number and proportion of long-term rough sleepers in Torbay during a 12 month period.

The long-term rough sleeping cohort is not a fixed group of individuals and changes monthly, with around four individuals identified as sleeping rough long-term consistently in any given month. Approximately half of these individuals are part of the target priority group (TPG) cohort. Across the six-month reporting period, 28 unique individuals were identified as experiencing long-term rough sleeping. Of these, 23 were men and five were women, with four of the five women also included within the Complex Lives Navigators cohort.

The cohort is characterised by high levels of multiple and overlapping support needs. Eighteen individuals had identified mental health needs, 15 had substance misuse needs, and 4 had alcohol-related support needs. Fifteen people experienced two of these support needs, while one individual experienced all three. This demonstrates the prevalence of co-occurring needs within the long-term rough sleeping population and highlights the complexity of the challenges faced by many individuals.

Consistent with the national ambition to halve rough sleeping over the course of the current Parliament, Torbay is committed to achieving a 50% reduction against the baseline of 8. This represents a high level of ambition in the context of the current position. Long-term rough sleeping has increased substantially during 2026, reaching 22 in August 2026 compared with the baseline

of 8. The targets therefore require a substantial reduction in long-term rough sleeping from current levels.

The trajectory is supported by specific activity within the Action Plan to reduce rough sleeping, alongside the additional investment and provision being introduced through the new Rough Sleeper Programme. Together, these provide increased capacity to address both the flow into long-term rough sleeping and barriers to moving away from the street. The final target of 4 therefore remains deliberately ambitious, requiring a substantial reduction from the current position as well as a 50% reduction against the agreed baseline. The remaining target trajectory is:

- Checkpoint 1 – November 2027: achieve a 25% reduction against the baseline, reducing long-term rough sleeping from 8 to 6.
- Final target (End of Parliament): achieve a 50% reduction against the baseline, reducing long-term rough sleeping from 8 to 4.

Long-term rough sleeping has increased significantly during 2026, reaching 22 at the end of August. The targets of 6 and 4 therefore represent a substantial reduction from the current position.

2.6 Actions supporting delivery of Local Outcomes Targets

Delivery of the Local Outcomes Framework targets will be supported through the actions set out below. Together, these actions provide the strategic framework for improving homelessness prevention, reducing rough sleeping and strengthening housing outcomes across Torbay. These actions have been developed in collaboration with other Council departments and partners through the Homelessness and Rough Sleeping Forum and reflects both the activity required to deliver the wider Homelessness and Rough Sleeping Strategy and priorities identified by partners.

Table 6 provides a summary of the Homelessness and Rough Sleeping Action Plan, including how each area of activity will support delivery of the Local Outcomes Framework targets. The detailed action plan is included at Appendix

Theme	Summary of key actions and activity	Impact	Contribution to delivery of LOF targets
Reduce use of Temporary Accommodation	<ul style="list-style-type: none"> • Earlier intervention and support for families at risk of homelessness. • Improved move-on from temporary accommodation through resettlement support and housing options. • Monitoring and oversight of flows into and out of temporary accommodation. • Increased social, affordable, step-down and move-on accommodation. 	<ul style="list-style-type: none"> • Fewer households require temporary accommodation. • Reduced length of stay in temporary accommodation. • More households move successfully into settled accommodation. • Minimal use of costly emergency and B&B placements is maintained. 	Directly supports the targets to reduce families in temporary accommodation and maintain zero families in B&B beyond six weeks. Earlier intervention will reduce avoidable entries into TA, while increased housing options and move-on support will reduce length of stay. Continued scrutiny of family placements will protect Torbay's strong B&B performance.
Prevention and Relief	<ul style="list-style-type: none"> • Earlier identification of housing insecurity and stronger private rented sector engagement. • More accessible and coordinated routes into homelessness advice and support. • Specialist pathways for people experiencing multiple disadvantage and specific housing risks. • Improved joint working between housing and health services. • Tenancy sustainment, funding coordination and multi-agency risk management. • Employment, training and skills opportunities. • Clearer communication of services and referral pathways. 	<ul style="list-style-type: none"> • More people receive proactive support before experiencing homelessness. • More households remain in existing accommodation or secure alternative accommodation before reaching crisis point. • Reduced repeat homelessness and housing crises. • Improved housing stability for people with multiple and complex needs. • People can access homelessness support more easily and through a wider range of routes. 	Directly supports the target to increase successful prevention and relief outcomes to 50% and improve outcomes for people experiencing multiple disadvantage. Activity focuses on intervening earlier, preventing loss of existing homes, widening routes into suitable accommodation, and addressing the additional barriers that can prevent people with multiple needs from achieving successful housing outcomes.
Rough Sleeping	<ul style="list-style-type: none"> • Reduced barriers to accessing RSI and Housing Options services. • Delivery of a sustainable Off the Streets accommodation pathway. • Use of data and the Vulnerability Matrix to target support and resources. 	<ul style="list-style-type: none"> • More people move away from rough sleeping into accommodation. • Reduced duration of rough sleeping episodes. • Reduced repeat rough sleeping. 	Directly supports the reduction in both overall and long-term rough sleeping. Faster access to housing support and Off the Streets accommodation will help people move away from the street sooner, while targeted support for those with the highest levels of need will tackle barriers to ending long-term rough

Theme	Summary of key actions and activity	Impact	Contribution to delivery of LOF targets
	<ul style="list-style-type: none"> Access to daytime facilities, safe spaces, health services and inclusive SWEP provision. Improved responses for women experiencing rough sleeping and complex needs. Improved collection and analysis of rough sleeping pathway data. 	<ul style="list-style-type: none"> People with the highest levels of need receive more coordinated and targeted support. Improved understanding of rough sleeping pathways informs prevention activity and service planning. 	sleeping. Improved prevention and pathway intelligence will also help reduce new and repeat rough sleeping.
Youth Homelessness	<ul style="list-style-type: none"> Clear information, referral pathways and partnership arrangements across the youth homelessness system. Earlier identification of housing vulnerability and homelessness risk within schools and colleges. 	<ul style="list-style-type: none"> Housing issues are identified earlier. More young people access support before reaching crisis point. Reduced escalation into homelessness, temporary accommodation, and rough sleeping. Young people and professionals have a better understanding of available services and referral pathways. 	Contributes to prevention and relief targets by identifying housing insecurity earlier and creating clearer routes to support before young people become homeless. Earlier intervention should reduce escalation into homelessness, temporary accommodation, and rough sleeping.
Lived Experience	<ul style="list-style-type: none"> Coordinated and trauma-informed lived experience engagement. Use of lived experience evidence to inform service design, decision-making and system improvement. 	<ul style="list-style-type: none"> People experiencing homelessness have a stronger voice in service design and decision-making. Services better meet the needs of people affected by homelessness. Barriers to accessing support are identified and addressed. Services become more accessible, responsive, and person-centred. Improved engagement and outcomes for people experiencing homelessness. 	Supports all LOF targets by identifying barriers that performance data alone cannot explain. Using lived experience to improve access, pathways, accommodation, and support will help ensure interventions are responsive to the needs of people experiencing homelessness, particularly those experiencing multiple disadvantage and rough sleeping.

Table 6 Summary of actions supporting delivery of Local Outcomes Framework Targets

2.7 Anticipated Risks and Challenges to Delivery

The successful delivery of the Local Outcomes Framework targets may be affected by a number of system-wide risks and structural barriers. These are outlined below, alongside mitigating actions that Torbay is taking to navigate these challenges.

2.7.1 Lack of Supported Accommodation and Move-On

Torbay's supported accommodation offer remains relatively narrow, with the main adult provision centred on hostel accommodation which is an abstinence-based project; and separate young people's accommodation. This creates two related risks: first, that the current offer does not provide sufficient range or volume to meet differing levels of need; and second, that limited move-on options reduce throughput, resulting in people remaining in supported settings for longer than is intended and restricting access for new referrals.

Mitigating actions

The Housing Needs Assessment and associated insight work will be used to strengthen understanding of the scale and type of supported accommodation required locally, including the gaps in current provision and move-on pathways. This evidence base is being used to inform service design and any commissioning activity, which is ongoing.

2.7.2 Restricted Access to Private Rented Sector

Access to the PRS remains limited and may become more challenging as landlords respond to the new legal and regulatory environment introduced through the Renters' Rights Act 2025. Alongside this, recent commissioned research in Torbay indicates that some people are reluctant to consider PRS options because social housing is perceived to offer greater security, stability and clearer access to ongoing support. These perceptions are important because they can narrow the range of housing options people are willing to pursue, adding further pressure to an already constrained social housing system.

Mitigating actions

There is scope to further strengthen landlord engagement in order to maintain and widen PRS access, build confidence in working with households who may have support needs, and improve relationships with the sector. There is also an opportunity to test whether a stronger floating support offer, alongside clearer communication about tenancy rights and support available in the PRS, can improve confidence among both landlords and prospective tenants.

3 Partnerships

3.1 Homelessness and Rough Sleeping Forum

Torbay has an established Homelessness and Rough Sleeping Forum, which brings together a range of partners including accommodation services, statutory agencies, advice services, voluntary sector organisations and health partners. The Forum is a multi-agency working group that supports delivery of Torbay's *Homelessness and Rough Sleeping Strategy 2024–2030*, providing a structure for partners to coordinate activity, maintain oversight of priorities and strengthen partnership working across the system. Torbay's current strategy aims to adopt a collaborative approach with collective delivery, oversight and responsibility across local partners, structured through its action plan. The Forum is supported by sub-groups focused on data, communications, training and prevention, which lead targeted workstreams and projects to help progress priority actions within the Strategy. This action plan was codesigned by the group and hence therefore has wider partnership actions.

4 Policy for Ensuring Suitability of TA

Torbay has a Temporary Accommodation Placement Policy that sets out the Council's approach to procuring, allocating, and ensuring the suitability of temporary accommodation. This section summarises how temporary accommodation is planned, allocated, monitored, and reviewed to ensure it is suitable, decent, and used as part of a wider prevention and move-on pathway.

4.1 Assessing Demand and Procuring Sufficient Units

The Council procures temporary accommodation in accordance with relevant legal duties and guidance. Accommodation should be affordable, sustainable, safe, compliant with health and safety requirements, and maintained in a decent condition. Torbay uses a range of supply routes, including bed and breakfast accommodation, self-contained accommodation, longer-term leased properties, private rented sector options, and specialist hostel provision.

A number of existing temporary accommodation contracts are approaching their end dates. Future procurement will be informed by the Torbay Housing Needs Assessment, which provides evidence on the scale and type of temporary accommodation likely to be required in Torbay. This will support the Council to identify gaps in current provision, including accommodation for people with

complex needs, physical health needs, disabilities, and additional support requirements. It will also help ensure that future temporary accommodation provision is better aligned to local need and able to support safe, suitable, and sustainable placements.

4.2 Allocation and Suitability of Temporary Accommodation

Temporary accommodation is allocated following an assessment of household need and suitability. Placement decisions consider affordability, property size, condition, location, health and mobility needs, education, employment, transport, healthcare, support networks, care responsibilities, and any identified safeguarding or vulnerability issues.

The Council will seek to place households within Torbay wherever possible and avoid unnecessary moves. Where out-of-area placements are unavoidable, the Council will seek to minimise disruption and complete appropriate liaison and notification arrangements.

Suitability is assessed in line with relevant homelessness legislation, statutory guidance, and the Council's Temporary Accommodation Placement Policy. Accommodation must be safe, suitable, and appropriate to the needs of the household.

Suitability considerations include property condition, affordability, household composition, health and disability needs, location, and access to essential services. Accommodation should be free from serious hazards and meet relevant fire, electrical, damp, mould, overcrowding, and wider health and safety standards.

For families, consideration will also be given to access to cooking, laundry, storage, Wi-Fi, and adequate space for a cot where required.

4.3 Use of Bed and Breakfast Accommodation

The Council avoids using bed and breakfast accommodation for families with children, pregnant women, and 16–17-year-olds (except where no suitable alternative is available). Families will not be accommodated in bed and breakfast accommodation beyond the statutory six-week limit.

Torbay has established oversight arrangements to support this position, including senior sign-off for proposed family bed and breakfast placements and regular placement planning to identify suitable alternatives.

4.4 Resident Feedback and Service Improvement

Suitability is considered both during placements, through ongoing contact and support, and after placements, through feedback and learning from people's experiences. Households living in temporary accommodation are supported by dedicated officers who provide a consistent point of contact throughout the placement. This helps ensure that any concerns about accommodation, including repairs, property condition, safety, suitability, or changes in household circumstances, can be raised and responded to at an early stage. Where concerns are identified, officers work with accommodation providers and relevant colleagues to resolve issues and escalate matters where needed. This helps ensure that temporary accommodation remains suitable, safe, and appropriate for the household while they are living there.

The Council also seeks feedback from households when they enter and leave temporary accommodation. These feedback forms provide an opportunity to understand people's experiences of the accommodation and the support they received. Feedback is reviewed to identify common themes, inform quality assurance, and support future improvements to temporary accommodation provision.

5 Local Governance Structures

Delivery of the Local Outcomes Framework requires coordinated action across housing, health, social care, criminal justice agencies, accommodation providers and the voluntary, community and faith sector.

5.1 Internal Governance and Performance Monitoring

5.1.1 Governance

The Action Plan will be approved through the Council's governance process, progressing through Directors' Oversight Meetings, Cabinet and Directors meeting, Overview and Scrutiny, and ultimately Cabinet. This ensures appropriate governance and oversight of the Action Plan and Local Outcomes Framework.

5.1.2 Performance Monitoring

To ensure effective delivery of the Local Outcome Framework targets, performance will be monitored through a combination of operational oversight, management review, and corporate governance arrangements.

Operational Monitoring

- Weekly Housing Options meetings to review demand, caseloads, emerging risks, and service pressures.
- Weekly Temporary Accommodation audits to monitor occupancy, suitability, compliance, and move-on activity.
- Fortnightly hostel performance and service review meetings to monitor occupancy, outcomes, support needs, and pathway progression.
- Monthly Rough Sleeping Initiative (RSI) meetings to review trends in data, outreach activity, accommodation pathways, and emerging issues.

Monthly and quarterly monitoring

- Monthly performance monitoring reports reviewing key indicators, trends, service demand, outcomes, and delivery against service priorities.
- Review of temporary accommodation usage, prevention and relief activity, rough sleeping data, move-on outcomes, and financial performance.
- Identification of risks, challenges, and areas requiring corrective action.

Corporate dashboard and monitoring

- Performance reported through the Council's quarterly corporate performance dashboard to provide oversight of key homelessness and housing indicators, including LOF indicators reported to Directors and Cabinet.
- Quarterly performance reporting and review through established governance arrangements to monitor progress against strategic objectives, identify trends, and inform service improvement activity.
- Annual review by Overview and Scrutiny and Cabinet.

5.2 External Governance and Scrutiny

Torbay has an established Homelessness and Rough Sleeping Forum, supported by a multi-agency Steering Group and task-focused subgroups. Together, these groups provide oversight of the Homelessness and Rough Sleeping Strategy and associated action plans.

The Homelessness and Rough Sleeping Forum and Steering Group will:

- Review progress against Local Outcomes Framework targets.
- Monitor delivery of agreed actions.
- Identify barriers and risks to delivery and work together to resolve challenges.
- Share intelligence, learning and good practice.
- Support coordination across partner agencies.

The Homelessness Strategy and Delivery Officer will coordinate monitoring and reporting against the Action Plan and Local Outcomes Framework, supporting the Forum and Steering Group to oversee delivery and identify risks, barriers and opportunities for improvement.

6 Reference to Specific Plans

Torbay has not been identified as a Local Authority that is required to produce a Long-Term Rough Sleeping Partnership Plan or a B&B Elimination Plan.

7 Appendix

7.1 Definitions

Term	Definition
B&B	Bed and breakfast accommodation used as short-term emergency accommodation. The Action Plan specifically monitors the number of families with children placed in B&B accommodation for more than six weeks.
HCLIC	Homelessness Case Level Information Collection. The national data return used by local housing authorities to report statutory homelessness activity, including prevention, relief and temporary accommodation data.
LOF	Local Outcomes Framework. The national framework used to monitor priority outcomes, including homelessness prevention and relief, family temporary accommodation, B&B use, rough sleeping and long-term rough sleeping.
Long-term rough sleeping	A rough sleeping cohort used in national monitoring and local target-setting to identify people with sustained or repeated experiences of rough sleeping over time. In this Action Plan, it is used to monitor progress towards reducing long-term rough sleeping.
Multiple disadvantage	The experience of overlapping needs or barriers, which may include homelessness, mental ill-health, substance use, domestic abuse, contact with the criminal justice system, trauma, poor physical health or limited support networks.
Prevention duty	A statutory homelessness duty requiring the local authority to take reasonable steps to help an eligible household avoid becoming homeless where they are threatened with homelessness.
Relief duty	A statutory homelessness duty requiring the local authority to take reasonable steps to help an eligible household secure accommodation where they are already homeless.
Rough sleeping	People sleeping, about to bed down, or bedded down in the open air or in places not designed for habitation, such as streets, doorways, tents, cars, sheds or other makeshift locations.
RSI	Rough Sleeping Initiative outreach team. In Torbay, RSI refers to the local outreach team working with people who are sleeping rough, or at risk of sleeping rough, to support engagement, assess need, coordinate access to housing and support services, and help people move away from rough sleeping.
TPG	Target Priority Group. Using the MHCLG definition, this refers to people who have been sleeping rough in two or more years out of the last three, and in two or more months out of the last twelve.

Vulnerability Matrix	An assessment tool developed by Torbay Council to understand an individual's vulnerability across ten indicators. It is predominantly used by the RSI team to build a holistic understanding of the support needs of people who are rough sleeping, or who are being supported by the Tenancy Sustainment Team, so that support can be targeted, coordinated and adjusted accordingly.
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7.2 Vulnerability Matrix

The Vulnerability Matrix is an assessment tool developed by Torbay Council to identify the level and nature of vulnerability experienced by individuals who are rough sleeping or being supported by the Tenancy Sustainment Team. Its purpose is to build a holistic understanding of each individual's support needs, enabling support to be targeted, coordinated and adjusted accordingly.

The 10 indicators are outlined below:

Score	1	2	3	4	5	6	7	8	9	10
Support level needed/vulnerability	Low vulnerability, Low/minimal support needed			Moderate vulnerability, Some support needed				High vulnerability, Higher support needed		
Survival Skills and Ability to Manage Basic Needs										
Alcohol and substance misuse										
Mental Health and Emotional Wellbeing										
Physical Health										
Offending behaviours										
Experiences of domestic abuse/sexual violence										
Communication										
History of homelessness										
Current living situation										
Neurodiversity and learning disability										

7.3 Relevant Documents

The Action Plan supports and compliments the following documents:

7.3.1 Homelessness and Rough Sleeping Strategy 2024-2030

[Homelessness and Rough Sleeping Strategy 2024-2030.pdf](#)

7.3.2. Torbay Council Housing Needs Assessment

[Torbay Housing Needs Assessment 2025 - 2030 - Torbay Council](#)

7.3.4. Torbay Joint Strategic Needs Assessment

[Joint Strategic Needs Assessment - Torbay Council](#)

7.3.5. Full list of actions supporting Torbay and Homelessness Rough Sleeping Action Plan 2026-2028

The following table includes the full list of actions that will support the delivery of the Local Outcomes Framework and Homelessness and Rough Sleeping Str

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
1	Reducing use of Temporary Accommodation			
1.1	Sustain prevention activity through the Early Help Team to help families maintain their accommodation.	Engage families at the earliest opportunity through Family Hubs and multi-agency partnerships to identify housing issues before they reach crisis point. Provide targeted support to prevent homelessness and sustain existing accommodation, including temporary accommodation where appropriate.	Head of Housing Need	Nov-26 to Sep-28
		Establish a shared dataset with Children's Services to improve oversight and understanding of Section 17 accommodation placements.	Head of Housing Need, Children's Services	Aug-27
1.2	Promote successful move-on from temporary accommodation for families through Early Help support.	Provide targeted Early Help support to families living in temporary accommodation to remove barriers to move-on, including access to the private rented sector, financial assistance, tenancy readiness and practical move-in support.	Head of Housing Need	Ongoing - Sep-28
1.3	Maintain oversight and scrutiny of family placements into temporary accommodation.	Continue Head of Service approval for all proposed family B&B placements and maintain weekly placement planning meetings to review accommodation options and minimise reliance on B&B accommodation.	Housing Needs Manager	Ongoing - Sep-28

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
1.4	Reduce the number of families entering temporary accommodation through earlier intervention.	Expand the use of Family Network Meetings as an early intervention to support families to remain in their existing accommodation or identify alternative solutions before temporary accommodation is required, including upskilling partners and professionals to increase the number of meetings offered.	Children's Services, Head of Housing Need	Jun-28
		Improve data sharing between Housing and Children's Services to track the use and outcomes of Family Network Meetings, including whether families subsequently enter temporary accommodation.	Children's Services	Jun-27
		Analyse the reasons families enter temporary accommodation and use this intelligence to identify opportunities for earlier intervention.	Head of Housing Need, Housing Need Manager	Sep-27
1.5	Increase the supply of social and affordable housing available to reduce reliance on temporary accommodation.	Delivering 484 new homes across the next 5-10 yrs through partnerships with Homes England, landowners, Registered Providers, and local communities.	Head of Strategic Housing and Delivery	As per delivery plan.
		Maximising existing social housing through Devon Home Choice and the Rightsizing and Empty Homes project.	Head of Strategic Housing and Delivery and wider Torbay Council as part of empty homes.	Sep-28

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
Page 79		Ensuring banding for people in Temporary Accommodation is regularly reviewed to enable timely move on from TA and that appropriate review process are in place.	Head of Housing Need	Jan-27
		Utilise the Housing Needs Assessment Group to provide strategic oversight of housing and support needs, ensuring a coordinated, multi-agency approach to service planning, resource allocation and programme delivery.	Head of Strategic Housing and Delivery and Divisional Director Community and Customer Services	Ongoing - Jan-28
	Develop step-down accommodation and a structured accommodation pathway to support planned move-on and reduce reliance on crisis responses and temporary accommodation.	Develop accommodation pathway for specialist Temporary accommodation working across Adult Social Care and homelessness services	Divisional Director Community and Customer Services	Sep -27
1.7	Additional performance monitoring of flow into and out of family temporary accommodation	Monitor households entering and leaving temporary accommodation, including households receiving adverse homelessness decisions and households losing temporary accommodation placements.	Housing Needs Manager	Mar-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
1.8	Sustain Resettlement Team capacity	Maintain dedicated resettlement support to help households move on from temporary accommodation and sustain settled housing outcomes.	Head of Housing Need	Ongoing - Sep-28
2	Prevention and Relief			
2.1	Coordinate private rented sector enforcement and engagement	Maximise opportunities to join-up approaches to private rented sector engagement and enforcement within Housing Options, focused on achieving better outcomes for landlords and households.	Head of Housing Need	Apr-27
		Use Renters' Rights Act enforcement powers and robust procedures to improve private rented sector standards, protect tenants' rights, and prevent homelessness, including supporting reinstatement where appropriate.	Head of Housing Need	Ongoing
		Support people who may not feel confident approaching housing services about poor housing conditions.	Housing Standards Manager, Citizens Advice	Ongoing
		Ongoing analyse data and 12 month review of reasons for homelessness; Renters' Rights Act breaches; and household characteristics to identify patterns in private rented sector tenancy loss, compliance issues, and barriers to access, and use	Head of Housing Need, Housing Need Manager	Jun-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
		this intelligence to inform targeted prevention, landlord engagement, and incentives.		
2.2	Develop a Communications Strategy within the Homelessness and Rough Sleeping Forum	Develop a communications strategy that identifies key messages, target audiences, communication channels and responsibilities across the homelessness partnership.	Communications Subgroup - Homelessness and Rough Sleeping Forum	Dec-27
2.3	Reduce barriers to accessing and navigating homelessness support services.	Review existing one-stop-shop and co-located approaches and identify opportunities to extend integrated support models across Torbay.	Homeless and RS Forum	Dec-27
2.4	Enhance the system-wide identification of hidden homelessness through strengthened partnership working, intelligence sharing, and earlier recognition of housing insecurity across services.	Develop and deliver training and guidance for partner agencies to improve awareness of hidden homelessness, housing insecurity, and early indicators of homelessness risk.	Head of Housing Need, Homeless Strategy Delivery Officer, Homelessness and Rough Sleeping Forum	Ongoing – Jun-27
		Pilot and evaluate approaches to identifying hidden homelessness within partner services, using learning to inform wider roll-out across the system.	Homeless Strategy Delivery Officer, Devon Rape Crisis	Mar-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
2.5	Design and Implement a Coordinated Early Intervention Pathway	Work with partner agencies to strengthen referral arrangements that enable individuals experiencing housing insecurity, hidden homelessness, or at risk of homelessness to access Housing Options at the earliest opportunity.	Prevention Subgroup - Homelessness and Rough Sleeping Forum	Jun-27
		Co-design a coordinated early intervention offer, identifying the most appropriate support, delivery arrangements, and partnership contributions to improve housing outcomes and prevent escalation of need.	Head of Housing Need, Prevention Subgroup - Homelessness and Rough Sleeping Forum	Sep-27
2.6	Capture hidden prevention activity	Identify opportunities to capture homelessness prevention work currently delivered through services such as the hostel, RSI accommodation and tenancy sustainment team which is not routinely recorded on homelessness systems and develop processes to capture this activity consistently.	Head of Housing Need, Strategic Lead for Community Protection	Mar-27
		Ensure all approaches to Housing Options, and any prevention activity undertaken, are consistently recorded within Locata.	Housing Needs Manager	Ongoing - Sep-28
2.7	Sustain specialist roles within Housing Options and expand	Maintain specialist roles, including the Prison Navigator, Care Experienced Lead, Domestic Abuse Specialists and Hostel Lead, whilst increasing	Head of Housing Need, Comms Sub Group - Homelessness and	Sep-28

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
	partnership knowledge of them	awareness and utilisation of these roles across partner agencies.	Rough Sleeping Forum	
2.8	Review and improve the multiple disadvantage pathway for people at risk or experiencing homelessness.	Work with partners across housing, health and substance use services to ensure housing pathways support recovery and are informed by the Insights report.	Strategic Lead for Community Protection, Head of Housing Need	Dec-27
		Develop a stronger move-on pathway from the hostel, including expansion of the supported HMO model.	Head of Housing Need, Strategic Lead for Community Protection	Aug-27
		Build on the Prison Leaver Protocol through a multi-agency review and improvement of the prison leaver pathway.	Head of Housing Need, Strategic Lead for Community Protection	Sep-27
2.9	Identify indicators for people at risk of rough sleeping and improve information gathering before rough sleeping occurs.	Review 12 months of rough sleeping data to understand routes to rough sleeping and identify opportunities to develop wider partnership preventative interventions.	Strategic Lead for Community Protection, Prevention Subgroup - Homelessness and Rough Sleeping Forum	Mar-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
2.10	Provide tenancy sustainment support for people moving into independent accommodation.	Co-design a tenancy sustainment information which provides practical move-in support, access to essential household items, and guidance to help people successfully establish and maintain their tenancy.	Prevention Subgroup-Homelessness and Rough Sleeping Forum	Dec-27
2.11	Further develop the response to domestic abuse and homelessness by reviewing and improving pathways and support.	Improve data collection to better understand pathways into Torbay for people experiencing domestic abuse and homelessness.	Housing Needs Manager, Homeless Strategy and Delivery Officer, DASV Commissioning Officer	Sep-27
		Ensure activity around homelessness and rough sleeping continues to align with the DASVEG Strategy.	Head of Housing Need, Strategic Commissioning Officer, Homelessness and Rough Sleeping Forum	Sep-28
2.12	Coordinate financial assistance for homelessness prevention.	Review and coordinate available financial assistance across Housing Options and partner services, ensuring clear eligibility criteria, referral routes and timely access to funding that can prevent homelessness or help households sustain accommodation.	Housing Benefit Manager	Mar-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
2.13	Identify opportunities to build on the Torbay Communities pilot in the hospital to support earlier identification and prevention of homelessness.	Torbay Communities to undertake monthly visits to the hospital and work with staff and volunteers to develop the role of this presence in identifying housing concerns early and strengthening links with Housing Options and wider housing support.	Torbay Communities, Hospital, Housing Needs Manager	Mar-27
2.14	Integrate housing into health assessment, recording, and discharge processes to improve early identification of housing vulnerability within health settings.	Add a housing-related issue tag to NHS mental health systems/SystemOne.	Devon Partnership Trust; Hospital Discharge Manager; Housing Needs Head of Service; Healthwatch.	Jun-27
		Include housing as a section within MDT meetings to improve discharge times and ensure Housing are invited to MDT meetings where there are housing issues.	Devon Partnership Trust; Hospital Discharge Manager; Housing Needs Head of Service; Healthwatch.	Sep-27
2.15	Develop a specialist mental health outreach approach for people experiencing homelessness to improve access to mental health support and environments that promote mental wellbeing.	Identify specialist mental health support outreach role to work specifically with people experiencing homelessness	Strategic Lead for Community Protection, DPT	Mar-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
2.16	Integrate housing, health and commissioning partners within discharge planning processes to improve housing-related support for people at risk of homelessness.	Continue joint discussions between DPT, Housing and Commissioning colleagues to identify and address barriers to effective housing-related discharge planning.	DPT; Strategic Commissioning Adults communities	Jun-27
2.17	Provide appropriate support to help people with complex needs sustain temporary accommodation.	Assess the support needs of people with complex needs living in temporary accommodation to identify barriers to sustainment.	Head of Housing Need	Sep-27
2.18	Implement a Needs-Led Commissioning Strategy	Develop and implement a commissioning strategy for temporary accommodation and support services, informed by local need, service gaps, and future demand.	Divisional Director Community and Customer Services	Aug-27
2.19	Support the VCSE to identify, access and respond to funding opportunities to support homeless prevention and support activity.	Build upon existing work led by Torbay Communities to improve awareness of funding opportunities and support access to funding across the VCSE sector.	Torbay Communities	Sep-27
		Establish arrangements for coordinating and maintaining a pipeline of homelessness-related projects and proposals to support future funding applications.	Homelessness and Rough Sleeping Forum	Dec-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
2.20	Increase the use of Multi-Agency Risk Management Meetings (MARMs) to support a consistent approach to identifying, managing and reducing risk.	Promote understanding of the MARM framework across statutory and voluntary sector partners, including governance requirements, referral pathways and effective meeting chairing.	Strategic Lead for Community Protection	Sep-27
		Ensure any feedback regarding implementation of MARMs and partner engagement with them is given directly to the MARM implementation group of the Adult Safeguarding Board for quality assurance processes.	Safeguarding Adults board	Sep-28
2.21	Review and improve information-sharing arrangements between Housing Options and partner agencies.	Develop and implement a standardised consent process to support lawful and consistent sharing of information between Housing Options and partner agencies.	Torbay Advice and Information Network; Information Governance	May-27
		Sustain dedicated partner access routes into Housing Options, including the third-party contact line, and explore opportunities to expand the service to support routine Rough Sleeping Initiative enquiries where appropriate.	Customer Services Operations Manager, Housing Needs Manager, Strategic Lead for Community Protection	Apr-27
2.22	Develop a coordinated employment, skills and training pathway for people	Maximise opportunities through Connect to Work to increase referrals into employment support and support earlier identification of housing need.	Connect to Work Delivery Manager	Sep-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
	experiencing homelessness or housing insecurity.	Explore housing-linked employment and training opportunities through social enterprise or housing and employment models and working with Torbay Business Forum.	Homelessness and Rough Sleeping Forum	Jun-28
3	Rough Sleeping			
3.1 Page 88	Make RSI and Housing Needs Services easier to access for people sleeping rough.	Trial co-location of RSI within day centres to improve the identification of, and engagement with, people newly sleeping rough.	Strategic Lead for Community Protection, Homeless Strategy Delivery Officer	Dec-26
		Develop a Homeless Application crib sheet to make approaching Housing Services easier for people with limited capacity to navigate forms and appointments, thereby reducing the length of time spent rough sleeping. Explore the opportunities for partners to use this sheet.	Strategic Lead for Community Protection, Homeless Strategy Delivery Officer, Comms subgroup- Homelessness and Rough Sleeping Forum	Mar-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
		Enable direct booking of face-to-face appointments through RSI co-location to remove the barrier created by telephone-based access routes for people newly sleeping rough who need housing support.	Head of Housing Need, Strategic Lead for Community Protection	July-27
3.2	Use the Vulnerability Matrix to Target Support and Monitor Progress	Use the Vulnerability Matrix as a structured tool to assess need, target support, monitor interventions and track progress over time. Use findings to identify patterns, review the effectiveness of interventions, and highlight any recurring system issues affecting rough sleepers.	Strategic Lead for Community Protection, Homeless Strategy Delivery Officer	Apr-27
3.3	Prioritise interventions and resources through the TPG	Establish a TPG working group amongst partners. Use rough sleeping and vulnerability matrix data to inform opportunities and interventions.	Strategic Lead for Community Protection	Sep-27
3.4	Review and expand access to daytime support, facilities and safe spaces for people sleeping rough.	Review options for daytime provision to improve access to showers, toilets and safe indoor spaces for people sleeping rough, including during periods of hot and cold weather.	Strategic Lead for Community Protection	Aug-27
		Improve access to locker provision by reviewing location options and exploring delivery through community and voluntary sector venues.	Strategic Lead for Community Protection	Mar-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
3.5	Explore opportunities to strengthen accommodation options for women experiencing rough sleeping and complex needs.	Deliver the Women's Rough Sleeping Census to improve understanding of the scale, experiences and support needs of women experiencing rough sleeping in Torbay.	Strategic Lead for Community Protection, Homeless Strategy Delivery Officer	Dec-26
		Deliver a partnership-led evening safe space and shower provision for women experiencing rough sleeping and complex needs, using the specialist skills of Complex Lives Navigators to strengthen engagement and access to wider support.	Strategic Lead for Community Protection, Homeless Strategy Delivery Officer	Dec-26
		Establish a coordinated, system-wide approach to women's homelessness, connecting existing and planned work and providing a clear direction for longer-term priorities and ambitions.	Strategic Lead for Community Protection, Homeless Strategy Delivery Officer	Mar-27
3.6	Ensure Severe Weather Emergency Protocol (SWEP) provision is accessible and inclusive for all people sleeping rough.	Review SWEP accessibility, disability access, gender-informed provision, and good practice from other local authorities to identify opportunities for service improvement, including lived experience sights	Strategic Lead for Community Protection	Jun-27
3.7	Better understand the health needs of people experiencing homelessness and rough sleeping to identify	Obtain insights from Chilcote Surgery to better understand health needs, identify gaps in provision and inform future service planning.	Chilcote Surgery, Strategic Lead for	Dec-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
	opportunities to improve access to health services.		Community Protection	
3.8	Develop a more complete understanding of rough sleeping pathways through improved data collection, recording, and analysis.	Strengthen intelligence on the drivers and pathways associated with rough sleeping through asking better questions, recording responses, and analysing pathway data.	Strategic Lead for Community Protection	Mar-27
		Strengthen data analysis between the RSI and Housing Options services to better understand journeys into, through, and out of rough sleeping, including move-on and accommodation outcomes through joining up HCLIC and DELTA data.	Strategic Lead for Community Protection, Housing Needs Manager, Homeless Strategy Delivery Officer	Jun-27
4	Youth Homelessness			
4.1	Ensure youth homelessness services, referral pathways, and support are clearly communicated and understood across the partnership.	Develop and maintain accessible information on the local youth homelessness offer, including services, referral pathways and eligibility criteria.	Children's Services	Mar-27
		Review partnership engagement arrangements to ensure relevant organisations are aware of, invited to and represented within appropriate meetings and networks.	Children's Services	Jun-27

	Action	Description of Activity	Responsible for Delivery	Timeline for Delivery
4.2	Equip schools and colleges to identify and respond to housing vulnerability and homelessness risk at an earlier stage.	Deliver housing and homelessness awareness training for school and college safeguarding and welfare leads to support timely advice, referrals and early intervention.	Children's Services, Early Help Team	Sep-27
		Improve awareness of local referral pathways and support available to young people at risk of homelessness.	Children's Services, Comms Subgroup - Homelessness and Rough Sleeping Forum	Dec-27
Page 92	Lived Experience			
4.1	Coordinate existing lived experience groups and networks to create a more connected, representative, and influential approach to engagement across the homelessness system.	Map existing lived experience groups and engagement mechanisms, so that work is coordinated.	Data Sub-Group-Homelessness and Rough Sleeping Forum; TRI; What's Your Problem; Devon Rape Crisis; St Mags; Helpline; Age UK; Citizens Advice	Mar-27
5.2	Use lived experience insight to inform decision-making, service design, and continuous improvement across the homelessness system.	Establish a framework for identifying when lived experience should inform decision-making and a mechanism for evidencing how lived experience has influenced decisions and system improvement.	Data Sub-Group Homelessness and Rough Sleeping Forum	Sep-27

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(<https://www.devonsafeguardingadultspartnership.org.uk/>)

Devon Safeguarding Adults Partnership
Devon County Council

Torbay and Devon Safeguarding Adults Partnership Annual Report 2025/26

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Section 1: Chair's Foreword

1.1 Paul Northcott – Independent Chair



Over the past twelve months, the Torbay and Devon Safeguarding Adults Partnership has demonstrated the value of determined, collaborative action in protecting adults at risk and in strengthening practice across our communities.

I am immensely grateful for the hard work, professionalism and commitment shown by colleagues across all partner organisations, particularly as we have embedded the Multi-Agency Risk Management Framework and strengthened the way learning from Safeguarding Adults Reviews informs frontline practice. Together, we have also improved quality assurance and community engagement and delivered innovative initiatives across the partnership. These achievements have been made against a backdrop of rising safeguarding demand and ongoing complexity, making the progress described in this report especially significant. As Independent Chair, I thank everyone who has contributed and look forward to building on this strong foundation as we pursue our priorities for 2025-2027.

Section 2: Our Purpose

The Torbay and Devon Safeguarding Adults Partnership (TDSAP) brings together organisations across Torbay and Devon that have a shared responsibility for safeguarding adults. Led by an Independent Chair, the Partnership provides strategic leadership to help ensure adults are protected from abuse and neglect and can live safely and with dignity.

Under the Care Act 2014, the Partnership's primary purpose is to help and protect adults who:

- Have care and support needs; and
- Are experiencing, or are at risk of, abuse or neglect; and
- Are unable to protect themselves because of their care and support needs.

The TDSAP is the key forum where partner agencies work together to improve safeguarding arrangements across Torbay and Devon. It promotes effective partnership working, provides oversight and challenge, and helps ensure organisations fulfil their responsibilities to safeguard adults and support their wellbeing.

Section 3: Our Structure

The TDSAP has established a governance structure to support and oversee the delivery of its work.

Two groups report directly to the Partnership Board:

- Safeguarding Adults Review (SAR) Core Group**
- Operational Delivery Group (ODG)**

The Operational Delivery Group is supported by two sub-groups:

Quality Assurance and Improvement Sub-Group (QAI)

Community Engagement Sub-Group (CEG)

These groups play a key role in delivering the Partnership's priorities, monitoring progress, and supporting continuous improvement in safeguarding practice across Torbay and Devon. Their work is supported by the Partnership Practice Lead, Partnership Business Manager, and Partnership Co-ordinators.

3.1 Organisational Structure for 2025/2026

Section 4: Our Partnership Members

4.1 Statutory Partners

The Statutory Partners of the TDSAP are:

4.2 Partners

Other partner members of the TDSAP are:

Torbay and South Devon NHS Foundation Trust	Devon Partnership Trust
Royal Devon University Healthcare NHS Foundation Trust	NHS England/Improvement
University Hospitals Plymouth NHS Trust	Housing Representative
Livewell Southwest	Devon & Somerset Fire & Rescue Service
South Western Ambulance Service NHS Foundation Trust	Care Quality Commission
Department for Work and Pensions	Voluntary and Community Services Representatives
HM Prison Service	Healthwatch
The Probation Service – Devon and Torbay	The Heart of the South West Trading Standards
District Councils	

Section 5: Safeguarding Activity

The data below has been routinely monitored through the Performance and Quality Assurance (PQA) Subgroup and by Board Members to identify trends and areas for additional scrutiny. This includes variances against national and comparative area data. This report includes the data to demonstrate safeguarding activity over the 2025-2026 period.

Please note that at the time of completing this report, the National Safeguarding Adults Collection (SAC) data has not been published, therefore some figures may be subject to change.

5.1 Section 42 – Safeguarding Concerns and Enquiries

In both authorities, there has been a sharp increase in the number of concerns started. In Devon, there has been a 17% increase from 24/25, with levels at an unprecedented level. In Torbay, there was a 10% increase in concerns started, with numbers returning to previous levels after a decrease last financial year.

For Devon, there has been a 78% increase in enquiries started when compared to the previous financial year. This reflects both on the increase in concerns started and clarification around the threshold for proceeding to enquiry which has resulted in an increase in the conversion rate. Torbay has seen a 46% increase in enquiries started with numbers the highest for any available data.

Both authorities have seen an increased percentage of concerns with an outcome of 'Proceed to Safeguarding'. Combined with the increase in referrals to safeguarding, this has contributed to the large increase for Devon and Torbay in enquiries started.

5.2 Demographics

In Devon, the percentages for male and female are similar to those of last year. In Torbay, the percentage of safeguarding concerns for females rose to 62% last financial year but fell back to 57% this year. This compares to 52% of the general adult population in England being recorded as female

87% of individuals involved in safeguarding concerns in 2025-26 in Devon and 65% in Torbay, recorded their ethnicity as white. This is very similar to the percentages from 2024-25. 82% of the population recorded their Ethnicity as white in the 2021 census. In Devon, the percentage of concern where ethnicity is not known has increased by 1%, in Torbay it has fallen by 1% from last year.

In Devon, there has been an increase in the percentage of concerns for those aged 65 and over from 57% to 59% this year. In Torbay, there has been a sharp rise in the percentage of concerns for those aged 18-64, from 44% last year to 53% this year.

5.3 Location of risk

71% of enquiries in Devon and 55% of enquiries in Torbay took place within the individual's own home, an increase for both authorities on the previous financial year.

In Devon, there has been a slight decrease in the percentage of enquiries 'In the community-excluding community services', and in Torbay, a slight increase in the percentage of enquiries in Residential Care Homes from 22% to 25%.

5.4 Types of Risk

In Devon, the most common types of risk in 2025-26 were Self Neglect (25%), Neglect and Acts of Omission (15%) and Domestic Abuse (14%), an increase for Domestic Abuse from 12% in 2024-25.

In Torbay they were Neglect and Acts of Omission (24%), Organisational Abuse (15%) and Physical Abuse (15%). There has been a drop in the percentage of enquiries with Self Neglect from 19% to 13%.

5.5 Making Safeguarding Personal (MSP)

Approaches to safeguarding should be person-led and outcome-focused.

In Devon the percentage of people or their representatives asked about their desired outcomes in safeguarding enquiries in 2025-26 has fallen slightly to 90%. In Torbay this has increased again to 79%.

Of those asked about their desired outcomes, in Devon, 93% had their outcomes either fully or partially met, the same as last year. In Torbay there was an increase from 93% last year to 96% of those expressing outcomes having these outcomes partially or fully met.

Section 6: Safeguarding Adults Reviews (SARs) and our SAR Core Group

6.1 Summary

Safeguarding Adults Reviews (SARs) are a statutory responsibility of Safeguarding Adults Boards under the Care Act 2014. A SAR must be considered when an adult with care and support needs has died, or experienced serious abuse or neglect, and there is concern that partner agencies could have worked more effectively together to protect them. Boards also have the discretion to commission a SAR in other situations where there are significant opportunities for learning and improvement.

The primary purpose of a SAR is not to apportion blame, but to identify learning from complex safeguarding cases and use that learning to strengthen practice, improve partnership working and enhance outcomes for adults at risk. SARs provide an important opportunity for agencies to reflect on how services were delivered, understand what could have been done differently, and implement meaningful improvements across the safeguarding system.

The Torbay and Devon Safeguarding Adults Partnership (TDSAP) has a dedicated Safeguarding Adults Review Core Group that oversees all SAR activity on behalf of the Partnership. The Group considers and makes decisions on new SAR referrals, commissions reviews where appropriate, and manages the review process through to completion. It also oversees the implementation of recommendations and monitors progress to ensure learning translates into improvements in practice.

The SAR Core Group comprises representatives from key partner agencies, including NHS Devon Integrated Care Board, Devon County Council, Torbay Council, Devon Partnership NHS Trust, Devon and Cornwall Police, and other relevant organisations as required. Through regular meetings and quarterly reporting to the TDSAP Board, the Group provides assurance that lessons identified through reviews are shared effectively and contribute to continuous improvement across the partnership.

Further information about Safeguarding Adults Reviews, including the Partnership's multi-agency policy and published reviews, is available on the TDSAP website: [Torbay and Devon SARs \(https://www.devonsafeguardingadultspartnership.org.uk/about/safeguarding-adult-reviews/torbay-and-devon-sars/\)](https://www.devonsafeguardingadultspartnership.org.uk/about/safeguarding-adult-reviews/torbay-and-devon-sars/).

6.2 SAR activity during 2025/26

The TDSAP received sixteen SAR Referrals in 2025/26 from eight different partner organisations and one family member.

Following thorough consideration of these SAR referrals, the SAR Core Group decided that four of them met the criteria for a SAR review to take place, as defined within Section 44 of the 2014 Care Act.

The themes from SAR referrals include, but are not exclusive to:

Mental Health (any support that people receive to protect or promote their mental health and psychosocial wellbeing)

Self-Neglect (a person being unable, or unwilling, to care for their own essential needs)

Substance Misuse (Substance misuse develops when you continue to take substances which change the way you feel and think)

Neglect/Acts of Omission (the failure to meet an individual's basic and essential needs, either deliberately or by failing to understand these)

Organisational Abuse (harm that arises from poor working practices, inadequate care, or systemic failures within an organisation, rather than from a single individual's actions)

Domestic Abuse (Domestic abuse is a pattern of abusive behaviour in any relationship that is used by one partner or family member to gain or maintain power and control over another).

In 2025/26, the Torbay and Devon Safeguarding Adults Partnership published five SARs, all of which are available on the TDSAP website.

With all SAR reviews, the identified learning and SAR recommendations are progressed and embedded into operational practice. The purpose of a SAR is not to reinvestigate or to apportion blame. It is an opportunity to uncover learning for all partner agencies involved and to change practices in the future.

More information is available on our website about SAR Care Act 2014 criteria, how to complete a SAR Referral (<https://www.devonsafeguardingadultspartnership.org.uk/about/safeguarding-adult-reviews/>) and our previously published SARs (<https://www.devonsafeguardingadultspartnership.org.uk/about/safeguarding-adult-reviews/>)

6.3 Published SARs in 2025/26

Self-neglect remains one of the most complex and persistent challenges in adult safeguarding, and it frequently features in Safeguarding Adults Review (SAR) referrals.

Recognising the need for a more impactful approach to learning and improvement, the partnership adopted a different methodology for **SARs Drew, Audrey, Lyla and Jade** by convening a multi-agency in-person self-neglect conference in June 2025.

This event brought together frontline practitioners to explore both practice-based and systemic issues fostering open dialogue and collaborative problem-solving.

The aim was to move beyond traditional review formats and create a dynamic space for shared learning, reflection, and continuous improvement across the partnership.

SAR Drew

Drew worked as an engineer on cruise ships and enjoyed holidays abroad with his late wife. He was heavy smoker and enjoyed drinking wine.

Drew had a diagnosis of COPD which alongside issues with his knees impacted on his mobility. He used mobility equipment which enabled him to maintain access to local shops. Bereavement of his wife during the pandemic resulted in Drew struggling to cope. His mental health deteriorated, and he became more dependent on alcohol. Drew continued to go out and get his own provisions; however, he was increasingly self-neglecting at home.

Drew became known to several partner agencies, which raised concerns and explored various support options. These contacts took place over several years both on the telephone and face to face. Concerns regarding how Drew was coping and regarding his physical home environment was ongoing for a long time. He appeared very able to express his views and wishes, acknowledging that since the loss of his wife he had struggled with some aspects of daily living but asserted that he was addressing these. Drew often declined offers of visits and, through disguised compliance, maintained that he was managing and did not want support from anyone.

An episode of Drew hallucinating that there are people in his flat including his deceased wife, resulted in several partner agencies being alerted to his continued isolation, loneliness and physical deterioration. The decline in his physical environment also suggested he was not coping. Again, Drew

assured partner agencies that he was addressing the concerns with no further involvement, support, monitoring or follow up.

Some months later a neighbour raised concern regarding a foul smell and maggots coming through the ceiling from Drew's flat above. Forced entry to the flat revealed the electricity was not working, with excessive black bags of rubbish throughout, black floors, brown walls, and curtains drawn, with large numbers of empty wine bottles and cigarette ends throughout. Drew's decomposed body was discovered amongst the rubbish.

Drew was 73 years old at the time of his death.

The learning brief, which has been shared across partner organisations, is available here: [SAR Drew – learning brief](#)

(<https://devoncc.sharepoint.com/:b:/s/PublicDocs/AdultSocialCare/EfeNAL6BBtJljCtxfw3c5r0BW5e8Hti9qMAqXgVnCDElw?e=9ynWu5>).

SAR Audrey

Audrey lived alone in the community. She was known to have an extensive history of mental health-related concerns, including presenting with different identities, various missing person episodes and threats of suicide. Audrey also had significant physical health needs and diabetes.

It was well known to partner agencies that Audrey was neglecting her self-care and health care needs, often using her medication to self-harm or for periods of time not taking any of her medication at all. Diabetes management was complex and required daily support from health professionals to ensure appropriate daily administration. Audrey often refused to let professionals in to provide the vital support she required, and episodes of violent behaviour and outbursts towards professionals were well documented. So was her long history of self-harming behaviours.

During the last year of Audrey's life, she was admitted to hospital on two occasions for emergency treatment due to a combination of self-neglect and neglect of her health care needs.

During the first admission, Audrey was assessed as being a danger to herself. She self-discharged from hospital and was reported as a missing person. Audrey was located following a public order incident, arrested, and taken back to hospital for medical treatment.

Four months later, Audrey was again admitted to hospital with the same concerns regarding her level of self-neglect, self-harm behaviours and lack of appropriate management of her complex diabetes and other health needs. Again, Audrey self-discharged from hospital, was located and taken back to hospital with the use of section 136 of the Mental Health Act 1983.

Shortly after being discharged from hospital, a neighbour raised concern that she had not seen Audrey for two weeks and was concerned that she may have gone missing again and come to harm. Audrey was found deceased in her home in a state of decomposition. It is yet to be confirmed whether Audrey

died as a result of another medical episode or suicide.

Audrey had refused support from professionals for her mental and physical health needs for years. She also refused potentially lifesaving treatment on every occasion she was admitted to hospital and discharged back into the care of community health and care professionals.

Audrey was 50 years old at the time of her death.

The SAR learning brief, which has been shared across partner organisations, is available here: [SAR Audrey – learning brief](https://devoncc.sharepoint.com/:b:/s/PublicDocs/AdultSocialCare/EQZqbScIXYtMnKtkTJnsd_kBQic/qiCyeYnuwQygFwzodA?e=vmhpDn)
(https://devoncc.sharepoint.com/:b:/s/PublicDocs/AdultSocialCare/EQZqbScIXYtMnKtkTJnsd_kBQic/qiCyeYnuwQygFwzodA?e=vmhpDn)

SAR Lyla

Lyla had severe epilepsy and type 1 diabetes for which she was prescribed a range of medications. She lived in a supported living environment where she was supported with waking night staff and assistance for showering due to her fearfulness of having a seizure when on her own. She moved from this environment for a brief stay with family before deciding to move into the local area to live with her partner.

Lyla had been in an abusive relationship when she was younger and often experienced flashbacks as a result of the domestic abuse, resulting in her neglecting her physical and mental health needs. Lyla again found herself in a relationship characterised by multiple aspects of domestic abuse.

Lyla was admitted to hospital on several occasions for not managing her insulin safely and appropriately. During one admission for suspected diabetic ketoacidosis (DKA) an assessment stated that her presentation was consistent with that of complex PTSD on the background of complex childhood traumas and emotional dysregulation.

During admissions for diabetes management, Lyla would often decline medication and engagement with specialist services would be intermittent, with Lyla refusing to eat or take any medication until she could be reunited with her partner. On her return home, the aggressive behaviour and abuse would escalate again, with accusations from both Lyla and her partner towards each other as to who was to blame. It was known that Lyla had taken overdoses previously following arguments with her partner.

Lyla remained reluctant to fully engage in any safety plan. The combination of domestic abuse, health challenges, and resistance to support placed her in a high-risk category.

Lyla was found collapsed and unresponsive at home by her partner. Paramedics attended and confirmed that she was deceased.

Lyla was 25 years old at the time of her death.

The SAR learning brief, which has been shared across partner organisations, is available here: [SAR Lyla – learning brief](https://devoncc.sharepoint.com/:b:/s/PublicDocs/AdultSocialCare/ERynAX6GVopDIFmCucBOHmEEoGJJnCzru-x75RvHBcgyg?e=AeobCA)
(<https://devoncc.sharepoint.com/:b:/s/PublicDocs/AdultSocialCare/ERynAX6GVopDIFmCucBOHmEEoGJJnCzru-x75RvHBcgyg?e=AeobCA>)

SAR Jade

Jade lived alone in the community. She grew up locally with parents who both had alcohol dependence issues. Jade left school with minimal qualifications; she reported that she had never been employed and relied on benefits.

Jade had a diagnosis of PTSD resulting from significant high-level domestic abuse. It is recorded that several of her relationships were domestically abusive and that this led to her seven children being brought up in care. After the split from one long-term abusive relationship, Jade spent some years as street homeless.

Jade also had diagnoses of alcohol dependence and psychosis. She was well known to several different partner agencies and was receiving monthly depot injections to support her mental health needs and daily enabling support to maintain all aspects of daily living.

Jade was admitted to hospital on a number of occasions with significant physical injuries, including a broken leg on one admission. These hospital admissions were all recorded as consequential to her being intoxicated.

Several safeguarding concerns were raised by partner agencies regarding the escalating risks of Jade's increasing physical and mental health needs and her increased levels of self-neglect.

Enabling support services raised concern as Jade did not respond to carers visiting her property. After the third attempt, police were called to gain entry. Jade was found deceased at home in a state of severe self-neglect, two days after her last discharge from hospital.

Jade was 48 years old at the time of her death.

The learning brief, which has been shared across partner organisations, is available here: [SAR Jade learning brief](https://devoncc.sharepoint.com/:b:/s/PublicDocs/AdultSocialCare/EeVCYB6rSw1Aq9nQVDvThM0Bv5dx6KEByy5fahsGZaY9A?e=oc9wtx)
(<https://devoncc.sharepoint.com/:b:/s/PublicDocs/AdultSocialCare/EeVCYB6rSw1Aq9nQVDvThM0Bv5dx6KEByy5fahsGZaY9A?e=oc9wtx>)

SAR Thomas

The Safeguarding Adults Review for Thomas was completed and agreed by the TDSAP Board in late September 2021.

The publication of the SAR was delayed to await the outcome of the inquest into Thomas's death.

Progress on embedding the SAR recommendations into operational practice continued in advance of publication.

The TDSAP Board signed off all SAR recommendations as complete in early 2025.

Following contact with the Orchard family, the TDSAP Board agreed to publish the SAR in December 2025.

Thomas was 32 years old at the time of his death. He was a white UK heterosexual man. He lived in supported accommodation and was regularly seen by mental health practitioners as part of Care Programme Approach (CPA) support.

Thomas had enjoyed stable mental health for the previous three years; he was rebuilding his life and had a part-time job as caretaker at a local church.

Thomas was a Christian and attended church every day. He played a role during church services and was part of the ministry team.

Thomas had experienced a rapid decline in his mental health in the five days before his arrest. Mental health services and his support provider were aware of this decline, and efforts were made to support him and attempt to address the underlying cause of his mental health crisis in the days before his arrest.

On 3rd October 2012, police were called to reports of a male causing a disturbance in the High Street Exeter. Thomas was restrained by police and subsequently arrested on suspicion of committing an offence contrary to section 5 of the Public Order Act.

Thomas was detained by Devon and Cornwall Police on 3 October 2012. Thomas's presentation could have been explained by an understanding of his mental health condition. Thomas died on 10th October 2012 whilst in hospital. The cause of his death was severe hypoxic–ischaemic brain damage.

The full SAR, including the completed SAR recommendations, can be found here: [SAR Thomas \(https://www.devonsafeguardingadultspartnership.org.uk/document/sar-thomas/\)](https://www.devonsafeguardingadultspartnership.org.uk/document/sar-thomas/)

Section 7: TDSAP Sub-Groups

7.1 Operational Delivery Group

The Torbay and Devon Safeguarding Adults Partnership (TDSAP) Operational Delivery Group (ODG) plays a central role in translating the Partnership's strategic priorities into tangible improvements for safeguarding adults across Torbay and Devon. As the Partnership's operational engine room, the

group brings together senior representatives from partner agencies to oversee delivery, coordinate activity, and ensure safeguarding arrangements remain effective, responsive, and focused on positive outcomes for adults at risk.

The ODG drives implementation of the TDSAP Business Plan, ensuring agreed priorities progress and are delivered across the partnership. Through regular oversight of multi-agency practice, processes and systems, the group promotes effective communication and collaborative working between organisations, helping to strengthen safeguarding arrangements and protect members of the public from potential abuse and neglect.

One of the ODG's most significant achievements this year has been the development, design, and rollout of the **Multi-Agency Risk Management (MARM) Framework** across Devon and Torbay. Developed in response to the needs of adults facing heightened risks associated with complex and multiple needs, the framework gives practitioners a structured, consistent approach to multi-agency collaboration, information sharing, and risk management.

The MARM Framework has been embedded in operational practice across partner organisations, giving practitioners a practical mechanism to identify, prevent, and reduce high levels of risk for adults with complex needs whose circumstances often span organisational boundaries. By supporting coordinated risk planning and shared decision-making, the framework strengthens agencies' ability to intervene proactively, reduce escalating risk and improve outcomes for some of the most vulnerable adults in our communities.

Alongside this work, the ODG continues to receive regular reports from the Quality Assurance and Improvement Group and the Community Engagement Group, enabling the Partnership to monitor progress, identify emerging issues and support continuous improvement across the safeguarding system.

The governance structure places the ODG at the heart of TDSAP's structure, reporting directly to the TDSAP Board. The group includes the chairs of the Partnership's sub-groups and provides quarterly assurance on progress against the Business Activities.

Membership includes representatives from local authorities, NHS providers, the Integrated Care Board, Devon and Cornwall Police, the Care Quality Commission, probation services, His Majesty's Prison Service, and other key safeguarding partners. This diverse membership supports informed decision-making and shared ownership of safeguarding outcomes.

Overall, the Operational Delivery Group continues to provide the leadership, coordination, and operational oversight required to deliver the Partnership's ambitions, ensuring safeguarding activity remains focused, collaborative, and effective in protecting adults across the area.

7.2 Community Engagement Group

The Community Engagement Group (CEG) ensures that the voices of adults with care and support needs, carers, and community representatives help shape safeguarding adults work across Torbay and Devon.

A key aim of the Group is to improve awareness and understanding of safeguarding adults, particular in communities that are harder to reach. During the year, the CEG strengthened engagement with voluntary and community sector organisations and worked closely with people with lived experience to better understand the barriers and challenges they face in accessing support and safeguarding services.

The Group has continued to deliver on its commitment to co-production, working collaboratively to influence safeguarding adults' priorities, review partnership publications and help develop accessible information and awareness resources.

The CEG also made a significant contribution to planning and delivering Safeguarding Adults Awareness Week, helping shape engagement activities and promote safeguarding messages across Torbay and Devon. This work has supported the Partnership's aim of increasing public awareness of adult safeguarding and encouraging communities to play an active role in preventing abuse and neglect.

Reporting quarterly to the Operational Delivery Group, the CEG continues to provide valuable insight, challenge, and feedback, ensuring the Partnership's work remains informed by the experiences of adults, carers, and local communities.

7.3 Quality Assurance and Improvement

The Quality Assurance and Improvement (QAI) Sub-Group plays a key role in helping the Torbay and Devon Safeguarding Adults Partnership (TDSAP) understand whether safeguarding arrangements are making a positive difference for adults across Torbay and Devon. The group provides assurance that partner organisations are working effectively together, learning from experience, and continually improving support for people at risk of abuse or neglect.

During 2025/26, the QAI Sub-Group successfully delivered its objectives by bringing together information from across partner agencies to identify safeguarding trends, monitor performance, and highlight areas of good practice. This has strengthened the Partnership's understanding of local safeguarding issues and supported informed decision-making to improve services.

A significant focus of the group's work has been ensuring that learning leads to better outcomes for people. Through oversight of safeguarding data, the group has provided assurance that adults are receiving safer, more effective and person-centred support.

The group has also monitored how learning from Safeguarding Adults Reviews has been embedded into practice, helping partner organisations make meaningful improvements and reduce the risk of similar circumstances occurring in the future.

The QAI Sub-Group has also strengthened the Partnership's focus on lived experience by encouraging partner organisations to seek feedback from adults supported through safeguarding processes.

Work undertaken during the year has supported improved safeguarding training, increased sharing of good practice between organisations, greater scrutiny of safeguarding performance, and stronger partnership accountability.

At the heart of the group's work is a commitment to the six safeguarding principles of empowerment, prevention, proportionality, protection, partnership and accountability. By promoting these principles across all partner organisations, the QAI Sub-Group has helped ensure that safeguarding remains focused on keeping people safe while respecting their rights, choices and independence.

Section 8: Summary of Partner Achievements During 2025/26

Below is a selection of the key partner achievements, in relation to safeguarding adults, during the year:

8.1 Devon County Council (DCC)

Devon County Council Integrated Adult Social Care service has introduced dedicated social care leadership safeguarding locality meetings across the organisation. These meetings have established clear, consistent structure for safeguarding leadership within operational services, strengthening local ownership and improving how safeguarding practice is discussed, reviewed, and developed. Their introduction has enabled better communication of learning, greater oversight of practice issues, and a stronger focus on improvement activity, all of which have contributed positively to the quality and consistency of safeguarding practice across the organisation.

Devon County Council Integrated Adult Social Care delivered a "Learning Together" Safeguarding Practice Takeover programme, bringing practitioners together across localities through case-based, practice-led workshops. The programme strengthened application of the six safeguarding principles,

with a strong focus on prevention, early risk identification and proportionate, timely action. It has reinforced partnership working, improved information sharing and supported more coordinated multi-agency responses. This has driven greater consistency in applying Care Act duties, including Section 42 criteria, timeliness, proportionality, and improved recording and accountability.

Devon County Council Integrated Adult Social Care identified key safeguarding improvement priorities through CQC preparation under Theme 3: Safety, spanning leadership, governance, quality assurance, performance and practice quality. A strengthened Safeguarding Adults Improvement Plan informed by an independent review, is improving system responsiveness, strengthening how risk is identified and managed, and enhancing protection from abuse, neglect and harm while supporting people to live safely and as they choose.

8.2 Torbay and South Devon NHS Foundation Trust (TSDFT)

The responsibility for adult safeguarding in Torbay is formally delegated from Torbay Council to Torbay and South Devon NHS Foundation Trust through established partnership arrangements. This integrated approach continues to provide significant benefits, enabling a more joined-up safeguarding system that delivers timely, coordinated health and social care responses to concerns, and supports effective multi-agency working. The Local Authority has been rated “Good” by the Care Quality Commission (CQC), reflecting the strength of these arrangements, with a continued strategic focus on embedding the principles of Making Safeguarding Personal, ensuring that safeguarding responses are person-centred and outcome-focused.

Feedback from people who have experienced safeguarding interventions remains consistently positive. Through independent quality assurance processes, individuals report that they feel listened to, involved, and well-informed throughout the safeguarding process, and that they value the support provided. This qualitative feedback is systematically reviewed and used to inform continuous service improvement and strengthen practice.

Within regulated health services, the Friends and Family Test (FFT) continues to provide an important mechanism for capturing patient experience. By asking people whether they would recommend the services they have used, alongside follow-up questions, the FFT offers valuable insight into both positive experiences and areas for improvement. This aligns with wider safeguarding objectives by ensuring that the voice of the individual informs service delivery and quality assurance.

Over the past 12 months, the health safeguarding team has prioritised strengthening workforce capability through the development of training and resources. Safeguarding adults training has been redesigned to improve accessibility and engagement for staff across services. In addition, an independently commissioned Mental Capacity Act (MCA) audit has enabled the organisation to build on its existing strengths by developing targeted training aimed at enhancing staff knowledge,

confidence, and application of the legislation in practice. There has also been a strengthened integration of the Independent Domestic Violence Advocate (IDVA) role within clinical teams, improving frontline support and responsiveness to individuals experiencing domestic abuse.

Within Adult Social Care, there has been a continued focus on learning and improvement in response to Safeguarding Adults Reviews (SARs) published by the Torbay and Devon Safeguarding Adults Partnership (TDSAP). This includes embedding learning through practice-based training approaches such as the introduction of applied exercises on self-neglect, and enhancing multi-disciplinary oversight arrangements across SARs, Domestic Homicide Reviews, suicide reviews, and Prevent activity. The service has also responded to findings from an independent Deprivation of Liberty Safeguards (DoLS) audit, implementing a revised operating model to optimise the use of available resources and improve performance.

Alongside these developments, there has been a continued emphasis on strengthening the use of data and intelligence to monitor safeguarding activity, identify emerging risks, and support proactive management oversight. Collectively, these improvements demonstrate a sustained commitment to delivering high-quality, compliant safeguarding services that are responsive to the needs and experiences of local people.

8.3 Devon and Cornwall Police

Protecting Vulnerable People PowerApp

A new Protecting Vulnerable People PowerApp has launched for frontline officers to provide concise, easy-to-read, up-to-date PIP 1 advice on best practice when dealing with vulnerable persons across all the vulnerability crime types.

The app is designed to assist officers with practical advice on initial actions, considerations, process flowcharts, safeguarding, and referrals. It also provides links to further detailed guidance on the internal SharePoint and Investigation Academy sites, and links to external agencies who can provide assistance and support. The aim of the App is to provide a resource that officers can access either at scene or when needed to refresh knowledge, presented in a bite-sized format for easy reference.

Dementia Safeguarding Scheme

The Force has teamed up with Plymouth-based charity Memory Matters to pilot a new Dementia Safeguarding Scheme and will consider Peninsula-wide development if successful. People with dementia may have an increased risk of missing episodes, and the new scheme aims to reduce wandering episodes that become missing person searches.

First pioneered by Avon & Somerset Police, people affected by dementia who sign up to the scheme are given wearable devices that can help if they get lost or disoriented.

All the information held in the devices is controlled by the individual or the people who support them. The scheme also incorporates the [Herbert Protocol](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.devon-cornwall.police.uk%2Fnotices%2Faf%2Fherbert-protocol%2F&data=05%7C02%7Csafeguardingadultsboardsecure-mailbox%40devon.gov.uk%7C02994c9cf0b94c533fad08debfbcb2427%7C8da13783cb68443fbb4b99777fd5bfb%7C0%7C0%7C639159011960710320%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIlwLjAuMDAwMCIslIAiOiJXaW4zMilslkFOljoiTWFpbClldUljoyfQ%3D%3D%7C%7C%7C%7C&sdata=hx14D3KGMFJjr%2Bzhsv%2FmQx40xktOMBSW%2B3ux90Kw0%3D&reserved=0) (<https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.devon-cornwall.police.uk%2Fnotices%2Faf%2Fherbert-protocol%2F&data=05%7C02%7Csafeguardingadultsboardsecure-mailbox%40devon.gov.uk%7C02994c9cf0b94c533fad08debfbcb2427%7C8da13783cb68443fbb4b99777fd5bfb%7C0%7C0%7C639159011960710320%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIlwLjAuMDAwMCIslIAiOiJXaW4zMilslkFOljoiTWFpbClldUljoyfQ%3D%3D%7C%7C%7C%7C&sdata=hx14D3KGMFJjr%2Bzhsv%2FmQx40xktOMBSW%2B3ux90Kw0%3D&reserved=0>), encouraging members to fill out a form with vital information about a vulnerable person in the event that they go missing.

8.4 Devon Partnership Trust

During 2025–2026, Devon Partnership NHS Trust (DPT) continued to play an active role within the Torbay and Devon Safeguarding Adults Partnership and its subgroups. Trust representatives contributed clinical and mental health expertise to partnership assurance, quality improvement and learning from statutory reviews.

Safeguarding activity increased during 2025–2026. The Trust completed approximately 100 more section 42(2) safeguarding adult enquiries than in the previous financial year; 382 enquiries had been caused out to DPT during the reporting period.

DPT continued to require registered clinicians and practitioners to complete Level 3 safeguarding children and safeguarding adults training.

Key developments and achievements during 2025–2026 included:

- commissioning and completing an independent review of the Trust's safeguarding provision, with an implementation plan to be progressed during 2026–2027;

- appointing an Interim Head of Safeguarding

- implementing a safeguarding dashboard from 1 April 2026, reducing reliance on manual spreadsheet reporting and improving directorate-level oversight;

The Central Safeguarding Team maintained a substantial programme of workforce support. Staff attended 811 safeguarding supervision sessions during the year, and 404 staff accessed individual consultations.

Executive and Board assurance continued to be provided through:

- oversight through the Integrated Safeguarding Committee and directorate safeguarding committees;

quarterly Safeguarding and Legal Bulletins and communication through Safeguarding Champions;

learning and action plans arising from Safeguarding Adults Reviews, Domestic Homicide Reviews, Child Safeguarding Practice Reviews and Mental Health Homicide Reviews.

8.5 NHS Devon

While NHS reforms are underway and guidance continues to evolve, primary legislation remains in force. Statutory duties therefore continue to sit with ICBs until any legislative changes are made.

In the past year, NHS Devon continued its collaboration with the Torbay and Devon Safeguarding Adults Partnership (TDSAP) to maintain and enhance the quality of safeguarding adults reviews. This collaboration focused on identifying progress and sharing valuable learning across the health economy.

The main SAR themes identified are self-neglect, mental ill-health, substance misuse, and acts of omission. The Designated Professionals have utilised this knowledge to inform their preventative and improvement work. One example being a Mental Capacity Act (MCA) self-assessment completed by NHS providers in April 2025. There was a 100% response rate. The audit has given assurance that providers are compliant with statutory functions.

Recommendations for NHS Devon are actively monitored by the NHS Devon Safeguarding Steering Group, and the resulting insights are disseminated to staff through tailored training sessions, staff bulletins, and quality assurance meetings.

Additionally, NHS Devon supported the partnership to review and update the self-neglect and hoarding guidance, which is now available on their public website.

The NHS Devon Safeguarding Adults Designated Professional facilitated discussions at a conference on self-neglect, where four safeguarding adults reviews were examined last summer.

TDSAP redesigned their subgroup structure to create a Quality Assurance and Improvement subgroup (QAI). The Designated Nurse co-chairs the subgroup where assurance activity is undertaken to evidence whether learning from safeguarding adults reviews is embedded into practice and delivering the impact desired. The group also assures learning standards and delivery across the health and social care system.

The Designated Nurse has championed and been part of the implementation of the Multi-Agency Risk Management Framework (MARM), providing a structured and coordinated approach to support timely and effective information sharing for adults who are exhibiting high-risk behaviours or are at significant

risk of harm due to their current circumstances. It encourages a collaborative, preventative, and early intervention-focused response, aiming to reduce risk and improve outcomes for the adult's health and wellbeing.

The Devon and Cornwall Sexual Violence Trauma Pathfinder project funded by NHSE ended in December 2025. More than 350 practitioners have been trained to deliver trauma stabilisation techniques to people they are working with. The project has demonstrated a positive impact on those individuals who have experienced trauma following sexual abuse.

Professional working relationships between TDSAP and NHS Devon ICB safeguarding colleagues continue to be professional, effective and trusted.

8.6 Royal Devon University Healthcare NHS Foundation Trust

Strong Safeguarding Culture and Partnership Assurance

The Trust continues to meet SAAF 2024 requirements, demonstrating effective partnership working across all safeguarding priorities. A positive safeguarding culture is evidenced by increasing referrals strong staff confidence, and comprehensive training, particularly in trauma-informed practice and self neglect.

The Trust continues to work closely with partners to strengthen recognition and response, with increased disclosures from patients and staff resulting in timely safety planning and support. Learning from reviews is embedded and informs continuous improvement, supported by robust governance and Board assurance.

Embedding Person-Centred Practice and Patient Voice

Making Safeguarding Personal is well established, with the MARM Framework embedded across services and supported by dedicated leadership. This has strengthened a person-centred approach, enabling individuals to manage risk, particularly within community services. Improvements are evidenced through audit, patient feedback, and the increased use of lived experience to shape practice, including within transitional safeguarding. Progress in accessible communication and co-produced engagement supports patients and families to better understand care, decision-making, and the impact of MCA and DoLS.

Strengthened MCA/DoLS Practice and Least Restrictive Care

The Trust demonstrates strong MCA and DoLS oversight, including effective 7-day review processes. Work across discharge, mental health, and learning disability services has improved the consistent application of mental capacity and best interests' decision-making, reduced restrictive practices, and enhanced patient and carer understanding. Good practice in identification, action and oversight

around Domestic Abuse remains embedded across all clinical areas, strengthened by the recommissioned Health IDVA service, supporting a more responsive, person-centred and least restrictive approach to care.

8.7 Probation Service

We have linked adult safeguarding training to pay progression for staff so we can ensure that this important learning is prioritised.

We have 100% compliance rate for people having undertaken their safeguarding adults training.

We continue to hold quarterly safeguarding briefings for all staff to ensure learning from Safeguarding Adults boards is disseminated. During these meetings, we review learning from Safeguarding Adults Reviews and ensure that staff are aware of any upcoming training opportunities.

This year, we have shared SAR learning and used these briefings as an opportunity to also launch the HMPPS Adult Safeguarding Charter with our staff. This outlines our roles and responsibilities related to Adult Safeguarding as HMPPS employees.

We have been committed to the promotion and implementation of the MARM Framework through engagement with partners in the development stage and in its launch across our Probation Delivery Unit.

8.8 Devon and Somerset Fire and Rescue Service

Devon and Somerset Fire and Rescue Service are continuing to embed safeguarding further into the organisation. Internal governance arrangements including the Safeguarding Steering Group and Safeguarding Board ensure that senior managers, including our Chief Fire Officer, have oversight of all aspects of safeguarding across the service and these forums have provided oversight around some complex safeguarding cases including those with multiple fire risks, and frequent callers to the service.

Further work has been carried out to ensure that internal fatal fire review meetings routinely consider the potential for SAR referrals following fatal fires and ongoing discussions with the board have supported our work around ensuring we share learnings from fatal fires or significant incidents with partner agencies to ensure we collectively reduce fire risk within the community.

Work has been progressed this year around our communications calendar to ensure our safeguarding messaging is targeted, consistent, and aligned with safeguarding priorities. We are currently undertaking work around our internal resource page to ensure staff have accessible safeguarding information to hand when they are attending incidents or home safety visits. In addition to this, we have updated the service's internal mandatory safeguarding e-learning package to ensure all staff have an understanding of safeguarding.

Engagement has continued with the service's whole-time operational crews across our service area, which has been really successful, and we are beginning to see enhanced quality of safeguarding referrals made internally to our safeguarding team. We are currently working on an engagement programme with on-call firefighters. Historically, time pressures, location and turnover of staff have made this engagement challenging, but we are exploring ways that we can engage with on-call staff to ensure safeguarding knowledge and awareness is embedded within this sector of our staff.

8.9 South Western Ambulance Service NHS Foundation Trust

The South Western Ambulance Service NHS Foundation Trust (SWAST) is responsible for the provision of ambulance services across an area of 10,000 square miles, which is 20% of mainland England. The Trust serves a total population of over 5.5 million and is estimated to receive an influx of over 23 million visitors each year. Our core operations focus is the delivery of emergency ambulance 999 services.

During 2023/24 the SWAST Safeguarding Team underwent an external independent review. A final report with recommendations was accepted on the 31st of October 2023.

An improvement plan was developed and framed around 5 key deliverables:

1. Robust governance, assurance & reporting
2. Safeguarding Team capacity
3. Safeguarding referral system
4. Data capture, audit and learning from incidents
5. Safeguarding Education & Supervision

Action against these deliverables commenced with immediate effect and significant progress was made during 2024/25. During 2025/26 all outstanding actions have been completed, and the Safeguarding Team is transitioning into business as usual.

There is a Safeguarding Specialist for each locality within SWAST, in addition to a central Safeguarding Education Specialist, Learning Disability, Autism and Dementia Lead and our Complex Care Team. Our Safeguarding Specialists conduct statutory and non-statutory reviews on behalf of the Trust when there have been Safeguarding cases which have resulted in significant harm or death. They also participate in the Child Death Review process on behalf of the Trust.

Learning and actions emerging from statutory reviews include:

1. Mental Capacity – The Trust has reviewed its Mental Capacity arrangements and actions are underway to identify a Trust MCA lead and to strengthen MCA training. The revised Trust MCA policy has been approved, and work is underway to review our Mental Capacity Assessment tools.

Professional curiosity – Safeguarding education within SWAST has increased significantly since 2023/24. All frontline staff receive 4.5 hours on their development days, which will cumulatively amount to full Level 3 Safeguarding compliance for all frontline staff in 2026/27. Training is developed by the Safeguarding Education Specialist who delivers a train-the-trainer session for Learning and Development. Bespoke and ad-hoc Safeguarding training opportunities are available throughout the year to address identified areas of learning and specific topics. Professional curiosity is a golden thread running throughout Safeguarding training and Safeguarding supervision

Missed Safeguarding referrals – SWAST has developed a new Safeguarding referral process including new forms and automation. This has been launched using staff communications, count leadership teams and our Safeguarding Specialists. Resources have been developed to support staff in recognising Safeguarding concerns and making a quality Safeguarding referral. Promotional and training in relation to Safeguarding referrals will continue throughout 2026/27.

Recognition and reporting of Domestic Abuse – SWAST Safeguarding Team have undertaken a full review of its Domestic Abuse processes and has revised them in consultation with our system partners. The new Domestic Abuse process will be launched during 2026/27. The revised processes will be audited as part of the Trust audit programme in late 2026/early 2027.

The SWAST Safeguarding Team continues to work closely with our system partners. This can be evidenced by:

- Active participation in Safeguarding Boards across all localities, attendance at Board subgroup and participation in statutory review processes and learning from experience events
- 2025 SWAST Safeguarding conference, with speakers from Unseen, the DIVA's and Avon Fire and Rescue Service
- Chairing and engagement in Multi-agency Adult at Risk Meetings (MARM) and Complex Care meetings
- Representation and involvement in Allegation Management Meetings (AMM), chaired by the Local Authority LADO or PIPOT
- Improved relationships and engagement in Multi-Agency Safeguarding Hubs (MASH)

- Development of Care Home community of practice with Care Home collaboratives and providers across the region.

Section 9: TDSAP Priorities

2025/27

Under the Care Act 2014, the TDSAP must develop and publish a strategic plan that clearly sets out how it plans to achieve all its statutory objectives. To view the TDSAP Strategic Business Plan, please click: [TDSAP Business Plan \(https://www.devonsafeguardingadultspartnership.org.uk/about/tdsab-actions/\)](https://www.devonsafeguardingadultspartnership.org.uk/about/tdsab-actions/).

In developing this strategic plan, the partnership has worked closely with partner organisations and sought input from community groups to develop a set of priorities that best reflect the needs of Torbay and Devon.

The work of the partnership is not limited to these priorities: flexibility is a key characteristic of the TDSAP and priority will also be afforded to urgent themes and risks that present themselves throughout the plan period.

The TDSAP Board agreed these three strategic priorities for the period from 2025 to 2027.

- 1. To seek assurance from partners in relation to practice improvements in key risk areas**
- 2. To seek assurance from partners that learning from SARs is embedded into practice**
- 3. To improve awareness, engagement and inclusion**

How will we monitor and ensure delivery:

The TDSAP Business Activity Plan monitors and reviews the development, progression and delivery of the actions that support these Strategic Priorities

The Operational Delivery Group holds the Business Activity Plan and reports on progress to each TDSAP Board meeting

We will regularly monitor and assess the safeguarding data and performance to inform future thinking and direction of travel

An Annual Report is produced that describes the activity undertaken by the partnership

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(<https://www.devonsafeguardingadultspartnership.org.uk/>)

Devon Safeguarding Adults Partnership
Devon County Council

Torbay and Devon Safeguarding Adults Partnership Annual Report 2025/26 – Executive Summary

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Working together to protect Adults across Devon and Torbay

The Torbay and Devon Safeguarding Adults Partnership (TDSAP) brings together organisations from across health, social care, policing, housing, fire and rescue, probation, the voluntary sector and local government to help protect adults with care and support needs from abuse and neglect.

Working together allows agencies to identify risks earlier, coordinate support more effectively and improve outcomes for some of the most vulnerable people in our communities.

The Partnership provides strategic leadership and oversight to ensure organisations work together effectively, learn from experience and continuously improve the way people are supported and protected.

What difference has the Partnership made?

During 2025/26, the Partnership has achieved its desired outcomes by focusing on strengthening collaboration between agencies, improving practice and ensuring that learning leads to meaningful change.

This work has had a real impact on people by:

- Improving how agencies identify and respond to adults experiencing abuse, neglect and exploitation.

- Supporting more joined-up responses to people with complex needs and multiple risks.

- Strengthening the voice of adults and carers so that safeguarding is centred on what matters most to them.

- Increasing professional awareness of self-neglect, domestic abuse, mental ill health and other significant safeguarding concerns.

- Embedding learning from Safeguarding Adults Reviews to reduce the likelihood of similar circumstances occurring again.

Improving information sharing and coordinated decision-making

The Partnership's work is designed to ensure that adults are listened to, respected and supported to achieve the outcomes that are important to them.

Understanding safeguarding need in Devon and Torbay

During 2025/26, both Devon and Torbay experienced significant increases in safeguarding activity. Safeguarding concerns increased by 17% in Devon and 10% in Torbay compared with the previous year. Formal safeguarding enquiries also increased substantially across both areas.

Whilst rising numbers can indicate increasing demand and complexity, they can also demonstrate greater awareness of safeguarding responsibilities and improved confidence in identifying and responding to concerns.

Most risks occur in people's own homes

Most risks occur in people's own homes.

The majority of safeguarding enquiries related to risks occurring within an individual's own home.

This reinforces the importance of community-based support, preventative services and strong partnership working across health, social care, housing and emergency services.

Self-Neglect remains a significant concern

Self-neglect continued to feature prominently within safeguarding activity and Safeguarding Adults Reviews.

Self-neglect can include poor personal care, unsafe living conditions, refusal of support and behaviours that place a person's health or wellbeing at serious risk. Many people affected by self-neglect have complex circumstances involving

loneliness, trauma, mental ill health, substance misuse or physical health conditions. The Partnership has prioritised improving how agencies work together to support these individuals.

Domestic Abuse and Mental Health continue to be key themes

The Partnership has seen increasing evidence of links between domestic abuse, mental ill health, substance misuse and safeguarding concerns. These issues often overlap and require agencies to work together in a coordinated way to deliver effective support and intervention.

Putting people at the centre of safeguarding

A key principle of safeguarding is ensuring that people are involved in decisions about their own lives.

The Making Safeguarding Personal (MSP) approach focuses on understanding what outcomes individuals want and ensuring safeguarding interventions help achieve those goals.

During 2025/26, the majority of people involved in safeguarding enquiries were asked about their desired outcomes and more than 90% reported that those outcomes had been fully or partially achieved.

This demonstrates the Partnership's commitment to delivering safeguarding that is not only effective but also person-centred.

For individuals and families this means:

- Being listened to and having a say in decisions.

- Receiving support that reflects their wishes and circumstances.

- Being treated with dignity and respect.

Learning from Safeguarding Adults Reviews

One of the Partnership's most important responsibilities is overseeing Safeguarding Adults Reviews (SARs).

SARs are commissioned when an adult with care and support needs has died or experienced serious harm and there are concerns about how organisations worked together.

Their purpose is not to apportion blame but to identify learning and drive improvements.

During the year:

- 16 referrals for a SAR were received.

- 4 referrals met the statutory criteria for a review.

- 5 SARs were published.

- Learning was shared across all partner organisations.

- The reviews highlighted recurring themes including:

 - Self-neglect.

 - Mental ill health.

 - Domestic abuse.

 - Substance misuse.

 - Neglect and acts of omission.

 - Organisational practice and multi-agency working.

 - In response, the Partnership has strengthened guidance, training, quality assurance arrangements and multi-agency learning opportunities to help prevent similar situations occurring in the future.

A Major Achievement: The Multi-Agency Risk Management Framework

One of the most significant achievements during 2025/26 was the development and implementation of the Multi-Agency Risk Management (MARM) Framework.

The framework provides practitioners with a consistent way of working with adults who experience multiple and complex risks. Page 131

This is important because traditional service responses do not always adequately address situations where risks span several organisations. The framework enables agencies to:

- Share information more effectively.

- Develop shared plans.

- Make collective decisions regarding risk.

- Coordinate support around the individual.

- Intervene earlier to prevent harm.

For people receiving support, this means a more coordinated approach, fewer gaps between services and a greater focus on preventing crisis situations from developing.

Working with Communities

The Community Engagement Group has continued to ensure that the voices of people with lived experience and local communities influence safeguarding work. Throughout the year, the Partnership worked with voluntary and community organisations to:

- Improve awareness of safeguarding adults.

- Continue to reach further into the communities that may be less likely to access support.

- Develop accessible information and resources.

- Support Safeguarding Adults Awareness Week activities.

- Promote inclusion and participation.

By listening to people with direct experience and involving communities in decision making, the Partnership is helping create safeguarding arrangements that better reflect local needs.

Looking Ahead

The Partnership will continue with the agreed three strategic priorities for 2025-2027, seeking assurance that practice is improving in key safeguarding risk areas. Ensuring that learning from Safeguarding Adults Reviews is embedded into everyday practice.

Improving awareness, engagement and inclusion across Devon and Torbay.
These priorities will guide the Partnership's work over the months and help ensure that adults at risk receive effective, compassionate and coordinated support.

Conclusion

During 2025/26, the Torbay and Devon Safeguarding Adults Partnership continued to strengthen safeguarding arrangements across Devon and Torbay.

Through partnership working, learning from experience, investment in workforce development and the introduction of innovative approaches such as the Multi Agency Risk Management Framework, organisations have improved their ability to identify risk, respond effectively and support adults to live safer lives.

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Meeting: Adult Social Care and Health Overview and Scrutiny Sub-Board

Date: 5th November 2026

Wards affected: All

Report Title: CQC Adult Social Care Assessment Report and Improvement/Action Plan

When does the decision need to be implemented?

Not applicable

Cabinet Member Contact Details: Cllr Hayley Tranter, Cabinet Member for Adult and Community Services, Public Health and Inequalities, Hayley.Tranter@Torbay.gov.uk

Director Contact Details: Anna Coles, Director of Adult and Community Services; anna.coles@torbay.gov.uk

1. Purpose of Report

- 1.1 This report provides the Overview and Scrutiny Sub-Board with an update on progress against the Adult Social Care Improvement Action Plan, developed in response to the Care Quality Commission (CQC) local authority assessment of Torbay Council.
- 1.2 A progress update on the Adult Social Care Improvement Action Plan was presented to the Overview and Scrutiny Sub-Board in July 2026. This report provides an update on progress made since that report and outlines how delivery of the Improvement Action Plan continues to be monitored and managed.
- 1.3 This report provides assurance regarding progress made, highlights key areas of delivery and risk, and outlines how improvement activity continues to support service development alongside preparations for the return of Adult Social Care services to direct Council management.

2. Reason for Proposal and its benefits

- 2.1 This report includes the Adult Social Care CQC Improvement Plan with progress to date.

3. Recommendation(s) / Proposed Decision

- 3.1 That the Adult Social Care and Health Overview and Scrutiny Sub-Board consider the report and action plan and notes its content.

Appendices

Appendix 1: Adult Social Care CQC Improvement Action Plan

Appendix 2: CQC Local Authority Assessment: Torbay Council

Supporting Information

1. Introduction

- 1.1 Since the previous report, delivery has continued across all areas of the Improvement Action Plan. Governance arrangements remain in place to monitor progress, manage risks and ensure accountability for delivery.
- 1.2 Significant progress has been made during this reporting period. The new Adult Social Care Case Management System was successfully implemented in September 2026, and work is ongoing to embed new processes, reporting arrangements and quality assurance activity. Progress has also continued in relation to workforce development, commissioning activity, performance reporting, co-production and practice improvement.
- 1.3 Whilst a small number of actions have experienced delays due to capacity pressures, system implementation and wider organisational change, mitigating actions are in place. The overall programme remains focused on embedding sustainable improvements and strengthening outcomes for people who draw on Adult Social Care support and their carers.
- 1.4 The Care Quality Commission is scheduled to undertake its annual conversation with Torbay Council in December 2026. This will provide an opportunity to discuss progress against the Improvement Action Plan, reflect on achievements since the assessment, and identify any areas requiring further focus or development.

2. Options under consideration

- 2.1 None

3. Financial Opportunities and Implications

- 3.1 None

4. Legal Implications

- 4.1 Legal accountability for Adult Social Care in Torbay remains with Torbay Council. The current delivery model includes delegated arrangements with Torbay and South Devon NHS Foundation Trust under a Section 75 agreement.
- 4.2 Understanding the forthcoming dissolution of the Section 75 agreement, changes will be managed in line with legal and contractual requirements. The Council will continue to ensure that statutory duties under the Care Act 2014 are fully met.

- 4.3 The Council will maintain appropriate oversight and assurance of Adult Social Care delivery throughout any transition to ensure compliance with CQC requirements and statutory responsibilities.
- 4.4 Delivery of the CQC Improvement Action Plan will continue throughout the transition period. Progress against all actions will be actively maintained, monitored and reported to ensure improvement activity is sustained without interruption. Governance arrangements have been established to provide oversight of both the improvement programme and transition activity, ensuring continued compliance with statutory duties and CQC expectations.

5. Engagement and Consultation

- 5.1 The CQC assessment process included extensive engagement with a wide range of stakeholders. This included over 200 individuals, including people with lived experience, carers, providers, voluntary and community sector partners, Councillors, and staff across the Council and Torbay and South Devon NHS Foundation Trust.
- 5.2 Engagement with people with lived experience, carers, providers and partner organisations continues to inform delivery of the Improvement Action Plan and wider service improvements, including preparations for the transition from the current Section 75 arrangements.

6. Procurement Implications

- 6.1 None

7. Protecting our naturally inspiring Bay and tackling Climate Change

- 7.1 None

8. Associated Risks

- 8.1 Delivery of the Improvement Action Plan continues alongside significant organisational change, including implementation of the new Adult Social Care Case Management System and preparation for the return of Adult Social Care services to direct Council management. Key risks relate to workforce capacity, competing organisational priorities, market pressures, and embedding new systems and processes. These risks are being managed through established governance arrangements, defined ownership of actions, routine monitoring and reporting, and oversight through the Adult Social Care improvement programme. Whilst some actions have experienced delays, mitigating actions are in place and overall delivery remains on track.

9. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age Page 139	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 decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	Adults and Communities
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 decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	Adults and Communities
Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by a physical or mental health condition or illness.	There is no decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	Adults and Communities

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 decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	Adults and Communities
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 decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	
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.	N/A to this report.	N/A to this report.	
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	There is no decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	

	classified as being amongst the 20% most deprived areas in England.			
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	There is no decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	
Sex	51.3% of Torbay's population are female and 48.7% are male	There is no decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	
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 decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	
Armed Forces Community	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously served in the UK armed forces.	There is no decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	
Additional considerations				

Socio-economic impacts (Including impacts on child poverty and deprivation)		There is no decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	
Public Health impacts (Including impacts on the general health of the population of Torbay)		There is no decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	
Human Rights impacts		There is no decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	
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 decision required in this report; therefore, no equality considerations are identified. Equalities issues are raised in the CQC report which will be addressed in detail in the action plan	The Adult Social Care improvement plan will address the equalities issues identified in the report.	

10. Cumulative Council Impact

- 10.1 Delivery of the Improvement Action Plan supports the Council's corporate commitment to continuous improvement, assurance, effective governance and improved outcomes for residents who draw on Adult Social Care support

11. Cumulative Community Impacts

- 11.1 The Improvement Action Plan seeks to strengthen Adult Social Care services and improve outcomes and experiences for people who draw on care and support, carers and local communities across Torbay. Progress across the programme is intended to support sustainable service improvement and increased assurance regarding the quality and effectiveness of Adult Social Care provision.

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Adult Social Care CQC Improvement Plan

DATE: 16th July 2026

Product	Progress Update	Status	Delivery Date
Commissioning			
Review and re-procure day opportunities.	Day opportunities being considered as part of the ASC transformation plan and reviews of current packages of care. Likely to be a project for recommissioning following S75 transfer.	On Track	Commissioning approach to be determined by spring 2027 following agency reviews of POC
Develop sustainable replacement care offers, community and bed based	Reablement and replacement care added to LWAH contract from January. Procurement of residential offer unsuccessful due to lack of suitable bidders and being revisited as part of a wider review of replacement for both older and working-age adults. Challenges with access to needs data following LAS implementation are impacting the development of the business case.	Delayed	New options for residential replacement care to COG by end December 2026
Develop new care home specification and fee framework	Care Cubed business case developed and approved by DASS and DCS for use in children and adults services to support benchmarking and market negotiation. Plan to go-live following ASC transfer. Use of 1:1 in care homes data analysis refreshed following LAS transfer and high-use providers contacted for focused meetings.	On Track	Care Cubed potential go-live by brokers in April 2027. CMS/LAS go-live September 2026
Advice & Information			
Develop Inclusive Advice & Information Strategy and delivery plan for ASC, including advice and information on DFG's	We are redesigning Adult Social Care webpages to improve navigation, while expanding Easy Read, translated and accessible content, supported by enhanced digital accessibility tools including screen reader compatibility, contrast adjustment and dyslexia-friendly fonts.	On Track	01 March 2027
Joined up access to Adult Social Care bringing together community and voluntary sector, housing and adult social care. Consistent offer across all channels.	Scoping session to be developed as part of Transformation Programme. Requirements for Adult Social Care will be developed to inform Council wide work.	On Track	01 March 2027
Support Structures/Business Processes			

Develop reporting framework for Finance.	<p>Monthly monitoring reports discussed at the Joint Finance Meeting held between the Trust and Council Finance teams every other week. Reports then get taken to the monthly S75 Assurance Board to be discussed and approved.</p> <p>As Adult Social Care transitions to direct Council delivery, the reporting framework for financial information will be reviewed and revised to ensure it reflects new governance arrangements, reporting requirements and lines of accountability. The DLT finance and performance meeting has been established and is providing wider visibility of the current position.</p> <p>The implementation of the new Adult Social Care case management system has required the redevelopment of reporting, datasets and business intelligence products from the ground up. Following go-live, priority has been given to establishing the core operational, performance and financial reports required to support service delivery, governance and decision-making. These reports are now in place and being used routinely.</p> <p>As expected with a major system implementation, further work is required to rebuild and enhance the wider reporting suite available under the previous system. Activity is ongoing to cleanse and expand datasets, improve data quality, strengthen analytical capabilities and develop additional reports to restore and improve upon previous reporting functionality.</p> <p>This work forms part of the planned post-implementation development of the system and will ensure a comprehensive suite of performance, operational and financial reporting is available to support Adult Social Care services and the transition back to direct Council delivery</p>	On Track	1st April 2027
Develop supervision audit framework	The independent supervision audit has now been completed. The findings have been reviewed by the Principal Social Worker (PSW), and an audit action plan has been drafted. This is was agreed at DLT 13 October 2026. Following approval, a programme of work will be undertaken to implement the identified actions, strengthen delivery of the existing policy, review the current TSDFt supervision policy, and design and co-produce a new supervision policy to support practice from April 2027 following the Section 75 transition	On Track	30 March 2027
Improve cross partnership working between Community Safety Partnership, Torbay & Devon Safeguarding Adults Partnership & Torbay Childrens Safeguarding Partnership through development of shared priority plans.	This is identified as a strategic priority within TDSAP Business Plan 25-28. Reported into TDSAP and ODG. TDSAP chair has regular planned meetings with Chairs of Children's Partnerships. TC are full members of TDSAP. LGA Peer Review planned in September for Community Safety Partnership to ensure strategic alignment.	On track	01 December 2026
Develop and deliver annual workforce development plan, based on findings	The overarching workforce strategy has been drafted and circulated to teams for feedback. The recently appointed interim PSW, who joined last week, has been tasked with finalising both the	On Track	01 March 2027

from case audit, people's feedback and new policy directives.	strategy and the in-year plan as part of their objectives, and will be leading on this work going forward.		
Operations & Practice			
Develop new operating model with focus on (WAA) working age adults.	The initial case for change is now around 80% complete. Progress has been impacted by capacity constraints across several roles, resulting in some delays. However, the project group has been formed and is actively addressing these capacity challenges as part of ongoing work.	On track	01 March 2027
Implement new practice model.	Practice model remains ongoing and marginal improvements to date (see lines 22 and 23 for practice framework and standards). The new case management system was successfully introduced on 1 September 2026 and supports a more structured, strengths-based approach to assessment and support planning, including a new My Situation form for parts one and two of the three conversation's model. A comprehensive CMS training programme was delivered over the summer and extended into September, with positive staff feedback. Additional training for managers and practitioners on the Three Conversations Model and strengths-based practice is planned throughout the autumn and winter to support ongoing embedding and consistency of practice.	On Track	01 March 2027
Co-Production & Engagement			
Establish a shared vision and clear ambition for co-production Develop a recognition and reward policy. Grow lived experience networks.	A co-production policy has been developed to support a consistent approach to involving people with lived experience in service development and decision-making. Whilst wider implementation has been delayed due to competing service pressures, co-production has been incorporated into service, policy and procedure redesign processes to ensure engagement and involvement are considered as part of any proposed changes. Torbay Voices is aiding us to expand our lived experience networks, and we are actively seeking volunteers from local communities to support future co-production and engagement activity. Further work is planned to embed co-production more consistently across services as capacity allows.	On Track	01 March 2027
Actions Addressed in Alternate Plans/Reports			
Implement the new Case Management System	This work is reported through Transformation Board	On Track	01 September 2026
Build closer links between TSAB and children's board for transitions. Address variability in transitions, ensuring consistent pathways. Promoting independence, wellbeing, employment skills, community life and relationships for young people entering adulthood.	This work is part of SLAIP	On Track	01 January 2027
Completed Actions			
Product	Progress Update	Completion Date	
Develop Health and Wellbeing strategy which ensures the continued ephasis on neighbourhood health, wellbeing and family hubs, thus strengthening wider prevention pathways.	This action is already in progress with Public Health	Complete	25 March 2026

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Torbay Council assessment

[How we assess local authorities.](#)

Assessment published: Wednesday 17 December

About Torbay Council

Demographics

Torbay is a unitary authority in the South West of England. It has a population of 140,126, making it one of the smallest local authorities in England. It has an index of multiple deprivation (IMD) score of 8, with 1 being least deprived group and 10 in the most deprived group. Compared to other local authorities in the South West region it has the highest IMD score, meaning Torbay is more deprived overall than its regional neighbours.

The population is made up of 17.71% age 0-17 (national average 20.78%); 55.01% age 18-64 (national average 60.48%); 27.29% age 65 and over (national average 18.73%). There is a very high proportion of people over 65 in Torbay, than national average, a lower working age population and a lower population of young people and children. The majority ethnic group is White 96.12% (national average 81.05%) with the next ethnic group being Asian and Asian British 1.6% (national average 9.61%), followed by Mixed or Multiple at 1.5%. The overall health index score (2021) showed the local authority had a value of 95.7 which indicates worse overall health than the national average (which would see a value of 100).

Torbay is part of 'One Devon' integrated care system alongside Plymouth and Devon local authorities and partner NHS organisations. The ICB is very large compared to the size of the local authority. Since 2005 Torbay Council has contracted the Torbay and South Devon NHS Foundation Trust to deliver its social care services under a comprehensive Section 75 arrangement (A Section 75 agreement is a legal arrangement under the National Health Service Act 2006 that allows NHS bodies and local authorities in England to pool budgets, delegate functions, and integrate services, especially in areas like adult social care, public health, and children's services), with the local authority retaining some strategic commissioning functions.

There is a minority Conservative administration, with a leader and cabinet model of governance.

A new Director of Adult Social Services has been appointed in recent months.

Financial facts

The local authority estimated that in 2024/25, its total budget would be **£262,017,000.00**. Its actual spend for that year was **£252,700,890.00**, which was **£9,316,110.00 less** than estimated.

The local authority estimated that it would spend **£66,276,000.00** of its total budget on adult social care in 2024/25 Its actual spend was **£67,255,890.00**, which is **£979,890.00 more** than estimated.

In 2024/25, **26.61%** of the budget was spent on adult social care.

The local authority has raised the full adult social care precept for 2024/25, with a value of **2%**. Please note that the amount raised through ASC precept varies from local authority to local authority.

Approximately **3520** people were accessing long-term adult social care support, and approximately **2210** people were accessing short-term adult social care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall Summary

Local Authority rating and quality statement scores

Good: Evidence shows a good standard 67%

Summary of people's experiences

People and carers gave us positive feedback during our assessment and records we reviewed showed positive experiences across all areas in the assessment. Unpaid carers were particularly positive about support and services available to them. We spoke with 'ambassadors' who had strong relationships with council officers and elected leaders and they gave us examples of impact on services and genuine co-production. There was a real sense of listening, involvement and power-sharing with ambassadors from different groups such as carers, people with learning disabilities and autistic people.

National data used in the report generally showed a positive picture. Most data showed performance around the national average, for example in the proportion of people satisfied with care and support. Unpaid carers data showed significantly higher numbers of unpaid carers accessed support or someone to talk to in confidence, than national average. There was also a high proportion of people who received short term support, who no longer needed support, and a high proportion of people accessing reablement. Although fewer people remained at home after 91 days following a hospital stay than the national average. Direct payments were well used and available for carers, but less so for people with care and support needs.

Waiting times were evident but not usually high and we heard some impact on people from waiting times for assessments and reviews, although we saw how the local authority provided waiting well information and used triage and risk prioritisation. Higher waits were experienced for annual reviews than other assessments. Staff and partners said the proportion of people going into residential care services had been high. However, work was underway to change this, with reablement facilities already effective, and extra care housing being built.

Summary of strengths, areas for development and next steps

The local authority was achieving many outcomes well and there were some areas for improvement. Adult social care staff had been fully contracted to the NHS trust to merge functions and teams in 2005. The experience of staff differed depending on which team they were in. Many staff reported consistent social care leadership and strength-based practice, but some reported a lack of consistency and a more health focus on their leadership and working culture. People's experiences were universally positive, however, and carers reported very high satisfaction to us. Alongside good performance in national data, this local authority has achieved an overall 'Good' rating in this assessment.

Access to the local authority's social care service was equitable and strength-based with the Voluntary Community and Social Enterprise sector embedded in the 'front door'. Arrangements could be complex, however, and sometimes processes were described as complicated in assessing people's needs. We found some waiting lists for services, but these were risk-managed, however there were higher levels of care plan reviews outstanding. Actions had been taken to reduce waits for people which were starting to make an impact and the local authority had made efforts to simplify the 'front door' with a current review ongoing.

Tackling deprivation and generating economic growth was a key driver for the local authority in its support for people and generating better health and wellbeing. They had a range of advice and support available and were consistent in describing their efforts to improve people's lives through housing and employment. Reablement was improved with a new facility for step-up and step-down support to avoid hospital admission, with wrap around support. The technology enabled care offer had been enhanced to support people at home. Hospital discharge rates were excellent and reablement was offered to a high proportion of people. There was a focus on reducing bed-based care and people moving to long-term care placements, which had started to make an impact.

The local authority were able to describe some efforts to reach seldom heard groups and their co-production work was good. There was a strategy to tackle issues such as domestic abuse and there was a new equality, diversity and inclusion strategy. They had recruited an equality and diversity lead and recent equality impact assessments had been undertaken. However, this work was quite new and had not been embedded at the time of our assessment. The local authority also relied on census (2021) data to understand diversity within its population, partly as a result of limitations with the electronic systems they used.

The care provided in the local authority was generally good quality and there were systems and processes to manage and monitor placements and relationships with providers. There was less availability locally for people with specialist needs, those with mental health needs and supported housing, however staff reported an ability to place people. There were two all-age extra-care facilities in development and a clear intention to shape the market.

Partnerships and the deep level of co-delivery, overall, was a strength, with some challenges noted. Partnerships with the VCSE were strong and delivering, with significant numbers of VCSE organisations working in the area, supported by a commissioned infrastructure organisation. Within statutory health and care services there was sometimes

a health model prevailing, but we saw impact and benefits of co-location and multi-disciplinary teams on people and carers. Partners worked well together, had strategic alignment and understood the challenges and demonstrated plans to improve.

The out-of-hours services worked well, including access to Approved Mental Health Professionals (AMHPs). Hospital discharge was swift and identified risks prior to discharge and embedded teams supported safe discharge. Transitions from children's to adults services provided a clear and safe pathway for young people and a strength-based approach. There was a multiple and complex needs alliance, which linked housing with health and social care to ensure people were safe. There was some feedback about gaps for people with complex mental health needs.

Safeguarding processes were effective, although we heard about some Deprivation of Liberty Safeguards (DoLS) waits for decisions, although these were risk managed. The local authority learned from Safeguarding Adults Reviews (SARS) and there had been a significant reduction in outstanding SARs action in recent years, alongside a more defined threshold for SARs. Leaders and partners listened to people in their safeguarding work and had worked with the Scrutiny committee. Hoarding and cuckooing and emerging safeguarding themes were being addressed by the system.

There had been a lack of visibility of social care leadership in some teams, partly due to health focus of management and delegated arrangements with mixed supervision practices. Although we heard about a recent change in approach and greater visibility with the new Director of Adults Services. We found elected leaders were well briefed and involved in oversight and governance arrangements. Partners were embedded and represented on governance boards and committees, and we saw risk and governance delivery arrangements between the local authority and the Torbay and South Devon NHS Foundation Trust. The electronic recording system had limited improvement work on governance, management and accountability and this was being addressed at the time of our assessment.

Recruitment and retention was reported as positive by staff and there was energy and optimism for the future in the staff teams. Integration had allowed rotational posts between hospital and community work, and they had a good team culture between the multidisciplinary teams. Leaders, alongside the Integrated Care Board, commissioned an external consultancy as a delivery partner to support improvement in reablement and intermediate care. There was a good level of provision of training available to staff and Ambassadors (people with lived experience) trained as facilitators. Co-production with people, particularly Ambassadors, was a genuine listening and power sharing arrangement, with people reporting they had shaped and impacted positively on services.

Theme 1: How the local authority works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score:

2 - Evidence shows some shortfalls

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

Assessment and care planning arrangements were generally effective although sometimes complicated. There were multiple access points, multi-disciplinary teams with health partners and person-centred approaches across services. The integration of Voluntary Community and Social Enterprise (VCSE) support and triage systems helped meet a wide range of needs. There were some challenges around telephone-based assessments and some delays to approvals and increasing demand.

From the point of initial contact with the local authority, people said their views and those of their unpaid carers were listened to and helped shape the assessment process. In one example, strong personal and family preferences were noted and acted upon, with the local authority offering reassurance about future care arrangements. People described their assessment as person-centred, with outcomes identified through consultation with family members and care providers who knew the person well. Multiple visits were noted, incorporating family and unpaid carer voices.

Staff ensured the person's needs and preferences were represented and respected, even when the person could not communicate with them directly. People also said their assessments were strength-based, allowing them to explore their long-term goals and aspirations for independence. The local authority was described as transparent, honest, and respectful. Adult Social Care Survey data (2024-2025) showed 80.90% of people felt they had control over their daily life (national average 77.62%), 67.42% were satisfied with their care and support (national average 65.39%), and 47.94% reported having as much social contact as they wanted which was similar to the national average (45.56%).

Staff and partners described a range of arrangements in place to support effective assessment and care planning. Adult Social Care was said to have multiple access points, including a commissioned community helpline. A short-term triage team managed lower-risk cases, while complex care teams handled higher-risk cases. Additional referral pathways, such as those for carers services, safeguarding, and Deprivation of Liberty Safeguards (DoLS) were evident. Although some staff said access to services, or the 'front door', was complex at times.

Referrals for adult social care came from carers, people in the community, health and social care coordinators, and self-referrals. We heard digital platforms had been trialled to improve the front door but had not been widely adopted. Staff said this was because people preferred telephone contact. Staff said telephone-based assessments could be challenging, especially when trying to understand someone's living conditions, for example, staff said people sometimes underreported their needs. However, staff said they arranged in-person visits when necessary. Despite these challenges, people said assessments were person centred and comprehensive. Multidisciplinary teams supported social workers by also producing detailed assessments, although we heard risk assessments remained the responsibility of social workers.

Some staff highlighted delays caused by internal approval processes, particularly where referrals had to be signed off by a single senior worker. Mental health referrals were said to bypass this step. Staff working in housing and complex needs forums described holistic assessments involving housing, health, and social care professionals, which were seen as effective. Some staff described their work as increasingly crisis-driven and said some processes were complex, particularly around Mental Capacity Act assessments.

Occupational therapists adopted a strengths-based and preventative approach, combining clinical assessments with education and signposting to community resources. Sensory services accepted referrals from a wide range of sources and used a triage system to prioritise cases, with reassessments undertaken regularly to reflect changing needs. The Sensory Team provided specialist support for people with hearing and sight impairments, including functional assessments and equipment provision.

Partners also raised concerns about the limitations of telephone-based assessments but said the community helpline was successful in supporting people with a variety of needs. Local authority data showed the community helpline signposted 84% to VCSE support with 10% of contacts requiring formal Care Act assessments. Partners also said referrals were triaged and allocated appropriately.

Timeliness of assessments, care planning and reviews

The local authority had risk prioritisation and waiting well measures in place, with improving waiting times for assessments in short term and complex teams. However, there had been significant waiting times for care plan reviews. The local authority had taken steps to address these through additional resources and process redesign, with key involvement from external providers and VCSE partners.

Timeliness was evident in a care record we reviewed where the assessment was completed within three to four weeks of initial contact. The person was already receiving care, which was reviewed and confirmed as appropriate. Carers reported that reviews of their assessments were done, and said informal contact could trigger a review. However, data from the Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT) (2023-2024) showed only 44.44% of long-term support clients were reviewed (planned or unplanned) which was somewhat lower than the national average (58.77%). Partners told us there had been delays in assessments and reviews. One partner said the local authority had responded by working with community partners to carry out low-level reviews to help reduce the backlog. Urgent support was delivered well and some staff said system transformation had helped to reduce delays. Skilled practice leads were highlighted as enabling this progress.

Data provided by the local authority in April 2025 showed that across Adult Social Care, 3,691 assessments had been started in the previous 12 months, with 3,565 completed and 3,454 authorised, indicating most people were receiving assessments in a timely manner. However, local authority waiting list data for April 2025 showed 923 people were waiting for a review, with a median wait of 241 days and a maximum wait of 1,594 days. This had improved by September 2025 slightly to 916 people waiting, and a median wait of 190 days with a maximum wait reduced to 1140 days. For the Complex Care team, in April 2025, 85 people were waiting for an assessment, with a median wait of 20 days and a maximum of 180 days, against a target of 28 days. By September 2025 this had fallen to 44 people waiting with minor changes to median and maximum waits. In April 2025 the short-term team had 135 people on the waiting list, with a median wait of 4 days and a maximum of 144 days, also against a 28-day target. By September 2025 these had fallen to 83 people on the list, with no change to median wait times and maximum waits had fallen to 116 days.

To support people during these waits, the local authority had implemented a 'Waiting Well' pack, which included practical guidance on preparing for assessments, links to services, and information for young carers. A sample letter sent to people indicated they should expect contact within 8 weeks and included accessibility options such as translation and easy read formats. A risk assessment matrix was also used to monitor and manage risks while people waited.

Assessment and care planning for unpaid carers, child's carers and child carers

Unpaid carers were well supported, heard, and understood. Carers described having an assigned worker or consistent contact with someone they trusted at the carers service. They said communication was easy and well maintained, with regular contact and follow-ups. All carers we spoke with confirmed they had received a carers assessment and had

been supported, for example with cleaning services, benefit advice, or emotional support. Carers gave examples of how they had found or been offered support through GP practices, libraries and hospitals. They described how each person they cared for received their own individual assessment and said staff often went above and beyond to support them. Data from the Survey of Adult Carers in England (2024-2025) found there was a similar proportion of carers (35.42%) satisfied with social services as the national average (36.83%).

Staff said carers' assessments were consistently delivered in a conversational, holistic, and person-centred way. They gave carers the time and space to share their experiences fully. Staff reported carers frequently said the most valuable part of the process was feeling listened to, rather than the paperwork itself. Staff said assessments covered the carer's own health and wellbeing separate to the needs of the person they cared for, which often led to referrals for services such as occupational therapy. Carers were routinely given information packs, and leaflets about emotional support. Staff said consistently that the aim was to identify how carers could be supported.

Staff also said they had strong links with the carers centre and carried out either combined or separate carers assessments. They identified carers early and included contingency planning in their support packages, with budgets available to ensure respite could be accessed directly when needed. Leaders reported staff were responsive to carers' needs, offering support including training, respite, and emotional wellbeing services.

Partners said carers assessments were completed by carer support workers based in GP practices, while more complex assessments were carried out by the local authority. Carers Ambassadors (people with lived experience of unpaid caring) said there was a group for family carers which supported them and hosted events. They said the carers organisation strongly advocated for carers and had helped influence practical changes, such as the introduction of a blue badge system. However, some feedback from partners suggested that not all carers felt listened to during assessments.

Data provided by the local authority showed they largely met targets for carers assessments. As of September 2025, the waiting list for carers assessments was low, with only 3 people waiting. The median wait time was 1 day, and the maximum wait was 36 days, with previous data showing similar figures.

For Parent Carers, referred via the Children's Multi-Agency Safeguarding Hub (MASH), there was no waiting list, and assessments were allocated immediately, with a maximum wait of 5 working days. Young Carers were also referred via MASH and allocated within a week, with assessments completed within 4 to 6 weeks depending on availability. Longer waits were attributed to difficulties in contacting families.

The Carers Strategy 2024–2027 outlined a strong framework for identifying and supporting carers, involving them in service delivery and evaluation. However, it noted improvements were needed in supporting the cared-for person and in referrals to the Young Carers Service from Adult Social Care, Mental Health, and Substance Misuse teams. The strategy highlighted 81% of mental health carers felt not at all or not very supported. The local authority's self-assessment reported that 83% of carers were happy with their assessments. Carers had direct access to support at GP surgeries, and direct payments were well used and appreciated. The local authority had high numbers of carers and was

identified as the sixth highest area nationally for carers providing over 50 hours of care per week. Despite this, the local authority had somewhat fewer carers not in employment because of their caring role (22.00%), than national average (26.70%) according to The Survey of Adult Carers (2024-2025).

The Survey of Adult Carers (2024-2025) data showed the local authority generally benchmarked well with carers outcomes. For example, the proportion of carers (54.89%) accessing a support group or someone to talk to in confidence, was much higher than the national average (32.98%). Also, somewhat more (91.67%) carers had enough time to care for other people they are responsible for than national average (87.23%).

Unpaid carers' needs were assessed well through person-centred and supportive approaches. Staff demonstrated a strong commitment to listening and providing support and carers consistently reported feeling supported and understood. The system included multiple access points and low waiting times.

Help for people to meet their non-eligible care and support needs

People with lower-level needs not eligible under the Care Act were generally well supported through a coordinated approach involving the VCSE and commissioned services. Staff and partners recognised the importance of bridging gaps in provision, and the community helpline played a key role in identifying and responding to these needs.

Staff said that while their primary focus was on assessing eligible needs under the Care Act, they recognised the importance of supporting people with lower-level needs. Partners confirmed support for non-eligible needs was being actively addressed. A local Voluntary, Community and Social Enterprise sector (VCSE) infrastructure organisation described their role as one of 'holding the space' between the local authority and the VCSE, providing information, guidance and support where non-eligible needs were identified. It was commissioned by the local authority to deliver the community helpline, which acted as part of the front door to adult social care assessment. When people contacted the helpline, a strengths-based conversation was conducted to determine eligibility. Where needs did not meet Care Act thresholds, people were signposted to appropriate services within the VCSE.

Processes showed this approach was embedded and effective. Metrics indicated around 84% of calls resulted in needs being met by the VCSE sector. This demonstrated an infrastructure for supporting people with lower-level needs, reducing pressure on statutory services while ensuring people still received timely and relevant support.

Eligibility decisions for care and support

The framework for eligibility decisions was fair, transparent, and consistently applied. People were generally well informed and involved in the process, and staff followed clear procedures aligned with national legislation. While some partners raised concerns about cost-based decisions in some cases, formal complaints and appeals were not evident.

People said they experienced person-centred and strength-based assessments, even in complex cases. One example showed a person with limited communication was supported through recognition of their strengths. Decisions were made transparently and with clear communication. People also reported feeling involved in discussions and planning, and

Adult Social Care Survey (2024-2025) data showed 68.16% of people did not pay privately or top up their care, which was somewhat better than the national average (64.39%) which together indicated equitable access to funded support.

Staff said they followed a clear and robust process for determining eligibility, aligned with the Care Act. They reported eligibility decisions were communicated clearly to people, including when people did not meet the criteria. Public information was provided through the 'Waiting Well' pack, which included references to relevant sections of the Care Act and regulations. It explained how eligibility was determined and offered guidance for carers.

Partners said while the framework was generally followed, advocacy staff had challenged decisions where cost appeared to override best interest considerations. Process data supported the view that eligibility decisions were managed consistently. In the 12 months to April 2025, the local authority received 15 formal complaints and 41 concerns. However, none of these related to eligibility determinations. The local authority confirmed that no appeals had been made regarding eligibility or funding decisions, and a robust complaints system was in place and accessible. Staff followed a structured triage and allocation process, and eligibility pathways were documented clearly in guidance shared across health and social care. The eligibility framework was also supported by a process document from Torbay and South Devon NHS Trust, who delivered social care services on behalf of the local authority, which outlined consistent processes and pathways for staff.

Financial assessment and charging policy for care and support

The charging framework was generally transparent and consistently applied, with staff committed to fairness and clear communication. Most people were assessed promptly, and accessible formats and advocacy support were available.

Staff said financial assessments were generally fair and aimed at ensuring people were not asked to pay more than they could afford. Although an online self-assessment tool had been trialled, it was discontinued due to reported complexity and as a result of feedback. Instead, staff preferred to visit people and explain the process in person, offering materials in accessible formats such as large print, Braille, easy read, and with translation support. Social workers could also refer people to advocacy services.

Staff said complaints were received, particularly about Personal Independence Payment (PIP) and Disability Living Allowance, although these were government-led benefits. Complaints also arose when people were discharged from hospital and expected care to be free for 4 weeks but were later charged, often due to confusion about when financial assessments had been completed and charges applied. Staff said they tried to resolve these issues by conducting retrospective assessments within 4 weeks and, where errors were due to social worker communication, they had written off some charges.

Staff also described their internal processes as responsive. Financial assessment requests were triaged and contact made within 48 hours, with assessments typically processed within 15 days. Referrals came from hospitals, intermediate care, enablement services, and directly from people. Staff used a contact grid within the case management system to track progress and prioritise new referrals.

Staff said people often found the distinction between health-funded crisis care and chargeable ongoing social care confusing. To address this, staff had made efforts to explain financial responsibilities clearly from the outset.

As of September 2025, the median waiting time for financial assessments was 18 days, with a maximum wait of 93 days, which showed a slight improvement from April 2025. The waiting list stood at 136 people, down from 184. However, for individuals lacking mental capacity, delays were significantly longer due to the need for Court of Protection or appointeeship processes, with a median wait of 222 days and a maximum of 819 days.

The local authority's charging policy provided clear guidance for staff, outlining how charges were calculated based on individual circumstances, including income, benefits, and living costs. The framework was aligned with the Care Act and included thresholds for financial eligibility and self-funding. While the Waiting Well pack offered public information on eligibility, it did not include details on financial assessments or support for people lacking capacity.

Provision of independent advocacy

Advocacy was available and well-integrated into the local authority's processes, with staff reporting timely access and clear referral pathways. However, partners highlighted inconsistencies in uptake and accessibility, particularly for those without professional support or awareness of their rights.

Staff said access to advocacy was good, with a clear referral process in place. Once allocated, people were said to receive advocacy quickly, including Care Act advocates and Independent Mental Capacity Advocates (IMCAs). Staff also reported they could discuss cases directly with the advocacy service, which supported timely and informed decision-making.

Partners offered a more mixed view. They said the local authority had an established and consistent relationship with the advocacy consortium, particularly in implementing the Care Act. Despite this, partners raised concerns about limited self-referrals, which created access barriers for people who were unaware of their rights or lacked professional support. Some also felt social care advocacy was underused, citing complaints and feedback suggesting people were not receiving advocacy as often as they should.

Supporting people to lead healthier lives

Score:

3 - Evidence shows a good standard

What people expect:

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority demonstrated an effective approach to preventing, reducing, and delaying the need for formal care, through a combination of person-centred practice, integrated service delivery, and commissioning community-based support. People consistently described positive experiences of support that placed their wishes and wellbeing at the centre of decision-making. For example, one person, was supported to remain in sheltered housing, with a view to protect their mental health, with contingency planning and regular contact in place. Carers reported feeling well supported, with access to therapies, short breaks, and emergency respite. They appreciated being asked about future planning and felt encouraged to use available services when needed. The Adult Social Care Survey (ASCS) 2024-2025 data showed a somewhat higher proportion of unpaid carers (89.11%) found information and advice helpful, than the national average (85.22%).

Staff across services described a strong commitment to early intervention and holistic, strengths-based working. Mental health and learning disability teams shared examples of avoiding unnecessary care home admissions and enabling people with higher needs to live independently through reablement and technology. The transitions to adult services team supported young people to build independence, while sensory teams provided early advice, equipment, and peer support to reduce isolation and promote confidence. Staff also described the use of direct payments to enable personalised support and community access and highlighted the value of co-producing services with families and carers. Staff working in hospital discharge and reablement services described integrated, person-led approaches that prioritised returning people home with appropriate support, rather than referring to a care home. Services like a recently established reablement support facility

was helping to provide reablement and wrap around support and reduce the need for care home admissions. Although it was new it was making an impact on facilitating timely hospital discharges and avoiding care home admissions. Positively, the Adult Social Care Outcomes Framework (ASCOF) 2024-2025 found significantly more people (90.17%) who received short term support no longer need support than the national average (79.39%).

The commissioned carers service said early identification of unpaid carers and their needs was a priority for them and they co-produced strategies to prevent carer breakdown, including research with Healthwatch to identify early indicators of crisis. They also supported young adult carers with tailored services, including education and employment support. Initiatives like the 'MyBay' card provided practical benefits in the local community and helped carers feel recognised and valued. A welfare advice partner addressed financial hardship and debt which had been identified as key drivers of crisis, by helping people maximise income and access benefits. Local community organisations supported people with broader health and care needs, housing challenges, and experiences of social isolation. Leaders described a place-based approach linking housing, health, and employment, with specific initiatives for mental health, suicide prevention, and domestic abuse. Community-based services like the Community Helpline and Community Café and Help Hub improved access to information, social opportunities, and volunteering for people in a preventative way to support wellbeing.

The Better Care Fund Plan focused on reducing hospital admissions, improving patient flow, and promoting recovery at home. The Technology Enabled Care Service (TECS) supported independence through digital tools and remote monitoring and there were plans to expand and personalise the offer. The local authority acknowledged the need to better communicate the benefits of TECS to people. The Waiting Well initiative and Waiting Well pack provided guidance for people awaiting assessments, promoting choice and control. The Carers Strategy and Market Position Statements outlined a clear vision for early help, high-quality homecare, and community support. The Integrated Commissioning Team, working with the NHS and VCSE, intended services to be shaped collaboratively and aligned with public health goals.

The local authority also recognised the importance of addressing digital exclusion, addressing mental health issues, and the identification of unpaid carers. Plans included forming a digital inclusion group, improving carer identification systems, and enhancing community-based support for mental health, domestic abuse, and sexual violence. The local authority committed to co-producing strategies with victims and communities to ensure services were responsive and inclusive. The Joint Health and Wellbeing Strategy and Devon 5-Year Joint Forward Plan set out long-term ambitions to improve outcomes through digital transformation, workforce development and population-based care. These included shared digital records, reduced workforce vacancies, improved employment rates for people with long-term conditions, and enhanced access to same-day services and community-based support.

Provision and impact of intermediate care and reablement services

People experienced reablement and intermediate care that prioritised safety, wellbeing, and personal preferences. More people accessed reablement in the local authority than

national average, however more people returned to care or hospital settings after discharge.

We saw an example where a person was supported through a full pathway, from hospital to intermediate care and nursing home, with clear communication and a trial return home. Another person had avoided eviction through coordinated support from housing officers and enabling providers, showing how reablement extended beyond recovery from hospital to protect mental health and stability.

Data from the Adult Social Care Outcomes Framework (ASCOF/SALT) found a much greater proportion of people (7.40%) who were 65 years and over, received reablement/rehabilitation services after discharge from hospital, than the national average (3.00%). However, it also found the proportion of people 65 years and over who were still at home 91 days after discharge from hospital into reablement/rehab (73.26%) was lower than the national average (83.70%). Leaders said this was partly explained by more people being provided with reablement, due to the integrated nature of the service. However, it may also reflect a higher proportion of people entering long term care, rather than going home with support.

Staff and leaders said there was a strong commitment to short-term, strengths-based reablement focused on recovery and independence. Staff said reablement helped people regain confidence and reduce dependency, although they noted limited capacity and a perception reablement was mainly linked to hospital discharge rather than available more broadly in the community. The new local reablement facility was widely praised for its step-up and step-down model, use of technology and accessible location, helping people return home more quickly and avoid unnecessary long-term care placements.

Staff also described the benefits of integrated working with NHS staff which they said enabled rapid responses and improved outcomes, especially in crisis and end-of-life care. We heard examples where care packages and equipment had been arranged within hours. Commissioning staff reported improvements particularly over the last year in provider flexibility, with more agencies offering enabling care, enhancing support and crisis response.

Partners said people they supported had spoken positively about reablement and intermediate care. They had recognised the role of dedicated carers teams and Voluntary Community and Social Enterprise sector (VCSE) contracts in improving transitions and continuity of care.

The local authority reported 78.8% of people regained full independence after reablement, and 75% of those admitted to the rehabilitation centre had returned home without needing ongoing support. Strategic investments such as the new reablement facility, technology enabled care, and community-based hubs, demonstrated a commitment to prevention and recovery. The local authority acknowledged inconsistencies between hospital and community-based reablement and identified this as a priority in its commissioning plans. Other initiatives, including the drug and alcohol service had complemented reablement efforts by addressing wider determinants of health (other factors that can affect a person's health, such as social relationships and employment) and housing. Supported living and extra care housing had also contributed to enabling independence.

Access to equipment and home adaptations

People were generally able to access equipment and minor home adaptations through the local authority, with urgent needs prioritised and standard items delivered promptly. Staff worked in integrated teams to ensure responsive and person-centred care, and partners supported access through VCSE arrangements.

People described how replacement beds, rails, and specialist mattresses were provided, contributing to safety, comfort, and reduced risk of harm. For example, a routine maintenance check had identified unsuitable equipment, prompting an occupational therapy review. People felt their physical safety was prioritised, and equipment was selected appropriately.

Staff said access to equipment was prioritised based on urgency. The Principal Occupational Therapist explained rapid response equipment could be delivered within 2 hours, with next-day delivery available for standard catalogue items. Urgent cases were triaged daily, with assessments carried out within 72 hours, while non-urgent cases had a maximum wait time of 12 weeks. Staff noted that co-location with health professionals, including occupational therapists and nurses, had significantly improved responsiveness and enabled more person-centred care. They also described how people were given clear self-purchase guidance, including specifications, costs, and demonstration videos, which empowered them to make informed choices and promoted dignity. Where Disabled Facilities Grants (DFGs) were used, staff recorded outcome measures such as confidence ratings before and after adaptations.

Partners said carers had benefited from equipment and adaptations that supported their caring role, and Voluntary Community and Social Enterprise sector (VCSE) contracts had helped improve access and continuity of care. However, they also noted rural areas faced challenges in sourcing equipment and care packages due to limited local provision, which could exacerbate isolation and unmet needs.

Processes showed the local authority had a transparent approach to equipment and minor adaptations. According to data provided by the local authority dated April 2025, the waiting list for equipment stood at 103 items, with an average wait time of 7 days and a maximum of 434 days. For minor adaptations, the waiting list included 45 items. Service level agreements included rapid response within 2 hours, next-day delivery, and standard delivery within 3 to 5 days. A triage system was in place to manage high referral volumes, with urgent cases assessed within 4 to 6 weeks and routine needs within 6 to 12 weeks. The local authority also provided holistic, strengths-based assessments aimed at supporting independence in all aspects of daily life, including physical, psychological, social, and environmental factors.

Provision of accessible information and advice

People were generally able to access information about their rights and ways to support their wellbeing. They had been informed about waiting times and advised to contact services if their circumstances changed, which helped ensure timely and risk-based access to services. Carers felt reassured by Waiting Well materials, which explained assessment processes, eligibility, and financial responsibilities. These resources helped people understand their rights and what to expect, promoting transparency and trust. Data

from the Adult Social Care Survey (2024-2025) found 69.33% of people who used services found it easy to find information about support which was the same as the national average (67.12%). Data from the Survey of Adult Carers in England (SACE) (2024-2025) showed a somewhat higher proportion (66.02%) of carers found it easy to access information and advice than the national average (59.06%).

Staff said referrals came through the service front door, where people were signposted to appropriate services such as Voluntary Community and Social Enterprise (VCSE) organisations or local community hubs. Partners said the community helpline had developed during the COVID-19 pandemic intended to provide a 'one call fits all' model, making it easier for people to access the right services quickly. They said information was available on both the local authority and NHS websites but acknowledged that navigating these could be challenging for some. The community hubs, such as the one at a local library, allowed people to request assessments in person.

The local authority reported that people accessed information, guidance, and support through their community offer, which included an integrated contact centre and an emergency duty service. Over the past year, they had supported 1,912 people with advice and received 15,368 contacts, of which 13,456 progressed to assessments or reviews. Their improvement project aimed to reduce formal care assessments by strengthening partnerships with the VCSE. They provided a Disability Information Service offering free, confidential advice on self-care and independent living, including a hospital drop-in. Accessibility was enhanced through tools like text-to-speech, translation, picture dictionaries, and screen magnification.

People waiting for assessments received an online information pack explaining the process and answering frequently asked questions. The Carers Service webpage and newsletter offered clear, navigable resources, including information on mental health, dementia, benefits, and events. The Carers Strategy linked to various policies and strategies and was hosted on the Torbay and South Devon NHS Trust website. The "One Devon" website also provided comprehensive resources for carers and young carers, including support on finances, training, and wellbeing. The Waiting Well pack included information for people on how to wait well and prepare for assessments. It referred to young carers and contained links and good information on how to meet needs and access services.

Direct payments

Direct payments experiences were mixed. There were complicated systems and fewer people than national averages utilising direct payments, although work was underway to address these challenges which were well understood by the local authority.

People reported positive experiences with direct payments. They described how they had enabled participation in carers' activities, supported independence through equipment and provided support such as respite and outdoor activities. People and carers appreciated the flexibility, with examples including holidays supported by additional carers, gym memberships and social outings. We saw examples of people managing their own direct payments to maintain choice and control in their lives and examples where direct payments allowed greater personalisation and continuity of care workers. However, Adult

Social Care Outcomes Framework/Short and Long Term (2024-2025) data showed fewer people using services (19.33%) received direct payments than the national average (25.48%) and the proportion of carers receiving direct payments was 94.12%. Most carers we spoke with had received and used direct payments, either as one-off or regular payments.

Staff acknowledged the benefits of direct payments but also highlighted challenges. These included inconsistent pay rates, variable quality among personal assistants (PAs) and people reporting difficulties with holding employer responsibilities. To address these issues, the local authority had begun to build a vetted pool of PAs and revised contracts. A company was available to help manage direct payments and PA employment, and staff knew where to seek advice. Staff said that while they could set up direct payments, the process was not straightforward. Leaders recognised the need for development in this area and were working to improve the process, infrastructure and guidance. Partners agreed work was underway to review the direct payments process and to understand any barriers to their uptake.

In the meantime, the local authority had revised policies, and updated documentation. They published support materials and had engaged with stakeholders, direct payments recipients, and health partners. Draft guidance documents outlined responsibilities, financial review processes, and administrative terms. Employment resources, including checklists and contract templates, were provided to help direct payments recipients manage their responsibilities as employers. A handbook had been developed to support relationships between direct payments recipients and PAs, covering employment policies, training, health and safety, and equal opportunities.

Equity in experience and outcomes

Score:

2 - Evidence shows some shortfalls

What people expect:

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment:

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority made considerable efforts to remove barriers to inclusion and understand the needs of its population, and this was reflected in the experiences and perspectives shared by people, staff, and partners.

People described a noticeable shift in how the local authority engaged with them over recent years. Ambassadors (people with lived experience of a social care need) took on active roles in holding both the council and NHS to account, offering ideas and feedback that have led to tangible changes. One example was the installation of wheelchair access at a local beach, which followed a walkaround with staff to assess accessibility needs. This demonstrated a meaningful commitment to co-production and showed that the local authority leaders were willing to listen and act on lived experience.

There was also recognition from people that leadership attitudes had evolved. The involvement of the council leader had led to improved relationships and responsiveness. People said their input was being taken seriously, and staff had undergone training, led by ambassadors to better communicate and engage with them. Practical improvements, such as the introduction of free public toilet access cards for disabled people, were seen as direct outcomes of this improved collaboration.

Staff echoed many of these sentiments, showing a deep awareness of the barriers faced by different groups and a proactive approach to addressing them. They highlighted that many carers, particularly younger ones, did not identify as carers and therefore missed out on support. To counter this, staff promoted education and outreach, coded carers on GP registers, ran carers groups in community venues, and engaged with the public at events. These efforts were aimed at ensuring equitable access to support, even for those not yet known to the system.

Digital exclusion was another issue raised by staff, particularly affecting older residents who struggled with online forms and websites. A reliance on digital systems was seen as creating inequity in access and staff recognised the need for more accessible service pathways. They also described co-production as central to their work, with ambassadors and community representatives influencing training and service design.

Staff said there were some improvements to make, including improving referral rates to advocacy services, creating clarity around direct payments, and improvements to housing and dual diagnosis services. They said people with both mental health and substance misuse needs often fell between services, and housing systems were difficult to navigate, with strict rules and consent processes that disadvantaged adults with care and support needs.

Partners said the local authority had a strong understanding of its population, supported by the Joint Strategic Needs Assessment (JSNA). The JSNA identified key challenges such as an ageing population, deprivation, teenage pregnancy, self-harm, and a high prevalence of learning disabilities and neurodiversity. Inequalities in life expectancy and healthy life years were also identified, and partners said the local authority worked with Voluntary Community and Social Enterprise sector (VCSE) organisations to address these issues and ensure seldom-heard voices were represented.

Partners said the local authority prioritised housing, employment, dementia, and healthy ageing and engaged regularly with underrepresented communities. Engagement had been extended into deprived areas, with joint initiatives such as additional primary care services and VCSE support for frequent emergency department attenders. They said co-production was embedded alongside Healthwatch and the VCSE Assembly, and the local authority had a long-standing commitment to engagement, including through its 10-year plan.

However, partners also said transition planning for young people was not always proactive, and some had missed out on support. Employment was highlighted as a persistent issue for people with learning disabilities, with concerns the local authority was aware but not taking sufficient action to address it. Digital exclusion and communication barriers were seen as persistent issues, particularly for those without internet access or with specific communication needs.

Partners also noted positive efforts to reach underrepresented carers, including men and ethnic minorities, through activities and ambassador roles. Activities such as fishing and football were commissioned by the local authority and had good attendance. A Carer Ambassador was being recruited from the Chinese community, and further engagement with male carers was planned. Some partners said the local authority still had limited data to fully identify and address inequalities.

The local authority's policies and processes supported many of these efforts. The Inclusion Plan, Carers Strategy, and Health and Wellbeing Strategy outlined commitments to equity, co-production, and data-informed service design. The Trauma-Informed Practice Project and Equality Diversity and Inclusion (EDI) Ambassadors supported inclusive practice and representation. The Homelessness and Rough Sleeping Strategy identified hidden homelessness.

The local authority responded to national and global concerns about racial inequality by conducting a Racism Review. This led to the creation of a dedicated inclusion role and a

set of recommendations aimed at improving ethnic diversity data, workforce representation, and trust within communities. Internally, the local authority had implemented several initiatives to support inclusion. It created a Healthy Ageing Partnership and developed a Supported Housing Pathway for young adults. The Carers Strategy 2024-2027 and Young Carers' Under 25 Strategy targeted underrepresented groups, including ethnic minorities and refugees, and demonstrated good partnership working.

The local authority had made progress in removing barriers to inclusion and understanding its population's needs. People, staff, and partners all described positive changes, particularly in leadership engagement, co-production, and practical service improvements.

Inclusion and accessibility arrangements

The local authority demonstrated a proactive and increasingly embedded approach to inclusion and accessibility. People were empowered to shape services; staff had adapted communication and service design to meet diverse needs and partners recognised engagement efforts. Formal policies and demographic data also supported inclusive planning.

People said they had been meaningfully involved in improving accessibility and shaping services. Learning Disability (LD) Ambassadors had created a training board game based on real-life barriers, which led to changes, such as adjusting appointment times to accommodate bus pass usage. Carers said there was clearer communication because of initiatives such as Carers Rights Day and felt their voices were heard by leadership, particularly the Director of Adult Social Services (DASS). Carers had contributed to editorial boards, legal training, and service evaluation, helping to make rights more visible and accessible. Ambassadors from underrepresented groups had also participated in large-scale events and policy reviews, helping to identify unmet needs and influence service design.

Staff said they had implemented a range of initiatives to improve accessibility. LD and Autism Ambassadors had helped redesign the adult social care website, leading to the addition of an accessibility toolbar and improved navigation. Interpreter services, including British Sign Language (BSL), had been available out of hours, supporting emergency responses and ensuring communication was inclusive. The Sensory Team worked with people with learning disabilities, dementia, and dual sensory loss, adapting communication methods using BSL, Braille, lip reading, and assistive technology. Staff also supported carers and families to better understand sensory loss, fostering empathy and improving care. The community hub had been strategically located near public transport links to improve physical accessibility for residents with mobility challenges.

Partners said they had seen improvements in outreach and engagement, particularly with underrepresented communities. The local authority had responded to gaps in engagement by working with the Polish school and recruiting ambassadors from ethnic minority groups, including the Chinese community. Carers services had been promoted at Pride events and tailored to male carers through partnerships with men's clubs, using activities such as fishing and football to encourage participation.

However, partners also identified persistent barriers. Digital exclusion continued to be a significant barrier, especially for people who are deaf or not online, with no formal alternatives in place. Some partners said the local authority lacked sufficient data to fully identify where barriers and inequalities existed. Others said that while feedback was often collected, communication about resulting actions was inconsistent.

The local authority kept a collection of easy read documents covering key adult social care topics, and interpreter services were available in multiple formats, face-to-face, remote, and by telephone. Mapping tools had been used to track demographic changes, such as the rise in speakers of Bulgarian, Romanian, Hungarian, and Portuguese languages, informing accessibility improvements. Equality impact assessments were used to identify and mitigate adverse impacts on residents with protected characteristics. Data from the Census had been used to identify areas with high levels of non-English-speaking households. The Inclusion Partnership Board had brought together people with lived experience from LGBTQ+, autistic, and ethnic minority communities to act as critical friends, review policies, and deliver awareness training.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score:

3 - Evidence shows a good standard

What people expect:

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority worked collaboratively with local people, stakeholders, and partners, and used a wide range of data, policies, and strategic planning to understand and respond to the local needs for care and support. People described being listened to and having their preferences respected, such as one person who was supported to return home despite having high levels of need. Carers spoke positively about the range of support available, including access to exercise classes, day trips, and education sessions, which suggested the local authority was responsive to the needs of unpaid carers. The local authority was actively engaging with people, staff, and partners, and was using robust data, policies, and procedures to understand and respond to care and support needs. There was a clear commitment to person-centred care, creative problem-solving, and service improvement. However, there were still some gaps in provision for people with complex or higher-level needs, mental health issues, and housing.

Staff said they considered where people want to live, including proximity to family, cultural needs, and personal interests. They described efforts to source care out of area when necessary, including contacting other local authorities and conducting their own due diligence. However, they acknowledged challenges in finding appropriate care for people with higher levels of certain needs, such as those with mental health issues, learning

disabilities, or substance misuse problems. Data provided at the time of the assessment by the local authority, showed 10.7% of all long-term placements were out of area, and just 8.2% of those with mental health needs were placed into Nursing or Residential care out of area, with most remaining within Devon to maintain proximity to support networks.

Partners and leaders in the local authority said hospital discharge performance had been very strong, with timely discharge rates among the best nationally and the lowest length of stay in the region. However, it was acknowledged the pressure to discharge quickly had led to too many people entering long-term care, and strengthening reablement and independence-focused services was identified as a key priority. This aligned with staff feedback who were working to reduce reliance on spot purchasing and increase 'home first' approaches.

Partners described creative approaches to replacement care, such as working with a short break provider and with hotels to offer discounted stays for unpaid carers. Partners also highlighted the lack of a specialist learning disability service within adult social care, which had led to a need to bridge gaps in provision. This was being addressed through a service which integrated care planning for people with learning disabilities and their carers, particularly as the carer population ages. The service also supported carers who themselves had learning disabilities.

Housing was an area of concern. Staff and partners said finding suitable housing, particularly for people with learning disabilities could be a challenge. However, partners acknowledged that the local authority was aware of this and had plans to develop new housing. The local authority was commissioning 171 new units of extra care accommodation across 2 multi-generational housing developments, which will support up to 200 people. These will complement the existing 108 units of rented and shared ownership accommodation, with support provided across all 4 schemes.

The local authority's policies and procedures further demonstrated a strategic approach to understanding and meeting care needs. They reported having robust contracts with home care providers and strong relationships with supported living and care home providers through contract management and quality assurance processes. Providers had named contract managers or quality assurance officers, and they received few contract queries or requests for rate uplifts.

Commissioning strategies were informed by the Joint Strategic Needs Assessment (JSNA), which highlighted key priorities such as supporting people over 65 with complex needs and dementia, people of working age with severe and enduring mental illness, and people with learning disabilities and autism. The JSNA showed the area had higher levels of need than the national average, particularly among the 18–64 age group, and higher rates of long-term support through residential care.

The JSNA also identified significant health inequalities, including high rates of mental illness, self-harm, suicide, and preventable deaths, particularly in deprived areas. These findings were reflected in the local authority's market position statement, which outlined plans to reduce reliance on residential care, increase supported living options, and promote independence through early support, equipment, and digital technology. The local authority aimed to avoid placing working-age adults in residential care and to delay older

people's entry into care through better home care alternatives, reablement and extra care housing.

For people with learning disabilities and autism, the local authority planned to improve access to employment and training, commission outcome-based day opportunities, and ensure more skilled providers were available. Positive Behaviour Support and Crisis Planning training were being commissioned to support workforce development. Similar plans applied to people with mental health needs, with a focus on reducing residential care use and expanding housing choices.

Market shaping and commissioning to meet local need

Positively, the Adult Social Care Survey (ASCS) (2024-2025) found 77.04% of people who used services felt they had choice over services, which was somewhat better than the national average (70.28%). The Survey of Adult Carers in England (SACE) (2024-2025) found a similar (18.05%) proportion of unpaid carers accessed support or services allowing them to take a break from caring for greater than 24hrs, to the national average (16.14%); 17.29% of carers accessed support or services allowing them to take a break from caring for 1-24hrs which was similar to the national average (21.73%) and 13.53% of carers accessed support or services allowing them to take a break from caring at short notice or in an emergency, which again was similar to the national average (12.08%).

The local authority had explained its strategic intent through a range of planning documents and frameworks. The Commissioning Plan outlined priorities and a 2-year work programme aligned with the Adult Social Care Transformation Plan, with timeframes added as each programme begins. This approach allowed accountability and progress tracking. The Big Plan co-produced with people with learning disabilities, had influenced wider commissioning across health, housing, and social care, and the co-produced Autism Strategy was at the time of our assessment, in the community engagement phase, demonstrating inclusive planning.

The Adult Social Care Commissioning Blueprint set out ambitions to expand supported living and extra care housing, develop outcome-based day opportunities for people with learning disabilities, and support young people transitioning to independence. For people with mental health needs, the local authority aimed to reduce reliance on residential care and commission more supported living, aligned with rehabilitation and recovery models. For people with dementia, the plan included reducing residential care use by 200 beds, increasing nursing care beds for complex dementia by the same number, and commissioning specialist dementia personal assistants to support the use of personal budgets and direct payments. Training in advanced dementia and cognitive stimulation therapy for carers, was also planned.

The Strategic Needs Assessment underpinned these commissioning decisions, using a wide range of data sources to identify demographic pressures, service gaps, and health inequalities. The Draft Market Position Statement 2025 built on previous strategies and included plans for refreshed day activities frameworks, an updated direct payments policy, and capital projects to deliver extra care homes, including a new day centre.

The Qualitative Capacity Plan 2024–2025 acknowledged current limitations in supported living due to housing supply and capital constraints and outlined a 2-year redesign of the

commissioned market to improve affordability and reduce high-cost spot purchasing. The 10-year Adult Social Care Commissioning Blueprint provided a long-term vision for market transformation, supported by co-located commissioning teams from the local authority and NHS, enabling high levels of collaboration.

The Integrated Adult Social Care Commissioning Plan 2025–2027 detailed commissioning intentions across reablement, residential care, and domiciliary care, with new specifications for specialist, standard, and reablement home care. It also identified commissioning concerns with plans and timescales to address them. The Better Care Fund Narrative Plan highlighted support for hospital discharge and sustainable community-based care, and a shift from time-and-task models to independence-focused reablement, using technology.

The local authority provided further detail on current supported living provision following our assessment. There were 22 supported living providers delivering 333 units of accommodation and there were 108 units of extra care housing available across 2 schemes. The supported living sector was predominantly used for people with learning disabilities, with some provision for those with severe and enduring mental illness. Extra care housing was currently used 80% for older people and 20% working-age adults with disabilities or mental health needs. The local authority was actively expanding extra care provision. While there were some gaps in specialist provision, particularly in reablement, dementia care, supported living, and services for people with complex or higher-level needs, the local authority was actively addressing these through strategic commissioning and market shaping.

Ensuring sufficient capacity in local services to meet demand

The local authority had a responsive and generally sufficient care system, supported by strategic planning, strong provider relationships, and active market shaping. While most people receive timely and appropriate care, there are clear pressure points, particularly in supported living, mental health, and services for people with complex and higher-level needs. The local authority was aware of these challenges and had robust plans in place to address them which were taking effect at the time of our assessment.

Staff said care packages were generally arranged quickly and efficiently, with only a small number of people waiting for support at any given time. Staff described a clear process for matching referrals to providers, supported by systems and weekly market intelligence updates. However, they acknowledged supported living placements were more difficult to source, particularly for people under 65, due to limited options and some provider suspensions. Mental health and supported living were consistently highlighted as areas with insufficient capacity. Staff also noted that while intermediate care facilities were available, hospital discharge pathways sometimes defaulted to bed-based care. Despite these challenges, staff described strong collaboration across teams, including occupational therapy and quality assurance, and gave examples of responsive service development, such as the creation of a young person's service.

Partners echoed many of these observations. They said the care market had sufficient overall capacity, but pointed to gaps in specialist provision, particularly in reablement, dementia care, supported living, and services for people with complex learning disabilities, autism, and mental health needs. Mental health services were described as under-

resourced, and there were concerns about insufficient services for adults with learning disabilities and autism.

Policy and procedural evidence provided a more comprehensive view of capacity planning. Data showed short average waiting times for homecare (5.5 days), residential care (6.5 days), nursing care (7 days), and supported living (68 days), with the latter being the most pressured area. Out-of-area placements were relatively low, with most remaining within the South West, and driven by proximity to family, specific needs, or personal choice.

The local authority was actively reshaping the market through its Integrated Adult Social Care Commissioning Plan, Capacity Plans, and Market Position Statements. These included expanding extra care housing, reducing reliance on residential care, and investing in dementia-capable services. A planned reduction of 200 low-capacity residential beds was planned to be offset by modernisation and enhancement of existing services. Reablement services were being scaled up, with new contracts launching in October 2025, and a move toward a trusted assessor model. The local authority was also improving support for carers through short-term care at home and block-purchased short breaks, and exploring technology and artificial intelligence solutions to improve access to advice and information.

The Qualitative Capacity Plan outlined a shift toward housing-based models of care and a strength-based approach. The local authority expected demand for long-term home care to decrease beyond 2025 because of this redesign. It had successfully matched home care supply with demand, despite market pressures, and continued to use Fair Cost of Care funding to support sustainability and close fee gaps.

Ensuring quality of local services

The local authority was adequately ensuring services were high quality. People's feedback suggested the quality of care was high and consistent. One person we spoke with described proactive involvement in care decisions and consistent support from social workers, even during multiple transitions between services and accommodation. Another said their supported living arrangement fully met their needs, enabling them to live comfortably despite higher levels of need. These examples reflected positive outcomes and suggested the system delivered person-centred, high-quality care.

Staff and partners, however, acknowledged variability in service quality. Staff said providers were beginning to adapt by diversifying and expanding their offers. Staff described strong multidisciplinary working and triage processes that helped reduce reliance on long-term care. Examples were given of successful transitions with reductions in support levels through person-centred planning.

Monitoring of provider quality was described as ongoing and data-driven. Staff reported using case management systems, care documentation, falls reports, and a risk tool that tracked ambulance calls, 111 calls, and accident and emergency department attendances. Dashboards were used to identify safeguarding themes, and low levels of provider reporting triggered monitoring and follow-up. These mechanisms suggest the local authority took a proactive approach to identifying and responding to risks. Partners highlighted the importance of joint commissioning arrangements and described monthly meetings which involved the local authority, Integrated Care Board, and Torbay and South

Devon NHS Foundation Trust to discuss market conditions and quality. This collaborative structure supported a shared oversight.

Policy and procedural evidence reinforced the presence of robust quality assurance arrangements. The local authority reported 88% of care homes and 81.8% of community services were rated good or outstanding. They had a Provider Quality Support Policy and a co-located Integrated Commissioning Team that included clinicians who contributed to quality monitoring, training, and gave advice. Regular provider forums and newsletters were used to share best practice, market risks, and funding opportunities. Providers had regular contact with contract or quality assurance officers.

The local authority had taken action where concerns had arisen. Three embargoes were in place, 1 for nursing care due to safeguarding concerns and 2 for residential care due to safety and quality issues. One residential home had its suspension lifted after improvement, and another was working to a quality improvement plan. No home care providers handed back contracts, and only 1 supported living provider did so due to internal financial concerns. Three residential homes handed back contracts, 2 due to changes in care models and one for financial reasons. In 1 case, a provider with significant quality and financial issues was supported through the Provider Quality Support Protocol, and the provider reported a positive experience with the Quality Assurance Team.

Digital transformation was also supporting quality monitoring. The Integrated Care System Digital Strategy included plans for shared records and a unified infrastructure.

Achievements included the launch of the One Devon Dataset and the Devon and Cornwall Care Record. These tools were expected to enhance operational oversight.

Ensuring local services are sustainable

Services were sustainable in the local authority. Adult Social Care Workforce Estimates 2025-2026 showed a positive picture of workforce stability with a somewhat better performance in adult social care job vacancies with 4.70% of adult social care job vacancies, compared to the national average 8.06%. Staff turnover rates (0.27) were similar to national average (0.25) as were staff sickness rates (5.23) compared to national average (5.33).

Staff said there were some staffing shortages, however, they described resilience and pride in their teams, with strong peer support and there was positive feedback from carers and people. Partners said there were sometimes delays in allocating community social workers post hospital discharge. These delays had led to extended stays in short-term placements.

From a policy and strategic perspective, the local authority had recognised sustainability as a pressure and were actively working to improve it. They were using Market Sustainability and Improvement Funding to uplift provider fees across all sectors, aiming to support recruitment, retention, and quality delivery. Fee rates were expected to increase in 2024–2025, with the intention to stabilise the provider market.

The local authority had outlined plans to expand capacity through apprenticeships and internships, publish practice quality standards, and enhance the role of technology in reducing impacts of workload. Additionally, they were participating in regional initiatives to

support international recruitment, including digital tools and platforms to connect international recruits with employment opportunities.

The Education and Development Strategy set out a 5-year plan for workforce development across the Integrated Care System, including adult social care. This strategy aimed to address recruitment challenges and build a skilled, resilient workforce. A separate workforce development plan was also being created to support the integration of commissioning functions. The local authority was investing in digital transformation to support sustainability. This included shared records, unified infrastructure, and a population health management process.

Partnerships and communities

Score:

3 - Evidence shows a good standard

What people expect:

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

Partnership arrangements had been effective in promoting integrated, person-centred care. The approach demonstrated a strong commitment to co-production, prevention, and integrated care.

People said the small size of the local authority area had helped foster strong relationships and a sense of belonging, which people felt had contributed to more responsive and collaborative care. Feedback from people suggested services had been welcoming and had felt joined-up and easy to navigate. Partners, staff and leaders said adult social care had been completely integrated with health since 2005 under a Section 75 agreement, and broadly agreed this had enabled more coordinated care, improved outcomes, and allowed a better use of shared resources. Partners said progress on Integrated Neighbourhood Teams had continued, with a strong focus on prevention, reablement, and shifting care from hospital to community settings and dementia and healthy ageing had been identified as priorities for future delivery.

Partners had played an active role in reshaping the Learning Disability Partnership Board and establishing the Autism Board, both of which had been designed to amplify the voices of people with lived experience. Autism Ambassadors had helped set agendas and hold board members to account, which partners described as an example of good practice. Partners also told us about forums such as the Torbay Inclusion Partnership and the Special Educational Needs and Disabilities Employment Forum, which had included people with lived experience and supported inclusive decision-making. While partners had praised strong internal relationships and co-location of teams, some expressed concern about the future of Voluntary Community and Social Enterprise sector (VCSE) infrastructure funding.

Staff said they worked well in multidisciplinary teams and integration had strengthened links between services and improved understanding across sectors. The movement of occupational therapists between health and social care was seen as particularly beneficial. Staff described the joint workplace culture as inclusive, reflective and welcoming. Newer staff felt it was a supportive environment.

Strategic partnerships between education, adult social care and health partners had supported joined-up delivery and inclusive practice. Staff said they valued opportunities for career-specific and postgraduate training and had appreciated the local authority's commitment to wellbeing. Staff also highlighted improvements in hospital discharge through the home-first approach, supported by a well-established discharge-to-assess model. They said efforts to reduce paperwork through technology and artificial intelligence were welcomed.

Arrangements to support effective partnership working

Arrangements were in place and working well to support effective partnership working. Partners said relationships with the local authority had been strong and improving, they said the Deprivation of Liberty Safeguards (DoLS) team had maintained collaborative relationships with advocates and responded promptly to concerns. Healthwatch described proactive engagement from the Director of Adult Social Services, who had ensured their involvement in agenda setting and strategic planning. They said the local authority approached them first when launching new initiatives, such as the adult social care strategy and worked with them to engage local communities. Other partners also highlighted the effectiveness of joint governance arrangements and co-located commissioning teams, which had supported high levels of collaboration across NHS strategies and improved management of the Better Care Fund.

Staff said the Autism Partnership Board was an example of effective partnership working, where agendas had been co-produced with Autism Ambassadors, council representatives, and health partners. Staff said the arrangements to support partnership working were well-established. They highlighted some operational challenges including issues around equipment, documenting people's care across multiple electronic systems and occasionally demand exceeding capacity. Availability of housing and the local rehousing process also posed difficulties. Despite these challenges, staff demonstrated resilience in the multi-disciplinary team environment, maintaining open communication, managing expectations, and welcoming more consistent contact routes.

Leaders described the Integrated Care Organisation model as deeply embedded, with co-located teams and shared risks. They said it had often been impossible to distinguish between health and social care staff, reflecting the depth of integration. Joint funding protocols introduced after a peer review in 2024 had helped to clarify financial responsibilities and reduce inappropriate assessments in complex or higher-level of need cases. Innovation in housing-with-care provision also demonstrated effective partnership working. Staff said the design of new extra care housing schemes followed accessibility standards and would offer support 24 hours a day.

Staff described excellent partnership working with external stakeholders, including the Police for Multi Agency Risk Assessment Conference and domestic abuse cases, health colleagues, GPs, and Voluntary Community and Social Enterprise (VCSE) providers. They

said there had been a good flow of information and risk plans were arranged quickly to keep people safe. Leaders described commissioning arrangements as 3 pillars: the NHS trust's market management team, the local authority's strategic commissioning team, alongside the NHS Devon Integrated Care Board (ICB). This structure had supported improved relationships with primary care partners and provided a better oversight of adult social care.

The local authority reported having an integrated health and social care offer in place for 20 years, with delivery delegated to the Torbay and South Devon NHS Foundation Trust, while retaining strategic commissioning responsibilities. They had been part of the One Devon Partnership, formed with other local authorities and health partners, with shared aims to promote health and wellbeing. This had been underpinned by the Devon Plan, the Joint Forward Plan, and the Integrated Care Strategy. The Provider Quality Support Protocol provided a multi-disciplinary approach to quality assurance and service improvement, involving strategic commissioners, safeguarding teams, regulators, and providers.

The Better Care Fund arrangements had been governed through local partnerships, with shared responsibility for planning, review, and capacity management. These arrangements had helped address urgent care and system flow challenges, particularly around delayed discharges.

Impact of partnership working

People experienced coordinated and consistent support across settings, with care personalised to meet their individual needs. Records showed multi-agency input from enabling providers, housing teams, and welfare support alongside social care, had helped people achieve positive outcomes and reflected a system working holistically to support people.

Staff said integrated working with the NHS had been a major strength, enabling faster interventions, shared learning, and innovation. Co-location with health colleagues had supported quick referrals, joint safeguarding meetings, and multi-agency responses mobilised quickly. Staff said they valued strong Voluntary Community and Social Enterprise (VCSE) links and described coordinated support for carers in hospital wards and GP practices. Staff said they worked closely with discharge teams and occupational therapists to create bespoke packages of care, helping people return home safely and reducing readmissions. Access to shared systems had improved visibility and coordination, allowing staff to address social care needs even in health-led cases.

Leaders said tackling deprivation was a local partnership priority, with joint leadership aligning vision and resources to keep people well. They described finances between the NHS and local authority as a single budget, enabling integrated delivery and reducing handoffs. Leaders also highlighted broader structures such as the Pride of Place board and regeneration partnerships, which had brought together health, education, police, and business sectors to deliver wider social and economic benefits.

Partners said integration had improved health outcomes, including reduced urgent care admissions and shorter hospital stays. They praised the Section 75 agreement for enabling delegated funding and described a positive recent shift in adult social care's

visibility and multidisciplinary collaboration. However, they were aware of high long-term care conversion rates following hospital discharge. Leaders across the system had commissioned an independent review to assess the wider health and cost benefits of the integrated model and rebalance the system toward independence-focused care.

Partnership working had led to improved outcomes, enhanced coordination, and a system-wide commitment to integrated, person-centred care. Staff felt supported, leaders had aligned vision and resources, and partners described clear benefits.

Working with voluntary and charity sector groups

The local authority demonstrated a strong approach to working with the Voluntary Community and Social Enterprise (VCSE) sector. People benefited from co-produced services and good levels of VCSE support. Staff described responsive, collaborative working. Leaders embedded VCSE voices into strategic planning and partners felt recognised and involved. People had experienced meaningful engagement through co-production, particularly in relation to carers. Carer Ambassadors noted the high number of carers in the local authority providing over 50 hours of care weekly, and the local authority had responded by co-producing a replacement care offer and monitoring its impact through surveys and ongoing involvement.

Staff said they worked closely with VCSE organisations to support a wide range of needs. They described joint work for example with armed forces charities, outreach at community events, and collaboration with schools to support young carers. Co-location with VCSE partners in the integrated arrangements had enabled faster decision-making and collaboration. Staff clearly valued the VCSE sector's role in housing advocacy and support for marginalised groups and highlighted the benefits of shared training and integrated working.

Leaders said the VCSE sector had been integral to strategic planning and community engagement. They described working in a power sharing way with local communities, supported by connectors and community builders. Public Health leaders emphasised the VCSE's role in addressing deprivation and supporting ageing populations. The sector comprised over 800 organisations, with 250 focused on health and wellbeing. With the local authority being one of the smallest nationally, this was a wide range of support. Leaders referenced platforms such as the Continuous Improvement Board and the Learning Disability and Autism Partnership Boards as key spaces where VCSE voices had shaped delivery.

VCSE partners felt valued and increasingly involved, particularly since the COVID-19 pandemic. They described early engagement in planning, co-production of strategies and regular forums for feedback. Healthwatch partners said they were proactively involved in the local authority, including participating in the Health and Wellbeing Network and Board. However, partners spoke about short-term contracts and a lack of financial sustainability with limited tender notices. Engagement with smaller grassroots organisations had also been challenging, though the local authority had supported joint tendering and capacity building.

Processes reinforced VCSE collaboration through contracts and governance structures. The Community Wellbeing Contract had enabled VCSE-led delivery of helplines,

community hubs, and community coordination. The Local Area Partnership had supported joint working on health and employment priorities. Co-delivered projects such as the LGBT+ Survey and the Domestic Abuse and Sexual Violence Strategy had embedded lived experience and engagement. The Devon 5-Year Joint Forward Plan included the VCSE sector as part of a wider integrated system, and strategies like the Homelessness and Rough Sleeping Strategy promoted multi-agency planning and peer advocacy.

Theme 3: How the local authority ensures safety within the system

This theme includes these quality statements:

- *Safe pathways, systems and transitions*
- *Safeguarding*

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score:

3 - Evidence shows a good standard

What people expect:

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

People experienced care that prioritised safety, with risks such as carer breakdown identified and addressed early in the assessment process. Ensuring safe, familiar environments and reliable support arrangements had been central to maintaining wellbeing. People said they were reassured by the continuity of care and the proactive coordination between services, which helped prevent crises and supported recovery. The use of risk-positive approaches enabled people to regain independence while maintaining safeguards.

Staff said safety was embedded throughout care journeys via a range of mechanisms. Daytime and out-of-hours Approved Mental Health Professionals ensured continuity and responsiveness, supported by effective handovers, shared training, and peer supervision. Environmental assessments, safeguarding assessments, and secondary triage helped identify risks such as hoarding, self-neglect, and housing concerns, which were addressed proactively, particularly during hospital discharge planning. Front door staff played a clear role in crisis response, maintaining direct contact with people and prioritising urgent cases

and worked closely with Voluntary Community and Social Enterprise (VCSE) partners. Multi-agency 'spotlight' meetings allowed effective shared ownership of complex or higher need cases such as dementia, homelessness, and domestic abuse.

Staff described practical safety management measures, for example engaging in mediation to preserve care packages, organising adaptations to support independence and carefully managing transitions into adult services safely. However, some staff raised concerns about gaps in provision for people with complex mental health needs, particularly those experiencing suicidal ideation, which they felt could feel unsafe and outside their professional remit. Integration with health colleagues had largely supported timely interventions and reduced duplication, though some staff had expressed concern about blurred professional boundaries and the need to preserve the distinct identity of social care.

Leaders said safety had been addressed at both population and service levels. Integrated occupational therapy rotations and collaboration with intermediate care teams had reduced reliance on double-handed care and enabled early intervention. Housing stability and availability was recognised as a key risk factor, with concerns about reliance on private rentals, limited specialist housing, and the condition of older homes. Leaders described efforts to support people through supported housing, hostels, and floating support services. Suicide prevention remained a clear priority, and broader risks in drug and alcohol services for young people were identified. The Multiple Complex Needs Alliance (Growth in Action) had helped link housing with health and social care, ensuring people were not housed in unsafe or unstable conditions.

Partners said there were positive transitions between children's and adult services and this was achieved by a dedicated team, who provided a clear and effective pathway for young people. However, some partners also identified a need for greater consistency to prevent people from slipping through service gaps. Transition planning had been supported by an action plan, including a central tracking log, quarterly reviews, joint meetings with education providers and training for children's social care practitioners. Webinars for carers and young people and post-transition surveys helped identify good practice and areas for improvement. Some partners said there was sometimes an underuse of community intelligence, particularly from VCSE groups. They said warnings about hoarding for example had not always been acted upon by statutory services, leading to missed opportunities for early intervention.

Processes demonstrated a robust framework for safety and risk management. Monthly scrutiny of service quality and safety data by the Adult Social Care Continuous Improvement Board had supported operational oversight and informed planning, particularly for out-of-area reviews. Two social workers had been assigned to prioritise these reviews, supported by a checklist aligned with Association of Directors of Adult Social Services guidance. Any indication of an 'Inadequate' Care Quality Commission rating triggered joint responses through contract monitoring and operational teams. The integrated multidisciplinary model had enabled seamless access to care and support, with systems in place for risk and incident management. Waiting Well documents had provided clear contact routes and safeguarding pathways, increasing confidence and ensuring people knew how to act quickly if they or others were unsafe.

The local authority had been effective in prioritising safety and managing risks across care journeys. There had been a clear commitment to proactive safeguarding, supported by integrated working.

Safety during transitions

People experienced transitions that were well managed and person-centred. In complex or higher-need cases, for example those involving multiple accommodation moves and hospital discharges, the local authority was described as helpful and supportive, with effective communication. Risks were clearly communicated, and people understood decisions such as the need for continued nursing care. Prompt assessments, follow-up communication, and provision of equipment had helped ensure safety. In a case we reviewed, there was effective joint working between Adult and Children's Services in support of a family. Transitions from children's to adult services had been supported through weekly panels and 6-monthly information-sharing meetings, though data systems had only been partly effective in tracking progress. Staff had used joint funding arrangements and checklists to challenge decisions and ensure appropriate support.

Staff said they worked within a culture of safe transitions, where leaders had promoted reflective practice to enable this. Weekly triage practices and allocation of referrals had ensured people were placed with the most appropriate team. Emergency responses had been swift and effective, with for example, the Emergency Duty Team stepping in to support unpaid carers during crises. Staff described clear handover processes between out-of-hours and day services, including written documentation and phone calls to maintain continuity. They said they were advocates for safe, personalised care and supported positive risk-taking, helping people make informed choices about risks. One example involved a young person transitioning from foster care to supported living, with an 8-week transition period that led to increased independence and reduced support needs.

During periods of high system pressure (eg. OPEL 4), we heard hospital managers had sometimes prioritised discharge speed over safety, resulting in readmission (OPEL 4 refers to the highest level of operational pressure within the NHS's Operational Pressures Escalation Levels (OPEL) framework). Staff described examples of advocating for people when health partners wanted to discharge quickly. Unpaid carers had been identified at crisis points and met the same day to provide reassurance and guidance.

People experienced coordinated, person-centred support; staff had advocated for safe practice and responded swiftly to emergencies; leaders had addressed systemic risks and supported integrated planning; and partners recognised improvements while identifying areas for further development.

Contingency planning

People experienced contingency planning with arrangements in place to ensure continuity of care during emergencies. One unpaid carer preparing for surgery had received support to establish both immediate and backup care plans, which helped reduce anxiety and maintain stability. Contingency was actively planned in people's care records.

Staff said they used flexible approaches to manage disruptions. Multi-agency forums supported collaborative planning for people with complex or higher-level needs and when

equipment delays occurred, people remained on caseloads or waiting lists with clear measures to monitor risk. In some cases, care input had been temporarily increased to safeguard wellbeing. The national collapse of an equipment company had disrupted equipment supply chains, requiring rapid adaption. Emergency equipment remained available during this time, but routine items often required self-purchase.

Leaders said contingency planning was achieved by oversight and risk management. The Provider Failure Policy outlined procedures for managing service disruptions, including requirements for providers to maintain continuity plans, registers of supported individuals, and financial health checks. In the event of provider failure, a commissioning manager was appointed to oversee safety, with a checklist of responsible officer actions. High-risk services were monitored by the joint commissioning committee, and providers were expected to give 6 months' notice for planned closures to allow safe transitions. Partners said contingency planning had improved hospital discharge practices, helping avoid unnecessary admissions and promoting recovery through trauma-informed approaches and collaboration with Voluntary Community and Social Enterprise (VCSE) organisations.

Processes supported contingency planning through integrated systems and early risk identification. Intelligence on provider failure had been gathered through safeguarding data, incident reporting, contract management and quality assurance meetings, in collaboration with Torbay and South Devon NHS Foundation Trust and the Care Quality Commission. One example involved the closure of 2 care homes, which had been managed within 6 weeks using an integrated commissioning approach that ensured people remained safe throughout. These events demonstrated the local authority's ability to respond effectively to service disruptions.

Safeguarding

Score:

3 - Evidence shows a good standard

What people expect:

I feel safe and am supported to understand and manage any risks.

The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

There were effective systems, processes, and practices in place to protect people from abuse and neglect. The local authority worked closely with the Safeguarding Adults Board and partners to deliver a coordinated approach, and there was a strong multi-agency safeguarding partnership with clear roles and responsibilities. Information sharing arrangements were robust, enabling timely and proportionate responses.

People who used services described adult social care as responsive, and we heard examples of safeguarding being embedded in practice. Staff consistently said safeguarding was not just about process but about communication, reassurance, and setting expectations with carers and families. The Adult Social Care Survey (2024-2025) found a similar proportion of people who used services in the local authority felt safe (71.16%) as the national average (71.06%) and a similar proportion of people (86.14%) who used services say those services made them feel safe and secure as the national average (87.82%).

Staff described a workplace culture of learning and development, with access to mandatory safeguarding training, Safeguarding Adults Reviews (SARs) training, and specialist sessions around emerging safeguarding trends and needs. Joint training with children's services and integration with NHS systems supported cross-sector learning. There was a clear ethos that safeguarding was everyone's responsibility. Occupational therapists were well-trained and actively involved in safeguarding investigations. The Sensory team worked jointly with social workers and occupational therapists to support people with sensory loss, reducing risks associated with isolation.

There were formal processes such as the Single Point of Contact (SPOC), Section 42 thresholds (the criteria for initiating a safeguarding enquiry for an adult under the Care Act 2014), and risk enablement frameworks, alongside professional judgement and

supervision. The SPOC team played a central role in triaging safeguarding referrals, which were received from a wide range of sources including the public, GPs, ambulance services and NHS 111. Referrals were rated using a Red–Amber–Green (RAG) system to indicate urgency, and allocated within an average of 7.09 days, with a maximum of 15 days. The SPOC team used multiple electronic systems to gather intelligence, including local authority, NHS, and GP records, although staff noted some duplication due to a lack of system integration.

Leaders provided oversight. The Director of Adult Social Services attended the Safeguarding Adults Partnership Board and received exception reports. Monthly meetings with the Principal Social Worker (PSW) (who was also the Head of Safeguarding) and the Delivery Committee ensured a clear line of sight over safeguarding practice and SARs. Leaders expressed confidence in the robustness of the system and its ability to respond to concerns.

Partners agreed safeguarding responsibilities were overseen by senior leaders, including the NHS Trust Chief Nurse and PSW. The multi-agency Torbay and Devon Safeguarding Adults Partnership Board (TDSAP), shared with Devon County Council, included the local authority, Integrated Care Board, and NHS Trust. Healthwatch sat on the board and contributed to reforming the agenda to ensure partner priorities were addressed. A standing group of people with lived experience provided feedback on safeguarding processes, and the Board chair actively engaged with people and staff. Learning from SARs was shared across services, and complex cases had led to system-wide improvements, particularly in discharge pathways and specialist provision for people with learning disabilities and autism.

Some partners said safeguarding referral forms could be cumbersome and possibly inaccessible to the public. The local authority's safeguarding webpage, however, provided accessible information on abuse, exploitation, and how to access support, alongside links to events and resources. Annual reports from the TDSAP and the local authority were publicly available, and the partnership's business plan for 2025–2027 outlined strategic priorities, including improving safeguarding practice in key risk areas and developing joint protocols with children's services.

Responding to local safeguarding risks and issues

The local authority demonstrated a strong understanding of safeguarding risks and took action to prevent abuse and neglect. The local authority had a clear picture of local safeguarding issues and responded effectively to emerging risks and learned from serious incidents to improve practice.

People's experiences reflected timely and coordinated safeguarding responses. In 1 case, an urgent referral led to a multi-agency response that ensured the person received support at a critical time. The assessment recognised the person's strengths and independence while ensuring complex or higher-level needs were met, demonstrating a strengths-based and person-centred approach.

Staff and leaders showed a clear understanding of key safeguarding risks in the area. Housing-related concerns such as hoarding and unsafe environments were frequently raised, with examples provided of joint working between housing officers, environmental

health, and adult social care to mitigate risk. Leaders acknowledged a lack of specialist housing but described targeted work on hoarding and self-care, supported by a welfare advice organisation co-funded with a neighbouring authority. The local authority also recognised the safeguarding risks associated with coercive and controlling relationships and identified the need to update operational guidance to improve consistency in decision-making.

The local authority responded to high-risk areas such as the backlog of Deprivation of Liberty Safeguards (DoLS) assessments by recruiting 12 independent Best Interest Assessors (BIA) and implementing a blended model using in-house and independent BIAs. This resulted in a reported 150% increase in monthly allocations. The backlog was reduced by 8.8% between July and August 2025, and performance was monitored monthly through the Delivery Committee chaired by the Divisional Director and Service Improvement Board chaired by the DASS. Community DoLS applications were triaged using the Association of Directors of Adult Social Services (ADASS) prioritisation tool, with high-risk cases allocated immediately. Monthly reporting and governance oversight ensured transparency and accountability.

Lessons from Safeguarding Adult Reviews (SARs) were actively used to improve practice. Leaders described how themes such as self-neglect had prompted learning, including a self-neglect conference, practice briefings, and the introduction of welfare checks at the front door. Reflective commentary was used to help staff understand the implications of SARs. The local authority also contracted an advocacy organisation to quality check Section 42 processes and gather feedback from people who had experienced safeguarding interventions. Early feedback from this indicated people felt safe, involved, and engaged.

Partners confirmed the local authority was accountable and open to scrutiny. The Safeguarding Adults Board (SAB) Chair described a thematic SAR review on self-neglect and hoarding involving 6 cases, including 2 from the local authority. Practitioners participated in focus groups to identify barriers and inform improvements. Since 2022, the joint Devon and Torbay SAB had overseen 17 SARs with 160 recommendations, 85 of which were fully completed. Outstanding SARs for adult social care in Torbay were in single digits, and the local authority was described as a good partner in holding others to account. Processes provided robust evidence of the authority's commitment to safeguarding. The SAR Core Group, part of the joint Safeguarding Adults Board with Devon (TDSAP), maintained oversight of SARs and reported quarterly to the Board. Completed SARs were published with learning and recommendations, and policy and guidance were regularly updated to reflect new knowledge and trends. Risk indicator and assessment tools were promoted to ensure consistent awareness of safeguarding concerns.

Healthwatch reported close collaboration with the SAB Chair and participation in board meetings. They helped to reform the agenda to ensure partner priorities were addressed and contributed to a standing group of people with lived experience. The SAB Chair described collaborative work to embed trauma-informed and strengths-based practice more deeply across the system.

The local authority's integrated health and social care system enabled rapid responses to adult abuse concerns, with multi-agency triaging directing cases to appropriate

professionals. The Single Point Of Contact (SPOC) service acted as a central contact point, reducing duplication and delays. Best Practice meetings supported staff development, and safeguarding improvement groups addressed emerging themes such as hidden harm, financial abuse, and predatory marriage.

The TDSAP's strategic priorities included embedding SAR learning into practice, improving engagement with people supported, and promoting person-led, outcome-focused safeguarding. Partners were expected to take part in the SAR process and make sure any learning was clear, practical, and could be acted on, with specific goals, measurable outcomes, and realistic timescales.

Responding to concerns and undertaking Section 42 enquiries

The local authority demonstrated a strong approach to applying Section 42 safeguarding thresholds, with clear systems, guidance, and oversight mechanisms in place to ensure consistency and person-centred practice. Evidence from people's experiences, staff, leaders, partners, and processes showed safeguarding concerns were identified and responded to appropriately.

People's experiences reflected that safeguarding concerns were recognised and addressed effectively. One person described how reassurance and continuity of support helped reduce risk and maintain stability. Another received urgent multi-agency interventions, including 24-hour support, with safety planning that considered complex or higher-level medical needs. These examples demonstrated safeguarding was not only reactive but also embedded in care planning and risk management.

Staff described a culture of openness and support in navigating safeguarding decisions. Supervision, peer support, and regular audits were used to maintain quality and consistency, with feedback shared across teams. The Single Point Of Contact (SPOC) team played a central role in triaging referrals, which were rated based on risk. High-risk cases triggered immediate action, and average waiting times from SPOC to allocation were low (4.4 days), although 56% of open Section 42(2) enquiries remained open beyond 90 days, indicating delays in completing enquiries.

To address this, the local authority introduced Level 3 safeguarding training, reintroduced training on chairing Section 42 meetings and large-scale enquiry practice, and embedded learning from Safeguarding Adults Reviews (SARs) into operational practice. The SPOC team and Safeguarding Adult Professional Practice Teams held bi-monthly best practice sessions, enabling thematic reflective learning and review of emerging issues. These sessions also supported a full consultation and revision of SPOC operational guidance.

The SPOC operational guidance (v7) clearly outlined the application of Section 42(1) thresholds and required that any decision not to proceed to a Section 42(2) enquiry be recorded with a rationale and approved by a manager. A flowchart supported decision-making, and trauma-informed practice was embedded into guidance to ensure decisions considered the impact of trauma on individuals' engagement with services. The electronic system was amended to capture enquiries that ceased at Section 42(1), allowing for analysis of unmet needs and threshold decisions.

Business Intelligence data supported oversight of SPOC operations and case allocation. Weekly quality assurance huddles helped to identify emerging trends and risk across the

care market. While the average transfer time from SPOC to allocation was low, the absence of a formal target timescale for completing enquiries was noted, potentially impacting consistency in meeting Making Safeguarding Personal obligations.

The local authority's commitment to transparency and continuous improvement was evident in its safeguarding data reporting. In 2023–24, 1,000 safeguarding concerns were reported, with a 26% increase in enquiry activity. Neglect and acts of omission were the most common concerns. The local authority engaged adults with lived experience to provide qualitative feedback, and each Section 42(2) enquiry received scrutiny from a management panel.

Making safeguarding personal

The local authority demonstrated a strong and person-centred approach to safeguarding enquiries, with clear evidence that they were carried out sensitively, proportionately, and with the wishes and best interests of the person at their centre. The local authority also showed a commitment to improving public understanding of safeguarding and ensuring people knew how to raise concerns. Safeguarding Adults Collection data (2024-2025) showed a somewhat higher proportion of people lacking capacity were supported by an advocate, family or friend (96.67%) as the national average (83.38%) which was a positive sign in Making Safeguarding Personal (MSP).

Staff consistently described safeguarding as embedded in practice, with a strong focus on MSP. They said people were always at the centre of the referral process, with their voices heard and desired outcomes considered. Where people declined to proceed with safeguarding, staff followed clear processes including capacity assessments and consultation with professionals in the person's life. Staff described how they respected people's autonomy while ensuring safety was promoted.

The Principal Social Worker, who was also Head of Safeguarding, described early engagement with adults at risk and utilising external advisers to improve practice. Data analysis had been developed to reflect a person's journey, including how long they had been in the system, waiting times for decisions, and whether their outcomes had been recorded which demonstrated a commitment to transparency and continuous improvement.

Partners confirmed improvements in MSP. Healthwatch reported a positive change in how the local authority responded to safeguarding referrals, moving from generic automated responses to personalised communications that explained decisions and offered signposting. This was seen as a significant step forward in making safeguarding personal and closing the feedback loop with referrers and the public. The Safeguarding Adults Board prioritised MSP in the current year, holding workshops to explore the person's voice and experience. Plans were underway to establish a Community Reference Group to raise awareness of safeguarding among diverse communities, including those where English was not their first language.

Processes in place further supported the local authority's effectiveness in MSP. The Single Point Of Contact (SPOC) operational guidance instructed practitioners to consider consent, mental capacity, and executive function, and to apply trauma-informed practice. Legal support was available to staff, and guidance covered a wide range of safeguarding

scenarios including domestic abuse, self-neglect, and large-scale abuse. The local authority's website provided accessible information on safeguarding, including definitions of abuse, exploitation, and how to access support.

Performance data provided by the local authority at the time of the assessment, showed 93% of adults who gave feedback said their outcomes were met fully or partially, and 91.1% of safeguarding enquiries resulted in risk being removed or reduced. However, only 76.4% of people were asked about their preferred outcomes, below the 90% target. The local authority said this was due to recording issues, which had since been addressed. Additionally, only 17.3% of people consented to give feedback, below the 20% target.

Theme 4: Leadership

This theme includes these quality statements:

- *Governance, management and sustainability*
- *Learning, improvement and innovation*

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score:

2 - Evidence shows some shortfalls

The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

People had responsive and respectful engagement, staff felt supported and involved in improvement work, and partners recognised a shift toward collaborative governance. While some areas such as consistency of management and leadership practices, contingency planning, and specialist provision could be developed further.

People's experiences reflected positively on governance and service management. They described thorough assessments, timely communication, and respectful engagement. Unpaid carers had been offered assessments with clear explanations of their rights, and equipment provision had been handled smoothly. Co-production had been evident in many initiatives, which demonstrated transparency and a commitment to continuous improvement. However, some people felt contingency planning needed to be more consistently embedded, and carers' needs more fully explored in future reviews.

Staff and leaders said governance and accountability had been well-established and inclusive, supported by clear structures and delegated responsibilities, but with some mixed experiences. Leadership had been described as strategically aligned and values-driven, with the Director of Adult Social Services (DASS) credited for improving responsiveness and visibility of adult social care over recent months. Staff reported feeling supported and engaged through monthly Key Performance Indicator tracking, service meetings, and transformation groups. The Principal Social Worker maintained links with improvement boards and senior leaders, promoting strengths-based practice. However,

some staff noted inconsistent management practices and a disconnect from senior leadership, suggesting there was a need for more consistent leadership across all levels. For example, there were some limitations in tracking outcomes at the front door and a lack of case auditing, which could hinder learning and oversight and there was a mixed experience with the consistency of supervision in different staff teams.

There was structured governance around divisional directors and integrated roles, including a joint operational lead within the NHS Trust. Oversight was provided through the Continuous Improvement Board and strategic meetings, with alignment across adult social care, health, housing, and safeguarding. The Section 75 Joint Executive Group had overseen statutory responsibilities, risk registers, and performance metrics. Risk management frameworks had been independently audited, and a review was planned to strengthen assurance and validate mitigation actions. Key risks such as workforce capacity, market sustainability, and mental health commissioning, had been jointly reviewed and fed into service improvement plans.

Partners said the current DASS had fostered a collaborative governance culture, described as open and inclusive. Regular meetings strengthened relationships and improved oversight of Care Act duties. Healthwatch said their involvement was embedded across governance boards, with feedback actively received and acted upon. However, partners noted operational success sometimes relied too heavily on individual relationships, experiencing some service instability following key personnel changes. They also highlighted gaps in specialist provision in social work teams, particularly in learning disability services, although the local authority had responded by embedding expertise within the Complex Care team.

Strategic planning

Strategic planning was adequately set out in the local authority and with its partners. People said their experiences reflected a system that was increasingly responsive and inclusive. They had seen improvements in how carers' needs were considered, with assessments clearly explained and co-produced initiatives, such as the Waiting Well documents demonstrating a commitment to transparency and planning. People felt their feedback was being used to shape services, though some noted that more consistent follow-through was needed in areas like contingency planning and dementia support.

Staff and leaders said strategic planning had been guided by performance data, financial pressures, and transformation goals. Leadership had been visible and inclusive, with clear accountability across adult social care, health, housing, and safeguarding. Staff described structured risk management and regular Key Performance Indicator (KPI) tracking, with deep dives into priority areas such as Deprivation of Liberty Safeguards (DoLS) and carers. They had used electronic case management systems to capture data on unpaid carers, although they noted that figures sometimes didn't fully reflect the work being done. Staff acknowledged resource pressures, especially around replacement care and dementia, but remained committed to meeting needs effectively.

Leaders said strategic planning had been strengthened by benchmarking, assurance meetings, and alignment with transformation plans. The Director of Adult Social Services (DASS) led consultancy-supported reviews that addressed long-standing concerns, and the Director of Public Health had linked planning to broader themes like housing, digital

inclusion, and physical activity. Governance structures such as the Health and Wellbeing Board supported cross-sector strategies. Leaders also recognised data gaps in ethnicity and protected groups, showing awareness of inequalities and the need for improved data to inform future planning.

Partners said the local authority had maintained a long-term strategic vision, even during political change. The Section 75 agreement and 3-way working arrangement with the Integrated Care Board and the NHS Trust had improved alignment and oversight. Carers were now treated as a protected characteristic in equalities impact assessments, and policies were routinely reviewed to avoid adverse impacts. Healthwatch and Voluntary Community and Social Enterprise (VCSE) partners had seen increased engagement and co-production, though implementation varied. Strategic planning also addressed unemployment and health inequalities through a co-produced VCSE partnership, connecting people to wider support services. Employment had been prioritised in learning disability and autism strategies, with ambassadors leading and defining this work.

Processes had reinforced strategic planning through integrated frameworks and data-driven decision-making. Plans such as the Integrated Adult Social Care Commissioning Plan, Joint Health and Wellbeing Strategy, and One Devon Integrated Care Strategy had aligned priorities across systems. These strategies addressed mental health, homelessness, substance misuse, and domestic violence, supported by the Joint Strategic Needs Assessment and Market Position Statement. The local authority's long-term vision, set out in a 20-year strategic plan, aimed to guide consistent action and align the whole council behind shared goals.

Information security

The local authority recognised the need for improvement and were making changes to the case recording system at the time of the assessment. Strategic documents such as the Devon Plan and One Devon Integrated Care Strategy outlined ambitions for unified digital infrastructure, standardising frontline systems and improving data sharing across health and care. These improvements were still in development and not yet embedded in daily practice.

Staff said that current IT systems were outdated, fragmented, and difficult to work with. The legacy electronic case management system undermined staff confidence in data accuracy, particularly around waiting list reviews. Staff across services reported poor interoperability between health and social care systems, which created barriers to communication and slowed practice. Sometimes this had reduced efficiency and time available for direct care. Staff expressed frustration at the lack of access to modern tools like Artificial intelligence-supported documentation systems and said financial constraints had in the past limited digital innovation.

Leaders said they had heard these concerns during staff engagement sessions and acknowledged the need for sustained investment in digital infrastructure. While digital transformation was underway and a new case management system was being rolled out, feedback had indicated that current arrangements did not yet ensure consistent data quality, security, or accessibility. Staff called for clearer timelines and more robust support to reduce operational delays and improve service delivery.

Learning, improvement and innovation

Score:

3 - Evidence shows a good standard

The local authority commitment:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

The local authority demonstrated a strong commitment to continuous improvement and learning. People felt involved as equal partners, staff generally described a reflective and well-supported culture, and partners recognised strategic alignment and co-production efforts.

People said they felt involved in shaping services and strategies. Carer ambassadors described positive experiences of co-production, for example around improving access to direct payment grants, embedding carers support workers in GP practices, and getting clearer information through initiatives like Carers Rights Day and the orange lanyard system in the hospital (registered unpaid carers wear an orange lanyard, to identify them to staff and improve communication). Carers said leaders were visible and accessible, particularly the new Director of Adult Social Services (DASS), and felt their feedback had been valued in service and strategy development. Carers had contributed to designing feedback tools and shaping the carers strategy, which included clear targets and commitments to publish progress regularly. They had asked to be recognised earlier, receive timely assessments, and be involved in care planning, which the local authority had committed to monitor through audits and feedback.

Staff and leaders said there was a strong culture of learning, professional development, and team support. Mental health staff, including Approved Mental Health Professionals (AMHPs), reported regular supervision, access to specialist training, and a shared responsibility for risk. Occupational therapy teams described positive learning environments with rotational posts, peer supervision, and training. Champions had supported internal expertise, and informal learning had been fostered through peer collaboration and involving people with lived experience. The Principal Social Worker led a workforce development programme, supporting apprenticeships, degrees, and leadership development. Staff also participated in structured programmes and health coaching and felt supported to grow professionally. Some staff said they had limited supervision, and shared some concerns about recognition and career progression.

Partners said they recognised the local authority's commitment to workforce development and integration, particularly following leadership changes. The appointment of a new

DASS and NHS Chief Executive recently had strengthened collaboration and stability. Divisional director roles had supported joint leadership and system-wide improvement. Partners said co-produced initiatives like the Big Plan and other strategies were impactful, although some felt co-production was still emerging and not yet consistently embedded. Some partners said consultation processes were too top-down and lacked meaningful input from underrepresented groups.

Processes had supported continuous improvement. The Learning and Development Policy outlined availability of financial support for qualifications, with training delivered via specialist platforms. The Integrated Workforce Plan and Education Strategy had supported protected learning time and specialist training. The local authority had tracked involvement in improvement projects using a co-production ladder and committed to rolling out mandatory anti-racism, unconscious bias, and de-escalation training. The Inclusion Strategy and Racism Review had demonstrated a commitment to equity, and the LGBT+ Survey had led to recommendations for further workforce training. Staff surveys identified areas for improvement, including around tackling low morale, stress, and career development, with action plans.

Learning from feedback

The local authority demonstrated a growing and increasingly embedded culture of learning from feedback. People felt heard and involved, staff used feedback to shape services and training, and partners recognised improvements in services and culture.

Carer ambassadors had gathered feedback from across the local authority, reporting high satisfaction with carers services. They said the 'you said, we did' approach was valued which was evident in publications like Signpost for Carers, and they described meaningful involvement in editorial boards, legal training, and service evaluation. Learning disability ambassadors contributed to large-scale events and co-produced the Big Plan, which now included an action plan focused on health, housing, employment, and day services, they felt their involvement was impactful and worthwhile.

Staff and leaders said feedback had become central to service improvement and strategic planning. Elected leaders highlighted the positive impact of a peer review in 2024 in strengthening the work of the local authority, and staff had used Care Quality Commission feedback to improve the adult social care education offer. Staff described a culture of continuous learning, with feedback influencing service design such as maintaining peer support groups and introducing creative tools. Carers services had used feedback to develop hospitality schemes, gifted holidays, and educational booklets. Staff also identified gaps in dementia support and advocacy, which they planned to address through future development. However, some staff noted that action plans lacked clear ownership and timelines, which could limit impact.

Partners said they had seen improvements in how feedback was used, particularly in carers services. Healthwatch reported that feedback led to better dementia training, with plans to replicate successful models. Carers organisations worked with the local authority to improve messaging and carer recognition. However, some partners felt co-production was still emerging and not consistently embedded. Concerns were raised about top-down consultation processes, lack of follow-through on issues like transport. While partners were

often approached for intelligence, they said feedback was not always acted upon or communicated back clearly.

Processes showed the local authority had formal mechanisms for gathering and responding to feedback. The carers strategy included regular surveys and quarterly progress updates. The Written Statement of Action for Special Educational Needs and Disabilities services had been co-produced with families, and the Preparing for Adulthood audit used Ofsted and CQC criteria. Feedback was tracked using a co-production ladder, and training offers were adapted based on input. However, some staff survey action plans lacked named leads and deadlines, which could affect accountability.

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

Date of meeting	Minute No.	Action	Comments
08/10/26	32	1. ICB colleagues to provide written responses and data presentation to support future scrutiny of winter preparedness to include discharge pathway performance data, P0-P3 performance information, support arrangements for unpaid carers, primary care initiatives and clarification of pharmacy activity figures included within the submitted presentation.	1. Response requested 12/10/26
16/07/26	18	<p>1. that the Senior Democratic, Overview and Scrutiny Officer request a written response regarding the location of reported stillbirths</p> <p>2. that the Senior Democratic, Overview and Scrutiny Officer request and circulate to Members of the Adult Social Care and Health Overview and Scrutiny Sub-Board Members the most recent monthly monitoring information on DMO1 performance and ask that comments raised during the meeting be considered when preparing future reports.</p>	<p>1. Response received - The definition of a stillbirth is the death of a baby at or after 24 completed weeks of pregnancy. Of the five stillbirths recorded in the report, all involved women who presented during the antenatal period with reduced foetal movements. Following clinical assessment and management, each woman underwent induction of labour and subsequently gave birth in hospital.</p> <p>Therefore, the reported stillbirths relate to births that occurred in a hospital setting following antenatal presentation with reduced foetal movements.</p> <p>2. Response requested 10/08/26 and 27/10/26</p>
18/06/26	11	1. that the ICB be requested to provide assurance to the Adult Social Care and Health Overview and Scrutiny Sub-Board that they understand their commissioning	1. Response requested 07/07/26, 10/8/26 and 27/10/26

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

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