

Tuesday, 14 November 2023

**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, 23 November 2023**

commencing at **2.00 pm**

The meeting will be held in the Churston Room - Town Hall

**Members of the Committee**

Councillor Johns (Vice-Chair)

Councillor Long  
Conservative vacancy

Councillor Tolchard  
Councillor Barbara Lewis

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**Together Torbay will thrive**

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

1. **Apologies**

2. **Minutes**

(Pages 4 - 15)

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 12 October 2023.

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 Vice-Chair decides are urgent.

5. **Torbay update - Where are we now in the local context?**

(Pages 16 - 22)

Presented by the Public Health Specialist, Torbay Council.

6. **NHS England and NHS Improvement South West Dental Reform Strategy**

To receive an update on the NHS England and NHS Improvement South West Dental Reform Strategy presented by the Director of Commissioning Primary, Community and Mental Health Care NHS Devon; the Consultant in Restorative Dentistry, NHS Somerset Foundation Trust and the Programme Manager (Devon, Cornwall and the Isles of Scilly, Somerset, Dorset) Dental Team, South West Collaborative Commissioning Hub.

## 7. Responses to Key Lines of Enquiry and Questions

Key Lines of Enquiry identified:

- Is there sufficient NHS dentistry capacity in Torbay and what action is being taken to address long waiting lists to access urgent and non-urgent dentistry, especially for children and young people, the elderly or vulnerable patients?
- Will the ICB consider using the annual claw-back of unspent Torbay specific UDA funding to design and develop innovative solutions to oral health improvement, prevention and access to dental services in Torbay (with Torbay Council and wider partners)? This question also requires:
  - explanation of how Units of Dental Activity work.
  - budget lines for the last five years showing the amount of money contracted with high street dental practices in Torbay for areas TQ1, 2, 3, 4 and 5, whilst recognising that a percentage of TQ3, 4 and 5 are in the Devon County Council area); total UDA commissioned (number and value) and the amount of money unspent (percentage and amount).

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

**12 October 2023**

**-: Present :-**

Councillor Joyce (Chairman)

Councillors Johns (Vice-Chair), Long, Maddison and Twelves

(Also in attendance: Councillors David Thomas and Tolchard)

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**11. Apologies**

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

**12. Minutes**

The minutes of the meeting of the Sub-Board held on 14 September 2023 were confirmed as a correct record and signed by the Chairman.

**13. Spotlight Review on Homelessness in Torbay**

The Chairman introduced the Spotlight Review on Homelessness which was highlighted as a priority by Overview and Scrutiny Members when setting the scrutiny work programmes for the Municipal Year. The scope and Agenda were very focussed with a view to identifying practical and achievable recommendations.

The key aims and objectives of the Review were to:

- better understand how homelessness could be prevented in Torbay;
- how people could be helped;
- how people were assisted into accommodation and how people were supported when in accommodation;
- to identify whether existing pathways and systems in place to prevent homelessness could be improved in Torbay and how; and
- to identify and target specific areas for more detailed scrutiny investigation.

The Chairman thanked both guest speakers for attending and officers for arranging visits to the Leonard Stocks Hostel and the temporary accommodation facility at Morgan Avenue. Members had found the visits extremely helpful and informative and

had gained much more knowledge and understanding of the valuable work that was undertaken at both facilities.

As a result of the visit to Morgan Avenue, the Chair of the Voluntary Sector Network agreed that they would arrange for mentors to attend for one to two days a week to provide people with help and advice.

### **Introduction and Overview of Services**

The Divisional Director of Community and Customer Services provided Members with an introduction and overview of services. It was recognised that the response to homelessness and the housing crisis could not be solved in isolation. The focus for today was around individuals', impact and the challenges faced by services. The Council's Housing Options and Rough Sleeper Outreach Teams worked very closely together to address both homelessness and street homelessness.

Members were informed that the guest speakers would cover how Housing Options and Outreach Teams worked in partnership with other organisations in responding to Homelessness; the impact of homelessness on mental health and details of people's experiences from a voluntary sector perspective. A lot of data had been provided in the written reports submitted which would allow an inform conversation around challenges to services and potential areas for improvement. It was recognised that there were a multitude of agencies involved in tackling homelessness and that assistance was also provided by co-located Police Officers and now there was also healthcare provision available at the Leonard Stocks Hotel. Therefore, those in attendance represent a small number of those that assist.

### **The Council's Response to Homelessness**

The Head of Housing Needs spoke to Members about the Council's current response to Homelessness with a specific focus on why people become homeless; prevention challenges and what temporary accommodation looked like in Torbay.

It was recognised that rough sleeping was the most obvious visual element but that homelessness does touch other individuals and families in the community.

Members were informed that there were different elements in the Council's response to homelessness and there were different stages to homelessness applications with different considerations. For applications where the criteria for a main housing duty was not satisfied, the Local Authority could still have a duty to provide temporary accommodation whilst assessments were undertaken. An embedded Housing Officer in Childrens Services within Early Help was also in place to provide wrap around support to families and that had proven to be a very successful approach in preventing and ending homelessness.

The aim was to try and help people stay in their homes and communities but that was becoming increasingly challenging because of the cost of living and affordability of rental properties.

Members heard that in Torbay, the cause of homelessness was significantly due to loss of rented accommodation and this was even more pronounced in Torbay when compared with other areas nationally. It was recognised that people often need behavioural support in order to maintain tenancies and that brought its own challenges. There were different levels of complexity in the support required and examples ranged from mental health issues and domestic abuse situations. Representing two of the most significant challenges in Torbay.

The demand on services had increased by 68% since 2019. The introduction of the Homelessness Reduction Act in 2017 and subsequently the Covid pandemic had acted as catalysts in people losing their homes as when coming out of the Covid pandemic, the temporary protection for tenants against eviction was lifted.

The current work was very much around prevention and at present numbers in temporary accommodation were relatively static although this was subject to seasonal fluctuations. In 2022/23, 1100 households were assessed as at risk of homelessness and would need assistance from the Council. 21% went on to establish a main housing duty.

At any one time there were 160 households in temporary accommodation which tended to represent approximately 70 families and the rest either single individuals or couples. Recently the Council had purchased a number of units for family accommodation and the feedback had been very positive. Spot purchase of accommodation at significant cost to the Council was unavoidable in the current climate and to ensure those who need assistance receive it. Alternatively, to meet temporary accommodation demand, mainly single individuals were placed in hotel or bed and breakfast accommodation and re-settlement officers were on hand to assist people in finding alternative accommodation. The average length of stay in temporary accommodation was still very high ranging from 6 to 12 months for families and the Council was working hard to try and drive down that timeframe.

Members were informed that there was not enough social housing to meet demand; there was a lack of 4 bedroom properties available through Devon Home Choice (only two were available last year) and these factors coupled with high rents were significant factors as to why people were finding themselves homeless and/or unable to move on from temporary accommodation. The Housing Teams were seeing more people presenting to services who are on average incomes, working and would normally be able to resolve their situation but were struggling to even obtain a viewing on a rental property because of the high level of demand. Currently there was a Private Rented Officer who was actively engaging with landlords but ultimately, landlords' mortgages were increasing and so rents were increasing. The statistics across the South West and across England demonstrated that the loss of a tenancy from rented accommodation was the main reason for homelessness.

It was appreciated that the Council had only taken over the support contract for the Leonard Stocks Hostel in February 2023 and at that point the average length of stay for individuals was 500 days. This meant that people were at risk of becoming 'institutionalised' and dependent upon their place at the Hostel. As a result of that the focus of work has centred around changing the culture of that provision and since

February that has resulted in a reduction to just over 200 days which reflected positive 'move on' to long term accommodation.

Members received responses to the following questions:

- How many units does the Council have?
- How much was the current rent for a four bed house in the private rented sector?
- Did the figure of 1100 households assessed at risk of homelessness relate to long term residents or migrants?
- What duty of care was owed to rough sleepers?
- What percentage of rough sleepers were from out of area?
- Have we got enough support in place for those individuals experiencing domestic violence?
- Was there a cyclical position in terms of people approaching services for housing support?
- How does Torbay compare nationally in terms of people having to leave private rented accommodation because landlords were moving to Air B&B?
- Was the lack of social housing attributable to a lack of land to provide affordable housing or lack of funds to build affordable housing?

### **Video to demonstrate the work of the Hostel**

Members were shown a video which was commissioned as part of the Safer Street grant funding which provided a human face to homelessness and the valuable work undertaken by the Leonard Stocks Hostel.

### **Rough sleeping**

The Anti-Social Behaviour and Noise Lead Officer, Torbay Council provided an outline of the response to rough sleeping in Torbay including partnership working and how the service was currently funded.

Members were informed that the Housing Needs Team dealt with the statutory homelessness element which was less visible as opposed to rough sleeping. Most of the activity around assisting rough sleepers was funded by the Government's Rough Sleeping Initiative and over the last six years the Council has benefited from funding in that respect. However, the funding ran in a three year cycle and was due to finish in March 2024. This meant that some of the staffing roles within the current funding agreement would cease at the end of this financial year and essentially three posts would be lost if alternative funding/monies was not found to cover those posts. It followed that losing staff would not assist in bringing down the numbers rough sleeping in the longer term.

In 2010 Torbay was averaging 5 to 6 rough sleepers per evening compared with Summer 2023 when the average number of people sleeping out in August was 35. However, it was appreciated that this was a snapshot of one evening and by way of comparison the figure for September 2023 was 28 and currently 25 for October 2023.

There was a slow downward trend already and seasonally from April onwards an increase was expected through the warmer months into the summer which naturally decreased going through to the winter months. As a general rule, most people rough sleeping were from Torbay although from a seasonal trend perspective some people from out of area come to Torbay in the summer but would pass through rather than settling in Torbay and this was the same sort of situation for other local authority areas. The aim was to reconnect people back to a place where they may have a housing duty owed by another local authority but it was stressed that the Council cannot determine where people need to go or should go.

Multiple complex needs was fairly common for those rough sleeping and these could relate to mental health, substance misuse, homelessness, those within the criminal justice system and victims of domestic violence. There was a tendency for these issues to be exacerbated by rough sleeping which also distanced people from support services.

It was explained that the Resettlement Team checked in on rough sleepers and tried to connect them with some form of accommodation and any other services that individuals may require. There was also a tenancy sustaining service which provided support to people to help them sustain accommodation. The biggest challenge faced was people successfully keeping accommodation and there were individuals who have passed through the service multiple times. There were also officers who were dedicated to assisting people with substance misuse who were available to help individuals directly at the Leonard Stocks Hostel together with a mental health nurse who had recently been located there. The prison navigator officer ensured that individuals had a link between leaving prison and securing accommodation.

Currently ten beds of leased accommodation were available and there were some discretionary funds which could be spent on an 'ad hoc' basis to help individuals meet the cost of deposits and rent in advance on accommodation.

The importance of having proactive services which met people on their terms were particularly important to assist those with mental health issues or substance misuse issues.

A multi complex needs alliance commenced in February 2023. This provided a commitment between the Leonard Stocks Hostel domestic abuse services and drug and alcohol services under one alliance contract, to better provide for people with complex support needs.

From a rough sleeping perspective it was essential to have more emergency accommodation available as it would allow a swift offer of off the street accommodation then backed by a move on to the private rented sector. However, with the decrease in access to private sector rental properties and B&B accommodation significantly reduced there was no guarantee of long term accommodation. The result at present was that the Council could not make an immediate 'of the street' offer of accommodation and so the reality was that people were more likely to experience longer periods of time on the street.

Members received responses to the following questions:

- was there a difference between the figures on rough sleeping between Torquay, Brixham and Paignton?
- how does the Rough Sleeping Initiative funding from Government that Torbay receives compare nationally with other Local Authorities?
- was there a process in place to help people leaving prison to find accommodation?
- were there any alternatives which could be created by more innovative ways to provide more temporary accommodation?
- had any discussions taken place with the local monitoring team around the area in terms of experimenting with new ideas?

### **Homelessness and substance abuse**

The Service Manager, Torbay Recovery Initiatives (Torbay Drug and Alcohol Service) explained to Members that the Torbay Drug and Alcohol Service had joined other partners in the Multi Complex Needs Alliance, formed in February 2023, which aimed to provide a more holistic approach. This provided individuals with access to treatment services; 1 to 1 recovery work including prescribing, access to residential rehabilitation and detox as part of the offer with some physical healthcare and immunisation services. There had been a cultural change in a willingness to prescribe to people in higher risk scenarios.

It was recognised that it could be really challenging to work with homeless individuals who often suffered from complex needs, particularly in terms of mental and physical health. Provision of treatment for individuals was often the key to engaging with them so that they could move into a better position generally.

It was very important to offer a service that remained accessible to people who were high risk and may struggle to engage as was often the case with rough sleepers who may find attending appointments difficult.

Members were informed that there was now a co-located nurse at the Leonard Stocks Hostel and the role was key in providing access to support for those who might also be in the vicinity of the Hostel as well as those residents of the Hostel, in assessing physical healthcare needs.

The service also had a presence within the Hostel around supporting the breakfast club and engaging with people so that they could talk about their wider issues and this had been very successful.

The service worked closely with the Criminal Justice Team on a same day referral basis which allowed some stability over drug use.

The Jatis programme provided local residential rehabilitation and had a ten bedroom unit with a five bedroom move on facility and was currently looking to secure individual flats as well. The programme gave support around those individuals who have had a

drug or alcohol issue and there was sometimes scope to bring in people who might be in a precarious housing situation.

Jatis provided excellent value for money compared to sending someone to residential rehabilitation (about 25% of the cost) and provided good local support for people. Currently the programme assists around 20 people per year.

There was also now a psycho-social lead across the service who supports the Hostel with a more clinical input and there was a specialist clinical practitioner (a new role) to work alongside the doctor.

From a housing perspective, it was a real asset to have services linking together to help the individual providing wrap around support, particularly in helping those with high level needs.

There was a desire to expand the service offer in future by providing more access to clinics with two operating alongside Leonard Stocks Hostel and ideally to extend into other areas on an outreach basis.

Members received responses to the following questions:

- How many individuals successfully exit the rehabilitation programme?
- How do individuals access help through the programme? What were the requirements?
- How long do individuals spend in the programme?
- Was there a waiting list to access the programme and how does it operate in terms of individuals who wish to enter the programme?
- Was there a referrals process for the programme or was it self referral?

### **Mental Health and Homelessness**

The Locality Practice Lead (South) of the Adult Services Directorate, Devon Partnership NHS Trust spoke with Members about the link between homelessness and the impact on mental health.

Members were informed that there was a link between emotional and psychological wellbeing. The first question to ask was how we might understand mental illness? This could sometimes be viewed as an abstract term, divorced from human experience.

It was important to think about the experience of thoughts and perceptions and how these could cause difficulties in not helping people to get to a place in their life where they would wish to be. Feelings were supposed to be useful and a component of being mentally ill was when there was a transgression from those feelings being useful. If someone felt anxious and depressed about the possibility of becoming homeless their ability to step inside a place where those feelings do not exist becomes difficult.

Predictability was a component of acceptable life, without which the future becomes hard to project oneself into and location was really important in that as people identify with living in houses and homes.

Jobs and families were also important to people and location was a component in that as well, for example, the location of the children's school.

Security was also really important to people and for people to feel alright about the future.

Connection was important as we have an affiliation with the people we live amongst. When we feel threatened it was hard to perceive connecting with other people.

Meaning was really important. For example, things that really matter and making progress against a value structure which may involve your work and feeling that your work is meaningful, which means that you have a job, which puts you in a position to have a house.

Dignity was also a component – walking amongst peers where you do not feel threatened and your self-esteem was alright.

Members received responses to the following questions:

- Was it difficult for a person with mental health issues to recover if they were in a place without certainty of how long they might have to stay there and where they could be impacted by other people?
- Some individuals who have been in temporary accommodation for some time were then too scared to leave because of that – how do you conquer this?
- Was there a fast track for the homeless to access mental health services?
- A high percentage of homeless individuals might have experienced childhood trauma – what proportion in our system were able to access some therapy or support to help them with that?

### **Cost of living crisis and affordability impact on homelessness**

The Chief Executive of Torbay Citizens Advice Bureau ("CAB") provided an insight for Members into the voluntary and community sector perspective around the impact of the cost of living crisis and affordability of housing as a cause of homelessness in Torbay.

Members were informed that in terms of the cost of living crisis, the CAB were assisting more people nationally with crisis support and had helped more people who were homeless at this point than in any other year on record. There were growing levels of energy, rent and council tax debt among the people the CAB helped with debt advice and the rising cost of essentials were driving the rise in negative budgets.

The national picture reflected the current position that presented to CAB in Torbay meaning that:

- the number of people the CAB had helped with a homelessness issue had kept rising since the Covid pandemic;

- there was a significant increase in the number of individuals seeking advice because they had received a Section 21 (no fault) eviction notice;
- the issue was even more severe for women, single parents and people who were racially minoritised;
- there had been a freeze on the Local Housing Allowance for housing costs since April 2020 which meant that the gap between rents charged and benefits received to help pay the rent was growing;
- there were not enough homes that people could afford, either in the private rented sector, in social housing or to buy; and
- the cost of living crisis was causing more people to experience a rise in energy costs and increased costs for food.

Members were informed that individuals were presenting to the CAB with multiple complex problems and some key statistics which represented the local picture in Torbay were as follows:

- 70% of individuals who approached the CAB for advice and who were at risk of homelessness were from the private rented sector and had received Section 21 eviction notices;
- of those seeking advice about access to and provision of accommodation, 41% had issues with bidding/banding and 32% with finding and securing a private rented property;
- 63% of queries about private sector rented properties were about disrepairs and repairs and maintenance;
- benefits were the top issue with housing one of the top benefit issues; and
- mortgage and secure loan arrears were in the top end of debt issues, but they were not last year.

Members asked if the CAB had a capacity issue when it comes to seeing people and whether people with housing problems know that they can come to the CAB for advice and assistance? It was acknowledged that the voluntary sector in general was stretched to capacity.

Members were informed that in so far as CAB was concerned, capacity was an issue and the reasons contributing towards this was lack of funding; the loss of volunteers over Covid; the loss of the drop in facility which there had been before Covid, but had since not been reinstated; difficulty in filling paid posts because of the need to have someone with housing and benefits experience and because the CAB was affiliated to a national organisation the advice given was regulated, with rigorous audits required on a national training level which meant that training for volunteers takes some time and is quite intensive.

### **Question and Answer Session**

Members were informed that:

- previous enquiries had been made around 11 months ago as to whether there could be an increase in the Local Housing Allowance (“LHA”) for Torbay but as yet no response had been forthcoming;

- in terms of the statistics around young people and mental health, the data was very dependent upon what individuals say and the field selected on the data system to reflect that;
- Torbay presents higher in respect of support needs than nationally in relation to mental health and domestic abuse;
- Hclick statistics was due to be published shortly and only quarterly information was available prior to this Review, allowing the national comparison;
- the new Homeless and Rough Sleeping Strategy will be co-designed and work will commence in November with a timetable for delivery. Upon producing the strategy there would be a consultation period.
- previously, attempts had been made to implement the housing first model locally but the challenge was around access to accommodation and that situation has become worse. The concept was still alive and the principle was being embedded.
- Local Housing Allowance was different for each Local Authority area and recent comparisons showed that Torbay LHA was significantly less than Exeter for single accommodation.
- currently there was great reliance on 'spot purchase' accommodation such as holiday type accommodation and Air B&B. This presented challenges as this type of accommodation would not be available during school holidays for instance and that then results in having to move people;
- it was important to continue the programme to purchase units for temporary accommodation use which would help families settle and avoid children from missing out on education. On average people overall were currently having to move around three times;
- 'spot purchase' accommodation would always be required but ideally not at the current levels;
- the Housing Options Team were the first point of referral and individuals who approach Ward Councillors should be signposted to the Team who could help either by phone or responding to web-form enquiries. Initial assessment officers would then become involved and information issued on a self serve basis whilst the Team try to help;
- the Housing Options Team were available 9 am to 5 pm but there was also an out of hours provision that diverted calls to an emergency team who could deal with crisis cases;
- in relation to anti-social behaviour issues around the vicinity of the Hostel, the Council works closely with the Police and has multi agency meetings, but it should be noted that the anti-social behaviour was mostly not linked to residents of the Hostel;
- picking the right location for temporary accommodation in order for people to thrive was really important as was having tailored accommodation for different types of people who presented with different needs. Assessment and management of risk were also important considerations and making sure there was enough provision to respond suitably;
- there was a constant drive towards exploring innovative ways of delivering temporary accommodation including considering land, properties and buildings which might be available and suit such use;

- it was more than likely that the forecast on increased homelessness and rough sleeping would remain as it was for the next two years, specifically when taking into account the level of mortgage repossessions;
- part of the wider solution would be to provide better jobs in Torbay with higher wages and cross service engagement was important, i.e., to collaboratively work alongside economic development and planning colleagues; and
- it was acknowledged that wider public communication would be the best way of raising awareness as to access to benefits and early intervention to help prevent homelessness.

Resolved (unanimously):

That the Cabinet be recommended that:

1. the Director of Corporate Services and Director of Adults and Communities Services be requested to further publicise the Landlord Tenancy Matching Scheme and its benefits to unlock additional housing capacity within the private rented sector;
2. the Director of Corporate Services and Director of Adults and Communities Services be requested to publicise the work of the Leonard Stocks Hostel highlighting its positive support and outcomes for those individuals with housing support needs;
3. the Director of Adults and Community Services be requested to undertake service user engagement to understand what type of facilities those in need of housing support require;
4. the Director of Adults and Community Services be requested to explore whether security support and staffing levels at Leonard Stocks Hostel are currently sufficient and provide a written update on this to the Adult Social Services and Health Overview and Scrutiny Sub-Board;
5. the Director of Adults and Community Services be recommended that the temporary accommodation model provided at Morgan Avenue be recognised as an example of best practice for future Houses in Multiple Occupation (HMO);
6. the Director of Adults and Community Services be requested to explore additional support contracts to assist those with mental health and housing support needs;
7. the Director of Adults and Community Services be requested to review the location of the temporary accommodation offer within Torbay to ensure that it meets people's needs particularly in accessing relevant services;
8. the Director of Adults and Community Services be requested to write to the Police and Crime Commissioner to request further assistance and engagement in tackling anti-social behaviour in the vicinity of the Leonard Stocks Hostel;

9. the Director of Adults and Community Services be requested to implement a focus group consisting of Council representation and external organisations with appropriate knowledge and expertise to share ideas and best practice on tackling homelessness and rough sleeping including provision of a web form on the Council's website for use in sharing ideas;
10. the Director of Corporate Services and Director of Adults and Community Services be requested to publicise benefits assistance available which could assist those threatened with homelessness;
11. the Director of Adults and Community Services be requested to explore expansion of the breakfast club at the Leonard Stocks Hostel incorporating lunch and dinner every day of the week to promote a healthy lifestyle and encourage engagement with services;
12. the Director of Adults and Community Services be requested to explore how the Council can work with the Voluntary Sector to signpost to those organisations and the Council in terms of available housing advice and assistance;
13. the Director of Pride of Place be requested to explore options to increase in the number of social rented homes within Torbay;
14. the Director of Adults and Community Services and the Director of Pride in Place be requested to explore as part of the town centre regeneration whether the former Boots pharmacy could be used as a community hub and police liaison centre, and;
15. the draft Homelessness and Rough Sleeper Strategy be brought to Adult Social Care and Health Overview and Scrutiny Sub-Board for consultation prior to adoption;

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Chairman

## Oral Hygiene & Dental Access update - Torbay

### Original Overview & Scrutiny Questions – NOV 22

1. To receive an update on the [NHS England and NHS Improvement South West » Dental Reform Strategy](#)
2. To consider if there is sufficient NHS dentist capacity in Torbay and what action is being taken to address long waiting lists to access urgent and non-urgent dentistry, especially for elderly or vulnerable patients –

### Public Health would also like to add the following:

3. Will NHS England consider using the annual claw-back of unspent Torbay specific UDA funding to design and develop innovative solutions to oral health improvement and access to dental services in Torbay (with Torbay Council and wider partners)? This question also requires:
  - Explanation of how Units of Dental Activity work.
  - Explanation how the clawback is prioritised and spent once back with NHSE.
  - Budget lines for the last five years showing:
    - The amount of money contracted with high street dental practices in Torbay for areas TQ1, 2, 3, 4 and 5 (note % of TQ3, 4 & 5 are in the Devon County Council area. Postcode look-up tool supplied).
    - Total UDA commissioned: number and value.
    - The amount of money unspent (% and amount) and clawed-back into NHSE.
4. Local Authorities have the statutory duty for oral health improvement but not the budget – this remains within NHSE.
  - What is the current NHSE stance on the disaggregation of oral health improvement budgets from NHSE back into local authorities?
  - NHSE and Devon County Council completed this transfer of budget in 2019 – how can NHSE achieve parity for other local authorities such as Torbay, who have not seen oral health improvement budgets disaggregated and returned?
5. NHS England provide a regular update to Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board: improvements in dental access and planned oral health improvement initiatives, including outputs and key performance indicators. Format and timelines to be agreed.

### Torbay update

- As of Sept 23, there were **3,565** Torbay residents on the NHS dental waiting list – **3081 adult and 484 children/young people**. This marks a substantial rise in the five years since February 2018 when they were approximately **1400** on the NHS dental waiting list.
  - **Latest wait times for adults and children? Siobhan Cambridge ICB, emailed 1<sup>st</sup> September.**
- Widespread dissatisfaction with the current NHS Dental Contract – in the SW 98% of practices are not accepting new NHS patients.
- The dental access issue, coupled with poor oral hygiene manifests in higher rates of life course dental caries and extractions under GA in areas of inequality. Those unable to afford private care are always those hit worse – anecdotal reports from teams undertaking home visits in our poorer neighbourhoods (such as District Nurses, Health Visiting Teams and Social Workers) reflect a high number of directly related cases, including children under 5 unable to eat solid foods due to the poor state of their teeth. Local insight also provides evidence of the impact of this lack of access and treatment on the population – having to attend A&E as a last recourse due to severe dental pain is not uncommon.

- **Community Dentistry** provides a specialised dental service for adults and children with complex needs who find it difficult to use general dental services. The increased need for urgent care across the population, alongside reduced capacity and notable difficulty in recruiting has placed extreme pressure on this service – there are currently **130** vulnerable children waiting on the new patient waiting list (i.e not assessed) with the longest wait around **40 weeks** to first assessment. The issue is exacerbated by reduced capacity and recruitment issues (reflected nationally), especially in regard to Specialist Paediatric Dentists.
- Awareness of the critical levels of dental access in Torbay and the associated importance of maintaining good oral hygiene has become paramount across Childrens Services, Public Health and Elected Members within Torbay Council – reflected in reporting/monitoring lines to a Torbay Safeguarding Board, Neglect Panel and Overview and Scrutiny Function.

#### **Current & planned Oral Health Improvement projects – Torbay.**

- First Dental Steps (funded by NHSE, delivered by Health Visitors). Sept 23
- Supervised Toothbrushing Scheme (funded by NHSE, delivered by At Home Dental). Sept 23
- Re-start ad hoc/chaperoned Homelessness Pathway - Leonard Stocks to Community Dentistry CCHC. Treatment and assessment re mouth cancer
- Scoping a fluoride varnish scheme for Torbay
- Update on fluoridation – regional and national
- Incorporate advice on oral hygiene and dental access into Your Health Torbay (Lifestyles offer) for all triage appointments.
- Design a set of advice and guidance for Family Hubs, Early Years, 0-19 and Children’s Social Worker Teams to deliver to families & children/young people regarding oral hygiene, registering for a dentist and what to do in urgent dental need. To include a staff training plan and accompanying advice re nutrition and hydration.
- Toothbrush and toothpaste packs for Family Hubs and other relevant groups of children/young people such as those looked after by the Local Authority.
- Use of allocated COMF underspend to extend training, toothpaste/brush packs to other priority groups – specifically children in care.
- Review ICB Enhanced Health in Care Homes Oral Health Sub Group Action Plan and next steps EG Implementing NICE Guidance, establishing OH Champions in Care Homes and Domiciliary Care settings. Alignment with the national *Mouth Care Matters* Programme

#### **Joint Devon Local Authority request of ICB as new commissioners of dental access (April 23)**

- Increased access to urgent/emergency care (to address waiting list issues)
- Increased access to dental services for the most vulnerable children and adults
- Provision of specific dental support for those with complex needs
- Expansion of existing oral health improvement initiatives
- Development of new evidence based and innovative oral health improvement initiatives.
- New, innovative models of dental access – building on the work underway in Plymouth.
- UDA underspend is retained and its use prioritised by system leaders in local areas to address the priority issues in those areas (as outlined above).
- A Devon-wide group ICB Oral Health Steering Group is set up as matter of urgency to support local areas in leading this. This group should operate within an appropriate ToR and include membership from the ICB, three LAs, dental school, collaborative hub (previous NHSE) and include clinical representation.
- Agree an improvement plan and outcomes framework to deliver and evidence actual increases in the availability of NHS Dental services for the population and better oral health.
- *Torbay Story* – aid to recruitment. Circulated through NHSE dental recruitment channels.
- Open Wide Step Inside – in school oral health improvement project potentially funded through Member Grant allocations in line with Plymouth CC

The group best placed to oversee delivery of the priorities above is the new **Peninsula Oral Health Steering Group** established by Devon and Cornwall ICBs to oversee dental reform work across the peninsula post transition of dental

commissioning functions from NHSE to ICB. All three Devon Local Authorities are represented. The POHSG will also oversee the budget and SW Dental Reform Plan from NHSE. The latter includes workstreams on access, workforce and oral health. Of particular interest to LAs:

- **Commitment 8:** Work with health inequalities leads, local authority oral health improvement leads, the dental team and key partners to improve access to oral health improvement advice and interventions for those in greatest need in each system.
- **Commitment 9:** Increase access to dental services supporting commissioners to target those in greatest need in each system.

### Latest Torbay statistics

Those marked in red are worse than the England comparator. Of particular concern is the level of hospital admissions for tooth decay in 0-19s. Numbers will be disproportionately drawn from our areas of health, social and economic inequality.

- Access rates to dental services for BOTH adults and children are BETTER than the England value.
- % of 5-year-olds with visually obvious dental decay/decayed, missing or filled teeth is WORSE than the England value
- % of looked after children who have had their teeth checked is the SAME as the England value
- Oral cancer registrations and the mortality rate from oral cancer are both WORSE than the England value.
- % of 5-year-olds with obvious untreated dentinally decayed teeth 21.3% (England 23.7%). Source – Local Epidemiological Survey 2022

*Children with dental problems may have poorer diets due to dental pain, have higher levels of school absenteeism as well as impaired concentration due to pain and interrupted sleep. Severely decayed teeth will often require GA, exposing small children to low but significant life-threatening complications. Extractions in early years may also require extensive follow up including orthodontics.*

- **Hospital admissions for tooth decay (0-19 years).** **539.9** (England 109.9, SW 148.8, per 100K population). Hospital admissions for tooth decay (0-19) are defined as finished consultant episodes with tooth extractions. This is significantly higher than the England rate. Source – OHID, 2018-21. Next worse in SW is Swindon - 417.2.
- **Hospital admissions for tooth decay (18+ years):** **172.1** per 100,000 (190 admissions) in 2018/19. This is significantly higher than the England rate (129.6). This is a rise from 2017/18 (145.7) but from 2014/15 – 2016/17 rates were much higher. These rates are much lower compared to the 0–17-year age range. Source: NHS Digital, HES Data
- **Mortality rate from oral cancer:** **5.4** per 100,000 (27 cases) in 2017-19. This is higher than England (4.7) and the South West (4.3). There has been a slight reduction since the last report period – maintaining a positive trend over the last five years. Oral cancer is more common in men and deprived groups. Source: PHE based on ONS mortality data.
- **Oral cancer registrations:** **17.9** per 100,000 (84 cases) in 2017-19. This is higher than England (15.4) and the South West (15.6). There has been a slight reduction since the last report period – maintaining a positive trend over the last five years. Oral cancer is more common in men and deprived groups. Source: PHE based on ONS mortality data.

### Annual NHS Dental Statistics for England

August 29, 2023

New figures published in the annual report on NHS Dental Statistics for England in 2022-23, show that:

- 43% of adults in England (as of 30 June) had seen an NHS dentist in the past 24 months, still short of the 52% seen in pre-pandemic times; the latest figures also show people aged 85 and over were the adults seen least (37%)
- 56% of children in England (as of 30 June) were seen by an NHS dentist in the past 12 months, still below pre-pandemic levels of 59%. Children aged 0-4 were seen least (31%)
- Overall, 18.1 million adults in England were seen for NHS dental treatment in the 24 months up to June 2023, 17.5% lower than the 22 million seen in the 24 months up to June 2019 and 6.4 million children were seen in the 12 months to June 2023, down 9% on figures for 2019.

**Mark Richards** | Public Health Specialist,  
Healthy Behaviours & Wider Determinants of Health  
Public Health

# Oral Health update for Overview & Scrutiny

## Key Points/Stats:

- Wait Numbers
- Extractions under GA – 0-19s
- Lack of take up of NHS Dental Contract and new patient take up
- Community Dentistry
- Impact of dental problems on children and young people
- Hospital admissions for tooth decay (0-19 years)
  - % of 5-year-olds with visually obvious dental decay/decayed, missing or filled teeth
- Hospital admissions for tooth decay (18+ years)
- Oral cancer registrations & mortality rate

# Current & planned oral health improvement projects.

- First Dental Steps
- Supervised Toothbrushing Scheme
- Your Health Torbay triage appointments.
- Advice and guidance for Family Hubs, Early Years, 0-19 and Children's Social Worker Teams
- Toothbrush and toothpaste packs for Family Hubs
- Fluoride Varnishing Programme
- Open Wide Step Inside
- Homelessness Pathway
- ICB Enhanced Health in Care Homes Oral Health Sub-Group & Action Plan

# Devon Local Authorities request of ICB as new dental commissioners

- UDA underspend is retained and spent in local areas
- Expansion of existing oral health improvement initiatives to offset reduced NHS high street dentistry
- Development of new evidence based and innovative oral health improvement initiatives
- Increased access to urgent/emergency care
- Increased access to dental services for the most vulnerable children and adults
- Provision of specific dental support for those with complex needs
- New, innovative models of dental access
  
- **Peninsula Oral Health Steering Group** established by Devon and Cornwall ICBs to oversee dental reform work across the peninsula. All three Devon Local Authorities are represented.