

Public questions received for the Board meeting in public on 26 March 2026

Question from an adult social care colleague (1/1): Some staff who have been employed in excess of 20 years would have experienced the “yo yoing” of working for didn’t organisations whilst doing the same job in the same location. This could have included starting work under Devon County Council moving to Torbay County Council, then moving to Torbay Care Trust and then moving to Torbay and South Devon NHS Foundation Trust. All these changes have impacted on pensions as they started with a Local Authority Pension, then moved to an NHS pension and now presumably there would be a need to move back to a local authority pension. This is all whilst doing the same job in the same locality, how will this impact pension outcomes for these individuals, will all this yo yoing negatively impact them in terms of final pension and how with this be navigated and each person be supported?

Answer: Thank you for raising this. We recognise that some colleagues have experienced several organisational changes while doing the same job in the same place, and it is completely understandable that this raises concerns about pensions.

To be clear:

- any pension benefits already built up in the NHS Pension Scheme or the Local Government Pension Scheme (LGPS) are protected. Nothing already earned is lost because of any organisational changes
- if the Board were to serve notice and services later transfer back to the Council, affected colleagues would join the LGPS from the date of transfer. NHS Pension Scheme membership would end at that point, but all accrued NHS pension remains protected
- colleagues may choose to transfer their NHS pension into the LGPS within 12 months of transfer - we strongly advise seeking independent financial advice before making that decision.

Both schemes are established defined-benefit schemes. Moving between them does not reduce someone’s overall pension; it simply means their final pension is made up of parts earned under each scheme’s rules. We would always advise individuals to seek independent pension advice.

We would ensure colleagues are fully supported throughout the process. Our employee relations team are available to provide HR guidance and we would continue to communicate openly at every stage, recognising the importance of clarity and reassurance.

Question from Councillor David Thomas, Leader of Torbay Council on behalf of Torbay Council (1/2): The Sc75 and delegation of ASC budget has enabled an integrated delivery model of health and social care; with this ending what additional investment is TSDFT proposing to make to support community services?

Answer: Resetting the Section 75 agreement does not change our commitment to strong, preventative, community-based care or to integrated care. The change under consideration is to the financial and contractual framework, not to the quality or continuity of the services people receive.

We have already made, and will continue to make, significant investment in community-facing services. Recent developments such as *The Harbour* community frailty service demonstrate our ongoing commitment to strengthening out-of-hospital care and helping people to live well at home.

At the same time, we continue to invest in core NHS services that directly support community pathways - including the £14.2 million Emergency Department redevelopment, refurbishment of surgical areas and capital to address urgent estate issues at Torbay Hospital. These improvements help strengthen flow, resilience and safe discharge, all of which directly support community services.

The purpose of reviewing the Section 75 is to ensure that the financial pressures in adult social care do not restrict our ability to invest in NHS services, including those delivered in the community. If notice is served and we move into a 12-month transition period, we would continue to work closely with Torbay Council to ensure community services remain joined-up, prevention-focused and responsive to local need.

Question from Councillor David Thomas, Leader of Torbay Council on behalf of Torbay Council (2/2): I note that a full EQIA list is not available what assurances can you provide the vulnerable people will not be negatively impacted by the end of fully integrated health and social care?

Answer: Safeguarding vulnerable people is central to our decision-making and no changes will be made without full assessment of risks and mitigations. The proposal being considered relates to whether the current contractual and financial framework remains sustainable, safe and lawful - not to changing the support people receive.

An initial EQIA has already been completed and published as part of the Board papers. It identifies potential risks - such as service instability, discharge delays, workforce attrition and reputational challenge - and sets out how these would be managed during the 12-month transition period should the Board decide to serve notice.

A more detailed EQIA will be required before any changes to delivery arrangements are made and this will be agreed through the Section 75 Partnership Board and made public as part of ongoing updates to this Board.

Question from Healthwatch Torbay (1/5): The paper states there will be no intended change to individual care or support. How will this be monitored and demonstrated in practice, particularly during and after the transition?

Answer: We know how important continuity of care is to everyone who receives our services.

If the Board decides to serve notice on the current Section 75 agreement, there would be no immediate changes to anyone's care. Any future changes would be planned and clearly communicated well in advance.

During the 12-month transition, the Trust, Torbay Council and the ICB would jointly oversee:

- caseloads
- waiting times
- assessment activity
- outcomes
- and any emerging issues, with agreed escalation routes.

Care teams, social workers and integrated neighbourhood teams would continue their work as they do now while a revised model is developed collaboratively.

Question from Healthwatch Torbay (2/5): How will the Trust and Torbay Council ensure that the 2,700+ people currently receiving adult social care in Torbay do not experience any disruption, delay or gaps in care during the 12-month transition period?

Answer: If a transition takes place, there would be no immediate changes to anyone's care. Any future changes would be clearly communicated well in advance and planned jointly.

Safeguards include:

- the full 12-month notice period
- joint transition planning with clearly defined responsibilities
- maintaining the existing workforce
- sequencing any transfer of functions safely
- clear escalation routes for staff, carers and people using services.

The aim is for people to continue receiving the support they rely on while any future arrangements are developed in partnership.

Question from Healthwatch Torbay (3/5): Will the current single point of access for health and social care be maintained, and if not, how will people be supported to navigate services and avoid duplication or delays in assessment?

Answer: The current single point of access is a strength of our integrated model, and both organisations recognise its value.

If notice is served, there would be no immediate changes to how people access services. Any future changes would be jointly agreed, planned and clearly communicated well in advance.

People would not be left to navigate services alone - signposting, shared triage and coordinated handovers would continue to be used.

Question from Healthwatch Torbay (4/5): What assessment has been made of the potential impact on people with complex needs and those who may already face barriers to accessing care, and how will any risks be mitigated?

Answer: People with complex needs - including those living with disability, long-term conditions or communication barriers - are a key focus of the impact assessment.

The work carried out so far highlights that:

- safeguarding, mental health, learning disability and reablement pathways must remain stable
- named workers and specialist teams will continue supporting people
- joint clinical and social work oversight will ensure coordinated support
- risk assessments and equality considerations will shape future planning.

There would be no immediate changes to existing support and any future changes would be carefully planned and communicated in advance.

Question from Healthwatch Torbay (5/5): How will people who use services, carers and the wider public be informed about what is changing, what is not changing, and who to contact if issues arise during the transition?

Answer: Clear, accessible communication will be essential.

If notice is served, there would be no immediate changes. Any future changes would be clearly communicated well in advance.

A joint communications approach would include:

- information on relevant websites
- direct communication to people using services and carers
- updates via community and voluntary sector partners
- clear contact routes for questions or concerns
- regular updates throughout the transition period.

The aim is to ensure everyone has the information they need, in plain language, with no surprises.

Question from one of our public governors (1/1): According to data from TSDFT it looks like in the last 5 years they have subsidised Torbay Council around £100M and probably over the last 20 years well over £250M by providing Adult Social Services. Whilst at the same time South Hams and Teignbridge Councils have had to pay for themselves. Many would say this is grossly unfair.

If this subsidy to Torbay Council were to continue, would this be considered beyond the powers of a NHS Foundation Trust?

Answer: Under the current Section 75 arrangement, Torbay Council delegates delivery of adult social care to us, but the statutory responsibility sits with the Council. Section 75 lets partners align resources while each organisation keeps its own legal duties. Funding for delegated adult social care should follow that Council responsibility.

As an NHS Foundation Trust, we have a duty to use NHS resources for NHS services and to break even over time. The work we have done with partners shows a material gap between the cost of delivering adult social care and the funding available, and we've set out publicly an estimate of around £35m per year while we continue to validate the position. Carrying a recurring, unfunded adult social care

shortfall of that kind would not be consistent with our duties as an NHS Foundation Trust.

That is why today's discussion is about the contractual framework behind the arrangement, not about ending integrated care or stepping away from partnership working. If notice were served, we would enter a 12-month period with no immediate changes, and work with Torbay Council and Devon ICB to co-design the revised model and a new contractual framework for April 2027.

Question from one of our adult social care colleagues (1/6): Given that health and social care services in Torbay have been integrated for more than two decades, and that any separation of these services will inevitably lead to substantial consequential changes for health services, could the Board please explain why it considers that Section 242 of the NHS Act 2006 does not apply in this instance?

Answer: Section 242 applies when an NHS body is proposing to change the way NHS services are delivered to patients.

The proposal currently being considered does not change:

- what services the NHS provides
- who receives them
- how, where, or by whom they are delivered
- clinical pathways, eligibility or access
- the experience of people using services

The Board paper sets out that the discussion relates to the contractual and financial framework that underpins integrated working, not to the services themselves.

For this reason, and based on legal advice shared across partners, the Board's view is that Section 242 is not triggered by the current proposal.

Question from one of our adult social care colleagues (2/6): Furthermore, even if the Trust has concluded that a legal duty to consult does not apply, why has so much organisational effort been directed towards avoiding a consultation, when there is clearly a significant level of public interest and public impact that would ordinarily justify consultation as good practice?

Answer: We recognise the level of public interest. However, the proposal being considered does not involve changes to services. There would be no immediate changes and any future changes would be clearly communicated and planned in advance.

Running a consultation now would be premature, as discussions with partners continue and there are no defined proposals for service change. Instead, we have undertaken proportionate engagement with governors, elected members, staff, trade unions, the Council and the ICB, alongside full transparency through published Board papers and responses to questions.

If any future proposals involved changes to services, the appropriate consultation requirements would apply.

Question from one of our adult social care colleagues (3/6): The EQIA states that the proposal does not negatively affect patient safety or clinical effectiveness. Given that a further major organisational change announcement will inevitably impact staff morale, confidence, resilience and psychological wellbeing, can the Board explain how it has concluded that there will be no negative impact on patient safety or clinical effectiveness during a period of heightened uncertainty?

Answer: The EQIA considers the impact of the proposal itself. Because it relates to governance and contracting rather than service delivery, it does not change:

- clinical pathways
- staffing levels
- access to care
- operational or clinical risk.

There would be no immediate changes affecting patient safety or clinical effectiveness. The EQIA also recognises that organisational uncertainty can affect staff and identifies mitigations already in place - including briefings, visible senior leadership, trade union engagement and wellbeing support.

If notice is served, a second-stage EQIA would assess any future proposals before changes are made.

Question from one of our adult social care colleagues (4/6): Additionally, please can the Board clarify how it has reached the conclusion that there are no negative impacts on people with protected characteristics, including staff and service users with mental health disabilities such as chronic anxiety, when uncertainty, instability and change are well-evidenced risk factors for deterioration in mental health and wellbeing?

Answer: The EQIA assesses whether the proposal itself creates a disproportionate impact on people with protected characteristics.

Because no immediate changes to services, access, roles or terms and conditions are proposed, the EQIA concludes there is no differential or disproportionate impact. Any future changes would be clearly communicated well in advance and would be subject to a further EQIA.

We recognise that uncertainty and organisational change can be challenging, including for colleagues with mental health conditions. This is reflected in the EQIA, which identifies uncertainty as a general risk and sets out mitigation measures for all colleagues. These include wellbeing resources, Occupational Health support, employee assistance services, and individual workplace adjustments where required.

As with patient safety, any future proposals that went beyond contractual arrangements would be subject to a second-stage, more detailed EQIA, with protected characteristics reassessed at that point.

Question from one of our adult social care colleagues (5/6): Given that Torbay Council issued the VEAT notice in January 2025 for the ASC System project, with an internal and joint NHS and Council Full Business Case developed, can the Board confirm whether the June 2025 Board Development Session or subsequent sessions explicitly considered the ongoing impact of large scale system projects already underway, such as LiquidLogic, Broadcare and EPIC?

Answer: Yes. The Board receives regular updates on major digital and system programmes. These were discussed during the June 2025 Board Development Session and in subsequent briefings.

Senior leaders from Torbay Council and the ICB also meet regularly with key representatives of the Board. This ensures the Board remains sighted on interdependencies with the Section 75 arrangements.

Question from one of our adult social care colleagues (6/6): In particular, what assessment has been made of the implications for these programmes during a 12 month renegotiation period, to ensure that decisions remain financially efficient, clinically and information governance safe, and supportive of staff morale, rather than progressing implementation in a way that may later require rework or redesign with limited project capacity following an agreed change in partnership arrangements?

Answer: Partners have reviewed major digital programmes to ensure they remain clinically safe, information-governance compliant, financially prudent and deliverable within current capacity.

This has included continuing essential work, sequencing or pausing elements where appropriate, maintaining joint IG oversight and providing clear communication to colleagues.

There would be no immediate changes to these programmes. Any future changes would be planned carefully, communicated well in advance and aligned with future partnership arrangements and statutory responsibilities.