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Date: Monday, 12 March 2012

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Dear Member

SHADOW HEALTH AND WELLBEING BOARD - THURSDAY, 15 MARCH 2012

I am now able to enclose, for consideration at the Thursday, 15 March 2012 meeting of the Shadow Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
4.	**Part 1 - Key Strategic Issues (1 hour)**	(Pages 23 - 62)
5.	**Part 2 - Key Changes/Issues for Agreement**	(Pages 63 - 70)
a)	**Children's** • To receive an update on Community Budgets – Richard Williams.	(Pages 71 - 74)
b)	**Adults and Supporting People (Caroline Taylor)** To receive an update on the above.	(Pages 75 - 76)
e)	**Healthwatch Implementation Programme (Fran Hughes)** To receive an update on the above.	(Pages 77 - 80)

Yours sincerely

Teresa Buckley
Clerk

Torbay's Health & Well Being Board – 15th March 2012

Key Strategic Issues and Refreshing Torbay's JSNA

Introduction

Torbay's Joint Strategic Needs Assessment is currently being refreshed. As part of this refreshment process members of the Health and Wellbeing Board are invited to add their voice.

This paper introduces the current working copy of Torbay's 2012 JSNA, and also presents the structure for how we can try to understand the key strategic issues in Torbay.

Background

From April 2013, Local Authorities and Clinical Commissioning Groups will have equal and explicit obligations to prepare JSNAs; this will be under the governance of the health and well-being board [1].

Guidance from the Department of Health suggests that members will collaborate to understand their local community's needs, agree priorities and encourage commissioners to work in a more joined up way [2]. As a result, patients and the public should experience more joined-up services from the NHS and local councils in the future [2].

Health and wellbeing boards will have strategic influence over commissioning decisions across health, public health and social care. Through undertaking the JSNA, the board will drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system. Other services that impact on health and wellbeing such as housing and education provision will also be addressed [2].

JSNA

The attached 2012 JSNA paper is a draft and evolving document. It aims to provide a narrative of need in Torbay; telling the story of the Torbay population. The report is themed around a life course approach using the outcomes frameworks for Adult Social Care [3], the NHS [4] and Public Health [5]. A life course approach is where the

population needs are considered from the different perspectives along the path of life. For example, the needs of babies and those in their early years will be significantly different to those entering adulthood or entering retirement. Undertaking a life course approach allows understanding of community needs for different age groups now, and also enables suggestions for what future population needs may look like.

Using the aforementioned outcome frameworks presents an opportunity for Torbay's Health and Wellbeing board to understand the indicator sets relating to the boards areas of responsibility.

A life course approach is also about understanding exposures in childhood, adolescence and early adult life and how they influence the risk of disease and socio economic position in later life [6]. Understanding the influence of risk in this way may help prevent future generations experiencing some of the illnesses of today.

Results from the workshop session will be included within the 2012 JSNA narrative report.

Key strategic issues - workshop

The objective of the 1 hour workshop, key strategic issues, is to consider the three outcome frameworks indicator sets under each of the life course groups, and identify areas of collective focus.

For the workshop session, members of the board will be split into four groups. Each group will then discuss the outcome indicators identified under that life course group.

The life course groups are:

- Starting well
- Developing well
- Living and working well
- Ageing well

Members will be presented with a table of outcome measures related to the life course group and where possible, information to better understand and contextualise that outcome for Torbay. The table will include a matrix which is being completed as

information becomes available. Members are being asked to contribute to that matrix. Results from the completed matrix will then allow an objective way of constructing a series of key issues and understanding potential priorities for the board.

The matrix asks members to provide their view on whether the public would consider the outcome to be an issue or priority. Further questions around understanding the severity of the outcome and media interpretation are also included.

The three outcome frameworks are due to become operational from April 2012. At this stage not all of the aspirational outcome measures have been constructed. Where the data are missing, members will be asked to discuss within their groups and put forward their perception as community leaders and professionals of the relative importance of that measure for our local population.

Each group will be supported with a Public Health representative and a copy of the indicators related to their life course group.

Members will be asked to:

1. Prioritise within the life course group – add to the quantitative matrix scoring exercise giving a personal perception of relative importance.
2. Discuss a relative position for the life group overall in Torbay compared to other life course groups.
3. Consider the impact of existing collaborative / integration of services and further opportunities.
4. Identify relationships to other boards – is there a relationship for the indicator to either the Jobs Growth Board or the Communities Board.

The results of the workshop will be used to identify preliminary priorities and be used within the narrative JSNA and fed back to the next board.

Author

Doug Haines

Public Health, Torbay

References:
1. Department of Health. (2012) JSNAs and joint health and wellbeing strategies - draft guidance

2. Department of Health. (2012) A short guide to health and wellbeing boards
3. Department of Health. (2011) The Adult Social Care Outcomes Framework
4. Department of Health. (2011) The NHS Outcomes Framework 2012-13
5. Department of Health. (2012) The Public Health Outcomes Framework
6. Department of Health. (2006) The Local Government and Public Involvement in Health Act 2007

2012 Joint Strategic Needs Assessment

The narrative; a life course understanding of needs in Torbay

Version 2 – MAR 2012

Intelligence Torbay 'working in partnership'

Chair of the Health & Wellbeing board

(To be added)

Demography

- Torbay's population has a noticeable skew towards an older population
- Torbay's population is expected to continue to have a high proportion of older people in the future
- There are significant inequalities in Torbay; the cost of inequality could be costing Torbay in the region of £75 to £80 million

Starting well

- The fertility rate in Torbay has been increasing in recent years
- Smoking in pregnancy is endemic in some communities, with a clear relationship to areas of highest inequality

Developing well

- It is estimated that 'troubled families' cost Torbay in the region of £27 million

Living & working well

Ageing well

Experiences and safety

"*Reducing health inequalities is a matter of fairness and social justice*"

Sir Michael Marmot, Fair Society, Healthy Lives (2010) [1]

Overview

This report is the 2012 Joint Strategic Needs Assessment (JSNA) report for Torbay. It provides a narrative overview on the needs of the local population through a life course framework.

This report is themed around a life course approach using the outcomes frameworks for Adult Social Care [2], the NHS [3] and Public Health [4]. A life course approach is where the population needs are considered from the different perspectives along the path of life. For example, the needs of babies and those in their early years will be significantly different to those entering adulthood or entering retirement. Undertaking a life course approach allows understanding of community needs for different age groups now, and also enables suggestions for what future population needs may look like.

Inequalities are evident across the life course, from children being born in more deprived areas expected to experience shorter life expectancy; to working age persons with lower or no qualifications; to premature mortality. Is it fair that children born in different areas experience such different life outcomes? As Sir Michael Marmot argues, "Reducing inequalities is a matter of fairness and social justice" [1].

In order to begin to reduce inequalities, an understanding of the complex web of issues is required. There is evidence to suggest that disadvantage starts before birth and accumulates throughout life [1]. To reduce inequalities across the life course, it is important to reduce the early disadvantage and reduce poorer outcomes from pregnancy and birth and during childhood.

JSNAs analyse the health needs of populations to inform and guide commissioning of health, well-being and social care services within local authority areas [5]. JSNA will be the means by which local leaders work together to understand and agree the needs of the local population [6]. JSNAs, along with health and wellbeing strategies will enable commissioners to plan and commission more effective and integrated services to meet the needs of Torbay's population [6], in particular for the most vulnerable and for groups with the worst health outcomes, and reduce the overall inequality that exists within Torbay.

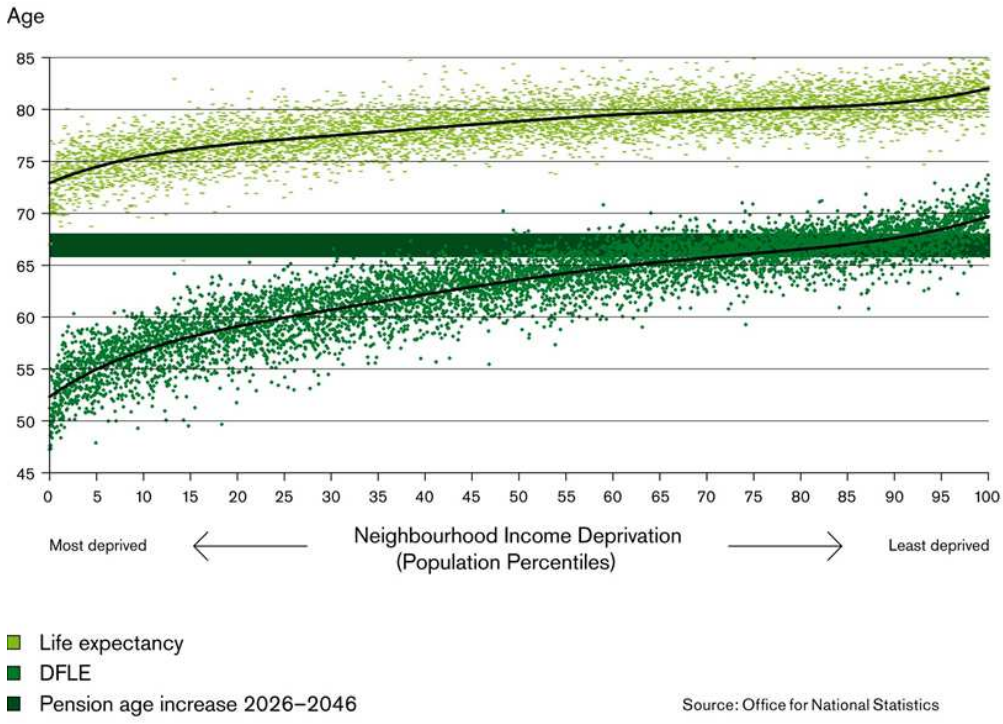
Health inequalities

Health inequalities are when different people experience different outcomes. For example, higher rates of people dying prematurely in one community compared to another community. There is a well evidenced relationship between poorer communities, in terms of income, and poorer health outcomes such as life expectancy [1].

Whilst people in our more deprived communities die earlier than those in the least deprived, they also tend to live longer with poorer health. Nationally, there is a gap of some 17 years in the more deprived communities between disability free life expectancy and life expectancy (left hand side of figure 1); this gap is some 18 years in Torbay. The gap is smaller at the less deprived end of the spectrum, right hand side of figure 1 [1]; 13 years nationally and 14 years in Torbay.

Therefore, on average, the more deprived populations in Torbay can expect to live an additional 18 years with a disability compared to those in the least deprived, and expect to die around 7 years earlier.

Figure 1: life expectancy and disability free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999-2003 [1].



Why tackle health inequalities?

Reducing inequalities in health does not require a separate health agenda, but action across the whole of society [1]. The coalition government set out, within their programme for government, that they will investigate ways of improving access to preventative healthcare for those in disadvantaged areas to help tackle health inequalities [7]. A stronger policy directive is given within the NHS [8] and Public Health [9] white papers. Tackling health inequalities in health care is identified within the Health and Social Care Bill [10] as a cross cutting theme.

Reducing inequalities is not only a matter of social fairness, but also economic sense. Inequalities in the population have a significant impact on public sector expenditure, with the tax payer disproportionately spending more in areas of greatest need. Evening out the playing field by removing, or significantly reducing inequalities would be to the benefit of society in general.

Figure 1 shows that people in our more deprived communities live for longer with a disability. This population need to access care for a relatively longer period of time before their mortality. Reducing the gap between disability free life expectancy and life expectancy would result in significant financial savings in the public purse [1]. At a national level, it is estimated that the cost of inequality in illness accounts for productivity losses of around £32 billion per year [1]. More locally, in Torbay this could represent a cost of inequality in illness of around £75 to £80 million per year. That would include lost taxes, higher welfare payments and NHS healthcare costs. The Torbay figure presented is based on a national population spend per head being applied to Torbay's population.

What does it mean for Torbay?

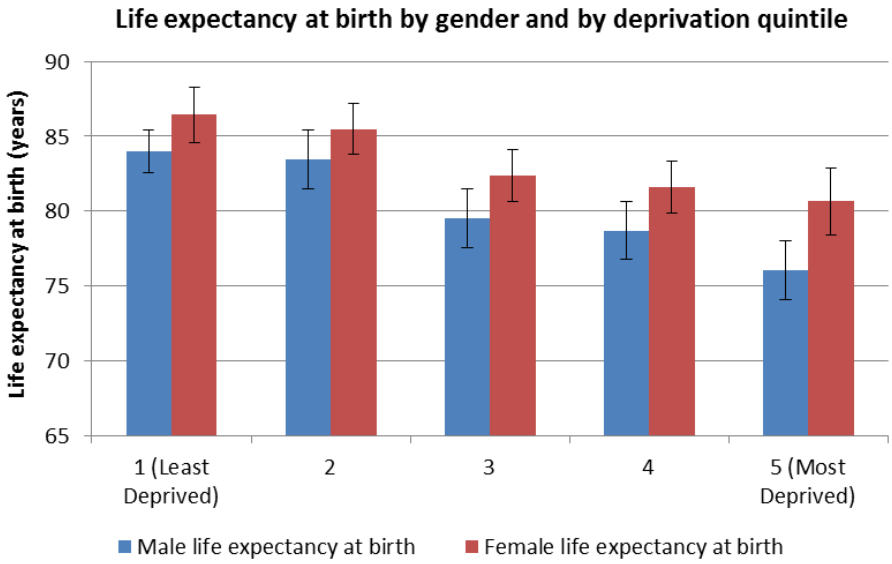
Within Torbay the more deprived (lower income) communities live, on average, between around 6 to 8 years less than those in the less deprived communities. This gap in life expectancy is most pronounced for males in Torbay. Life expectancy at birth for those born between 2008 and 2010 is some 83 years for males born in Churston with Galmpton, this compares to 75 years for males born in Tormohun. For females, this is some 85.4 years for those born in Goodrington with Roselands and 79.8 years for those born in Tormohun.

There is a statistically significant difference for life expectancy at birth between communities in Torbay. This difference, or gap in life expectancy, is present for both males and females. And whilst females in Torbay live longer than males, the gap between genders is widest in the most deprived communities. In the most deprived quintile, the gap between males and females is

some $4^{1/2}$ years. This difference, shown in figure 2, is very noticeable, and shows a clear gradient of life expectancy.

The deprivation quintile is the local quintile of the 2010 Index of Multiple Deprivation. It groups the population into quintiles, or blocks of 20%. For example those living in the 20% least deprived areas and the 20% most deprived.

Figure 2: 2008-10 Life expectancy at birth in Torbay by 2010 index of multiple deprivation quintile



Health inequalities are multi-faceted, with complex relationships between individuals and areas. Understanding these relationships is important in attempting to reduce the overall picture of inequalities that exist in Torbay.

The relationship between health inequalities and wider social inequalities, such as poverty, lifestyle choices and housing, is also well evidenced [1]. In Torbay, our more deprived communities not only experience premature mortality and shorter life expectancy, but also have higher rates of emergency admissions to hospital, higher smoking in pregnancy rates and higher rates of violent crime.

Wider determinants of health

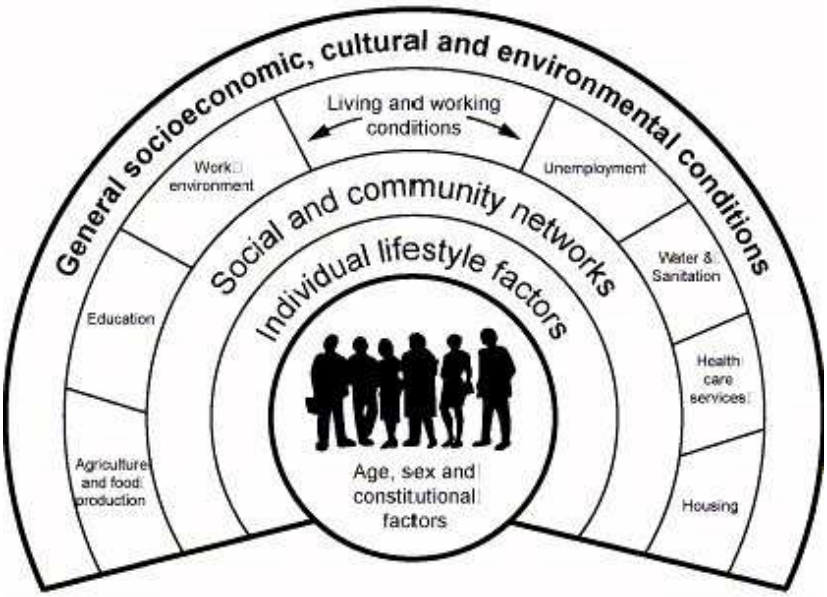
Some of our individual determinants are fixed, such as our birth dates, our gender at birth and our genetic makeup. All of which influence our individual health. However, there are other factors that we can try to control or influence. These other factors are influences such as the environment in which we live, our ability to work and the lifestyle choices we make. Figure 3

illustrates the main influences on health. These influences could be thought of as a series of layers, one on top of the other [11].

The layers presented in figure 3 include;

- individual lifestyle factors such as smoking habits, diet and physical activity have the potential to promote or damage health;
- social and community network interactions with friends, relatives and mutual support within a community can sustain people's health;
- wider influences on health include living and working conditions, food supplies, access to essential goods and services, and the overall economic, cultural and environmental conditions prevalent in society as a whole.

Figure 3: Wider determinants of health [11]



It will be through influencing these layers, across the life course, that we can collectively try to reduce the inequalities in Torbay.

What is life course?

The public health strategy for England, Healthy Lives, Healthy People [9] proposed a partnership approach through life in response to Fair Society, Healthy Lives, the Marmot Review [1]. This suggests an approach to address the wider factors that affect people at different stages and key transition points in their lives [9].

A life course approach is about understanding exposures in childhood, adolescence and early adult life and how they influence the risk of disease and socio economic position in later life [12]. Understanding the influence of risk in this way may help prevent future generations experiencing some of the illnesses of today.

Structuring JSNA around a life course framework allows consideration of different population needs based on their collective journey through life in Torbay. The following life course headings represent different chapters within this JSNA document.

Starting well is about understanding the needs of the population from pregnancy, birth and for the first few years of life. This includes understanding the anticipated need for maternity services, health visiting services and early years.

Developing well is about understanding the needs of the population between the ages of 5 and 17. This includes understanding the anticipated needs for schools and the developing health of this age group.

Living and working well is about understanding the needs of adults from 18 years of age. This includes understanding the lifestyles and health outcomes experienced by this group.

Ageing well is about understanding the needs of those from around 45 years and over. It is about reducing and preventing long term conditions, promoting active aging and tackling inequalities.

There are also two further chapters presenting a demographic overview of Torbay's population and a further one examining the experiences and safety across the life course for services accessed by Torbay residents.

What are outcome frameworks?

Outcome frameworks are mechanisms to understand how people's lives are affected by different events. They are a performance framework that allows comparison between areas. The health related outcomes frameworks included within this JSNA are the Adult Social Care [2], the NHS [3] and Public Health [4] frameworks. Each framework contains a selection of specific outcomes that, hopefully, can be improved for both individuals and the wider population as a whole. The three outcome frameworks are due to become operational from April 2012. At this stage not all of the aspirational outcome measures have been constructed.

The Local Government and Public Involvement in Health Act (2007) [17] requires Primary Care Trusts (PCTs) and Local Authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and well-being of their local community. The needs assessment is a systematic method for reviewing the health and well-being needs of a population, leading to agreed commissioning priorities that will improve the health and well-being outcomes and reduce inequalities.

From April 2013, Local Authorities and Clinical Commissioning Groups will have equal and explicit obligations to prepare JSNA; this will be under the governance of the health and well-being board [14].

The purpose of JSNA is to provide an objective view of the health and wellbeing needs of the population. JSNA identifies “the big picture” in terms of the health and wellbeing needs and inequalities of a local population. It provides an evidence base for commissioners to commission services, according to the needs of the population.

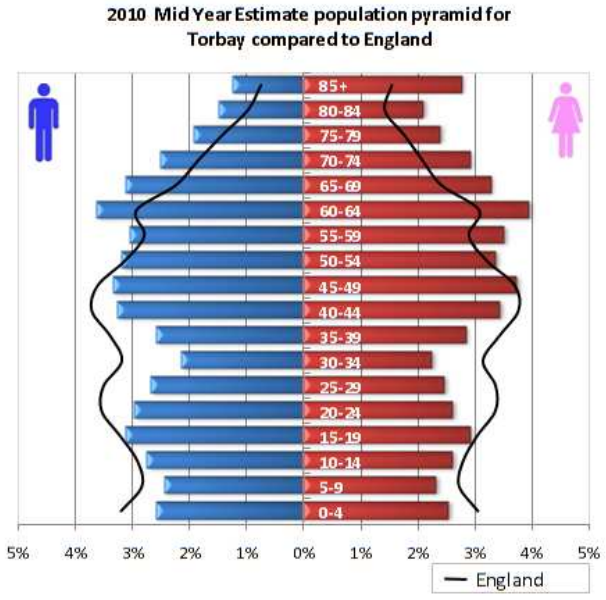
A JSNA is not a needs assessment of an individual, but a strategic overview of the local community need – either geographically such as local authority / ward or specific groups such as younger or older people or people from black and minority ethnic communities.

In Torbay, JSNA has evolved from an NHS / Local Authority centric assessment to a Local Strategic Partnership (LSP) assessment of population need. Incorporating information from LSP members not only benefited the wider LSP members, but also recognised the wider determinants of health [11]. Torbay’s approach to JSNA continues to recognise the importance that all organisations (statutory, voluntary and community) have in improving the health and wellbeing of Torbay’s population

Further discussion on JSNA in Torbay is provided at the end of this report. This includes outlining the JSNA structure and frequency for delivery.

Torbay's position as a seaside community continues to prove popular as a retirement destination. This popularity is illustrated in the following population pyramid (figure 4), where Torbay's population structure is shown with the solid bars and compared to the England structure (line). Torbay's population structure is very much dominated by the higher proportion of older people and the noticeably lower proportion of younger adults aged 20 to 39.

Figure 4: 2010 population structure for Torbay compared to England



Source: 2010 Mid-Year Estimate, Office for National Statistics.

As we would expect from an older population, Torbay has a noticeably higher 'average age' when compared to the national average. In 2010 Torbay's average age is estimated to be 4.7 years older than the national, this difference is expected to grow to around 5 years by 2020.

Average Age (years)	2012	2015	2020
England	40.2	40.6	41.1
South West	42.1	42.6	43.2
Torbay	44.4	44.8	45.6

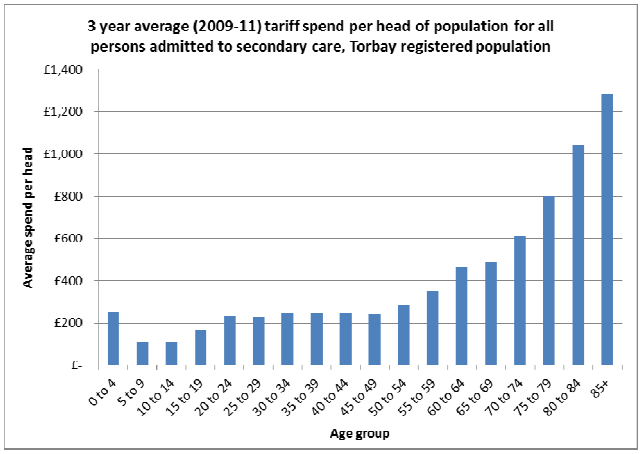
Source: 2008 based, 2010 Sub National Population Projections, Office for National Statistics.

As Torbay's population ages, the potential workforce within the bay to support the retirement age population is expected to decrease.

In 2010, there were 2.1 working age people in Torbay for every person of retirement age; this is expected to decrease to 1.7 people of working age per person of retirement age by 2020.

Overall, our older population tend to cost the most per head with regards to hospital care. As we age, our complex health needs increase, and we require increased levels of help and support. At present, our over 85 year old population cost around 10 times that of our population aged 5 to 9 or 10 to 14 for all hospital admissions; elective and non-elective.

Figure 5: Average cost per head by age for hospital admissions, 2009-11.



Whilst older people do cost more per head, a life course approach to understanding the needs of the population now and in the future, aims to reduce this burden on the public purse by influencing the risks associated with the burden of disease.

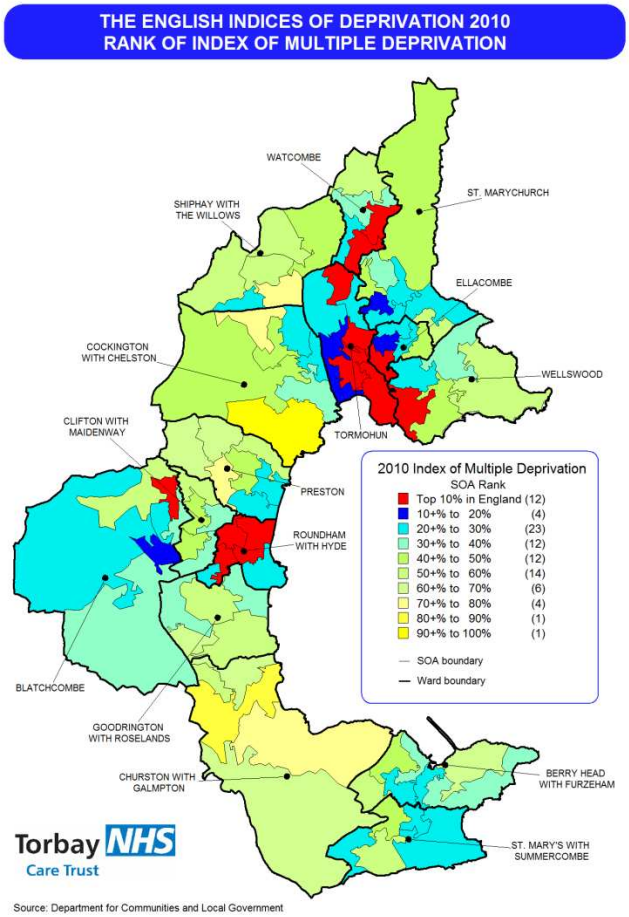
Inequalities in health outcomes also cost the public purse a significant amount per year. There are some stark inequalities in Torbay, for example the difference in life expectancy at birth (figure 2).

There are pockets of severe deprivation and inequalities within Torbay. These pockets, shown in red in the below map, are also communities with poorer outcomes such as educational attainment, poorer socioeconomic status, lower earnings and the lowest life expectancy.

There is an overwhelming amount of evidence that links economic prosperity and the populations socio economic outcomes, evidenced recently in the Marmot review [1].

Torbay is within the top 20% most deprived local authority areas in England for the rank of average score and the rank of local concentration; and most deprived local authority in the South West for rank of average score.

Map of 2010 Index of Multiple Deprivation; areas in red are amongst the top 10% most deprived in England.



"Give every child the best start in life"

Sir Michael Marmot, Fair Society, Healthy Lives (2010) [1]

Introduction

Starting well is about understanding the needs of the population from pregnancy, birth and for the first few years of life. This includes understanding the anticipated need for maternity services, health visiting services and early years.

Overview

Population Overview	England	South West	Torbay
Total 0 to 4 population. (2010), ONS	-	-	7,000
% of total population aged 0 to 4, (2010) ONS	6.2%	5.5%	5.2%
Live Births, (2010) ONS	-	-	1,402

The total number of residents aged 0 to 4 is expected to increase. It is estimated that there will be around 7,100 in 2015; however this will account for around 5.1% of the total population; less of a proportion than now.

Maternity

There has been a noticeable increase in the number of live births born to women in Torbay, from an average of around 1,300 per year to over 1,400 per year.

The general fertility rate is the number of live births per 1,000 women aged 15 to 44; in Torbay this has seen a noticeable increase, increasing from 56.9 in 2006 to 64.0 in 2010.

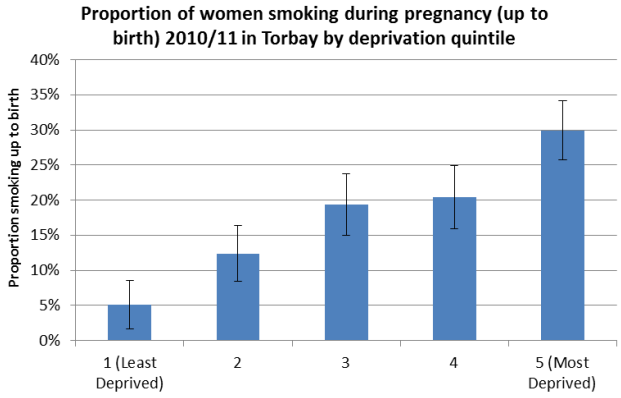
Whilst the fertility rate has increased in Torbay, the overall rate is slightly lower than the England average. However, the standardised fertility ratio, the observed live births as a proportion of expected, is higher. This implies that Torbay experienced a 5% higher rate of births than we would expect.

Maternity Overview	England	South West	Torbay
Standardised Fertility Ratio (2010), ONS	100	100	105
General Fertility Rate. Per 1,000 women aged 15 to 44 (2010), ONS	65.4	62.3	64.0
Perinatal Mortality Rate. Per 1,000 live births (2010), ONS	7.4	5.9	9.9*
Infant Mortality Rate. Deaths under a year per 1,000 live births (2010), ONS	4.3	3.2	6.4*
Under weight babies. Proportion of live births under 2500 grams (2010), ONS	7.0%	6.1%	8.1%
Smoking in Pregnancy. Proportion of women smoking up to birth (2010), DH	13.6%	13.6%	21.8%
Breastfeeding Initiation. Proportion of women initiating breastfeeding at birth (2010), DH	73.3%	76.8%	68.6%
Breastfeeding at 6 to 8 weeks. Proportion of women breastfeeding at 6 to 8 week check (2010), DH	45.2%	47.7%	35.7%

* rate calculated from small numbers

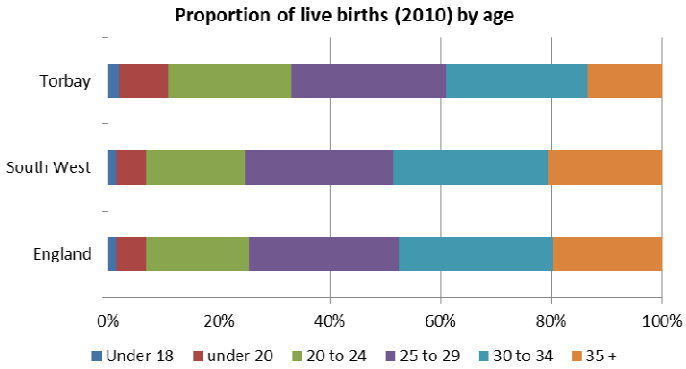
Torbay has an underlying endemic level of smoking during pregnancy. Smoking during pregnancy has been linked to increased risk of cot death, being born prematurely, having poorer lung function and having organs that are smaller than babies born to non-smoking mothers. Children born to mothers that smoke are also more likely to smoke themselves in later years.

There is a strong relationship between smoking in pregnancy and deprivation. Around a third of all pregnancies from Torbay's most deprived 20% (quintile) smoke during pregnancy, this is significantly higher than other areas in Torbay.

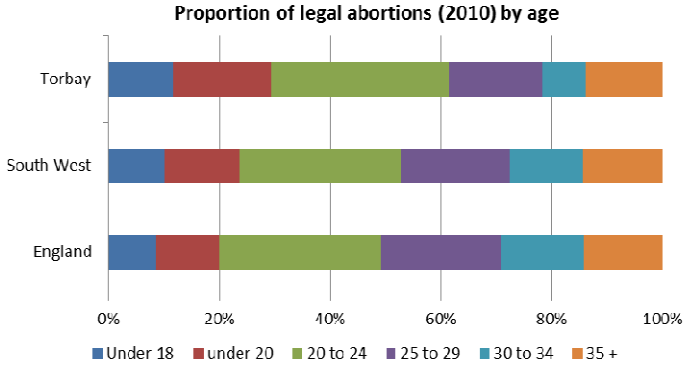


Reducing smoking in pregnancy will benefit the un-born child; it will also improve the child's chance of not becoming a smoker, and reduce their risk of developing chronic long term conditions later in life.

Women in Torbay tend to be, on average, younger when having babies. With a slightly higher proportion aged under 20, and a lower proportion aged over 35.



Women accessing termination services in 2010 were, on average, slightly younger than the national equivalent, with around a quarter aged under 20.



Protection & Development

Vaccination Overview (2010/11)	England	Torbay
Percentage immunised by their 1st birthday		
Diphtheria, Tetanus, Polio, Pertussis, Hib (DTaP/IPV/Hib) %	94.2	97.6
MenC %	93.4	97.3
Pneumococcal Disease (PCV) %	93.6	97.2
Percentage immunised by their 2nd birthday		
Diphtheria, Tetanus, Polio, Pertussis Hib,(DTaP/IPV/Hib) %	96.0	97.7
MMR %	89.1	90.6
MenC %	94.8	97.5
Hib/MenC %	91.6	93.2
Pneumococcal Conjugate Vaccine (PCV) %	89.3	91.6
Percentage immunised by their 5th birthday		
Diphtheria, Tetanus, Polio (Primary) %,	94.7	96.8
Hib (Primary) %	94.2	96.9
Diphtheria, Tetanus, Polio, Pertussis (Booster) %,	85.9	87.0
MMR first dose,%	91.9	90.9
MMR first and second dose, %	84.2	83.3

Health visiting

Levels of tooth decay in 5 year olds in Torbay are similar to the national perspective, but slightly higher than the regional. In Torbay, the mean number of decayed, missing or filled teeth in 5 year olds (2007/08) was 1.12 (95% CI 0.92, 1.31), compared to 1.11 (95% CI 1.10, 1.12) for England.

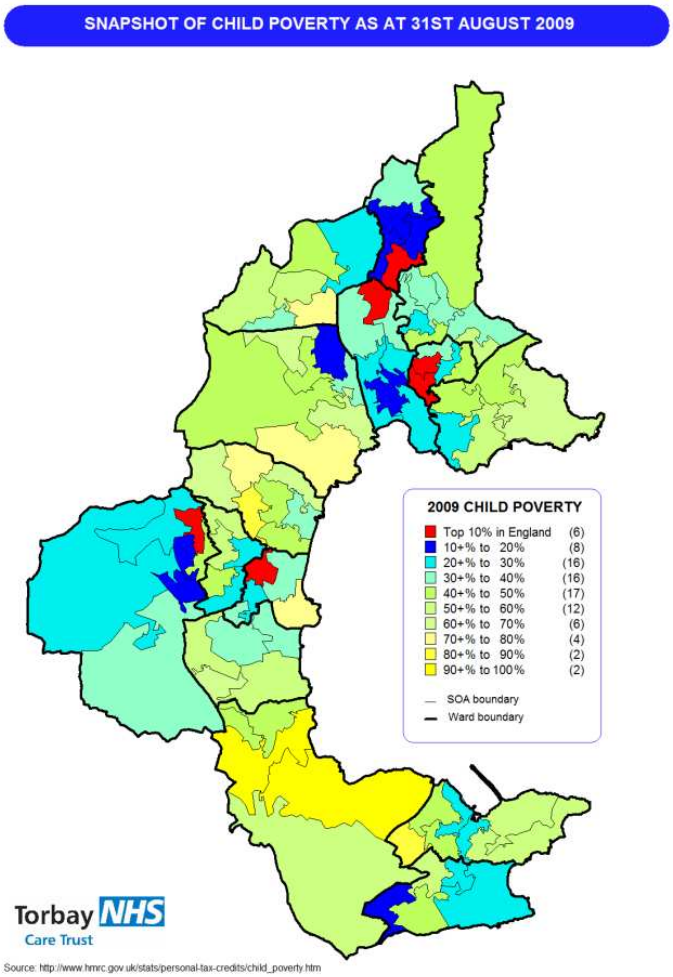
Proxy measures for school readiness, achievement of at least 78 points across the early years foundation stage, show Torbay children to be making positive progress in recent years. Increasing from 46% in 2009 to 57% in 2011, however, this is below the national average.

Wider determinants

Child poverty is defined as the proportion of children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income. It is not a measure of absolute poverty, but a measure of relative poverty within England.

The official measure for child poverty suggests that just fewer than 1 in 4 children live in child poverty. Given Torbay's relative deprivation, this we would expect levels of child poverty to be higher in Torbay than the national average.

The consequences of poverty such as increased ill health, unemployment and criminal activity are expensive for the state. The public service cost of child poverty has been estimated to be somewhere between £10 and £20 billion a year [18].



Indicators currently unavailable

- New-born physical examination
- Admission of full-term babies to neonatal care
- Child development at 2 to $2^{1/2}$ years
- Blood spot screening
- Hearing screening

"Enable all children, young people and adults to maximise their capabilities and have control over their lives"

Sir Michael Marmot, Fair Society, Healthy Lives (2010) [1]

Introduction

Developing well is about understanding the needs of the population between the ages of 5 and 17. This includes understanding the anticipated needs for schools and colleges and the developing health of this age group.

Overview

Population Overview	England	South West	Torbay
Total 5 to 17 population. (2010), ONS	-	-	18,400
% of total population aged 5 to 17. (2010) ONS	14.9%	14.5%	13.7%
Under 15 mortality rate per 100,000. (2008-10 pooled), NCHOD	45.45	38.00	56.83

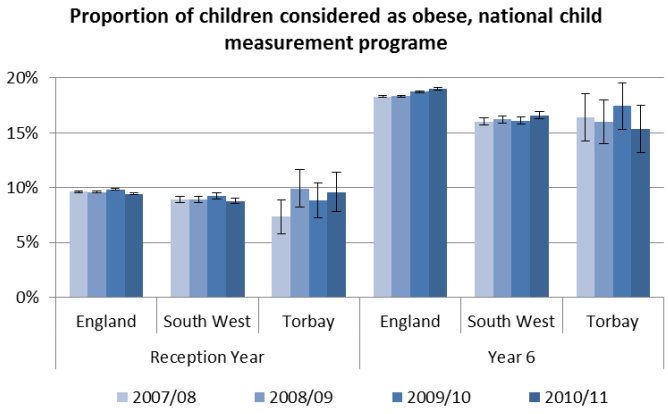
Mortality in the under 15s is higher than the regional and national levels, and is of concern. However numbers are relatively small and the rate is not significant.

The 5 to 17 population is expected to remain relatively static over the forthcoming couple of years. However there is expected to be a decrease in the number of persons aged 15 to 19, from some 8,000 now, to around 7,200 in 2015.

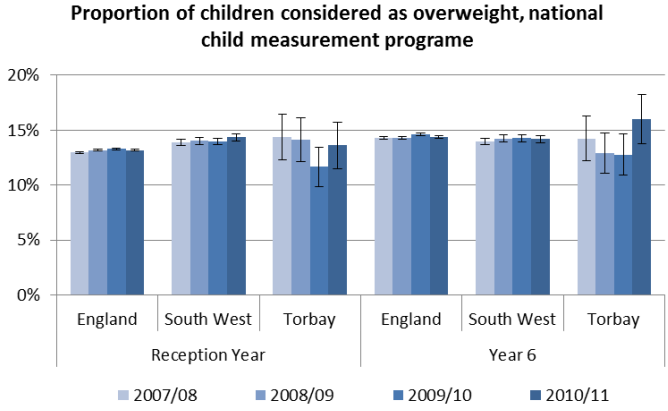
Preventing future illness

Childhood obesity has been linked with poorer health outcomes for children, such as asthma, diabetes, psychological ill health and cardiovascular risk factors. There is also evidence to suggest that obesity in childhood extends to poorer health outcomes in adulthood. This is through persistence of obesity, cardiovascular risk factors and premature mortality.

Children in Torbay are, on average, less obese than the national average.



However, there has been a 'spike' in the proportion of children considered as overweight in the Bay.



Source: The Information Centre for Health and Social Care.

The HPV (human papillomavirus) vaccination programme is an important step towards preventing cervical cancer. In Torbay the year 8 (12 to 13 year olds) completing the course of three doses is slightly higher than the regional and national averages, at 77.9% (2009/10, DH).

Treatment

Hospital admissions for under 18s for unintentional and deliberate injuries have been linked to longer term health issues including being related to the injury and also mental health related to the experience.

The rates of hospital admissions caused by unintentional and deliberate injuries in the under 18s has been fluctuating within Torbay over recent years. The latest official data for Torbay shows the rate to be 139 per 10,000, equivalent to 355 admissions, (2009/10, swpho), this is significantly higher than the national average of 123 per 10,000.

Diagnoses rates for chlamydia in Torbay amongst the 15 to 24 year olds, are amongst the highest in the region. Latest figures show the rate to be some 3,115 per 100,000 being diagnosed with chlamydia in the bay, the rate nationally is just under 2,000 per 100,000 (1,963). This could be that Torbay sexual health services are effectively targeting the right population, or perhaps the underlying levels of chlamydia are higher in Torbay.

Wider determinants

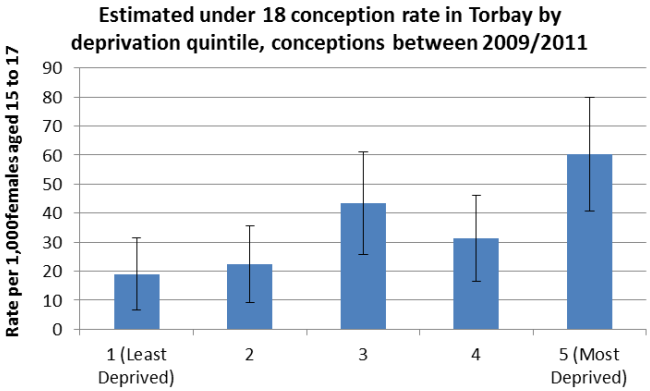
Overall pupil absence in Torbay is relatively high. Higher than both the national and regional averages. What appear to be of concern could be the particularly high levels of authorised absence and the persistence absentees. With 5.84 pupil half days missed in Torbay due to authorised absences, compared to 5 nationally, and 5.15 regionally. 3.2% of enrolments were identified as persistent absentees in all schools in 2009/10 in Torbay, compared to 2.9% nationally and 2.6% regionally.

The percentage of pupils achieving 5 or more grade A* to C GCSEs in Torbay is slightly higher, at 80.9% than the regional, 76.8% and national 80.7% averages. However, the per cent achieving 5 or more grade A* to C in English and Mathematics is less, at 57.2% in Torbay compared to 58.4% nationally and 57.9% regionally.

The rate of 10 to 17 year olds that are first time entrants to the youth justice system is significantly lower in Torbay compared to the national average. There were some 115 first time entrants in 2009/10 presenting a rate of 940 per 100,000; the equivalent rate nationally was 1,160 per 100,000.

Some 4.2% of 16 to 18 years olds in Torbay were not in education, employment or training in 2010. This is significantly lower than the national average of 6%.

Torbay experiences relatively high rates of teenage pregnancy, but relatively small numbers. Within Torbay there is a difference in rates between the least and most deprived communities. With higher rates in Torbay's more deprived communities.



Troubled families

The perceived level of 'troubled families' in Torbay is equivalent to a rate of around 235 per 10,000 families. This compares to an England average of 178 per 10,000 families

In 2011, there were estimated to be around 365 'troubled families' in Torbay [15], The Government has identified a troubled family as one that has serious problems and causes serious problems. In every troubled family there are a range of factors including parents not working, mental health problems, children not in school, the family causing crime and anti-social behaviour and costing local services a lot of time and money routinely responding to these problems. and places Torbay within the top 25% highest upper tier local authority areas rates.

It is estimated that troubled families cost an average of £75,000 each [15]. Therefore, within Torbay it is estimated that troubled families cost in the region of £27 million

Missing

- Emotional well-being of looked after children
- Smoking prevalence – 15 year olds
- BCG vaccination coverage (1 to 16 year olds) -
- Td/IPV booster vaccination coverage (13 to 18 year olds)
- Emergency admissions for children with lower respiratory tract infections
- Incidence of harm to children due to 'failure to monitor'
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s

"Ensure a healthy standard of living for all"

Sir Michael Marmot, Fair Society, Healthy Lives (2010) [1]

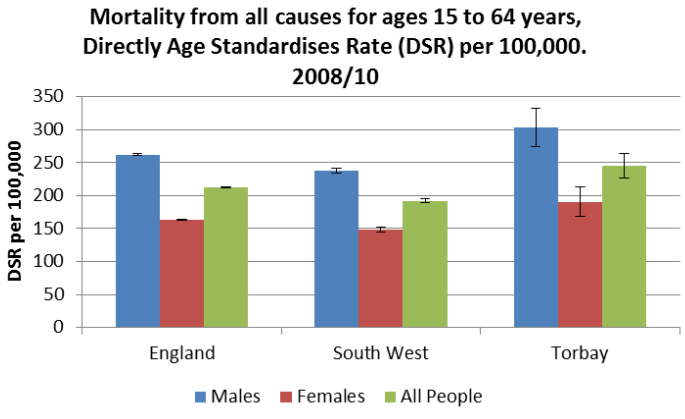
Introduction

Living and working well is about understanding the needs of adults from 18 years of age. This includes understanding the lifestyles and health outcomes experienced by this group.

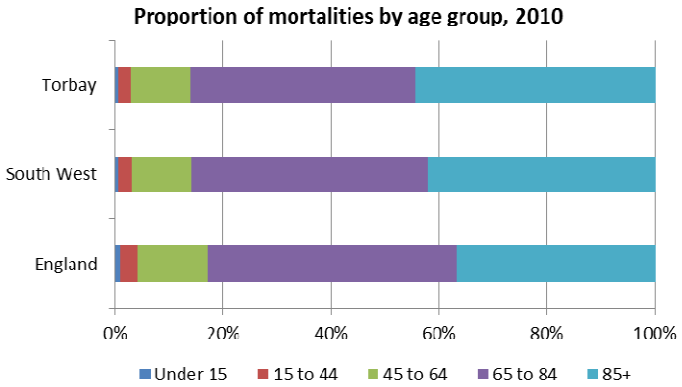
Overview

Population Overview	England	South West	Torbay
Total 18+ population. (2010), ONS	-	-	108,900
% of total population aged 18+. (2010) ONS	14.9%	14.5%	13.7%
15 to 64 mortality rate per 100,000 (2008-10 pooled), NCHOD	212.17	192.35	245.56

Mortality within the 15 to 64 year age group was, during 2008/10, significantly higher than the national average. Around 250 people in this age group die a year, around 150 males and 100 females. A greater break down of rates is shown below.



Whilst there are higher rates of mortality in the 15 to 64 age group, just under 90% of mortalities in Torbay are for those aged 65 and over.



The over 18 population is expected to increase by around 2.2% over the coming few years, with a population of around 111,500 in 2015.

Preventing morbidity / mortality

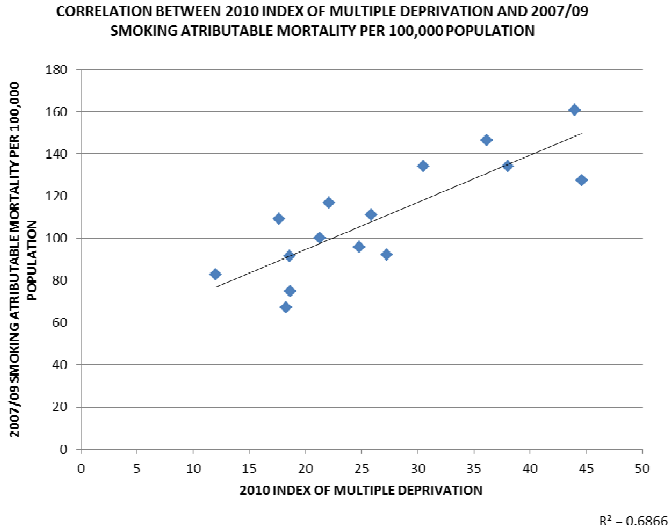
The rate of road injuries and mortalities in Torbay is significantly lower than the national average, at 25.4 per 100,000 population, compared to 48.1 per 100,000 for England.

An individual's life style has a great influence over their health outcomes. There is plenty of evidence that identifies a causal relationship between smoking and lung cancer and other respiratory related diseases. Effective health promotion programmes to reduce smoking prevalence have the potential to improve the

health outcomes within communities in Torbay.

The evidence around smoking prevalence in Torbay is mixed. There are some estimates that suggest the levels of smoking in Torbay are less than the national averages, with around 1 in 5 estimated as being smokers. However, the levels of smoking in pregnancy could suggest expected smoking prevalence to be relatively high.

There is a strong relationship in Torbay between smoking related mortality and deprivation. The highest levels of smoking related mortality were identified in Watcombe (an electoral ward in Torquay), with a directly age standardised rate of around 146 per 100,000.



There are estimates that suggest just under a quarter of all NHS costs are smoking related. At a local level this could potentially be somewhere in the region of £50 to £60 million [19].

Further lifestyle factors influence health, such as diet and physical activity. These can affect health now, and also in the future. If a population was to continue to eat poorly, and not undertake physical activity, they are potentially storing up a financial and health burden in years to come.

Synthetic estimates suggest torbay's population to be similar to the national average with less binge drinking, less smoking and less obesity. However, these are synthetic estimates and are quite dated.

Healthy Lifestyle Behaviours	England	South West	Torbay
Binge Drinking (2003-05)% of 16+, ONS	17.6%	15.1%	15.2%
Obesity (2003-05)% of 16+, ONS	23.8%	23.3%	23.5%
Smoking (2003-05)% of 16+, ONS	23.3%	21.0%	21.7%
Vegetable consumption (2003-05)% of 16+, ONS	26.7%	26.2%	25.3%

ONS; Healthy Lifestyle Behaviours 2003/05

Estimates from the active people survey suggest that Torbay's over 16 population is less active than the national average. it is estimated that the health costs of physical inactivity are in the region of £2.4million in Torbay, around £1.7million per 100,000; compared to a national cost of £1.5million per 100,000 [16].

Mortality	England	South West	Torbay
Causes considered amenable to health care (DSR persons <75) (2008-10 pooled), NCHOD	92.14 Per 100,000	78.53 Per 100,000	91.96 Per 100,000
Causes considered amenable to health care (SMR persons) (2008-10 pooled), NCHOD	100	85	94
Years of life lost due to mortality from all causes, <75s crude rate (2008-10 pooled), NCHOD	444.2 Per 10,000	425.3 Per 10,000	542.3 Per 10,000
Suicide, DSR <75s (2008-10 pooled), NCHOD	5.85 Per 100,000	6.79 Per 100,000	6.30 Per 100,000

Flu vaccination for individuals at risk aged under 65 have been increasing steadily in Torbay. However, the uptake rate for 2009/10, at 47.4% was amongst the lowest in the region, and lower than the 51.6% for England.

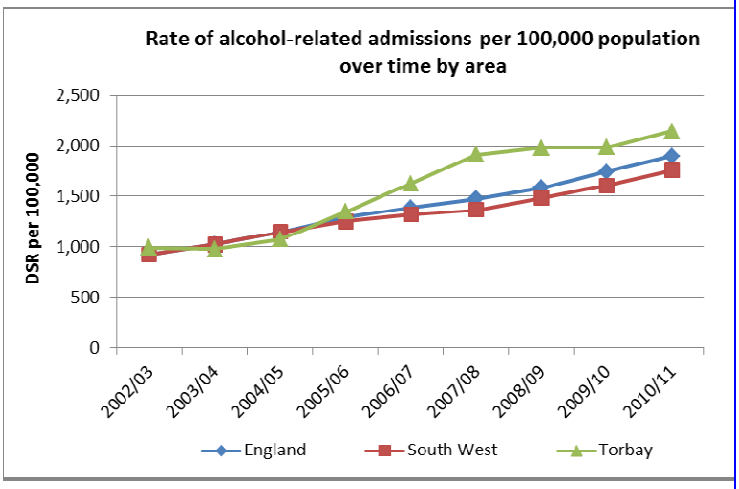
Treatment / care

Managing health through preventative agendas and primary care would reduce the burden on hospital admissions. Whilst admissions could be reduced, in most cases it would not prevent an individual requiring treatment, it may simply delay it.

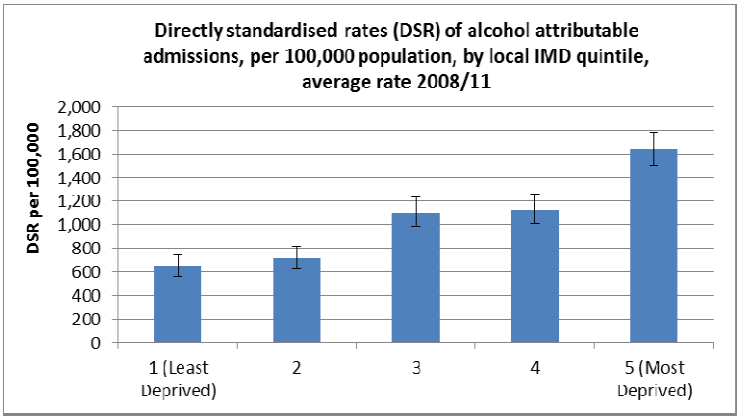
Hospital admissions

Torbay has a significantly higher rate of hospital admissions as a result of self-harm. The rate for 2009/10 for Torbay was some 341 per 100,000 compared to 198 for England. The rate of 341 for Torbay represents some 393 admissions in that financial year.

Alcohol related admission to hospital for Torbay has increased in recent years. However whilst the rate of increase has slowed, the rates for Torbay are still higher than the national and regional average.



Within Torbay, there is a strong relationship between alcohol related admissions and areas of higher deprivation.



Alcohol financial costs? Hospital and wider society??

Drug treatment

Torbay has a slightly lower proportion of adults successfully completing drug

treatment, 14% locally verses 15% nationally. However the local service is arguably more effective than the national average with a lower proportion re-entering the treatment services.

Ill health and long term conditions

The prevalence of diabetes within the population is estimated to be around 9%, this is slightly higher than the national and given our older demographic we would expect that. However, there may be a hidden level of need within the population as there are only some 7,487 patients identified by practices with diabetes.

All persons known to practices eligible for screening for diabetic retinopathy are reported as being offered. Of those, some 87% receive the screening in Torbay; this is slightly higher than the 80% nationally.

Mental health

Dementia

Disabilities

Learning disabilities

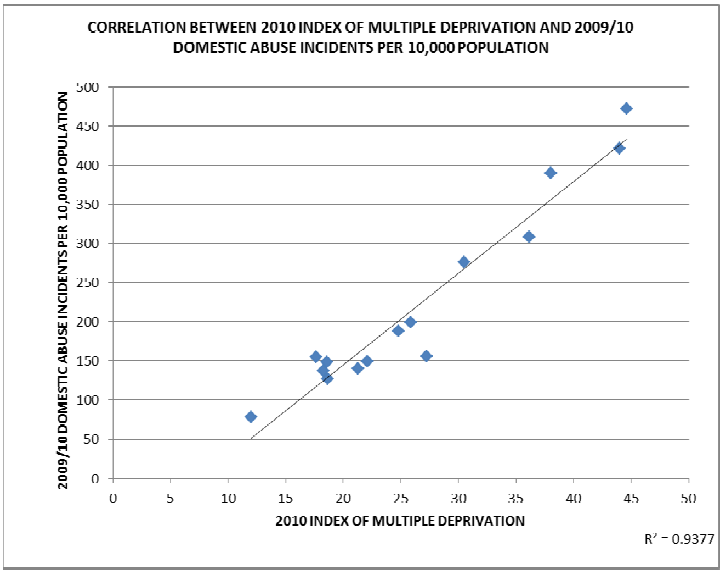
Autism

Wider determinants

Community safety:

Each year for domestic abuse the state pays £3.1 billion for the criminal justice system, the health system, social services, social housing and legal aid bills to support victims of domestic abuse [20]. Lost economic output is estimated at £2.7 billion, over half of which is borne by employers. And the cost in term of pain, suffering and loss of employment, housing or health amounts to an enormous £17 billion

In Torbay, there is evidence of a relationship between the rates of domestic abuse and socioeconomic deprivation, where higher rates can be observed in our more deprived communities.



Domestic abuse is a form of violent crime. The wider picture of recorded violent crime in Torbay is showing a gradual decrease in the numbers.

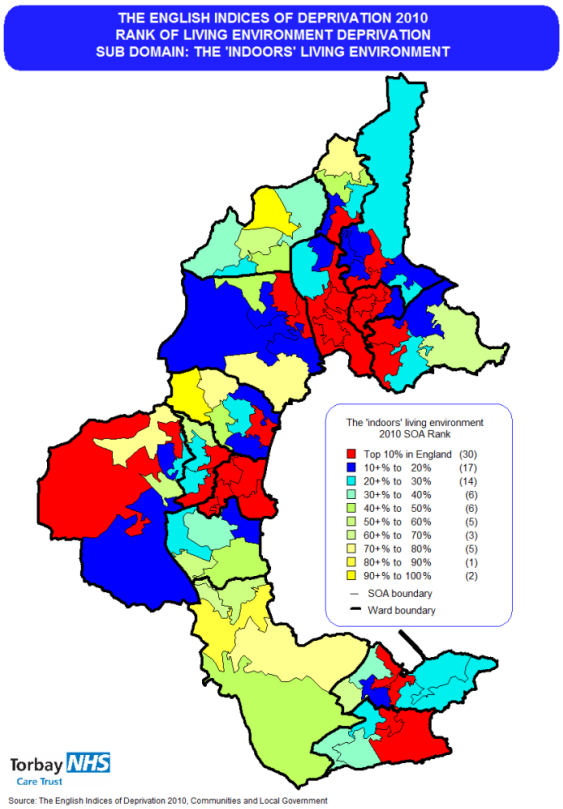
- Re-offending within 12 months
- The average number of re offences

The living environment

There is evidence to suggest that bad housing conditions constitutes a 'risk to health' [1].

Those without a home are expected to experience negative health outcomes. In Torbay there is a homeless population. The numbers accepted as being homeless and in priority need in Torbay was just less than 1 per 1,000 households, compared to 2 per 1,000 in England (2010/11).

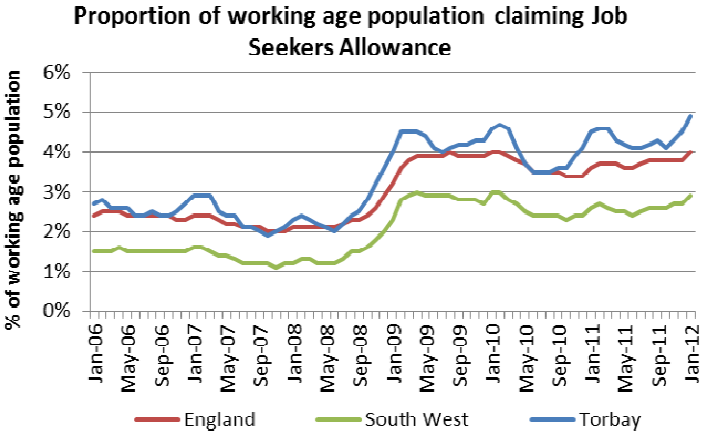
The condition of Torbay's dwelling stock could be described as worse than the national average. Over half of the areas in Torbay are in the top 20% (quintile) most deprived for housing in poor conditions.



Economy and employment

Being in good employment is protective of health [1]. Torbay's economic worth per head, as measured by gross value added (GVA) is amongst the lowest in England. It could be argued that Torbay has been affected by the 2008 recession greater than other areas. Torbay experienced a near 8% reduction in GVA between 2008 and 2009, the third highest reduction (at current prices) in England.

The job seekers allowance claimant rate in Torbay is at its highest rate this millennium, at 4.9% of the working age population. This is the highest rate in the regional and higher than the national average.



Understanding the employment patterns of different communities within the population is complex. Enabling all to engage with good employment has been identified by Marmot as being protective for health.

In Torbay, some 7.9% of those aged 18 to 69 who were receiving secondary mental health

services or were on a care programme and had their employment status recorded as employed. Whilst this is in line with the national average, there is variation by local area and is as high as 20% in some areas (2009/10).

The percentage of adults with learning disabilities who are known to Adult Social Services in settled accommodation at the time of their assessment or latest review is lower in Torbay at 55.7%, compared to 60.6% nationally.

Torbay is amongst the lowest in the country for the percentage of adults with learning disabilities known to Councils with Adult Social Services Responsibilities in paid employment at the time of their assessment or latest review is half that of the national average, at 3.1% compared to 6.4%

Missing

- Social connectedness
- Percentage of adults with learning disabilities known to social services
- Percentage of adults receiving mental health services known to be in settled accommodation
- People in prison who have mental illness or significant mental illness
- Percentage of NHS organisations with board-approved sustainable development management plans
- Unplanned hospitalisation for chronic ambulatory care sensitive
- Emergency admissions for acute conditions that should not usually require hospital admission
- Emergency re-admissions within 28 days of discharge from hospital
- An indicator on recovery from injuries and trauma
- Proportion of patients who successfully complete treatment for tuberculosis
- Helping people to recover from episodes of ill health or following injury
- Proportion of stroke patients reporting an improvement in activity / lifestyle on the modified Rankin scale at 6 months
- The proportion of patients with fragility fractures recovering to their previous

levels of mobility / walking ability at 30 days

- The proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 120 days
- Self –reported well-being
- HIV coverage – the proportion of pregnant women eligible
- Syphilis, hepatitis B and susceptibility to rubella uptake.
- Pregnant women eligible for antenatal sick cell
- Proportion of persons presenting with HIV at a late stage of infection
- The percentage of the population affected by noise
- The proportion of the population exposed to transport noise
- Proportion assessed for substance dependence issues when entering prison
- Percentage of people using green space for exercise / health reasons
- Air pollution
- Employment of people with long term conditions
- Health related quality of life for carers
- Employment of people with mental illness
- Proportion of adults living independently – learning disabilities and mental health services

"Strengthen the role and impact of ill-health prevention"

Sir Michael Marmot, Fair Society, Healthy Lives (2010) [1]

Introduction

Ageing well is about understanding the needs of those from around 45 years and over. It is about reducing and preventing long term conditions, promoting active aging and tackling inequalities.

Overview

Population Overview	England	South West	Torbay
Total population aged 45+. (2010), ONS	-	-	69,200
% of total population aged 45+. (2010) ONS	41.8%	46.3%	51.5%
64 to 74 mortality rate per 100,000. (2008-10 pooled), NCHOD	1,675.32 Per 100,000	1,443.66 Per 100,000	1,421.41 Per 100,000

The over 45 population in Torbay is expected to grow by some 6.6% over the next few years. Population projections estimate that this population will grow to around 74,300 by 2015. This is estimated to be a slower rate of growth compared to the England average of around 7.7%.

Current mortality rates for the 65 to 74 year old group shows Torbay to be similar to the England and regional. Whilst the overall rate is lower, there is no significant difference.

Premature mortality

Overall, premature mortality in Torbay is similar to both the regional and national rates. That is to say rates are not generally significantly different to the regional or national rates. One disease where Torbay is significantly higher is chronic liver disease including cirrhosis, 67 mortalities were due to this disease between 2008 and 2010; or around 22 per year.

Premature mortality rate <75	England	South West	Torbay
Circulatory diseases. (2008-10 pooled), NCHOD	67.25 Per 100,000	55.57 Per 100,000	65.69 Per 100,000
All cancers. (2008-10 pooled), NCHOD	110.08 Per 100,000	101.84 Per 100,000	108.15 Per 100,000
Chronic liver disease including cirrhosis. (2008-10 pooled), NCHOD	9.99 Per 100,000	8.33 Per 100,000	14.35 Per 100,000
Causes considered amenable to health care. (2008-10 pooled), NCHOD	92.14 Per 100,000	78.53 Per 100,000	91.96 Per 100,000

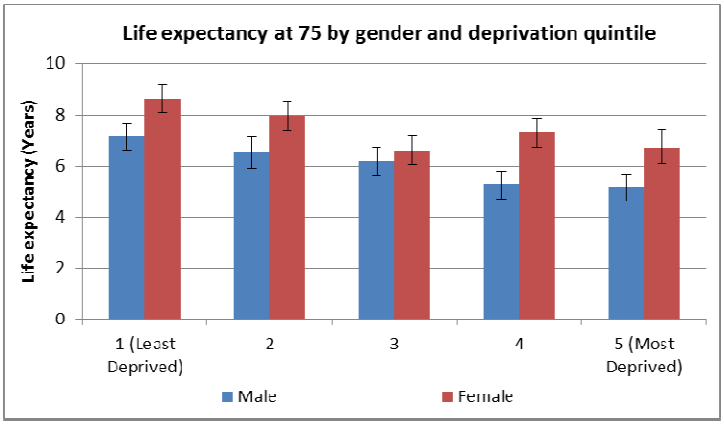
Excess winter mortality is potentially amenable to effective intervention. This excess death is greatest in both relative and absolute terms in elderly people and for certain disease groups.

Excess winter mortality rates fluctuate in Torbay. The most recent data, 2006/09, suggest that Torbay's rate is lower than the

regional and national averages. However, Torbay's rate in 2004/07 and 2005/08 was noticeably higher than the regional and national averages.

Life expectancy at 65 is generally higher for residents in Torbay. With males estimated to live around 18.9 years and females 21.4 years. This compares to 17.7 years and 20.3 years respectively for males and females in England.

Locally, life expectancy at 75 in Torbay shows significant variation by deprivation quintile.

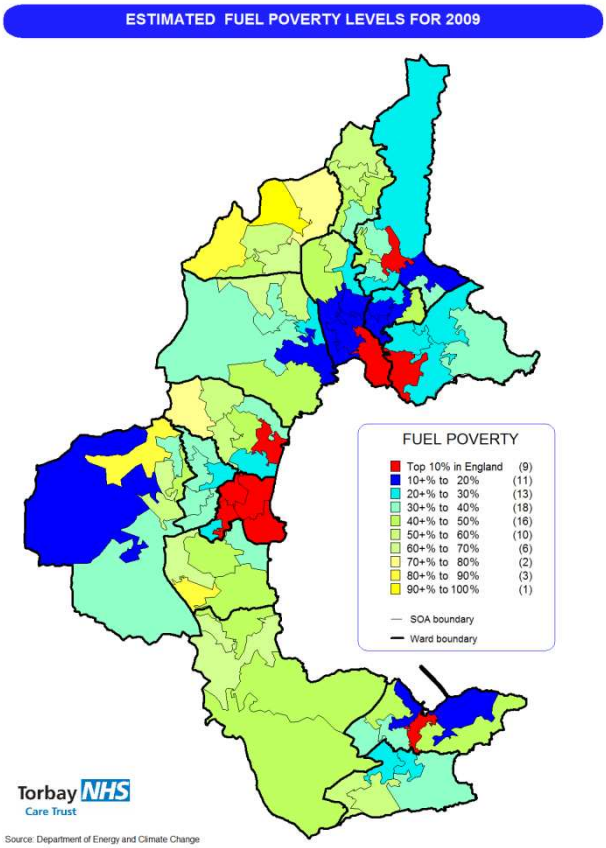


Treatment / care

Wider determinants

A household is said to be in fuel poverty if it needs to spend more than 10% of its income on fuel to maintain a satisfactory heating regime.

The national evidence suggests that those most fuel poor are single people aged 60 or over, with some 38.5% being fuel poor.



Missing

- Premature mortality; respiratory disease
- Preventable premature mortality;
  - Circulatory diseases
  - All cancers
  - Chronic liver disease including cirrhosis
  - Respiratory diseases
- One and five year cancer survival
  - Colorectal
  - Breast
  - Lung
- Mortality from communicable diseases
- Potential years of life lost from causes considered amenable to health care
- Excess under 75 mortality in adults with serious mental illness
- permanent admissions to residential and nursing care homes per 100,000 population
- delayed transfers of care from hospital, and those which are still attributable to adults social care per 100,000
- proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into rehabilitation services
- the proportion of people who use services who have control over their daily life
- proportion of people using social care who receive self-directed support, and those receiving direct payments
- Quality of life
- improving quality of life for people with long term conditions
- health related quality of life for people with long term conditions
- proportion of people feeling supported to manage their condition
- improved quality of life for those with dementia
- carer reported quality of life
- social care quality of life

Introduction

Experience and safety is about understanding the needs from the perspective of those using the services.

Overview

Simply because the population is generally satisfied with services' being delivered means that we can collectively rest on our laurels. We should continue to place the patent at the centre of delivery and ensure their experience is both of positive outcome, but also safe.

Service experience

The patient experience of the GP surgery in Torbay is generally a positive one. Overall the levels of satisfaction with patients are better than average. With 92% stating their overall experience with the GP surgery as being good or very good, compared to 88% for England.

Similar to the in hours GP surgery experience, the patient experience with out of hours GP services is pretty good. With 80% stating the experience as good or very good, compared to 71% for England.

Patient experience with dental health is also positive in Torbay. 94% were successful at in getting an NHS dental appointment, with 87% getting an appointment with a practice they'd been to before. This compares to 92% and 84% respectively for the England average.

Overall, the patient experience with outpatients could be described as about the same as other NHS trusts in England. Torbay scored better were the patients felt that they were involved in the decisions about their care.

Overall, the Women's experience of maternity services in Torbay could be described as about the same as other NHS trusts in England. Torbay scored better for experiences around the labour and birth, including pain relief during birth.

Patient experience of community mental health services was unfortunately considered worse than the wider average.

Satisfaction

Access to services

The overall level of satisfaction for access to GP practices in Torbay is in line with the national average. Around 95% of patients reported being able to obtain a convenient appointment, however there are still around 5% that found the appointment inconvenient.

However, Torbay patients found the overall experience of making an appointment better than the England average, with 84% stating that their experience of making an appointment was fairly or very good, 79% for England.

Safety & Health protection

- Incidence of hospital-related venous thromboembolism (VTE)
- Incidence of healthcare associated MRSA infection
- Incidence of healthcare associated C. difficile infection
- Incidence of newly-acquired category 3 and 4 pressure ulcers
- Incidence of medication errors causing serious harm

Missing

- Ensuring that people have a positive experience of care
- Patient experience of hospital care
- Survey of bereaved carers
- Patient safety incident reporting
- Severity of harm
- An indicator on children and young people's experience of healthcare (to be developed)
- Patient reported outcome measures for elective procedures
- Overall satisfaction of people who use services with their care and support
- Overall satisfaction of carers with social services
- Treating and caring for people in a safe environment and protecting them from avoidable harm
- Agreed inter agency plans for responding to public health incidents
- The proportion of carers who report that they have been included or consulted in discussion about the person they care for
- The proportion of people who use services and carers who find it easy to find information about services
- The proportion of people who use services who feel safe
- The proportion of people who use services who say that those services have made them feel safe and secure
-

Understanding the needs of Torbay's population is a continuous process. Torbay's population is dynamic, and the needs of the population are constantly changing.

Within Torbay, JSNA forms the central evidence base. Positioning JSNA as the central evidence base provides a consistent story of need across partner organisations and removes a level of duplication.

In Torbay, a local intelligence network was established in 2008 to deliver the 2008 JSNA, i-bay. Whilst JSNA has been led by Public Health, it has been greatly supported by the wider intelligence network. Delivering JSNA in the future will be through the wider intelligence network on behalf of the Health and Wellbeing board.

JSNA in Torbay is structured into four levels. The four tiers provide different levels of understanding for the population. The main written JSNA document is constructed through a narrative understanding of need in Torbay. This is supported with a matrix of the adult social care, NHS and public health outcomes frameworks.

Structure for Torbay JSNA
1) The narrative; a life course understanding of need in Torbay (annual)
2) Priority matrix of outcomes (annual)
3) Summary profiles for areas and settings within Torbay (and Southern Devon?) (annual)
4) Data repository providing information by area or setting (on going)

Discussion on pharmacy and pharmaceutical needs assessment

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The Youth Offer/Positive for Youth

Shadow Health and Wellbeing Board – 15 March 2012

PFY is the coalition government's policy for young people aged 13-19 and was published in December 2011 following a lengthy period of consultation and evidence.

As the document title suggests, the essence is around creating a society that is positive for youth, that invests in young people, and that learns the lessons of the summer riots looking to reverse low aspirations, poorly held community ties, non-participation, disadvantage and vulnerability.

Key to the vision of a society that is positive for youth are:

- Supporting parents and families
- Promoting achievement and aspirations
- Promoting young peoples' rights and responsibilities
- Recognising the unique and diverse needs of different young people
- Improving opportunities and early support
- Reaching out to those with fewest advantages and protecting the most vulnerable.

The policy particularly acknowledges the gaps in outcomes between the most disadvantaged and vulnerable young people and the rest, and it commits to narrowing these gaps. To do this, there is emphasis on early and sustained help in the teenage years.

Some key links to this policy are:

- Troubled families
- Working families everywhere with family champions to support family members
- Pupil premium providing extra funding for those from deprived backgrounds
- Education, Health and Care plan from 0-25 for those with special educational needs and disabilities
- New Ofsted framework
- Volunteering – National Citizen Service
- Preventing offending and supporting those in the YJ system

The policy promotes local partnership, and drawing on the resources of communities, charities, voluntary groups and local businesses. It recommends that local councils and partners involve young people actively to develop their local offer and ensure that local services meet their needs.

Local authorities have strategic responsibility for co-ordinating the overall local offer to young people and making best use of public resources, while setting its own budget for this. The Local authority also continues to have a duty to secure sufficient recreational and educational activities for the wellbeing of 13-19 year olds (Education Act 1996). We are waiting for new statutory guidance on this duty, but are told it will reflect Ofsted's 2011 report on commissioning young peoples' services and will set out the expectation for all local authorities to publish its own local youth offer.

To reach a meaningful Youth Offer, PFY states that young people must be involved at every stage of a commissioning process:
Clarifying local outcomes, needs, resources and priorities
Planning how the desired outcomes can be achieved effectively and efficiently
Reviewing and monitoring delivery and impact against expected outcomes.

We now need to translate this policy for the benefit of young people in Torbay and we need to do it in a climate of reduced funding.

Torbay has identified 150k to be spent on services for young people. The money will sit within a grant pot which can be accessed by communities, groups or young people themselves to provide a diverse and innovative range of provision that will support the priorities within the strategic needs assessment while building capability within the communities themselves.

To make this happen, a raft of consultation will now take place with young people, communities and organisations and we will begin to look at how the pot will be set up to allow individual and collaborative approaches and to cover the full range of need.

Richard Williams

Commissioning - Young People and Families Partnership Commissioning Group
Torbay Strategic Partnership – 15th March 2012

1.0 Introduction

1.1 Following changes to the strategic planning and commissioning framework under the Community Plan and Health and Well Being Plan a review was undertaken of the membership and business of two separate strategy and planning groups.

1.2 The Young person substance misuse and joint commissioning group which has been reporting to the Children's Trust to date with delegated authority to commission services. Children Trust has now been amalgamated in to the Health and Wellbeing Board

1.2 The housing strategy group (which focused on young people) which has been reporting to the Supporting People Commissioning Board with delegated authority to commission services.

1.3 Following the review a proposal was drawn up to merge the two groups which was supported by the Safer communities Joint commissioning executive and The Children's Trust executive. It is proposes that the newly merged group would report to the Supporting People commissioning Board and subsequently to the Health and Well Being Board.

2. Relationship to Community Plan

2.1 Merging the two groups will be beneficial for commissioners, partners and the Local Authority to streamline meeting attendance and improve commissioning processes and consistency with procurement, contract issue and management as well as a re focus on key priorities and actions in meeting those set out in the Community Plan and developing Health and Wellbeing priorities. for joint commissioning

2.1 The substance misuse commissioning group includes membership from DAAT, South Devon Healthcare Foundation Trust (A&E), Public Health, YOT (current provider & Commissioner), (third sector current provider), Checkpoint, Youth Service, Safer Communities, Children Services (commissioner & Schools Lead), Connexions and is chaired by Siobhan Grady (Public Health Manager)

2.2 The housing strategy group includes membership from Supporting People, third sector (Action for Children, The Children's Society), current Supporting People providers (Westcountry Housing, Independent Futures), Children's services safeguarding, locality and Care to Community teams, housing services, safer communities and Connexions. The group is Chaired by Julie Sharland (Strategic Housing Manager and lead for Child Poverty).

2.3 Discussion has been had with partner agencies on the viability of merging the two groups and ensuring the continuity and coverage of the relevant agendas and a revised Terms of Reference and proposed membership. We intend to appoint to the 2 places for voluntary sector representatives via a nomination process.

2.4 The aim will to hold the first meeting of the nearly merged group in May 2012.

3. Recommendation for decision

3.1 Health and Well Being Board agrees to the decision for accountability for children's substance misuse commissioning to be undertaken through a merged commissioning delivery group reporting to Supporting People Commissioning Board which in turn reports to the Health and Well Being Board.

3.2 Supporting People Commissioning Board to extend it's scope taking a broader remit to include children substance misuse issues.

3.3 Revised Terms of Reference to be approved. This includes name of group, Chair, membership and representation, agenda planning and process for performance management.

3.4 Proposed new arrangements and first meeting to be held May 2012

3.5 Monitor this arrangements for 9 months in order to make any further recommendations for further merger and streamlining of commissioning and planning groups and scope and remit to Supporting People Commissioning Board.

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Siobhan Grady (Public Health)
Representing:
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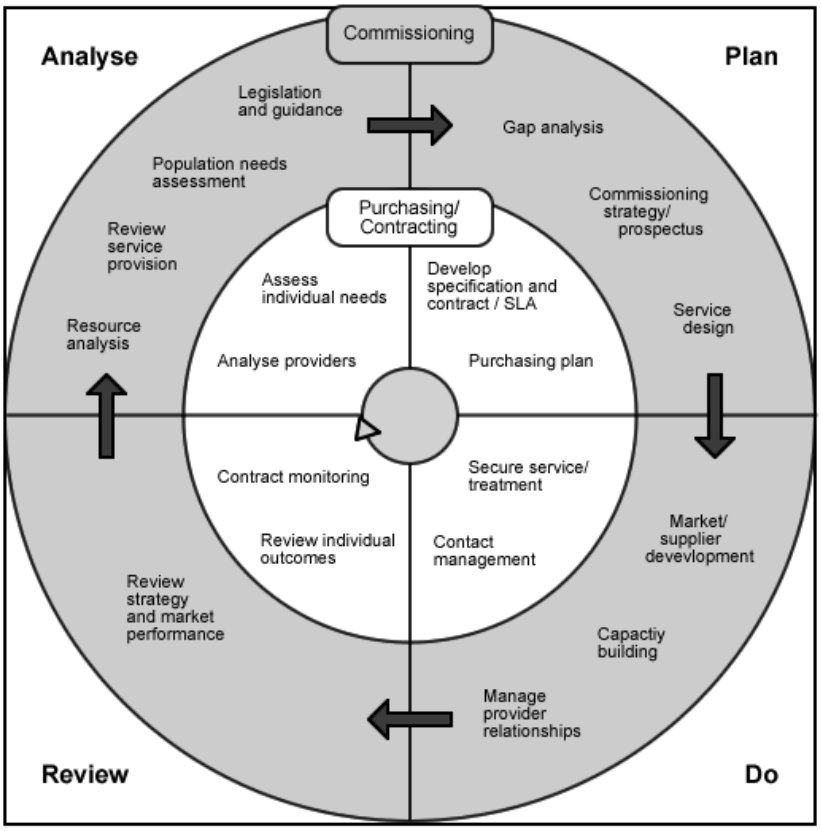
Appendix 1

Children, Families and Young Persons Planning and Commissioning Group
Meeting housing, support and substance misuse needs

Terms of Reference

1. Aim

1.1. The aim of the group is to oversee the commissioning cycle for children, families and young people in respect of their housing, support and substance misuse needs.



IPC (no date) Framework for joint commissioning and purchasing of public care services

2. Principles

The overarching principles the group will work to are:

2.1. People who use services will be included in the commissioning process

2.2. A partnership approach will be used in the commissioning process to ensure best outcomes for CFYP

3. Accountability

3.1. The group will be accountable to the Supporting People Commissioning Board.

3.2. The group will provide regular updates to the Health and Well-being Board as requested.

3.3. The group will provide regular updates to the clinical commissioning group as requested.

3.4. A group representative be accountable to, and provide substance misuse related clinical governance reports for, the local Commissioning Quality Improvement and Patient Safety Committee (CQIPS).

4. Membership

4.1. The core membership of the group will include representatives of following bodies:

- Torbay Council Supporting People Team
- Public Health Commissioning
- Torbay Housing Partnership
- Torbay Council Children's Services (Education Rep + Commissioning)
- Safer Communities
- Voluntary Sector stakeholder organisations x 2
- CAMHS

4.2. The group will determine roles and responsibilities of membership within appendix 1.

4.3. Technical / clinical expertise will be provided as required and agreed by the Chair person.

5. Organisation

5.1. The membership of the group will be reviewed annually or as the requirements on the group change in response to need.

5.2. The Chair group will be elected annually.

6. Frequency of meetings

6.1. It is envisaged the Group will meet quarterly in line with the commissioning cycle.

7. Agenda and Minutes

7.1. The agenda will be agreed by the Chair in consultation with the Supporting People Team. It will be distributed with accompanying reports one week before each meeting.

7.2. The minutes of the meeting will be circulated to the Group for comment within two weeks of the meeting.

7.3. Minutes will be agreed at the following meeting.

7.4. An administrator will be provided by the Chair.

8. Decision Making by Vote

8.1. Decision making will be agreed through a consensus and approval rather than voting.

9. Conflict of interest

9.1. Group members will be subject to Torbay Council's code of conduct and procedure for registering outside interests. Group members will declare personal interest in any item under discussion and absent themselves from the whole meeting or part of the meeting while the subject is being discussed.

9.2. Part 2 of the meeting attempts to avoid conflict of interest by excluding current and potential service providers as sensitive information, including individual service reviews, service specification details and tenders will be discussed.

10. Confidentiality

10.1. As the Group's work involves recommending Commissioning decisions, discussions are confidential to the agencies represented on the Group.

10.2. In the case of making recommendations on the outcomes of service reviews, decisions made by the group are confidential until the decision has been considered by the Accountable Groups the provider has been informed of the decision. The opinions expressed by individual members of the group remain confidential.

11. Freedom of Information

11.1 Some of the agencies that form the strategy group fall under the scope of the Freedom of Information Act 2000 and must comply with the provisions of the legislation. Information provided to the group may be subject to disclosure if an agency that is covered by the Act receives a request for the information.

11.2 Any agency receiving a request for information that has been provided by the group should advise the relevant agencies of the information requested, and give them opportunity to raise any objections they may have. However, it should be noted that the final decision to disclose or withhold the information rests with the agency that received the request.

12. The Press

12.1 If any member of the group is approached by the press, they should refer the query to the press office of Torbay Council or contact a member of Torbay Council staff on the group, who will refer the query.

APPENDIX 1 – Core Membership

Membership of the Group is agreed for XXX Those organisations with an (*) are will not be invited to Part 2 of meetings as outlined in section 9.2.

Organisation	Position
Supporting People	Service Development Officer
Housing Partnership	Strategic Housing Manager
Public Health Commissioning	Asst Finance & Commissioning Mgr
Children's Services Safeguarding Operations	Executive Head Safeguarding
Children's Services Locality Team	Locality Manger
Children's Services Care Leavers Services	Care to Community Manager
Children's Services Commissioning Team	Commissioning and Performance Manager
Youth Offending Team	YOT Commissioner
Safer Communities	Safer Communities Manager
Education	
*Service Provider Rep x1	To be nominated
*Service Provider Rep x2	To be nominated
CAMHs	CAMHs Manager

Improving Outcomes for Troubled Families – Update

Shadow Health and Wellbeing Board – 15 March 2012

Background

Torbay was selected as one of 50 areas in the second phase of Local Authorities to adopt the Community Budget approach to turn around the lives of complex families. The Community Budget programme has now been reviewed and revised by the Department of Communities and Local Government with a new approach being adopted across the whole of the country, under the banner of Troubled Families

What do we know so far?

We have been told that we have approximately 365 troubled familes in Torbay using the following areas for selection as minimum (exact counter rules/criteria still to be determined)

- Families with Children with below minimum acceptable school attendance levels (likely to be below 85%)
- Families with offending histories (exact criteria unknown, likely to be conviction in previous 12 months)
- Families claiming out of work benefits

We will also have the local flexibility to apply additional criteria to assist with the final selection of our 365 that can reflect our local priorities

The final definition of what constitutes a troubled family is still being developed by the DCLG Troubled Families Unit and will be released following ministerial sign off. It is anticipated that Local Authorities will receive further information by the end of March.

Torbay Strategic Fit

The Troubled Families initiative will play a significant role in achieving the vision and principles of delivering seamless integrated services to the children, families and communities most in need within Torbay.

The principles which will ensure that we get maximum benefit from Torbay's approach to Troubled Families will:-

- Create a tangible/measurable outcome which saves costs by reducing the need for intensive and expensive interventions in the long term

- Focus our efforts on individuals or families and communities in Torbay's most deprived areas or high risk individuals/families across Torbay

- Improve inter-agency working by encouraging partners to work and think together, plus deliver services in a seamless way

- Develop new ways of working to ensure that the right response can be given to individuals/families at the first point of need by building on the strength of families and local communities

- Focus on the causes of the problems, not the symptoms, and where possible target the intervention in a 'whole family' context or whole community

- Facilitate a sustainable behavioural change which recognises the links between employment, health and wellbeing.

What Works with Troubled Families?

The first phase of 16 Community Budget areas included plans to integrate and redesign service, break down barriers between different professions, pool or align funding, develop new forms of partnerships and governance and engaging families and communities. There is a growing evidence base of 'What Works' with complex families with the learning achieved through the Community Budget pilots building on an existing evidence base for projects working across the country intensively with families.

In general we know that the following will be key aspects of a successful model that delivers sustainable change for the family:

- A dedicated key worker with low caseloads who works intensively with the whole family
- Taking a whole family perspective to assessment and tailoring 'packages' of support to family needs
- The use of persistent working methods e.g. very regular contact, contracts with consequences
- Adopting a Strengths based/solution focussed delivery model.
- Exit planning, ongoing support arrangements from other services in place

We already have examples of working in this way in Torbay with the Family Intervention Project and the recently formed Intensive Family Support Service.

Recreating the FIP/IFSS model will not be necessary to turn around the lives of all the troubled families but the principals that underpin the way in which families are engaged in achieving change can be applied in a wider context across the partnership

Funding?

The Troubled Families unit will be applying a unit cost to each family that they estimate is the average amount required to turn families around. They anticipate each family will cost £10K with 60% being funded by the Local Authority and Partner agencies with the remaining 40% coming from the Government.

Following consultation events and extensive feedback some of the 40% will now be offered to each local authority as an up front attachment fee. Recent conversations with the Troubled Families Unit suggests that we will be encouraged/invited to commit to working with 1/3 of our troubled families in year 1 with an attachment figure of £3,200 per family. This figure then reduces in years 2 & 3.

Torbay will also receive £75K per year to employee a Troubled Families Coordinator. This designation has been attached to the current Acting Head of Communities in Children's Service. The senior management structure has been reviewed following the appointment of the Director of Children's Services and revised position of Head of Families Services will be established before the end of March 2012

Responsibilities of the Head of Family Services in relation to 'Troubled Families' will include:

- Taking responsibility for identifying the most troubled families - the numbers, names and locations of the families in their area;
- Using the extra money provided by the Troubled Families Programme to lever all the remaining money and resources needed for their local programme;
- Ensuring local agencies (e.g. police, Job Centre Plus, health organisations, schools etc.) work together to put a robust plan of action in place to deal with the families;

- Focusing local action on the right results for the target families – ensuring the local area has gripped delivery and is on track to deliver against the success criteria set by DCLG;
- Ensuring that the progress of their local programme is being monitored and fed back to the Troubled Families Team.

The detail regarding the payments by results aspect of the funding is still unknown and likely to be less than originally conceived.

What has been achieved so far? Next steps?

Using data sources within the local authority a long list of 485 families has already been generated. This list needs to be 'field tested' with partners and operational/frontline practitioners. This will take place from the 12th March and will be finalised once the National criteria is finalised.

The list is already providing a valuable data set that will assist with local targeting and service design to meet needs.

We will then identify the first 100-120 families that will need to be engaged in the first year. The profile of the families (needs, location, agency engagement etc) will determine which services; agencies that need to work together differently to achieve the outcomes.

A Multi Agency Troubled Families Steering Group (name subject to change) will be established for mid April (or sooner depending on national guidance being issued) to agree how the first cohort of families will be engaged and continue to develop and monitor the approach over the three year period.

Nigel Denning

Acting Head of Communities

Childrens Services

8th March 2012

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Extension of Supporting People Commissioning Body Terms of Reference to Cover Commissioning of Adult Social Care

Health & Wellbeing Board – 15th March 2012

1. What are we trying to achieve for our communities?

1.2 **Clear process & governance for commissioning decisions:** With the appointment of the DASS in Torbay Council and the widened remit for the Care Trust provider arm to cover southern Devon, there is a need to locate the governance of adult social care commissioning within a defined structure reporting to the Shadow Health and Wellbeing Board. The Supporting People (SP) Commissioning Body (CB) was set up in 2003 to provide governance for the SP programme. It has been a successful joint commissioning partnership comprising, Torbay Council, Torbay Care Trust and Devon and Cornwall Probation. It is proposed the remit of this body is extended to include adult social care. The CB has already expanded its role in relation to commissioning substance misuse treatment services fro children and young people.

1.3 Integration of commissioning care and support: The Health and Social Care Bill proposes a model of fully integrated commissioning. GP consortia are currently being set up to take on this role. Expanding the remit of the Commissioning Body is the next stage in preparation for this because it makes the link between social care and housing, building on existing joint commissioning relationships with probation, public health and DPT.

1.4 **Efficiency through single approach to commissioning and best use of staff skills/experience and senior officer meeting time:** The extended role of the Commissioning Body will be reviewed in April 2013. Review will take into account how community and service users have been involved in commissioning cycle and key decisions and the need for any further change following implementation of the provisions of the Health and Social Care Act in Torbay.

2. Relationship to Community Plan

2.1 The new structure will have an impact on many aspects of the plan, in particular:

- Improving adult safeguarding
- Closing the gap
- Delivering principles of early intervention and prevention in supporting communities
- Jointly engage and involve communities to resolve local issues
- Continue to provide value for money for our communities

3. Recommendation for decision

3.1 The Health & Wellbeing Board endorse the decision of Supporting People (SP) Commissioning Body (CB) on 16th February to extend the Memorandum of Understanding (MOU) and terms of reference (TOR) for the SP CB to include accountability for adult social care commissioning in Torbay. Summary of CB commissioning decisions will be provided to part 3 of future Health & Wellbeing Board meetings.

Contact Officer: Fran Mason
Representing: Supporting People
Telephone no. 8424

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Healthwatch Implementation Programme

Torbay Strategic Partnership
Shadow Health and Wellbeing Board Meeting
Thursday, 15 March 2012

1. What are we trying to achieve for our communities?

1.1 As reported in October 2011 we are trying to implement an effective local Healthwatch in Torbay that will provide the following functions:

- Influencing – helping to shape the planning of health and social services by:
  - representing local voices;
  - scrutinising the quality of service provision
  - having a seat on the local Health and Wellbeing Board
  - informing the commissioning decision-making process
  - providing local, evidence-based information
- Signposting – providing information to help people access and make choices about services by:
  - empowering people by helping them understand choice
- Advisory – advocating and holding to account by:
  - championing quality and supporting people on issues and concerns
  - requiring commissioners and providers of services to be under a duty to have 'due regard' to local Healthwatch's findings.

1.2 Since the discussions at the October 2011 Shadow Health and Wellbeing Board the Government has changed a number of factors related to the launch of Healthwatch nationally:

- The target date for an operational Local Healthwatch has changed from October 2012 to April 2013.
- The Local Involvement Network (LINks) will continue to function until April 2013.
- Healthwatch England will now be established before the local Healthwatch.
- Local Healthwatch will take on the three functions outlined above simultaneously (previously the advocacy function was to be implemented 6 months later than the other two).
- While the advocacy function can be commissioned by the local authority from a different organisation than the one providing Healthwatch, it has now been determined that the public will still have to access this service through Healthwatch.
- Government has made it much clearer that it is possible to grant aid the Healthwatch funding to, for example, an existing LINks providing evidence can be shown that they have a 'unique capacity' to deliver the Healthwatch function.
- It is up to the local area to determine if it wants to grant aid funding or if it wants to undertake a procurement process.
- On Thursday 1st March the Government tabled amendments to the Health and Social Care Bill relating to Healthwatch. The amendments really just

bought the Bill in line with the original intentions to have Healthwatch set up locally as body corporate with local ownership. The key requirements are that it is a separate legal entity, not for profit and capable of employing staff. How this is delivered can be determined locally, it could not if the current Bill were accepted without amendments(1).

- The Government is also now making available £3.2 million to local authorities in 2012/13 for start up costs for Healthwatch (specific allocations have not yet been announced but this is likely to provide a minimum of £10,000 for Torbay's Healthwatch).
- The Government also announced in January that it was providing £5,000 for each Healthwatch Pathfinder. As Torbay has Pathfinder status we have received this additional funding.
- A new unit in the Local Government Association (LGA) has been established to support the development of Local Healthwatch and is dealing with the questions and enquiries that are still outstanding.

1.3 There have also been some local changes, for example, the Clinical Commissioning Group boundary extended beyond Torbay to South Devon.

1.4 As a result of the above the timeline for establishing Torbay's Healthwatch has moved and activities to be undertaken during 2012/12 have changed. The Healthwatch Transition Stakeholder Group(2) set up 2011 has continued to meet and has proposed the following.

1.4.1 In Torbay we will explore the possibility of providing the Healthwatch function through a grant aid process to the existing LINks volunteers. We will, however, keep the option open to procure Healthwatch if we are unable to adequately determine criteria by which LINks can be assessed as having an 'unique capacity' to deliver Healthwatch (North Somerset and others are also adopting this approach). The LGA have been asked to help determine the 'unique capacity' criteria. The decision to undertake a procurement process has to be made by the end of July 2012 and it is likely to be a full OJEU procurement.

1.4.2 The Transition Group have considered, but rejected, the possibility of delivering a joint Healthwatch across more than one Local Authority boundary. But there is strong commitment to ensure partnership working with neighbouring Local Healthwatches.

1.4.3 We will implement our Pathfinder project which will trial an appropriate model for Healthwatch in Torbay between April and June 2012. A potential model has been identified by the Transition Group and will be presented to stakeholders for comments and amendments at a meeting on the 22nd March 2012.

1.4.4 The outcomes of the Pathfinder trial period and the public consultation will determine the local element of our Healthwatch specification.

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1 As currently drafted the Bill would create Healthwatch as a statutory corporate body The government amendment is designed to ensure that local Healthwatch is a non-statutory corporate body (that is not created by the Bill). The key difference between a statutory and non-statutory corporate body is that the former is directly incorporated (so having its own legal personality) by an Act if Parliament and the latter is incorporated by registration under an Act of Parliament.

2 This group is chaired by Anne Mattock (the LINk representative on the Shadow Health and Wellbeing Board) and is made up of representatives from LINk, Help and Care, TCT, GP Clinical Commissioning Group, South Devon Healthcare NHS Trust, Care Quality Commission, Torbay Council (Members/Overview & Scrutiny /Supporting People/contract manager), Community and Voluntary Action Torbay, Carer's Evaluator, Citizen's Advice Bureau, Speak Out Torbay.

1.4.5 Torbay LINks is proposing to set itself up as a body corporate this year. This will facilitate a grant aid process, but also ensure they can be part of a procurement process if it is determined as the appropriate way forward.

1.4.6 Torbay LINks is also currently restructuring their operations to be able to work effectively within the new Health and Social Care environment, and with a view to the current (and new) volunteers taking on Healthwatch responsibilities going forward. (Please note regardless who is awarded the Healthwatch contract Government has made it very clear its activities must build on the existing LINks – embedding their work and expanding on it). The existing contract with Help and Care, who are the host organisation for Torbay LINks, has been extended to December 2012.

1.4.7 To summarise:

Timeline	**Action**
March 2012	Pathfinder stakeholder event Public Health and Wellbeing event
April-June 2012	Trial of Pathfinder model /Public consultation
(5th) July 2012	Recommendations to Health and Wellbeing Board
(12th) July 2012	Recommendations presented to Full Council
End July 2012	Decision made to grant aid or procure Healthwatch
August 2012	Tender/grant aid process starts
October 2012	Intention to award notice
January 2013	Contract starts
April 2013	Legal start date for Local Healthwatch

2. Relationship to Community Plan

2.1 Heathwatch will directly contribute to the overall vision of the Community Plan (2011-2013) of Healthy, Prosperous and Happy Communities.

2.2 Specifically the work of Healthwatch will enable appropriate services to be provided that enable residents to:

- Live in healthier communities and have happy, independent and healthy lives;
- Ensure every child and young person in Torbay lives in safety and good health, is well educated, enjoys their childhood and contributes positively to community life;
- Support families to care for their children.

3. Recommendation for decision

3.1 That the Shadow Health and Wellbeing Board support the development and procurement of Healthwatch Torbay as outlined above.

3.2 That the Heath and Wellbeing Board consider the recommendations for the establishment of local Healthwatch in Torbay at their July 2012 meeting.

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