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Date: Thursday, 15 November 2012

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Dear Member

SHADOW HEALTH AND WELLBEING BOARD - THURSDAY, 22 NOVEMBER 2012

I am now able to enclose, for consideration at the Thursday, 22 November 2012 meeting of the Shadow Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

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8.	Joint Health and Wellbeing Strategy	(Pages 7 - 48)
9.	Development of Health and Wellbeing Board	(Pages 49 - 51)

Yours sincerely

Kay Heywood
Clerk

Agenda Item 8



Shadow Health and Wellbeing Board

22 November 2012

Joint Health and Wellbeing Strategy

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

- 1.1 A Joint Health and Wellbeing Strategy which sets out the Vision, Outcomes, Principles and Priorities for the Torbay Health and Wellbeing Board until 2015.

2. How is this to be implemented?

Background

- 2.1 Torbay Council and the South Devon and Torbay Clinical Commissioning Group must, through the Torbay Health and Wellbeing Board, prepare a Joint Health and Wellbeing Strategy. The Strategy should use the evidence from the Joint Strategic Needs Assessment and should outline the shared priorities for action, reflecting the issues that matter most to communities and where the greatest impact can be made to improve health and wellbeing outcomes.
- 2.2 Torbay's draft Health and Wellbeing Strategy has been developed over the past year through discussions at Shadow Board meetings and development sessions and the Health and Wellbeing Forum. There have also been discussions between partner agencies.

Consultation

- 2.3 The draft Vision, Principles, Outcomes and Priorities were agreed for consultation at the last board meeting. A consultation exercise ran throughout October 2012 and the results from that exercise are attached at Appendix 1.
- 2.4 As a result of the consultation two main changes to the Strategy are proposed:

- Amendment of the Vision to read:

"A Healthier Torbay: Where we work together so to enable everyone to enjoys a healthy, safe and fulfilling life"

(This change in wording reflects the role of the Health and Wellbeing Board an enabling and influencing (rather than commissioning) body.)

- Amendment of Outcome 2 to read:

"A healthy life with a reduced gap in life expectancy"

(There were a range of comments about how, given that people are living longer, we should focus on people having healthy, longer lives rather than a focus purely on reducing the gap in life expectancy.)

2.5 A wide range of the comments have been taken on board within the actions which are listed under each Priority such as:

- Parental influence and parenting skills – this is included under Priority 2
- Physical activities, sporting and outdoor activities, sports and leisure facilities – this is included under Priority 7
- Focus on older children – there are references throughout the Strategy to children of all ages
- Self esteem – this is included under Priorities 1 and 14
- Integrated care for the elderly – this is included under Priorities 11 and 14
- End of life care – this is included under Priority 13

2.6 Some of the themes from the comments in the consultation have not, as yet, taken on board within the activities of the draft Strategy. **The Board are asked to consider whether these should be included.**

- Domestic abuse – Should the Joint Health and Wellbeing Strategy include reference to domestic abuse or should there be a clearer statement of the Strategy links with the Community Safety Strategy?
- Veterans – Should there be specific reference to veterans? If so, where?
- Environmental factors – There is reference to the physical environment under Priority 7. Should there be a wider action around the impact of environmental and physical factors on health and wellbeing?
- Healthy food – Should there be a reference to the availability of healthy food? If so, where?
- Schools involvement in physical activity – Should there be a specific reference to the role of schools in promoting physical activity with children and young people?

2.7 There were some comments received that the Strategy was too broad and lacking in focus, although other comments were received that it does not include mention of specific groups of people (such as those with learning disabilities or older people). Through including actions under each priority it is hoped that the Strategy is now more focussed. **The Board's views on these comments would be welcome.**

2.8 Over the coming months, the Board will need to determine how it will operate in order to ensure that the Priorities and Outcomes within the Strategy are developed and that the role of the Board in promoting integrated working for

the benefit of the population of Torbay is fulfilled. Similarly discussions will need to take place about possible future re-iterations of the Strategy. How this will be undertaken will be subject to discussions with Board members both through development sessions and future Board meetings.

Approval process and publication

- 2.9 Given that the Joint Health and Wellbeing Strategy is prepared on behalf of the Council and the Clinical Commissioning Group, both of these organisations must approve the Strategy.
- 2.10 However, regulations and guidance on the operation of the Health and Wellbeing Board and the preparation of the Joint Health and Wellbeing Strategy have yet to be published so the approval process may be subject to change. The regulations and guidance are due to be published early in the New Year.
- 2.11 Once the Strategy has been approved (and the Health and Wellbeing Board formally established) consideration will need to be given to the publicity required to ensure that the public are aware of the Board, the Strategy and their purpose. Comments raised in the consultation suggest that people feel this is a Council strategy and that there was misunderstanding about the role of the Health and Wellbeing Board. These are issues which will also be discussed with Board members in the coming months.

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Torbay Joint Health and Wellbeing Draft Strategy Consultation

Survey Results November 2012

Data was collected between 24 September and 31 October 2012

Method	Number of questionnaires returned
Online	63
Total	63

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Introduction

As part of the Government's current NHS reforms, Torbay Council is required to establish a Health and Wellbeing Board whose purpose is, to improve the health and wellbeing of the people in Torbay and to promote integrated working of all those providing health and social care services locally.

The Health and Wellbeing Board must prepare a Joint Strategic Needs Assessment (JSNA) which is an assessment of the current and future health and social care needs in Torbay.

The Joint Health and Wellbeing Strategy sets out how organisations in Torbay will work together to meet the needs identified in the JSNA. The strategy will aim to reduce health inequalities and ensure people experience good health and wellbeing throughout life. Once agreed, the strategy will be used by Torbay Council, the South Devon and Torbay Clinical Commissioning Group and the NHS Commissioning Board to decide which services should be provided in Torbay.

Over recent months, a number of discussions have taken place to discuss the possible outcomes and priorities which should be included in the strategy.

The Board carried out a consultation exercise to hear the views of as many individuals and organisations within Torbay as possible on its draft strategy.

Invitees and attendees of the Health and Wellbeing Forum were asked via email to complete the online survey and give their views on the draft strategy's vision, principles, outcomes and priorities.

The three underlying principles are:

- First and most: focus attention and effort to address the health and wellbeing inequalities that exist between communities within Torbay.
- Early Intervention: improve overall outcomes and ultimately reduce cost with a focus on prevention rather than treatment.
- Integrated and joined up approach: to planning, commissioning and delivery at a local level.

Torbay Health & Wellbeing Board's Vision

Torbay Health and Wellbeing Board's vision is: "A Healthier Torbay: Where we work together so everyone enjoys a healthy, safe and fulfilling life."

1. Do you support the proposed vision of the Health and Wellbeing Board?

	Number	Percent
Strongly Support	33	54.1%
Support	24	39.3%
Neither support nor oppose	<5	-
Oppose	<5	-
Strongly oppose	<5	-
Total	61	100.0%

Respondents were asked explain why they opposed the vision.

"I strongly support the vision. Just thought that changing the words to read "where we work together TO ENABLE everyone to enjoy a healthy safe and fulfilling life." as it puts more emphasis that our role is to help people help themselves. The biggest challenge is to enable the enjoyment in my view more so than the working together!"
"More layers of red tape."

2. Do you agree with the three underlying principles that the strategy is built upon?

	Number	Percent
Yes	60	96.8%
No	2	3.2%
Total	62	100.0%

Those respondents who did not agree with the three underlying principles were asked to say why and what should be a principle instead:

"Keep it simple, get ill, go to doctor at hospital then simply see where needs are."
"Inequalities are inevitable and are often not a result of where people live now but a result of where they have lived during their entire life. They are also driven by many other factors that are independent of where people live. I would rather see the attention focused on raising health and wellbeing levels for ALL residents."

Outcome One: Children have the best start in life

An independent review in 2010 (The Marmot Review) made clear that what a child experiences during their early years lays down a foundation for the whole of their life, and this impacts on their school readiness and educational attainment. Where a child lives is important, as children from disadvantaged backgrounds are more likely to begin primary school with lower personal, social and emotional development and communication, language and literacy skills than their peers. Therefore, if we do not succeed at the beginning of a child's life, then the disadvantages are far reaching for the rest of their years.

3. Can our vision “A Healthier Torbay: Where we work together so everyone enjoys a healthy, safe and fulfilling life.” be achieved by ensuring that children have the best start in life?

	Number	Percent
Yes	47	79.7%
No	12	20.3%
Total	59	100.0%

Those who responded that the vision could not be achieved by ensuring that children have the best start in life were asked to say why not:

“Parental influence is arguably the key to the best start in life. All other attributes are contributory but peripheral to this.”

“Yes I agree but more inclined to ensure the focus is on enablement and enjoyment from a young age..e.g. physical activities are accessible, healthy food is cheap and readily available etc all this improves mental health in my view.”

“Children have good health care and mostly good schools this is not the councils job I pay for health care and police etc I do not want to pay the council to do these tasks again.”

“The aim of 'everyone' is in my view unachievable.”

“Partly achieved - and definitely required. However the vision statement is about everyone so later age re-enablement, mental health etc also important. can't be a simple yes or no question.”

“I think this runs the danger of being too broad, and lacking in focus, if the vision is to ensure that children have the best start in life, use this as the vision and reinterpret this into strategic and operational changes.”

“The question is too simplistic. Giving children the best start in life will certainly contribute to the vision but will not, alone, deliver it. My overall concern with the JSNA is that it concentrates almost exclusively on the areas in which the Council is found wanting. This is neither joint nor strategic.”

“This is only part of what needs to be done to achieve the aim.”

“The strategy also need so to ensure it there is a focus on older children as not all families that live in the bay started out their lives here and therefore may not have the benefit of early childhood provision.”

“Needs action on a number of levels not just children. Though I accept children are

one of the main groups to influence and their parents plus educational establishments and centres of learning.”

“There is too much deprivation and too few resources to make this a fact in the next decade at least. The vision is commendable, the reality is unattainable.”

4. To what extent do you agree the following priorities will help children have the best start in life?

Priority	Extent of agreement				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Promote the emotional wellbeing of children and young people	56.5%	37.1%	6.5%	0.0%	0.0%
Provide the full offer of the Healthy Child Programme (HCP a preventative and early intervention programme) for those aged 0-19 years	52.5%	36.1%	9.8%	0.0%	1.6%
Reduce teenage pregnancy	46.8%	40.3%	11.3%	0.0%	1.6%
Increase educational attainment	63.9%	31.1%	3.3%	0.0%	1.6%
Improve the employment prospects of working families	74.2%	21.0%	4.8%	0.0%	0.0%

Outcome Two: A reduced gap in life expectancy

High levels of deprivation, low educational attainment, unhealthy lifestyle factors (smoking, poor diet, low physical activity) and access to quality primary care are all related factors of early death and lower life expectancy. Life expectancy is also significantly lower in certain groups such as those with severe mental illness, learning disabilities or problem drug users.

5. Can our vision “A Healthier Torbay: Where we work together so everyone enjoys a healthy, safe and fulfilling life.” be achieved by a reduced gap in life expectancy?

	Number	Percent
Yes	50	87.7%
No	7	12.3%
Total	57	100.0%

Those who responded that the vision could not be achieved by a reduced gap in life expectancy were asked to say why not:

“There will always be gap in life expectancy but overall the life expectancy is going up. The actions suggested below help towards achievement of the vision - issue is also about later life health as well as reducing life expectancy differentials.”

“This runs the risk of lacking focus, if I recall correctly previous work on closing the gap, was criticised for failing in focus it is perhaps appropriate not to make the same mistake twice, particularly on such a critical issue. It is also the case that, health, safe and fulfilling mean very different things to different people and sections of society, which adds to the problem mention above”

“It will contribute.”

“Also, life expectancy is irrelevant, what is important is extending a healthy life. Better 70 healthy years than 60 healthy and 20 more unhealthy years. Also, why is it about “gaps” we should be focusing on everyone, not just those who under-index.”

“With the deprivation we have in Torbay the gap will never be reduced. In fact in recent years the support that has been put in to help people improve their life’s chances has been taken up by the middle class rather than working class residents and the gap has widened in the more deprived wards.”

6. To what extent do you agree the following priorities will help achieve a reduced gap in life expectancy?

Priority	Extent of agreement				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Reduce smoking	72.6%	25.8%	1.6%	0.0%	0.0%
Increase physical activity	67.7%	25.8%	6.5%	0.0%	0.0%
Reduce alcohol consumption	64.5%	29.0%	4.8%	0.0%	1.6%
Increase sexual health screening	33.3%	50.0%	15.0%	0.0%	1.7%
Reduce the risk of cardiovascular disease (CVD) and cancer	53.2%	45.2%	1.6%	0.0%	0.0%
Support people with long term conditions (LTCs)	52.5%	39.3%	6.6%	0.0%	1.6%
Children and vulnerable adults feel safe and supported by their families and communities	54.8%	32.3%	11.3%	1.6%	0.0%

Outcome Three: Improved mental health and wellbeing

Mental health is everyone’s business. As Government Guidance “No Health Without Mental Health” states, ‘good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and achieving our potential.’ At any one time, roughly one in six of us is experiencing a mental health problem.

7. Can our vision “A Healthier Torbay: Where we work together so everyone enjoys a healthy, safe and fulfilling life.” be achieved by improved mental health and wellbeing?

	Number	Percent
Yes	47	87.0%
No	7	13.0%
Total	54	100.0%

Those who responded that the vision could not be achieved by improved mental health and wellbeing were asked to say why not:

“However, improving mental health and well-being could improve lifestyle choices.”

“I work in mental health there is little that the council can do, it is the NHS that needs to improve.”

“I feel that mental health is in itself an illness and cannot be 'improved' per se.”

“Helpful in contributing to overall achievement.”

“This runs the risk of lacking focus.”

“Not in isolation, and only if other factors (currently not covered) addressed.”

8. To what extent do you agree the following priorities will help improve mental health and wellbeing?

Priority	Extent of agreement				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Support independent living	35.5%	50.0%	11.3%	0.0%	3.2%
Support people with mental health needs	67.7%	29.0%	1.6%	1.6%	0.0%
Improve care for people living with dementia and their carers	65.6%	31.1%	3.3%	0.0%	0.0%
Increase the number of problem drug users in treatment	53.2%	27.4%	16.1%	1.6%	1.6%

9. Respondents were asked if there were any priorities that were missing from any of the three outcomes. The suggested missing priorities have been grouped thematically for this report.

Affecting Younger People

“Reduce Teenage Pregnancy without recourse to Abortion or Contraception.”

“Issues for young people (under 18) with alcohol are different to adults. The focus of the work needs to be organised into under 18s, 18-25 (young adults) and 25+ adults - messages and work will be different.”

“Child poverty, addressing health inequities.”

“Schools should play a big part in the health and wellbeing of our children. Promotion of sporting and outdoor activities should be encouraged in all schools and monitored by the Local Authority. I support the principles of the strategy but the issue for me is whether it is financially deliverable.”

“Emphasis on engagement in work and learning for 16-24 year olds is a known preventative measure and should be given more prominence.”

“Continuing engagement in education and learning shown to be beneficial to mental health.”

“Could be considered more fully in relation to overall aims.”

Affecting Older People

“Reducing premature mortality.”

“More integrated care for the elderly in our community.”

“Access to ageing well policy. Free access to swimming, cycle hire for those over 65 to keep them out of the surgeries.”

“Priority Missing: People with Long Term Conditions are supported and have the best possible End of Life. The JSNA concentrates on inequalities, prevention and avoidance. It does not address the needs of those for whom prevention and cure are no longer applicable, regardless of social deprivation or advantage. End of Life Care accounts for 50% of NHS complaints; bereavement, if poorly supported has a massive detrimental impact on well-being, ability to work and reliance on services and benefits; we all shall live longer, which translates to dying longer with multiple co-morbidities including a massive rise in dementia It is disappointing to see that the JSNA has been formulated with little or no reference to providers outside the NHS or LGA; evidenced by the list of major contributors. It leads to the document having the appearance of an instrument to deliver targets that are currently failing rather than a jointly constructed assessment of the strategic (forward thinking) requirements of our community. Today’s problems are important, but no reference to tomorrow’s problems will simply make them today’s problems on a future day.”

Agency Issues

“It is not the council’s job it is the NHS.”

“Promoting teamwork. In order to achieve the vision of working together you mention integrated services etc but explicitly and simply promoting teamwork across organisations is the requirement. Perhaps the integrated services is an operational definition but simple language helps articulate things to more people. Another could be 'Creating an environment for the enjoyment of good health' - this would include things like sports/leisure facilities are good, supporting sports clubs to thrive, supporting the proposed velodrome for cycling, etc.”

“I support the priorities, but worry that the outcomes will be compromised through unfocused activity and poor assessments of the cost benefits of the interventions being carried out, early intervention is the current fashionable mantra, but if funds are to be found or moved around different agencies to support the interventions suggested, the I would wish to see a greater emphasis on an evidence based approach, and the monitoring of outcomes.”

Environmental Factors

“A longer term vision that addresses environmental factors like climate change.”

“The importance of environment on health and well being-physical environment and the home.”

“Really get to know each community and recognise the diversity and different needs of each community. Reduce the power of 'rogue' landlords, ensure they provide safe and well cared for properties. There are some who encourage people with drug and alcohol problems to come to the area, they get housing benefit paid direct and the accommodation is often poor quality and is unhelpful to families and children alike. Take a look at Roundham with Hyde.”

Family / Lifestyle

“Emphasis on improving parenting skills.”

“Outcome 1: Provide income maximisation advice to families with young children to reduce child poverty. Outcome 3: Provide quality holistic advice on a range of issues to reduce stress, improve wellbeing and help people regain control of their lives.”

“Food - its locality, nutritional values [not always high in supermarket fresh products], growing one's own, community gardens and community supported agriculture.”

“There is something about self esteem which needs to be addressed and the affects this will have on mental health. I have evidence that obesity can lead to low self esteem and depression. I did not see any specifics on this in the tables?”

“Drunkenness and Domestic Violence are interlinked. Therefore, locally, at least we should impose a By-law to stop the sale of Alcohol from supermarkets completely!!! I do not like seeing people walking around Torbay drunk at 10am in the morning! No sale of any promotional offers on alcoholic substances should be allowed, neither should a delivery service to people's homes.”

“I think we also need to consider a further cross-cutting theme namely domestic abuse and how this impacts wholesale on families and communities, and how the Troubled Families or Targeted Families agenda might link into some kind of tasked response and coordinated delivery. I also think that innovation that exists within Torbay from Health such as the Frequent User Group should be integrated into Turnaround IOM and where targeting matrixes will permit, should also feature within the cohort as identified by Troubled/Targeted Families. A further consideration is how we deal with emerging groups in an appropriate, timely fashion and one such group that I would wish to focus attention on is Veterans, as this group not only offers an opportunity for cohesion from all partners, but there are some further funding streams that have yet to be accessed.”

Other

“No but I think support to those with low level mental health problems must be improved - families end up supporting them and suffering because of it, thus adversely affecting the children, which is then self-perpetuating. Need to get people into work and support them to keep it.”

“I feel there is the priority around reducing crime. By providing support to ex-offenders, reduce the chances of young people getting involved in crime, by investment in youth services and preventive work. Reduce the rate of re-offending. By targeting crime you are also ensuring that Torbay is a safe place to live. Look at what has been achieved and how this can be sustained and developed.”

“The whole survey is rubbish you just want justification for ideas. I would like it to be far more specific on individual ideas and projects for Torquay.”

“I often wonder how we would achieve all that I have ticked in the service survey. Would we be able to sustain our requirements and wishes? I doubt it because of the cost. What you should be asking is how you think we could save money from the patient's point of view. Let them tell or suggest ways to do it and see if any good comes out of it.”

“Making sure we don't lose people in the hole in the net. If you can come up with ideas how this can be achieved.”

Respondent Profile

Representing an organisation

	Number	Percent
Yes	26	41.9%
No	36	58.1%
Total	62	100.0%

Which organisation

	Number
Action For Children	1
Rowcroft Hospice	1
Chelston Hall Surgery	1
Children's Social Care	1
Devon and Cornwall Probation Trust	2
Job Centre Plus	1
Devon & Cornwall Police	1
Sanctuary Housing	1
Shekinah Mission	1
South Devon and Torbay Clinical Commissioning Group	1
South Devon College	2
Torbay Council	5
Torbay Councillor	3
Tor Homes	1
Torbay Citizens Advice Bureau	1
Blank	3
Total	26

Age

	Number	Percent
0-24	0	0.0%
25-34	5	8.1%
35-44	9	14.5%
45-54	23	37.1%
55-64	9	14.5%
65-74	14	22.6%
75+	2	3.2%
Total	62	100.0%

Gender

	Number	Percent
Male	32	50.8%
Female	31	49.2%
Total	63	100.0%

Disability

	Number	Percent
Yes	11	18.3%
No	49	81.7%
Total	60	100.0%

Type of Disability

Please note respondents could select more than one choice. Percents reported are the percent of respondents who gave each answer; figures may not add up to 100%.

	Number	Percent
Hearing	2	18.2%
Mobility	6	54.5%
Vision	4	36.4%
Other	2	18.2%
Total	11	127.3%

Ethnic Origin

	Number	Percent
White: British	54	87.1%
White: Irish	1	1.61%
White: Other	1	1.61%
Mixed: White and Black African	0	0.0%
Mixed: White & Black Caribbean	1	1.61%
Mixed: White & Asian	1	1.61%
Mixed: Other	0	0.0%
Black: African	0	0.0%
Black: Caribbean	0	0.0%
Black: Other	0	0.0%
Asian: Indian	0	0.0%
Asian: Pakistani	0	0.0%
Asian: Bangladeshi	0	0.0%
Asian: Other	0	0.0%
Chinese	0	0.0%
Refused	4	6.45%
Total	62	100.0%

TORBAY JOINT HEALTH AND WELLBEING STRATEGY

2012/2013 – 2014/2015

FINAL DRAFT

CONSULTATION PROCESS

Joint Health and Wellbeing Plan – Discussed at Health and Well Being Board
05.07.12

Joint Health and Wellbeing Strategy

V1 - Submitted to Business Planning Group – 14.08.12

Amended

V2 - Circulated to Board Members & Stakeholder Forum – 20.09.12

Amended

V3 – Stakeholder and online consultation – End 31.10.12

Amended

V4 – Health and Wellbeing Board – 22.11.12

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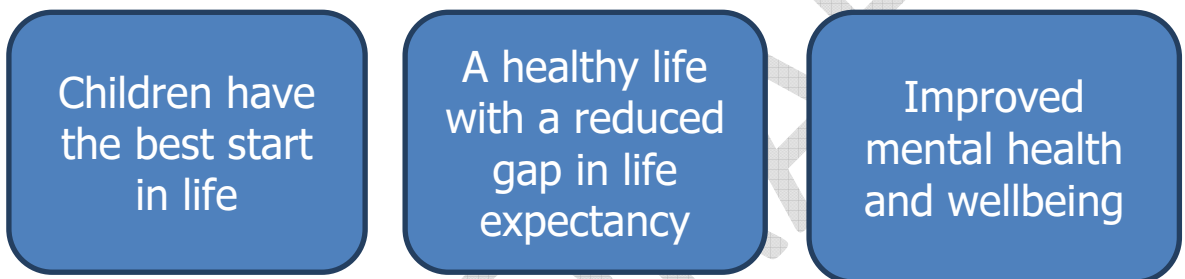
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1. VISION (INTO PRACTICE)

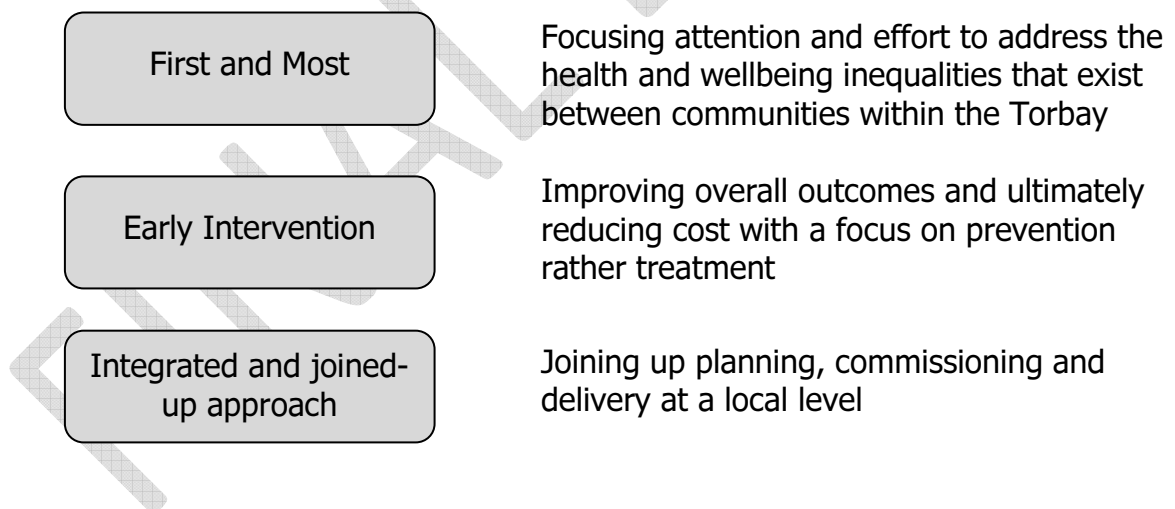
The vision of Torbay's Health and Wellbeing Board is:

A Healthier Torbay: Where we work together to enable everyone to enjoy a healthy, safe and fulfilling life

To achieve this vision we have identified three outcomes to be delivered:



The strategy has been developed with three underlying principles:



The Board will measure and check how well organisations deliver on the top priorities for Torbay and ensure the necessary implementation plans are in place.

On the following page the diagram captures our approach, including our 16 priorities to deliver these outcomes.

Underlying Principles
 First and Most
 Early Intervention
 Integrated and Joined Up Approach

Key Supporting Strategy Documents	Priorities	Outcomes	Vision
Local Transport Plan Joined Up Health and Care Child Poverty Strategy South Devon and Torbay CCG Commissioning Plan Torbay Inter-Agency Carers Strategy Children and Young People's Plan Torbay Alcohol Plan Joint Strategic Needs Assessment Community Safety Strategy Community Plan Economic Regeneration Plan Culture Strategy Housing Strategy Licensing Policy Supporting People Strategy Older Person's Strategy	Promote the emotional wellbeing of children and young people Provide the full offer of the Healthy Child Programme Reduce teenage pregnancy Increase educational attainment Improve employment prospects of working families	Children have the best start in life	<p style="text-align: center;">A HEALTHIER TORBAY:</p> <p style="text-align: center;">Where we work together to enable everyone to enjoy a healthy, safe and fulfilling life</p>
	Reduce smoking Increase physical activity Reduce alcohol consumption Increase sexual health screening Reduce the risk of cardiovascular disease and cancer Support people with long term conditions Make children and vulnerable adults feel safe and supported	A healthy life with a reduced gap in life expectancy	
	Support independent living Support people with mental health needs Improve care for people living with dementia and their carers Increase the number of problematic drug users in treatment	Improved mental health and wellbeing	

2. SCOPE, PURPOSE AND DEVELOPMENT

This Strategy sets out how the Health and Wellbeing Board will encourage organisations in Torbay will work together to meet the needs the community. It explains what the health and wellbeing priorities are in Torbay and how joint action will be taken to make a real impact on people's lives.

It provides the framework for action: promoting prevention, early intervention and targeted support.

Key priorities have been drawn together from partner organisations, building on a sound understanding of evidence provided by the Joint Strategic Needs Assessment.

It has been prepared by the Health and Wellbeing Board in consultation with its wider stakeholder forum. The proposed outcomes and priorities have been subject to a wider consultation process which involved organisations and groups who work in the area of health and wellbeing, as well as residents.

The overall aim of the strategy is to enable communities to focus on reducing inequalities and experience good health and wellbeing throughout life. It takes account of the wider determinants which influence health and wellbeing and sits alongside Torbay's Community Plan (with the shared vision for 'Healthy, Prosperous and Happy Communities'). The Strategy will be used to inform the commissioning plans of the Council and the South Devon and Torbay Clinical Commissioning Group.

3. CONTEXT

3.1 The National Context

3.1.1 The Marmot Review

The Marmot Review in 2010, 'Fair Society, Healthy Lives'¹, proposed evidence-based strategies for reducing health inequalities including addressing the social determinants of health in England. It concluded that a good start in life, a decent home, good nutrition, a quality education, sufficient income, healthy habits, a safe neighbourhood, and a sense of community and citizenship are the fundamentals for improving quality of life and reducing health inequalities. We understand that, to address health inequalities, we need to improve opportunities for all our residents with a focus on those who are experiencing poverty and deprivation.

3.1.2 Health and social care reforms

The health and social care reforms which have been rolled out since the formation of the Coalition Government in May 2010 have introduced a number of new programmes and initiatives around improving health and wellbeing.

These include:

- a new public health system which will focus on improving the health of the poorest fastest.
- transformational change to the way that health services are commissioned; and
- the establishment of Health and Wellbeing Boards to strengthen partnership working across health and local authorities, underpinned by local democracy.

Torbay's Health and Wellbeing Board understands that, to address health inequalities, organisations across the area need to improve opportunities for all our residents with a focus on those who are experiencing poverty and deprivation.

3.1.3 Outcomes Frameworks

The Outcomes Frameworks which the Government set for the health service², public health³ and adult social care⁴ have a significant role on shaping the

¹ Fair Society, healthy Lives. The Marmot Review. University College London, Feb 2010.

² Health Service Outcomes Framework – include link

³ Public Health Outcomes Framework – include link

⁴ Adult Social Care Framework – include link

priorities for the local population. The Frameworks set out the Government's strategic direction for health and social care.

3.2 The Local Context

3.2.1 The needs of Torbay

This Joint Health and Wellbeing Strategy is grounded in a firm understanding of Torbay's population and its needs, and national and local trends and drivers as detailed in the Joint Strategic Needs Assessment (JSNA)⁵. It takes a 'life course' approach – providing a picture of local need at each stage of life set against the strategic Outcome Frameworks. It is important to identify that there are also challenges, with reducing public sector funding, in commissioning of services to meet the needs of the local population.

The top priorities emerging from the JSNA are:

- Integration of services for children, public health and safer communities on a locality basis
- Continued focus on inequalities, both for this board and others
- Management of long term conditions
- Alcohol and teenage pregnancy

The JSNA provides a comprehensive analysis of life in Torbay. As a snapshot, on an average day in Torbay:

4 babies are born
5 people die
2,200 appointments are made to see a GP
150 people are seen by an NHS dentist
115 people attend the Accident and Emergency department
30 people are admitted as an emergency admission to hospital
230 attend a first outpatient appointment
580 attend a follow up outpatient appointment
4 people enter Supporting People services
2,470 free school meals are eaten
35 children are absent from school
27 crimes are reported
24 anti-social behaviour incidents are reported
8 domestic abuse incidents take place

⁵ www.torbay.gov.uk/jsna

3.2.2 Torbay Health and Wellbeing Board and Forum

Torbay's Health and Wellbeing Board will be established on 1 April 2013. Until that time a Shadow Health and Wellbeing Board is in place. The role of the Board is to:

- Have strategic influence over commissioning decisions across health, public health and social care
- Strengthen democratic legitimacy by involving democratically elected representatives and patient representatives in commissioning decisions alongside commissioners across health and social care.
- Provide a forum for challenge, discussion, and the involvement of local people.
- Bring together the Clinical Commissioning Group and the Council to develop a shared understanding of the health and wellbeing needs of the community.
- Drive local commissioning of health care, social care and public health and create a more effective and responsive local health and care system.

The membership of the Health and Wellbeing Board is as follows:

Four members of Torbay Council
Director of Adult Services
Director of Children's Services
Director of Public Health
South Devon and Torbay Clinical Commissioning Group
Torbay Healthwatch

The range of influence on people's health and wellbeing is such that it is recognised that a number of different organisations operating within Torbay should be included in the work of the Board. The Health and Wellbeing Forum has been established to include representatives from organisations within the following sectors:

Criminal Justice	Economic Regeneration
Housing	Voluntary Sector
Culture and Leisure	Children and Young People
Older People	Health and Social Care Providers

In addition to the Forum, a smaller business planning group and commissioning framework supports the working and functioning of the Board.

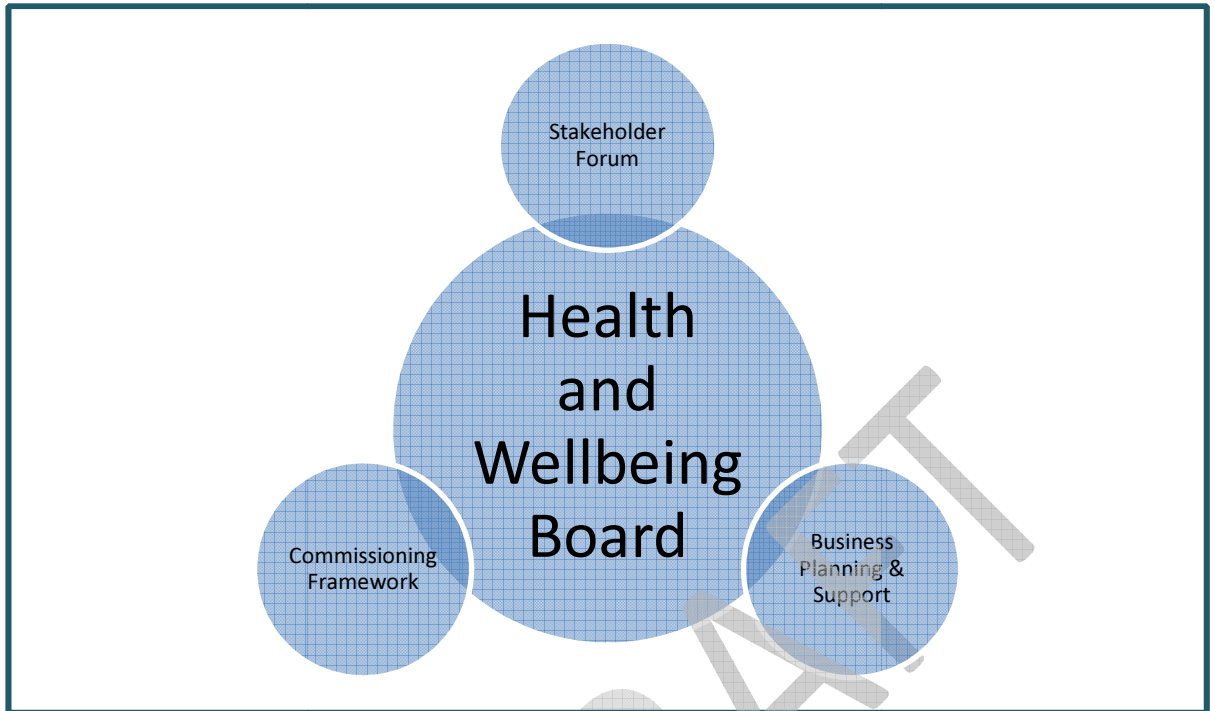


Figure 1: Health and Wellbeing Board Planning Framework

3.2.3 Financial landscape

The level of spend within Torbay is considered a shrinking purse with the level of Government funding having an impact. There is an increasing challenge to manage the pressures from demographic changes, advancements in technology and drugs and increasing expectation and levels of need from our residents particularly those with long term conditions. It is predicted that activity is likely to grow by 20% over the next decade across the healthcare system⁶, therefore significant innovation is required.

A key success factor in changing mind sets and shifting behaviour will be for Torbay organisations and businesses to work with communities to deliver on what matters most to them through multi disciplinary locality working.

3.2.4 Policy drivers

There are a range of policy drivers which have played a significant part in the development of the priorities:

Political drivers:	Local political leadership, policy and strategy National legislation National and local elections Ability to remain engaged and adaptive
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⁶ Needs reference

- Economic drivers:
- Poor economic climate
 - Significant areas of deprivation
 - Welfare reform
 - Climate of recession
 - Payment by results
 - Upward demand pressures
 - Budgetary cuts
- Social drivers:
- Welfare reforms
 - The Big Society
 - Troubled families programme
 - Elderly care
 - Children's safeguarding
 - The Third Sector
- Technological drivers:
- Self-care solutions including peer recovery
 - Sharing of information
 - Lack of IT cohesion

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4. BUILDING A SUSTAINABLE HEALTH AND WELLBEING STRATEGY

This Health and Wellbeing Strategy is based around an integrated approach which reflects the collective responsibility of communities, the Council and health partners in improving and protecting health; as well as promoting the personal responsibility for one's own health and self-management.

The focus is predominantly on the health and social care related factors that influence people's health and wellbeing with outcomes which address the needs identified in the Joint Strategic Needs Assessment. The outcomes also align with those identified in other strategies⁷ which fit within the Community Plan framework.

A set of core underlying principles underpin this strategy.

First and Most

Focusing attention and effort to address the health and wellbeing inequalities that exist between communities within the Torbay

Physical and psychological health and wellbeing is an essential foundation for a prosperous and flourishing society.⁸ It enables individuals and families to contribute fully to their communities, and underpins higher levels of motivation, aspiration and achievement. It improves the efficiency and productivity of the labour force which is critical to ensuring economic recovery.

Poor health and wellbeing also costs a great deal through medical and social care costs, reduced productivity in the workplace, increased incapacity benefits, and many other calls on public services and community support.

Our most deprived communities experience the poorest health and wellbeing, so systematically targeted approaches on the geographical areas and population groups at greatest need is crucial in reducing inequalities.

Early Intervention

Improving overall outcomes and ultimately reducing cost with a focus on prevention rather treatment

The White Paper 'Healthy Lives, Healthy People: Our Strategy for Public Health in England'⁹ set out the future for public health. It sets out a framework for tackling the wider social determinants of health and requires structures to be put in place to promote prevention, early intervention and targeted support.

⁷ These strategies are listed in the diagram in Section 1 of this Strategy.

⁸ Enabling effective delivery of Health and Wellbeing an Independent Report (2010)

⁹ Department of Health. (2010) Healthy Lives, Healthy people: Our strategy for public health in England

Integrated and joined-up approach

Joining up planning, commissioning and delivery at a local level

Putting public health responsibilities firmly back into local government with a ring fenced budget will ensure that local government and local communities are central to improving the health and wellbeing of the population and tackling inequalities.

The need for departments and organisations to work together has never been more important as there is a co-dependency between housing, education, employment; leisure and the general environment and the impact that these factors have on an individual's ability to work or take part in society. This is illustrated by Dahlgren and Whitehead's model below.

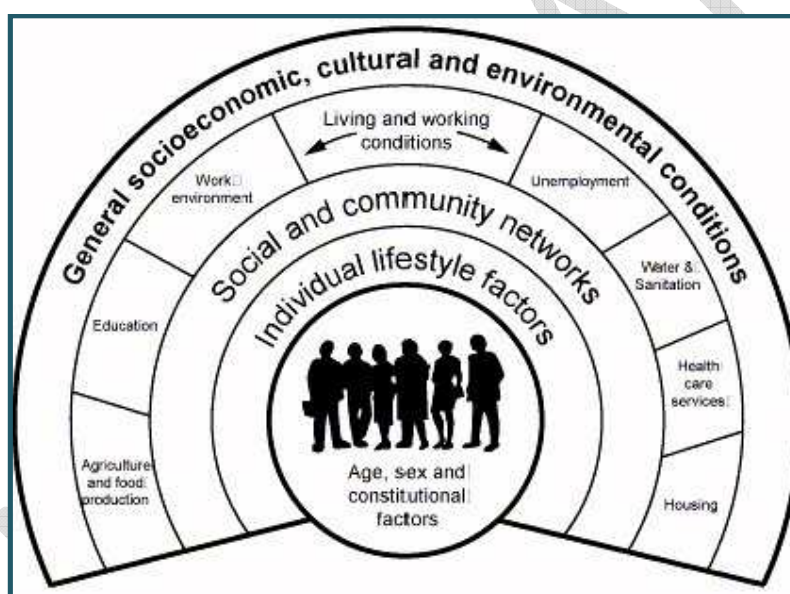


Figure 2: Source Dahlgren and Whitehead 1991

Torbay and Southern Devon Health and Care NHS Trust in partnership with the Council is a national leader in the transformation of community based health and adult social care services; targeting prevention and greater integration of services. Therefore, in addition to working collaboratively with business and the voluntary sector, we can open up the opportunity for greater synergy across organisations and between departments, in terms of strategic intent and planning as well as operational delivery, to ensure whole system transformation continues to take place.

5. TORBAY OUTCOMES AND PRIORITIES

OUTCOMES

Children have the best start in life

- Promote the emotional wellbeing of children and young people
- Provide the full offer of the Healthy Child Programme between 0 and 19 years
- Reduce teenage pregnancy
- Increase attainment
- Improve employment prospects of working families

A healthy life with a reduced gap in life expectancy

- Reduce smoking
- Increase physical activity
- Reduce alcohol consumption
- Increase sexual health screening
- Reduce the risk of cardiovascular disease and cancer
- Support people with Long Term Conditions
- Children and vulnerable adults feel safe and supported in their families and communities

Improved mental health and wellbeing

- Support Independent Living
- Support people with mental health needs
- Improve care for people living with dementia and their carers
- Increase the number of problematic drug user in treatment

Outcome 1

Children have the best start in life

The Marmot Review in 2010 (*Fairer Society, Fairer Lives*) was clear that what a child experiences during their early years lays down a foundation for the whole of their life and this impacts on their school readiness and educational attainment.

Where a child lives is important as children from disadvantaged backgrounds are more likely to begin primary school with lower personal, social and emotional development and communication, language and literacy skills than their peer. Therefore, if we do not succeed at the beginning in a child's life, then the disadvantages are far reaching for the rest of their years.

We want all families to realise their children's potential, helping them to prepare from an early age to be self-sufficient, with a network of support to enable them to live independent and healthy lives. We understand that some families will need more support than others and will respond with targeted programmes.

Priority 1

Promote the emotional wellbeing of children and young people

- Promote the role of health in schools, with its focus on reducing child poverty, improving emotional health and wellbeing and reducing substance misuse (including alcohol) and smoking
- Introduce children's Improving Access to Psychological Therapies service
- Increase access to education, training, employment and housing particularly increasing opportunities for young

Priority 2

Provide the full offer of the Healthy Child Programme between 0 and 19 years

- Children centre community hubs provide parenting support to ensure improved child development and school readiness
- 'Joined up' preventative services working in communities as a team with integrated care pathways leading to 'Early Help'
- Joint commissioning arrangements in place for health, social care, public health – focused on services for children

Priority 3

Reduce teenage pregnancy

- Ensure young women under 25 have access to a range of comprehensive sexual health services and contraception
- Promote sex and relationship education within education establishments
- Extend and improve use of communication methods with development of 'app'

Priority 4

Increase attainment

ACTIONS TO BE ADDED**Priority 5**

Improve employment prospects of working families

- Reduce the number of troubled families living in workless households through the troubled families programme
- Increase the skill levels of practitioners working with low-income families and workless families so that they can appropriately assist the families in accessing employment and training opportunities
- Ensure education, training and employment status and plans are included within newly developed single family assessment tools and pathways.

Outcome 2

A healthy life with a reduced gap in life expectancy

Life expectancy in Torbay is in line with national estimates. However, there is noticeable variation between where people live. For example, males in Tormohun having a life expectancy of 74.5 years compared to those living in Churston with Galmpton having a life expectancy of 82.4 years.

High levels of deprivation, low educational attainment, unhealthy lifestyle factors (high smoking, poor diet, low physical activity hazardous and harmful drinking) and access to quality primary care are all interrelated determinants of early death and lower life expectancy. In particular, smoking contributes to half of the life expectancy gap. Life expectancy is also significantly lower in certain groups such as those with severe mental illness, learning disabilities or problematic drug users.

We will work in partnership to prevent people becoming ill in the first place by supporting our residents to address the key lifestyle risk factors of smoking, physical inactivity and alcohol misuse, which are more common in the deprived areas of the bay. We will also encourage early diagnosis and management of the major killer diseases such as cardiovascular disease and cancer as reducing deaths from these diseases. We will develop specific programmes to address inequalities in health behaviours amongst young women in Torbay. We will provide an effective public protection and safeguarding system so that children and vulnerable adults are protected, feel safe and supported in their families and communities.

To achieve a reduction in the life expectancy gap, our actions will range from universal to targeted to meet the different levels of need, as appropriate – what Marmot terms 'proportionate universalism'.

Priority 6

Reduce smoking

- Target stop smoking advice and support to routine/ manual 35+yrs as part of Torbay Well@work 2012 with larger employers.
- Target stop smoking advice and support to mothers who are pregnant to stop smoking as well as women under 25yrs
- Encourage schools to integrate anti-smoking messages into the curriculum.

Priority 7

Increase physical activity

- Ensure the regeneration of Torbay improves the physical environment to encourage physical activity and reduce obesity, in particular developing cycling and walking routes and use of green gyms
- Scale up brief intervention training in physical activity and healthy eating for staff and communities
- Promote NHS Health Trainers and Health Champions programmes

Priority 8

Reduce alcohol consumption

- Continue to include alcohol screening in the NHS Healthchecks programme as this programme (focused on identifying and supporting those at high risk of cardiovascular disease, including hypertension) expands
- Extend the range of Identification and Brief Advice opportunities available through non-medical settings for people with alcohol problems e.g. safeguarding and early intervention services
- Improve pathway between hospital and community treatment services for people with alcohol related problems
- Promote and support peer-led recovery opportunities in the community

Priority 9

Increase sexual health screening

- Review and commission sexual health services which are accessible and offer choice of venue and opening times
- Provide training opportunities to ensure qualified practitioners are able to offer a comprehensive range of contraception, screening and testing opportunities
- Use social marketing techniques to promote awareness of HIV and sexually transmitted infections

Priority 10

Reduce the risk of cardiovascular disease and cancer

- Develop primary care based clinical infrastructure with a particular focus on preventative measures and diagnostics and management of these conditions
- Expand the NHS Health Checks programme to full roll out, ensuring it reaches those most at risk and that they are supported to make lifestyle changes
- Continue to improve the uptake in breast and bowel cancer screening

Priority 11

Support people with Long Term Conditions

- Focus on chronic disease management and case management to improve the patient experience and outcomes particularly diabetes, chronic obstructive pulmonary disease, stroke and heart failure
- Increase range of integrated services being delivered and provided in primary care and community which will reduce urgent and emergency admissions, ambulance care and alternatives to follow ups
- Offer alternative clinical management pathways to acute services referral following primary care led assessment or clinical referral triage
- Review and strengthen self-management and patient education programmes to support patients in managing their own conditions
- Continue to offer more choice, control and greater independence through personal budgets to support those living with long term conditions

Priority 12

Children and vulnerable adults feel safe and supported in their families and communities

ACTIONS TO BE ADDED

Outcome 3

Improved Mental Health and Wellbeing

Mental health is everyone's business. As *No Health Without Mental Health* states, 'good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.'

At any one time, roughly one in six of us is experiencing a mental health problem. We need to build resilience, promote mental health and wellbeing, and challenge stigma and discrimination. We need to prevent mental ill health, intervene early when it occurs, and improve the quality of life of people with mental health problems and their families

We want all residents in Torbay to enjoy the best possible mental health and wellbeing and have a good quality of life – a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

Priority 13

Support independent living

- Tackle the difficulties people have accessing affordable housing, particularly young disabled adults wanting to leave home and those with poor mental and emotional health
- Increase the number of annual health checks within primary care to promote early diagnosis, treatment and prevention of long term condition
- Enable people with learning disability to live independently or interdependently with support and housing care
- Further develop self care support systems through implementation of telehealth, telecare, personal budgets, assistive technology, advice and information
- Identify and support unpaid carers in their caring role and in their life apart from caring; involve carers in all developments affecting them and the people they care for
- Improve care and choice in end of life care by continuing to implement the Gold Standard Framework within nursing and residential care homes

making sure that there is access to hospice care and care at home at end of life to ensure dignity and choice for people who are dying

- Engage and work with nursing and medical practitioners to design a workforce to support the shift from hospital based care to care closer to home

Priority 14

Support people with mental health needs

- Commission and promote arts, culture and leisure opportunities and events to improve mental well being and quality of life
- Work with libraries, museums, leisure centres to improve access to health information and support services
- Improve access to psychological therapies
- Continue to offer 'Mental Health First Aid' training which aims to identify mental health problems early
- Further develop improved care pathways for people living with an eating disorder, autistic spectrum condition or a dual diagnosis

Priority 15

Improve care for people living with dementia and their carers

- Provide education and awareness programmes which will improve earlier diagnosis rates
- Commission a dementia advisor service to enable easy access to care, support and advise following diagnosis
- Ensure appropriate use of antipsychotics, by continuing to audit and monitor local prescribing
- Continue to commission the third sectors in delivery of peer support services
- Improve care in care homes by considering the benefits of a specialist liaison service to work proactively with residential and nursing homes by providing advice, support and an awareness and education programme

Priority 16

Increase the number of problematic drug users in treatment

- Developing and improve opportunities for recovery capital for people with drug and alcohol issues and maintain timely safe and effective access to treatment
- Promote and support peer-led recovery opportunities in the community

FINAL DRAFT

6. Glossary

Cardiovascular disease - a class of diseases that involve the heart or blood vessels (arteries, capillaries and veins). Cardiovascular disease refers to any disease that affects the cardiovascular system.

Chronic obstructive pulmonary disease (COPD) – a progressive disease that makes it hard to breathe. COPD can cause coughing that produces large amounts of mucus, wheezing, shortness of breath, chest tightness, and other symptoms. Cigarette smoking is the leading cause of COPD. Long-term exposure to other lung irritants—such as air pollution, chemical fumes, or dust—also may contribute to COPD.

Director of Adult Services - responsible for promoting local access and ownership of services for adults and, in doing so, ensure that information about services and entitlement to services is communicated to users and potential users of adult services as well as their families, carers and the wider community. The Director of Adult Services will provide a key professional leadership role for staff working in adult social care services. He or she will also have a key role in ensuring accountability of services to local communities through consultation with local people and, in particular, users of services.

Director of Children's Services - responsible for children's social services, schools and childcare. Areas of responsibility include; safeguarding children and securing delivery of the council's corporate parenting duties, planning and funding education for children aged three to five and planning childcare opportunities for children aged five to 13, statutory duties in relation to children with special educational needs, providing or ensuring sufficient school places for pupils aged five to 18, standards in all schools funded by the Council, liaising with the Young People's Learning Agency on education for students aged 14-19, commissioning local youth services and support for vulnerable children and young people.

Director of Public Health - The Director of Public Health is the most senior advocate for public health across the local authority area. He or she is responsible for promoting and protecting health and wellbeing, tackling health inequalities, and improving health care quality and strengthening the capacity across the whole public sector to improve the health of the population.

Health and Wellbeing Board – a group of local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch who discuss how to work together to better the health and wellbeing outcomes of the people in their area.

HealthWatch - A local HealthWatch is an independent organisation, able to employ its own staff and involve volunteers, so it can be the influential and effective voice of the public. The aim of local HealthWatch is to give citizens

and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

Healthy Child Programme - This gives comprehensive advice on health and social care throughout a child's life. It differs from the previous schedule of child health surveillance in several key ways: greater focus on antenatal care, a major emphasis on support for *both* parents, early identification of at-risk families, new vaccination programmes, and new focus on changed public health priorities.

Identification and Brief Advice - It is a method of case finding (Identification) followed by simple alcohol advice (Brief Advice). Research has shown it to be an effective method when delivered to those who drink at "increasing" and "higher" risk levels. Brief advice is designed to motivate and encourage people to change their drinking behavior. It aims to encourage the recognition of potential harm that can be associated with excessive drinking. It also encourages people to consider reducing their alcohol consumption to sensible limits in order to reduce the risk of future health problems.

Improving Access to Psychological Therapies - is a government programme to improve access to talking therapies. Talking therapy can be used as an alternative or in addition to medication, which GPs might provide for mild to moderate mental health problems.

Independent Living - Independent Living is about disabled people having voice, choice and control over any support they need to go about their everyday lives. This means: greater choice and control over any assistance they need to go about their everyday life, access to housing, transport, health, social care, education, employment and other services and opportunities and participation in family, community and civic life.

Joint Health and Wellbeing Strategy - The strategy is a plan that will aim to improve the health and wellbeing of people in the local area. It will focus on a small number of local health and wellbeing priorities and will also include some measurement of how we are doing in improving these priorities.

Joint Strategic Needs Assessment - describes a process that identifies current and future health and wellbeing needs in light of existing services and informs future service planning taking into account evidence of effectiveness. Joint Strategic Needs Assessment identifies 'the big picture', in terms of the health and wellbeing needs and inequalities of a local population.

Mental Health First Aid - is the help provided to a person developing a mental health problem or in a mental health crisis. The first aid is given until appropriate treatment is received or until the crisis resolves.

NHS Health Checks - The NHS Health Check is for adults in England between the ages of 40 and 74. It involves a few straightforward health tests and some

simple questions about medical history. The results of NHS Health Checks give patients and GPs a clearer picture of a patient's health and risk of developing one of the vascular diseases.

South Devon and Torbay Clinical Commissioning Group - Clinical commissioning groups are groups of GPs that, from April 2013, will be responsible for designing local health services in England. They will do this by commissioning or buying health and care services.

Supporting People Services - a UK government programme helping vulnerable people in England live independently and keep their social housing tenancies. It is run by local government and provided by the voluntary sector.

The Big Society - The aim is to create a climate that empowers local people and communities, building a "big society" that will take power away from politicians and give it to people.

The Third Sector - The 'third sector' is the term used to describe the range of organizations that are neither public sector nor private sector. It includes voluntary and community organizations (both registered charities and other organizations such as associations, self-help groups and community groups), social enterprises and co-operatives.

Torbay and Southern Devon Health and Care NHS Trust - the NHS organisation responsible for providing community health services in Torbay and Southern Devon, as well as providing and commissioning (buying) adult social care in Torbay.

Torbay's Community Plan - The plan aims to unlock Torbay's potential and drive forward its economic prosperity to deliver our vision of healthy, prosperous and happy communities with a higher quality of life and improved access to jobs. The need for sympathetic economic regeneration is supported by a host of statistics and national indicators that predict low paid work and little prospects for the future unless something is done about it.

Agenda Item 9



Shadow Health and Wellbeing Board

22 November 2012

Torbay Health and Wellbeing Board – Future Development

1. What are we trying to achieve?

- 1.1 An effective and efficient Health and Wellbeing Board which achieves its vision of a Healthier Torbay.

2. Background

- 2.1 The Shadow Health and Wellbeing Board has been meeting for over a year. It has considered a range of issues which has informed the preparation of the Joint Strategic Needs Assessment and the draft Joint Health and Wellbeing Strategy.
- 2.2 The Board now needs to focus on how it will operate when it formally takes effect from 1 April 2013. The Board also needs to be mindful that the secondary legislation in relation to the operation of health and wellbeing boards is unlikely to be published before January 2013.
- 2.3 This report provides a framework of the issues which need to be considered over the next six months.

(It is expected that a number of these points will have an initial airing at the Development Session which follows the Board meeting.)

3. Local Government Association – Development Tool for Health and Wellbeing Boards

- 3.1 The Local Government Association has produced (in partnership with the NHS Leadership Academy and other national organisations) a development tool which uses self-assessment to measure "levels of preparedness" and progress tracking.
- 3.2 The aim is to provide health and wellbeing boards with a tool that will enable them to go beyond assessing how ready the board is, towards how effective it is being in practice and how that effectiveness is enhanced over a period of time.
- 3.3 As part of its Leadership Offer, the LGA will assist in undertaking a desktop review exercise using the Development Tool. This would be followed up with face to face or telephone conversations, with findings captured and any recommendations for further development being reported to a future board meeting.

4. Future Ways of Working

4.1 Some of the issues which Torbay's Health and Wellbeing Board will need to determine in the coming months include:

- How the Board will monitor the effectiveness of the Joint Health and Wellbeing Strategy

(Should a detailed workplan for each outcome within the Strategy be developed or should there be cross-referencing process with existing plans and strategies? Should there be a clear hierarchy of plans? How will performance and progress be monitored? How will the work programme of the Health and Wellbeing Board be constructed?)

- How the Board will engage with stakeholders and the wider community

(Discussions have already started between the emerging Healthwatch, the Clinical Commissioning Group, the Health and Wellbeing Board and the Health Scrutiny Board.)

- How the Board will interact with other statutory bodies within Torbay

(Relationships between the Safeguarding Boards, the Communities Board, Healthwatch, Health Scrutiny Board for example.)

- How the Board will interact with other statutory bodies outside Torbay

(Such as Devon Health and Wellbeing Board and the Heart of the South West Local Enterprise Partnership.)

4.2 It is hoped that some of these issues will be addressed through the completion of the Development Tool.

5. Working with Devon and Plymouth Health and Wellbeing Boards

5.1 A South West Regional Simulation Event was held on 4 October 2012 when members and representatives of the Health and Wellbeing Boards around the region were able to discuss a range of scenarios and challenges likely to face Boards.

5.2 Discussions between representatives from the Torbay, Devon and Plymouth Boards recognised the potential for shared benefits through collaboration especially given that many NHS organisations cross Board boundaries.

5.3 The Lead Officers for each Board will be working to prepare "rules of engagement" which will cover:

- Agreement about the type of issues and matters that the three Boards will consider

- Co-ordination of responses from each of the three Boards to proposals for changes to health, public health and social care services
- Shared approaches to consultation and engagement

5.4 It is suggested that a network event/workshop is held on Spring 2013 for all members and representatives of the Devon, Plymouth and Torbay Health and Wellbeing Boards and Health Scrutiny Committees to discuss these issues.

6. Working with Health Scrutiny Board

6.1 The role of Torbay Council's Health Scrutiny Board has the power to review and scrutinise matters relating to the health service in Torbay and to make reports and recommendations on these matters. How this function is discharged after April 2013 will need to be determined by the Council. However, the Health Scrutiny Board and the Health and Wellbeing Board will need to ensure that there is no duplication in the work that the two Boards are undertaking.

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