TORBAY COUNCIL

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)

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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