

Monday, 10 October 2011

A meeting of the **Shadow Health and Wellbeing Board** will be held on  
**Thursday, 20 October 2011**, commencing at **3.00 pm**  
The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus,  
Torquay, TQ1 3DR

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## Agenda

- 1. Apologies and Changes in Membership**  
To receive any apologies, including notifications of any changes to the membership of the Board.
- 2. Minutes** (Pages 1 - 4)  
To confirm as a correct record the Minutes of the meeting of the Shadow Health and Wellbeing Board held on 21 July 2011.
- 3. Matters Arising from the Minutes**  
To consider any matters arising from the Minutes of the meeting of the Board held on 21 July 2011.
- 4. Health & Well Being Strategy (A Framework for Design to Delivery)** (Pages 5 - 44)  
To consider the attached report on the Health and Well Being Strategy.
- 5. Torbay Pharmaceutical Needs Assessment** (Pages 45 - 54)  
To consider the submitted report on the above.
- 6. Procurement of Healthwatch** (Pages 55 - 60)  
To consider the submitted report on the procurement of Healthwatch.
- 7. Date of Next Meeting**  
The next meeting of the Shadow Health and Wellbeing Board will be held on Thursday, 15 March 2012 at 3.00 p.m.

## **Members of the Partnership**

Councillor Chris Lewis	Torbay Council
Councillor Christine Scouler	Torbay Council
Councillor Mike Morey	Torbay Council
Councillor Bobbie Davies	Torbay Council
Anthony Farnsworth	Torbay Care Trust
Debbie Stark	Director of Public Health
Richard Williams	Children's Trust
Caroline Taylor	Deputy Chief Executive Torbay Council
Clare Tanner	Torbay Council
Anne Mattock	Link
Sam Barrell	Baywide GP Commissioning Consortium
Kevin Muckian	Devon Local Pharmaceutical Committee



## Minutes of the Shadow Health and Wellbeing Board

21 July 2011

**:- Present :-**

### **Members of the Partnership:**

Councillor Chris Lewis	Torbay Council
Councillor Christine Scouler	Torbay Council
Councillor Bobbie Davies	
Debbie Stark	Director of Public Health
Richard Williams (In place of Carol Tozer)	Torbay Council
Caroline Taylor	Deputy Chief Executive Torbay Council
Clare Tanner	Torbay Council
Anne Mattock	Link
Sam Barrell	Baywide GP Commissioning Consortium
Sue Taylor (In place of Kevin Muckian)	Devon Local Pharmaceutical Committee

### **Also present:**

Teresa Buckley, Councillor Alison Hernandez, Sarah Bickley (Torbay Link), Pat Harris (Help and care), Andrew Webster (National Director - Joint Commissioning, Department of Health), Herald Express T Crowson, Ian Knee, Councillor Nicole Amil, Liam McGrath (Community and Voluntary Action Torbay), Si Langridge (SPOT) and Bernard Page

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### **1. Election of Chairman/woman**

Councillor Lewis was elected as Chairman of the Shadow Health and Wellbeing Board for the 2011/2012 Municipal Year.

**Councillor Lewis in the Chair**

### **2. Apologies and Changes in Membership**

Apologies for absence were received from Board Members: Councillor Mike Morey (Torbay Council), Anthony Farnsworth (Torbay Care Trust), Carol Tozer (Director of Children's Services – who was represented by Richard Williams) and Kevin Muckian (Devon Local Pharmaceutical Committee – who was represented by Sue Taylor); and observers: Chief Supt Steve Swani and Jim Nye (Devon and Cornwall Constabulary) and Fran Mason (Torbay Council).

**3. Appointment of Vice-Chairman/woman**

Debbie Stark was appointed as Vice-Chairman of the Board for the ensuing Municipal Year.

**4. Introduction to Shadow Health and Wellbeing Board**

Andrew Webster, National Director of Joint Commissioning from the Department of Health gave a presentation on the role of Health and Wellbeing Boards and responded to questions from the Board.

It was noted that a Regional event would be held in Torbay in October looking at gaining a better understanding of the structures of NHS/GPs and Councils with the agreement that this was an opportunity for GPs and Councillors to get a better understanding of their mutual roles and ambitions for the Bay that could be realised through the New Health and Wellbeing Board.

**Agreed:**

- (i) Teresa Buckley to email a copy of the presentation to the Board;
- (ii) Sam Barrell and Ian Knee to discuss the content of the Regional event to see how it can be linked to the work of the Shadow Health and Wellbeing Board.

**5. Indices of Multiple Deprivation**

The Board noted the submitted report on the Indices of Multiple Deprivation.

**6. Joint Strategic Needs Assessment**

Members noted the submitted report which provided an update on the Joint Strategic Needs Assessment (JSNA).

**7. Health and Wellbeing Strategy a Framework for Design to Delivery**

Debbie Stark presented a paper on initial thoughts which would be developed into the draft Health and Wellbeing Strategy within an overarching community plan which outlined the needs and aspirations of the community over up to a 20 year period. Members supported the Strategy being a five year strategy which would link into other plans and strategies such as the Acting Ageing Strategy and Children and Young People's Plan. In order to produce a draft Strategy for October it was suggested that a small working group be established to further develop the draft Strategy.

**Agreed:**

- (i) Debbie Stark to take forward the comments made at the meeting as part of the emerging draft Health and Wellbeing Strategy; and

- (ii) a Health and Wellbeing Strategy Group comprising Debbie Stark, Richard Williams and Caroline Taylor was established to progress the draft Health and Wellbeing Strategy.

## 8. Governance Structures

The Board received a paper which set out the current structure for the NHS, the proposed new structure for the NHS and the Commissioning Structure for Torbay. It was noted that the NHS structures were complex and the new structure was still in development.

### Agreed:

The Commissioning Structure for Torbay to be reviewed before April 2012 when the Health and Wellbeing Board becomes a statutory Board.

## 9. User Engagement - the Role of HealthWatch

Anne Mattock gave a presentation regarding the move from Local Involvement Networks (LINKs) to HealthWatch.

The LINK is currently responsible for: influencing local services; focussing on community voices; being a local voice; and has the right to enter and view health premises. It is proposed that HealthWatch will: participate in decision-making; provide advocacy and information for individuals (from 2012/13); be a local and national voice; have the right to enter and view; and will report to HealthWatch England.

Members noted the work carried out by the Torbay LINK and that a Multi Agency Task Group has been established to steer the transformation of LINKs to HealthWatch.

## 10. Obesity - Informal Workshop Session

## 11. Future Meetings and Items

The following issues will be discussed at the meetings below, these meetings will be held at 3.00 p.m. in the Town Hall, Torquay:

### Thursday, 20 October 2011:

- Draft Health and Wellbeing Strategy.
- Pharmaceutical Needs Assessment.

### Thursday, 15 March 2012:

- Statement on integration of health-related services and provision of health and social care services self-assessment (including feedback from LINK/HealthWatch).
- Agreement of next steps.

**Agreed:**

Board Members to email any other topics for discussion at future meetings to [caroline.taylor@torbay.gov.uk](mailto:caroline.taylor@torbay.gov.uk).

Chairman

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## Health & Well Being Strategy (A Framework for Design to Delivery)

### Shadow Health and Wellbeing Board – 20 October 2011

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

1.1 This draft plan provides the framework for action promoting prevention, early intervention and targeted support to address the health and well being needs of the Torbay population. A narrative is provided as background as well as highlighting some of the key issues facing residents.

1.2 The plan has been developed on the following set of core underlying principles:

- ***First and Most: focus attention and effort to address the health and wellbeing inequalities that exist between communities within the Bay.***
- ***Early Intervention: Prevention rather treatment***
- ***Integrated and joint systems approach to planning, commissioning and delivery at a local level.***

1.3 The priorities have been identified as;

- To work in partnership to reduce child poverty
- Increasing Participation in Positive Activities (arts, culture, sport and community) to improve quality of life and environment
- Improving health and well being by ensuring people are valued, socially included, and can exercise choice of where and how they live their lives
- Ensure children, young people and vulnerable adults are protected from abuse and neglect and feel safe and supported in their families and communities
- Reducing risk taking behaviours which are harmful to peoples health and well being
- Improving the quality of life and disability free years for people with long term conditions
- Prolong Independence and maintain clients in the home environment
- Increasing the range of integrated services in community settings way from acute hospital environment
- Provide a Public Protection Environment, Health Protection

## **2. Relationship to Community Plan**

- 2.1 The H&WB strategy clearly aligns to the priorities set out within the Community Plan and takes a focused approach to delivering the 'Healthy Bay' element of the plan.
- 2.2 This strategy will underpin the programme and focus for the H&WB Board over the next 12 months which is part of the delivery infrastructure of the TSP and Community Plan.
- 2.3 Performance monitoring will be provided to the board for assurance and opportunity for challenge and strategic decision making.
- 2.4 Supporting delivery groups will implement priorities as part of wider work programmes with a level of detail. Further work needs to be completed to realign and streamline existing partnership groups to provide a robust and supportive delivery mechanism.

## **3. Recommendation for decision**

- 3.1 To confirm support for the priorities as set out in the plan.
- 3.2 To approve the plan as Version 1.
- 3.3 To agree to a period of 4 weeks for partners to comment for final subsequent version to be completed and printed.

Contact Officer: Siobhan Grady  
Representing: Torbay Care Trust – Public Health  
Telephone no: 01803 210549



HEALTH AND WELL BEING PLAN

2012 – 2014

(A Framework for Design to Delivery)

**Version one:**

**Submitted to H&WB Board**

**September 2011**

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## 1. FORWARD

Chair of Health and Well Being Board

A plan that will enable communities to reduce inequalities and experience good health and well-being throughout life needs to take account of the wider determinants and mirror the cross government framework.

This plan provides the framework for action promoting prevention, early intervention and targeted support.

Has been developed with three underlying principles:

- 1. First and Most focus attention and effort to address the health and wellbeing inequalities that exist between communities within the Bay.***
- 2. Early Intervention to improve overall outcomes and ultimately reduce cost with a focus on Prevention rather Treatment.***
- 3. Integrated and joint systems approach to planning, commissioning and delivery at a local level***

## **2. EXECUTIVE SUMMARY**

### 3. POLICY CONTEXT

3.1 The Coalition Government has set out major reform within the Local Government and National Health Service. A vast number of literature has been published; equity and excellence: liberating the NHS<sup>[1]</sup>, healthy live healthy people<sup>[2]</sup>, no health without mental health<sup>[3]</sup> and the health and social care bill 2011.<sup>[4]</sup> These papers set the backdrop for change, including a new Public health System which will focus on improving the health of the poorest fastest and transformational change to the way that services are commissioned and increasing local democratic legitimacy.

3.2 The health and social care bill makes proposals to strengthen the partnership working across health and local authorities, underpinned by local democracy. This will see the establishment of Health and Well Being Boards providing the opportunity for a more integrated approach at a local level to deliver better health and wellbeing outcomes, better quality of care and better value.

### 3.3 HEALTH AND WELL BEING BOARDS

The Government proposals have set out the proposed role and function of the Health and Well Being Board:

- To assess the needs of the local population and lead the statutory joint strategic needs assessment.
  - Including the undertaking of the Pharmaceutical Needs Assessment.
- To promote integration and partnership working between the health, social care, public health and other local services.
- Promote collaboration on local commissioning plans, including supporting joint commissioning and pooled budget arrangements where each party so wishes.
- To undertake a scrutiny role in relation to major service changes and priorities.

Membership of the health and well-being board, outside a core membership list, will be discretionary at a local level. The core membership, as proposed in liberating the NHS: legislative framework and next steps<sup>[6]</sup>, include GP consortia, the director of adult social services, the director of children's services, the director of public health, an elected member and a local health watch. Locally Torbay has established it's board with membership as follows:

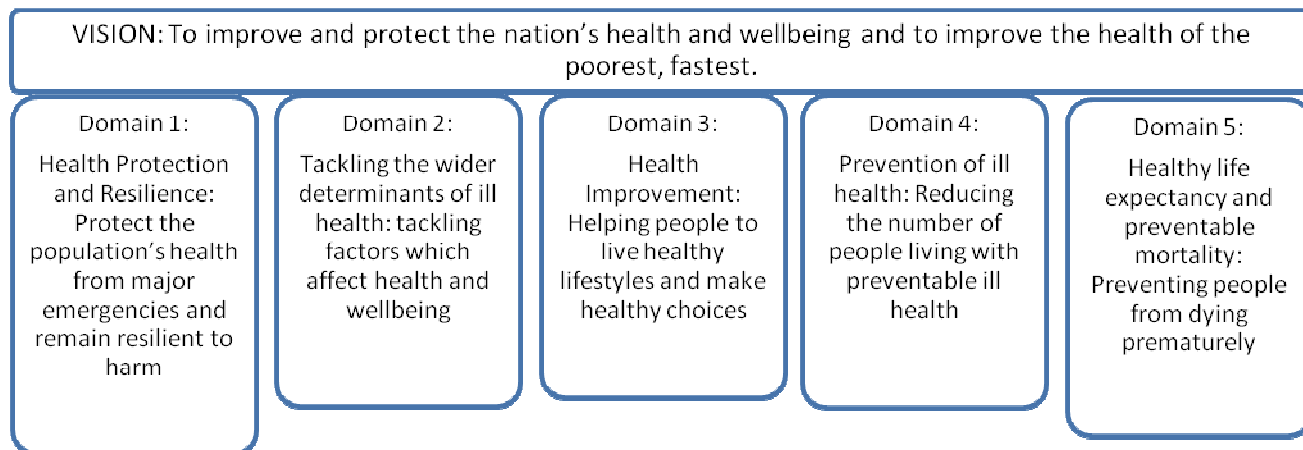
Cllr Chris Lewis	Torbay Council	(Chair)
Cllr Christine Scouler	Torbay Council	
Cllr Mike Morey	Torbay Council	
Cllr Bobbie Davies	Torbay Council	
Anthony Farnsworth	Torbay Care Trust	
Debbie Stark	Director of Public Health	(Vice Chair)
Richard Williams	Torbay Council	
Caroline Taylor	Deputy Chief Executive Torbay Council	
Clare Tanner	Torbay Council	
Anne Mattock	Link	
Dr Sam Barrell	Baywide GP Commissioning Consortium	
Kevin Muckian	Devon Local Pharmaceutical Committee	

The new Health and Wellbeing Board will be the local forum for discussion (and decision making) of Torbay strategies to prevent ill health and maximise effective, integrated treatment. Based on an available evidence base such as NICE and on what matters most to local people.

## 4. BUILDING A SUSTAINABLE H&WB PLAN

- 4.1 This Health and Wellbeing Plan is based around an integrated approach which reflects the collective responsibility of communities, the local authority and partners in improving and protecting health. As well as promoting the personal responsibility for one's own health and self management. Health and well being objectives have been set based on needs identified from within the JSNA; priorities identified from people in the community ('what matters the most'); priorities identified from development of other strategies. Under the direction of the Health and Wellbeing Board we can jointly create opportunities by maximising resources and minimising duplication.
- 4.2 Physical and psychological health and wellbeing is an essential foundation for a prosperous and flourishing society. <sup>(13)</sup> It enables individual 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 – 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. This is why we have set an underlying principle of, **'First and Most Approach.'**
- 4.3 The White paper 'Healthy Lives, Healthy People: Our Strategy for Public Health in England' sets out the future for public health. It adopts a life course framework for tackling the wider social determinants of health and provides a framework for action promoting prevention, early intervention and targeted support. This is why we have set an underlying principle of, **Early Intervention to improve overall outcomes and ultimately reduce cost with a focus on *Prevention rather treatment.***
- 4.4 Putting public health responsibilities firmly back to local government with a stated ring fenced budget to ensure that local government and local communities are central to improve health and wellbeing of their populations and tackling inequalities
- 4.5 A new Outcomes Framework for public health at national and local levels is proposed. It will be evidence driven, taking account of the different needs of different communities and supportive of delivering health and well being strategies. Figure 2 illustrates the proposed Public Health Outcomes Framework which is set out across five domains

**Figure 2: Public Health Outcomes Framework**



4.6 The Health and Social Care Outcomes and Accountability Framework plays a significant role in shaping the priorities for the local population together with evidence from the joint strategic needs assessment.

**Figure 3. Health & Social Care Outcomes and Accountability Framework**



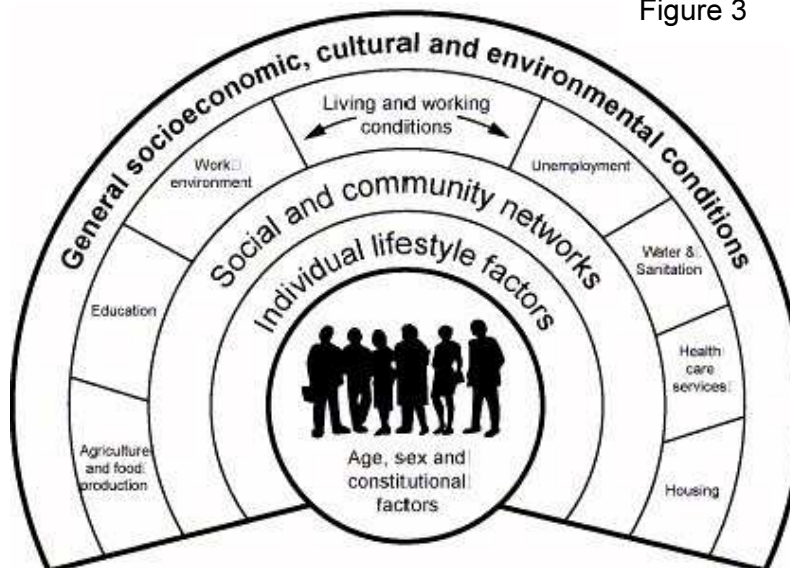
4.7 Torbay Care Trust in partnership with the Council is a national leader in the transformation of community based health and social care services targeting prevention and greater integration of services. In addition to working collaboratively with business and the voluntary sector we have set the underlying principle for, ‘**Integrated and Joint System Approaches.**’

4.8 The level of spend already within the Bay is considered a shrinking purse. Combined NHS, Adult social Care, Public Health and Children services £ provides a basis on which to plan and commission less not more. (this does not include housing support). Already impact of Government grant cuts and flat cash / no growth has begun to impact the increasing challenge will be how to manage the pressures from demographic changes, advancements in technology, drugs and increasing expectation and levels of need from our residents particularly those with long term conditions.

4.9 The health and wellbeing plan when approved forms part of the Torbay Policy Framework and sits under the Community Plan which has recently been refreshed to deliver against a shared vision for ‘Health, Prosperous and Happy Communities.’

- 4.10 It is clear that there is significant co dependency on organisations working together in order to impact on improvements in health and well being and the role that housing; employment; leisure and environment plays in contributing to this as is illustrated by the Dahlgren and Whitehead's model below. Good health is affected by the wider determinant such as housing, environmental conditions, but also impact on an individual's ability to work or take part in society.

Figure 3



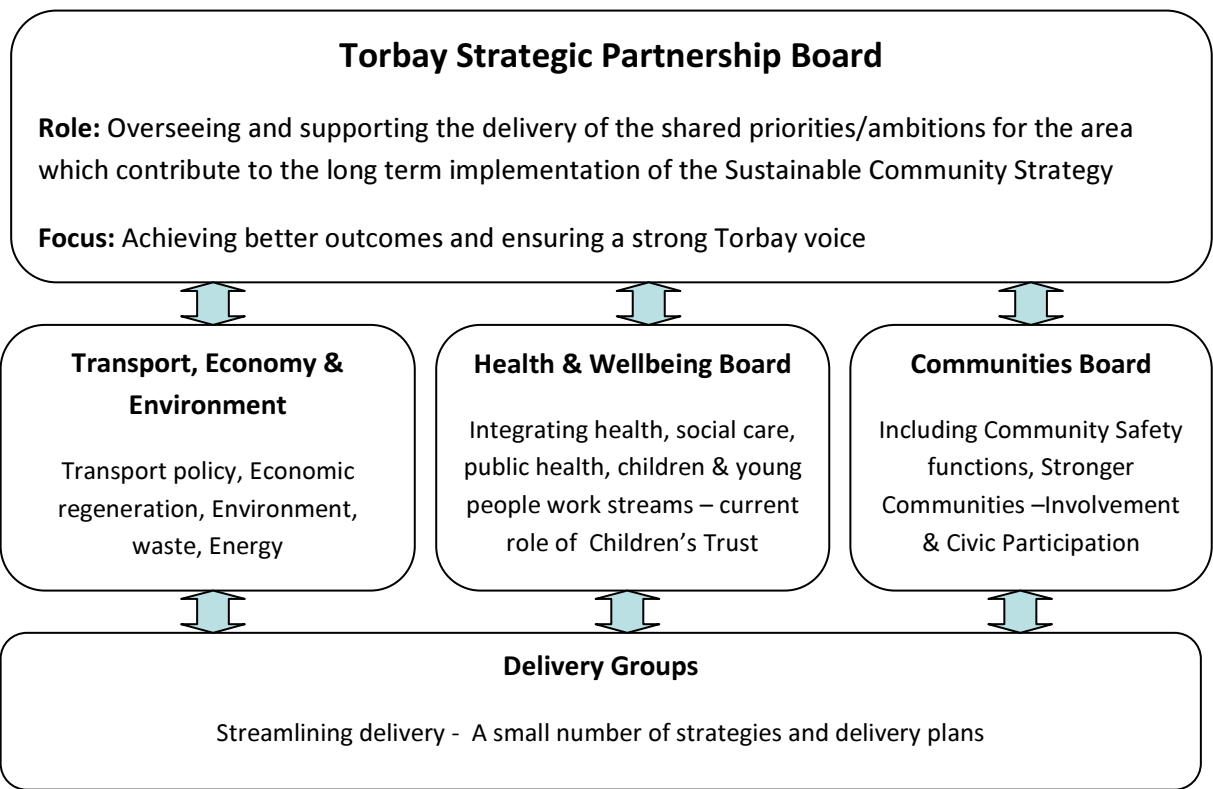
Source: Dahlgren & Whitehead 1991.

- 4.11 Therefore it is crucial that the links are made between this H&WB Plan and other strategies and influencing plans such as, Torbay Council's Core Strategy, Economic Development Strategy, Housing and Culture Strategies, Children & Young Peoples Plan, Active Living, 'Measure Up' Torbay's Interagency Carers strategy, Local Transport Plan, as well as the NHS Commissioning and Operating Plan. In addition to the strong connectivity between the work programmes and priorities of the Transport, Economy and Environment Board and Communities Board.

An example of this is...The Core Strategy makes a commitment for: *Healthy Bay – all new development should contribute towards creating healthy and sustainable communities and neighbourhoods through the provision of well located, and designed, housing, employment and social facilities, including those for sport, recreation, play and open space, in attractive, accessible, safe, secure sustainable environments which benefit people's psychical and mental health and well-being. Green infrastructure policies promoting walking and cycling and the accessibility of goods and services are supported along with leisure and recreational spaces. Health impact assessments will be completed to check and understand any health implications and measure impact on local environment and community.*

- 4.12 The following strategic planning architecture outlines where the Health and Well Being board will sit alongside the other two strategic delivery boards under the umbrella board of the Torbay Strategic Partnership.





4.13 The following set of core underlying principles are proposed to underpin the Health & Well Being Plan:

1. ***First and Most: focus attention and effort to address the health and wellbeing inequalities that exist between communities within the Bay.***
2. ***Early Intervention: Prevention rather treatment***
3. ***Integrated and joint systems approach to planning, commissioning and delivery at a local level.***

4.14 Given the scale of the challenge set before us in addressing the inequalities that exist across the Bay the support to communities to help build a sustainable health and well being system will require transformation and challenge to the way of thinking and expectations. For example.

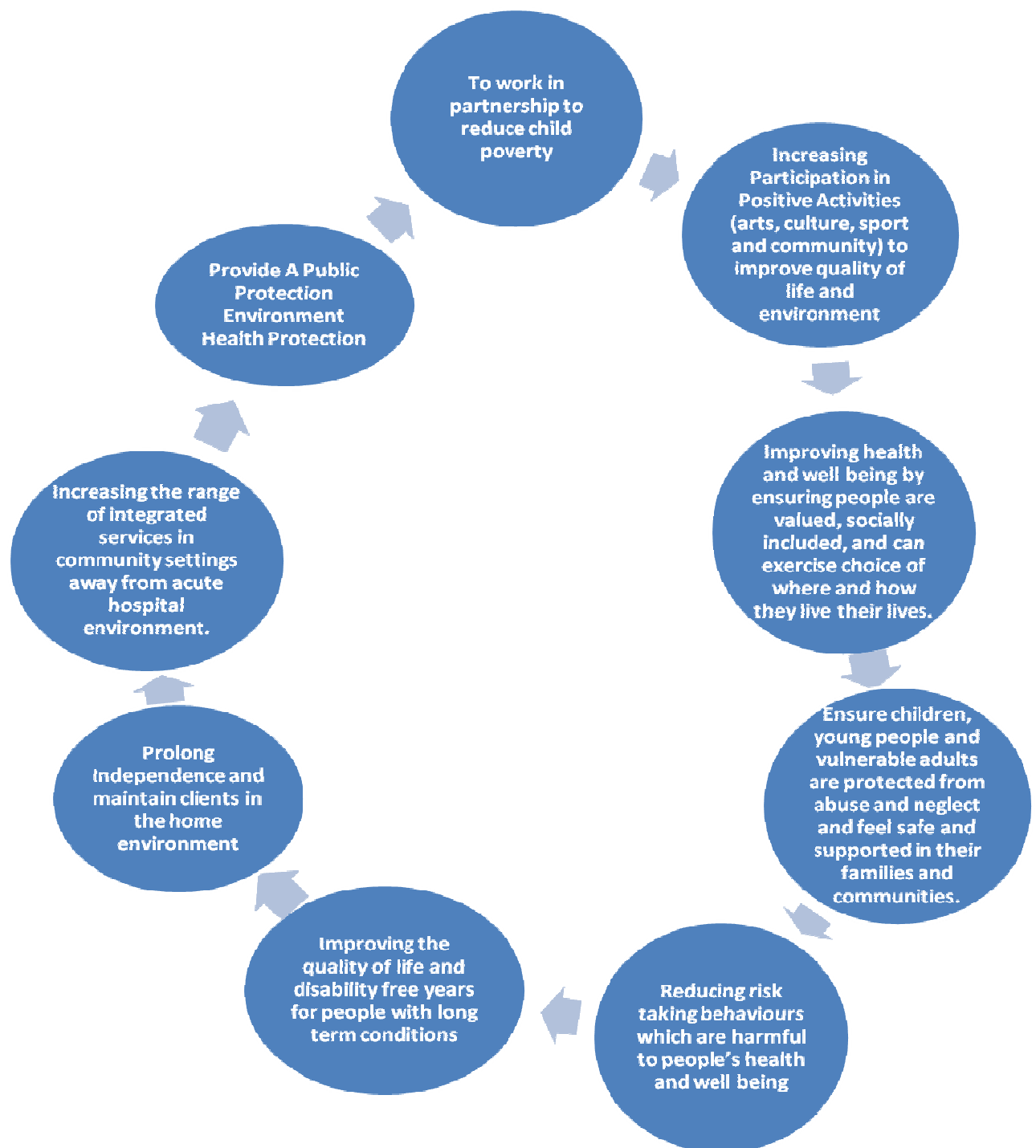
From	Health and social care as institution led services		To	Health and social care as part of the community
From	Curative and fixing medical care		To	Early intervention and preventative care
From	Sickness		To	Health and well being
From	Sustainability as an add on		To	Integration in culture, practice and training
From	Nobody’s business		To	Everyone’s business
From	Single indicators and out of date measurements		To	Multiple score card information with Outcomes

Source: Route Map for Sustainable Health

4.15 Therefore, investment in early intervention and prevention is considered paramount and all sectors must work more closely together to provide appropriate care. This means housing, educations, support to early years and community networks should provide a fully integrated health and well being system. Key government investment in coming years will see the health visiting capacity in Torbay doubling in recognition of the impact across the life course of a healthy start for children.

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

## 5. PRIORITY AREAS



- ONE: To Work In Partnership To Reduce The Effects Of Child Poverty**
- Recruitment of additional qualified health visitors over the next 3 years to support a whole family targeted approach within communities.
  - Provide peer support breastfeeding programme which will include practical support and follow up and information.
  - Children centre community hubs provide parenting support to ensure improved child development and school readiness
- TWO: Increasing Participation In Positive Activities (arts, culture, sport and community) To Improve Quality of Life and Environment**
- Promote use of green gyms and natural environment in addressing increasing obesity levels
  - 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
- THREE: Improving Health And Well Being By Ensuring People Are Valued, Socially Included, And Can Exercise Choice Of Where And How They Live Their Lives**
- Tackle the difficulties people have accessing affordable housing, particularly young disabled adults wanting to leave home and those with poor mental and emotional health
  - Support and manage choice in the Care Home market
  - Promote health and well being through sustainable design, energy efficiency, affordable warmth, the reduction of risk of accidents in the home, green space and provide space for play
- FOUR: Ensuring Children, Young People And Vulnerable Adults Are Protected From Abuse And Neglect And Feel Safe And Supported In Their Families And Communities**
- Redesign support services for children and parents/carers in relation to Safeguarding system and processes
  - Identify and support unpaid Carers of all ages to support them in their caring role and in maintaining their own health and well being.
  - Supporting the ongoing multi agency work around the “Keeping safe” packs developed with people who have a learning disability.

**FIVE: Reducing Risk Taking Behaviours Which Are Harmful To People's Health And Well Being**

- Provide support and resources to schools to create healthy learning environments where children and staff can learn, thrive and achieve.
- Developing and improve opportunities for recovery capital for people with drug and alcohol issues and maintain timely safe and effective access to treatment.
- Review and commission sexual health services which are accessible and offer choice and are delivered by qualified practitioners offering a wider range of contraception; information and testing of STIs and HIV.
- Target stop smoking advice and support to routine/ manual 35+yrs as part of Torbay Well@work 2012 with larger employers as well as specific focus on supporting mothers who are pregnant to stop smoking
- Develop primary care based clinical infrastructure with a particular focus on preventative measures and diagnostics
- Develop specific programme to address inequalities in health behaviours amongst young women in Torbay.

**SIX: Improving The Quality Of Life And Disability Free Years For People With Long Term Conditions**

- Focus on chronic disease management and case management to improve the patient experience and outcomes
- Improve access to psychological therapies and Dementia services
- Support the use of annual health checks for people who have a learning disability within primary care to promote early diagnosis treatment and prevention of long term conditions.

**SEVEN: Prolong Independence And Maintain Clients In The Home Environment**

- Agreed quality assurance framework which monitors provider contracts including client held budgets
- Further develop self care support systems through implementation of telehealth, telecare, personal budgets, assistive technology, advice and information
- Deliver the key aims of 'Measure Up', the interagency Carers strategy
- Work with an expanded market of new specialist providers who have specific skills to support people who have a range of needs in their homes and in their community.

**EIGHT: Increasing The Range Of Integrated Services In Community Settings Away From Acute Hospital Environment**

- Review effective use and resource to secure improvement in the acute and community hospital capital
- Increase range of integrated services being delivered and provided in primary care and community which will reduce emergency admissions, ambulance care and alternatives to follow ups.
- Offer alternative clinical management pathways to acute services referral following primary care led assessment.

**NINE: Provide A Public Protection Environment Health Protection**

- Work with Public Health England and the wider NHS to plan, prepare and be able to respond to a range of disruptive challenges – such as terrorism, infectious disease outbreaks, chemical, biological, radiological and nuclear incidents, and the health impacts of climate change – in a co-ordinated and effective way both nationally and locally.

## 6. MEASUREMENT

6.1 The following measurements have been derived from previous National Indicators and proposed set of public health indicators which are still to be confirmed. Please note that those with \*\* will be the responsibility of either the Transport, Economy & Environment Board or Community Board however the Health and Well being board will need to have oversight due to the nature of co- dependency.

- Children in poverty
- Housing overcrowding rates
- Proportion of people with mental illness and or disability<sup>6</sup> in settled accommodation
- Employment of people with long-term conditions \*\*
- Statutory homeless households
- Fuel poverty
- Access and utilisation of green space
- Killed and seriously injured casualties on England's roads \*\*
- Prevalence of healthy weight in 4-5 and 10-11 year olds
- Prevalence of healthy weight in adults
- Smoking prevalence in adults (over 18)
- Rate of hospital admissions per 100,000 for alcohol related harm
- Percentage of adults meeting the recommended guidelines on physical activity (5 x 30 minutes per week)
- Hospital admissions caused by unintentional and deliberate injuries to 5-18 year olds
- Number leaving drug treatment free of drug(s) of dependence
- Under 18 conception rate
- Rate of dental caries in children aged 5 years (decayed, missing or filled teeth)
- Self reported wellbeing
- Hospital admissions caused by unintentional and deliberate injuries to under 5 year olds.
- Rate of hospital admissions as a result of self-harm
- Incidence of low-birth weight of term babies
- Breastfeeding initiation and prevalence at 6-8 weeks after birth
- Prevalence of recorded diabetes
- Work sickness absence rate \*\*
- Screening uptake (of national screening programmes)
- Chlamydia diagnosis rates per 100,000 young adults aged 15-24
- Proportion of persons presenting with HIV at a late stage of infection
- Child development at 2 - 2.5 years
- Maternal smoking prevalence (including during pregnancy)
- Smoking rate of people with serious mental illness
- Emergency readmissions to hospitals within 28 days of discharge
- Health-related quality of life for older people
- Acute admissions as a result of falls or fall injuries for over 65s
- Take up of the NHS Health Check programme by those eligible
- Patients with cancer diagnosed at stage 1 and 2 as a proportion of cancers diagnosed
- Infant mortality rate
- Suicide rate
- Mortality rate from communicable diseases
- Mortality rate from all cardiovascular disease (including heart disease and stroke) in persons less than 75 years of age
- Mortality rate from cancer in persons less than 75 years of age
- Mortality rate from Chronic Liver Disease in persons less than 75 years of age

- Mortality rate from chronic respiratory diseases in persons less than 75 years
- of age\*
- Mortality rate of people with mental illness\*
- Excess seasonal mortality
- Number of carers on GP registers

## References:

1. Department of Health. (2010) Equity and excellence: liberating the NHS
2. HM Government. (2010) Healthy live healthy people: Our strategy for public health in England
3. HM Government. (2011) No health without mental health. A cross-government mental health outcomes strategy for people of all ages
4. 2011 health and social care bill
5. Department of health. (2011) Health and Social Care Bill 2011 Impact assessment (A113)
6. Department of Health. (2010) Liberating the NHS: legislative framework and next steps (5.11)
7. Department of Health. (2010) Liberating the NHS: legislative framework and next steps (5.21)
8. Department of Health. (2007) Guidance on Joint Strategic Needs Assessment
9. Department of Health. (2010) Healthy lives, healthy people: transparency in outcomes. Proposals for a public health outcomes framework
10. Department of Health. (2010) Healthy lives, healthy people: transparency in outcomes. Proposals for a public health outcomes framework
11. Department of health. (2011) Health and Social Care Bill 2011 Impact assessment (A57)
12. Department of health. (2011) Health and Social Care Bill 2011 Impact assessment (A110)
13. Enabling Effective Delivery of Health and Wellbeing an Independent Report (2010)
14. Torbay Core Strategy August 2011

<sup>1</sup> Fair Society, healthy Lives. The Marmot Review. University College London, Feb 2010.



## 7. THE CHALLENGES SET BEFORE US

This section sets out the social challenges faced by Torbay's resident population, those living within Torbay. It is important to identify that there are also challenges, with a shrinking public purse, for the commissioning of services to meet the local populations need.

The challenges set out below are structured around the life course journey, with broad age related themes along the journey being presented as the framework. This is supplemented with an additional overarching life course section that pulls challenges that don't naturally fit with a specific age category.

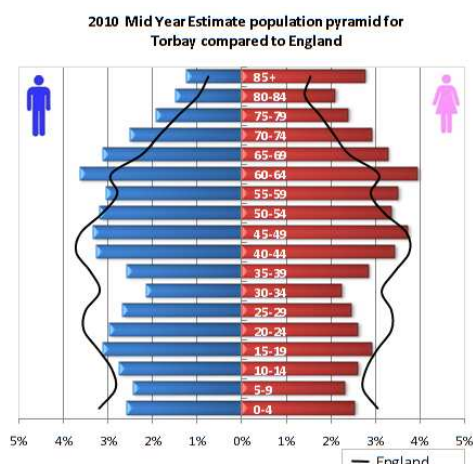
The challenges set out below have been taken from a number of strategies and key documents that identify the issues facing Torbay today, including the Community Plan, the Core Strategy and the children's and young people's plan. The evidence to support the perception of the challenges has been taken from Torbay's Joint Strategic Needs Assessment.

### Life course:

- Demographics
- Inequalities
  - Social deprivation
  - Life expectancy
  - All age all-cause mortality
  - Disability free life expectancy

### Demography:

Torbay's position as a seaside community continues to prove popular as a retirement destination. This popularity is illustrated in the following population pyramid, where Torbay's population structure is shown with the solid bars, compared to the England structure with the 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.



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 just over 5 years by 2020.

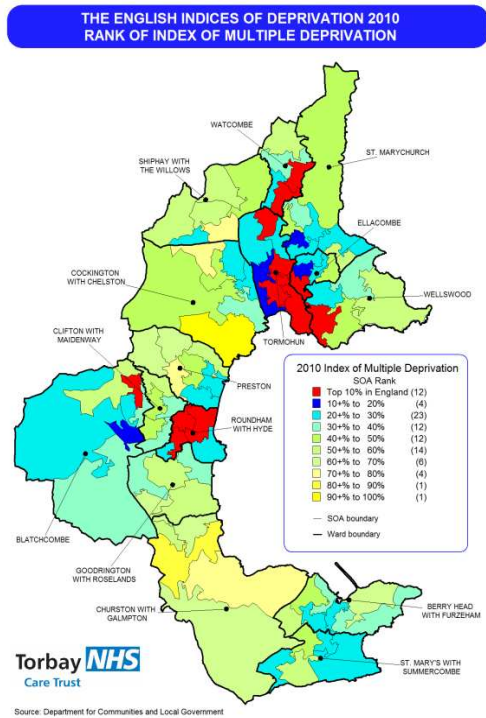
As Torbay's population ages, the proportionate workforce within the bay to support the retirement age population is expected to decrease. This means that for every person of retirement age, there are expected to be fewer people of working age. In 2010, there are 2.1 working age people in Torbay for every person of retirement age; this is expected to decrease to 1.7 people of working age per person of retirement age by 2020. This is noticeably lower than the national average.

Despite Torbay's position as a seaside community, there are pockets of severe deprivation. These pockets, shown in red in the below map, have a direct link with communities with poorer educational attainment, poorer socio-economic status, lower earnings and the lowest life expectancy.

Levels of modelled socio economic deprivation for Torbay have deteriorated over the last 10 years. From just outside the top quartile most deprived local authorities in 2001 and 2004 to well within the top quartile most deprived in 2007, this trend of worsening deprivation has continued with the updated 2010 Index of multiple deprivation published in March 2011. Torbay ranked as the most deprived local

authority in the South West region, and within the top 20% (quintile) most for the rank of average score.

There is an overwhelming amount of evidence that links economic prosperity and population socio economic outcomes, evidenced recently in the Marmot review<sup>1</sup>.



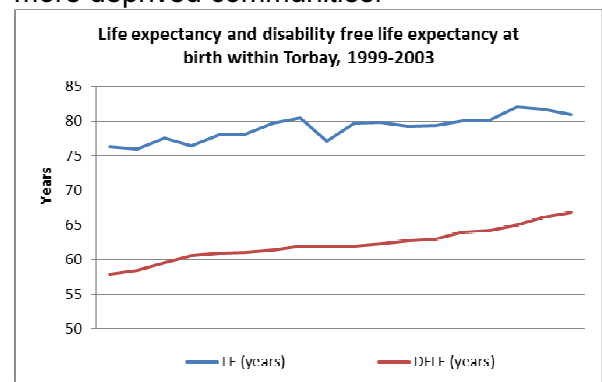
Health problems appear to arise less from the infectious diseases of previous times but more from diseases caused by behavioural and environmental factors. People are being treated more effectively than ever before but to fully benefit from longer life, people need to take advantage also of the opportunities provided for staying well for longer.

A strong link also exists between environmental factors such as poor housing and unemployment and certain lifestyles or behaviours which lead to health inequalities, for example, smoking, alcohol and obesity.

Levels of mortality in Torbay are in line with national mortality rates, but higher than regional rates. With around 670 males, and 480 females dying from all causes per 100,000, (this is a standardised rate per 100,000, and takes account of age.)

Life expectancy in Torbay is in line with national estimates, at around 78 years for males, and 82 years for females. However, within Torbay there is noticeable variation, for example, males in Tormohun having a life expectancy of 74.5 years compared to Churston with Galumpton having a life expectancy of 82.4 years.

Along with the variation in life expectancy at birth in Torbay, there is also a variation in disability free life expectancy. In Torbay, communities with the lowest life expectancy also experience the lowest number of disability free life expectancy. On average, these communities experience shorter lives; however the gap between life expectancy and disability life expectancy is widest in the more deprived communities.



Torbay has high levels of deprivation in a number of wards, a high proportion of people claiming job seekers' allowance, some poor educational attainment by certain groups of young people and pockets of child poverty. Turning these factors around poses some challenging decisions for the Consortium working in partnership with TCT and other key stakeholders.

There are also warning signs of a number of "risk-taking behaviours" that will have a negative impact on health and well-being in the future.

We know that tobacco use, physical inactivity, excess alcohol consumption and poor diet – are the biggest behavioural contributors to preventable disease. These 'top four' are responsible for 42% of deaths from leading causes and approximately 31% of all disability adjusted life years

\*World Health Organization, The European

Health Report, 2005). Tackling behavioural risk factors through health promotion is often seen as an issue among younger, predominantly healthier people, however, behavioural factors are also major risk factors in the onset and relapse of, and premature mortality from, **long-term conditions** such as diabetes, cardiac disease and respiratory disease, and for increase disability from musculoskeletal conditions and mental ill health.

There is also strong evidence that reducing behavioural risk factors in older people significantly increase both quality and length of life, irrespective of any pre-existing long term condition. 'No Health without Mental Health' (DH, 2011) Government strategy provides focus and evidence that improving mental health and wellbeing significantly reduces physical (as well as psychological) ill health.

Over a quarter of the population is still smoking, a fifth of all adults are obese and there are increasing high levels of alcohol misuse plus estimated numbers of problematic drug users living in Torbay in excess of 1000. There is evidence of poor sexual health choices, including teenage conceptions and high abortion rates.

**Obesity** among primary school age children with 8.9% of reception children and 17.4% of year 6 children classed as being obese in 2009. In addition to an estimated 25% of adults locally as being obese. (Health Surveys for England 2003 to 2005)

**Smoking.** 18.3% of adults smoking in Torbay (2010) compared to national figure of 21.4%. Over 80% of all smokers start the habit before the age of 18yrs. Levels of smoking among women during pregnancy is of particular concern with Torbay having the eight highest rate in country for smoking on delivery.

**Teenage Pregnancy rate (2009)** 55.3 per 1,000 high for a population size of Torbay in comparison to other areas. **Abortion rate (2010)** Torbay 23.6 per 1,000 compared to England 17.5. **Sexually Transmitted Infection** rates in diagnosis for Herpes and Warts has increased by 9% between 2009 and 2010. There is also a continuing rise in

numbers of individuals seen for **HIV** related care. Nationally there has been a 6% increase compared to 2009. Although actual numbers are low the prevalence rate per 1,000 population (15-59yrs) has increased by 28% from 2009 to 2010 in Torbay

While overall hospital admission rates are below expected levels there are some conditions where this is not the case, namely admissions for alcohol-related liver disease (twice expected levels), emergency admissions for injuries and poisonings and admissions for teeth extractions due to dental caries (decay) in children. Torbay experiences more mental health admissions than would be expected and the Bay has a high suicide rate.

### **Children, Young People and Families**

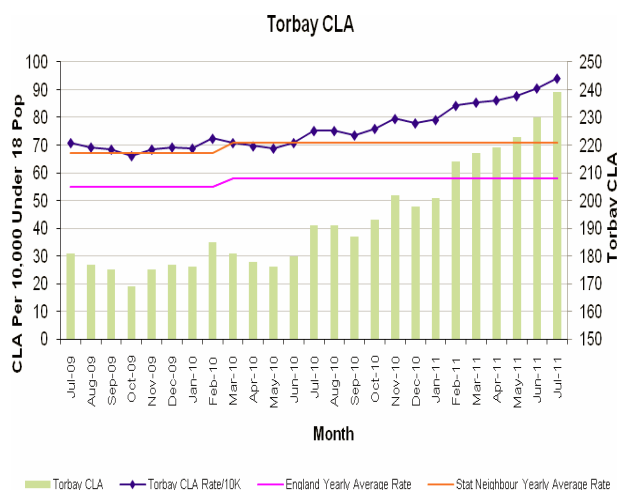
We know that Children's health and well being is determined by a complex interaction of social, economic, psychological and family factors. Child poverty remains a key issue and therefore it is essential that organisations work in partnership together to meet the needs of children and families; raise standards; lift children from poverty and improve health and well being. We know from the Marmot<sup>i</sup> review that investing in early years is crucial to breaking the cycle of inequalities and reducing the gap between the least and most advantaged. A disproportionate focus on achieving specific outcomes within the educational system would be ineffective if support is not given in the early developmental years.

Whilst **Childhood Immunisation** rates have improved year on year, in 2011 we saw a measles outbreak in an area surrounding Torbay. There is evidence that immunisation uptake among infants is poorest in the most deprived area and that interventions undertaken are more likely to be taken up by more affluent areas therefore widening the gap. In particular the issue in Torbay is with the low 2<sup>nd</sup> dose of MMR.

### **Breastfeeding** (initiation & 6 to 8 weeks)

- Torbay performs
- The consequence is that

There are rising numbers of children on a **Child Protection and Looked After** by the care system. At the end of July 2011 there were 239 children looked after (a rate of 94.0 per 10,000 under 18 population). This is the highest number for several years. The England rate at 31st March 2010 was 58 and the statistical neighbour rate was 71. Graph below shows the rate over the last 2 years.



We know that young carers are more likely to experience poor mental health; more likely to smoke, drinking and substance misuse; more at risk of having a teenage pregnancy; more likely to not be in education or employment or training and achieve lower attainment grades at school leaving age.

### Adult Age Population

We know that the number of adults living with long term conditions is increasing. A shift with clear focus on prevention and self management rather than treatment is needed to address this growing concern and dependency. Many interventions that cost less and are most cost-effective increase disability-free life expectancy, yet are not routinely implemented. For example, increasing physical activity improves mental health and wellbeing, reduces rates of heart disease and cancer, reduces the likelihood of developing diabetes in those at risk, reduces deterioration and improves mobility, quality of life and life expectancy.

### Unpaid Carers

We know that 1 in 7 of the adult population have substantial caring roles and that the impact of this on their physical and mental health can be significant and that the risk in breakdown of their own health will also impact on the people they care for. Carers experience health inequalities which require particular attention.

Mortality from all **Cancers** all age (2007-2009) Torbay - Directly age-standardised rates (DSR) 167.55 compared to England DSR 171.68. Screening programmes are an important route to identify disease early on and enable access to treatments.

Torbay DSR for the following cancers are higher than the England rates\*

- Breast Cancer** 30.17 (\*26.08)
- Prostate Cancer** 26.23 (\*24.18)
- Cervical Cancer** 3.03 (\*2.27)

Poor **Mental Health** is both a contributor to and a consequence of wider health inequalities. At any one time, just over 30% of working-age women and 17% of working age men are affected by depression or anxiety. Mental illness begins early; 10% of children have a diagnosable mental health condition and 50% of lifetime mental illness is present by the age of 14.

All age **Suicide** rate (for the period of 2007-2009) 7.87 in comparison to England rate 5.76.

Self Harm – (data due to follow)

### Alcohol

Men are significantly more likely to binge drink than women - highest level of binge drinking is seen in 18-24 year olds. High rates of alcohol related admissions 1986 per 100,000 population. Over the period 2007-2009 mortality from **chronic liver disease including cirrhosis** in Torbay was 75.

Drug Misuse – (estimated problematic drug misuse data due 29.10.11)

Housing – (data due to follow);

Hospital admissions, waiting time,  
satisfaction from viewpoint of local health  
services.

Social care

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# **Torbay's Community Plan**

**“Working for a healthy, prosperous and  
happy Bay”**

**2011 +**

# Contents

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# Foreword by Chair of Torbay Strategic Partnership

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## Welcome to Torbay's Community Plan

We are proud of the way partners have worked together to deliver on the Community Plan Priorities and the Local Area Agreement (LAA). We have seen many successes over the last 3 years.

This refreshed plan has been developed and prepared by the Torbay Strategic Partnership on behalf of all the residents of Torbay, building on the previous Community Plan 'Turning the Tide for Torbay'. It outlines the Partnership's ambition for Torbay over the next 20 years bringing together the views of residents as well as representatives from the business, community and voluntary sectors.

Four key challenges have emerged from the refreshment:

- Developing our economy , improving job prospects and responding to the recession
- Opportunities for older people and the challenges of providing services for an ageing population
- Climate Change – reducing our carbon footprint and the increased risk of flooding
- Improving quality of life for the least well off in our society

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. Improving our economic performance will reduce child poverty and encourage our young people to remain in the Bay.

The plan recognises that all public sector organisations face reductions in government funding. Working together effectively using limited resources to maximum effect will be essential. The ambition will be delivered through three delivery Boards, simplifying and streamlining delivery.

- Jobs Growth Board (Transport, Economy & Environment)
- Health & Wellbeing Board
- Communities Board

Agencies and organisations cannot deliver the plan alone and our aim is to inspire and involve the community to get everyone working together to make Torbay a better place to live. We must bring communities together celebrating the contribution all can make to deliver our priorities.

This is a long term plan and will be reviewed to take into account any changes or new opportunities. It represents an important milestone in achieving our goals for the future.

Cllr David Thomas (Chair)

On behalf of the Torbay Strategic Partnership

# Moving forward from the last Community Plan

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The Community Plan outlines the Partnership's ambition for Torbay over the next 20 years bringing together the views of residents as well as representatives from the business, community and voluntary sector.

The Community Plan was first launched in July 2007. The 2010 refreshment takes onboard issues that have emerged over the last 3 years.

Four new key challenges have been identified;

- Developing our economy, improving job prospects and responding to the recession
- Opportunities for older people and the challenges of providing services for an ageing population
- Climate Change – reducing our carbon footprint and the increased risk of flooding
- Improving quality of life for the least well off in our society

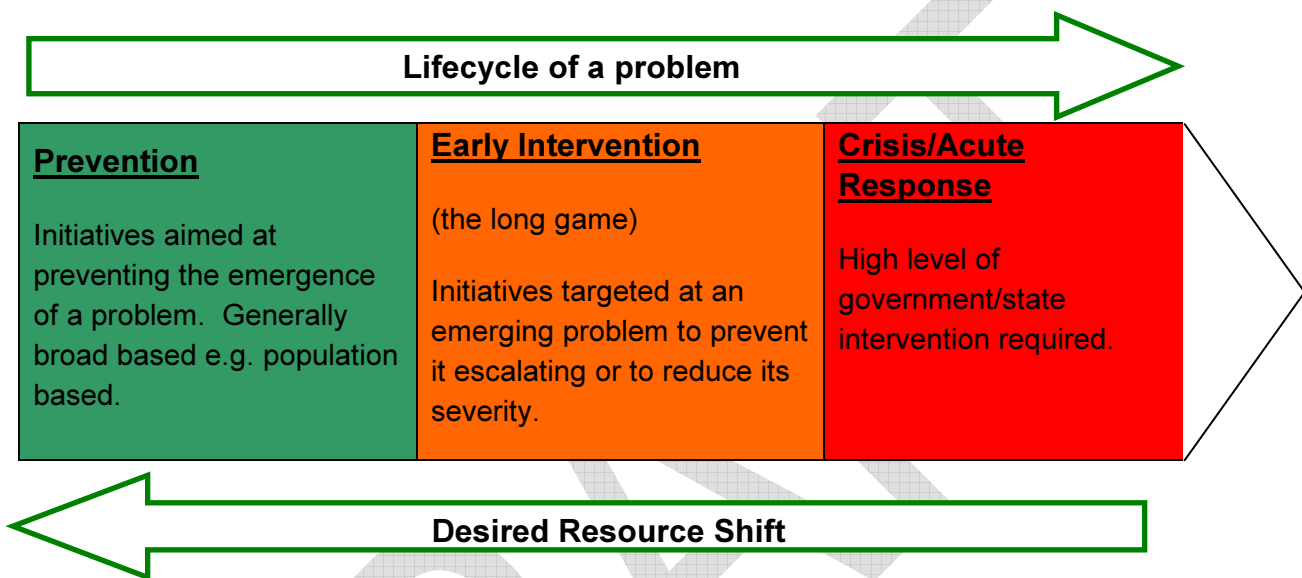
In addition, the reduction in public sector funding from central government presents a challenge for all those involved in the delivery of public services. Delivering value for money through effective partnership working is essential if we are to achieve our vision in this challenging environment.

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# Early Intervention

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We know that early intervention improves overall outcomes and ultimately reduces cost; and that if we move our limited resources towards preventative work and early intervention, then we can make a real, tangible difference to our communities. Existing work with partners has been focused around closing the inequality gap for those areas that are the most deprived in Torbay, but we recognise that we need to do more, and take a more consistent, sustainable approach. To that end we need a set of principles that we can all use when making decisions about how resources are allocated.



We will adopt the following principles to achieve the maximum benefit from early intervention;

- 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 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
- Facilitate a sustainable behavioural change which recognises the links between employment, health and wellbeing
- Demonstrate a measurable transfer of resources year on year from treatment of problems to prevention and early intervention.

# Our Ambition for the Bay

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## Vision:

**“Working for a healthy, prosperous and happy Bay”**

## An area that;

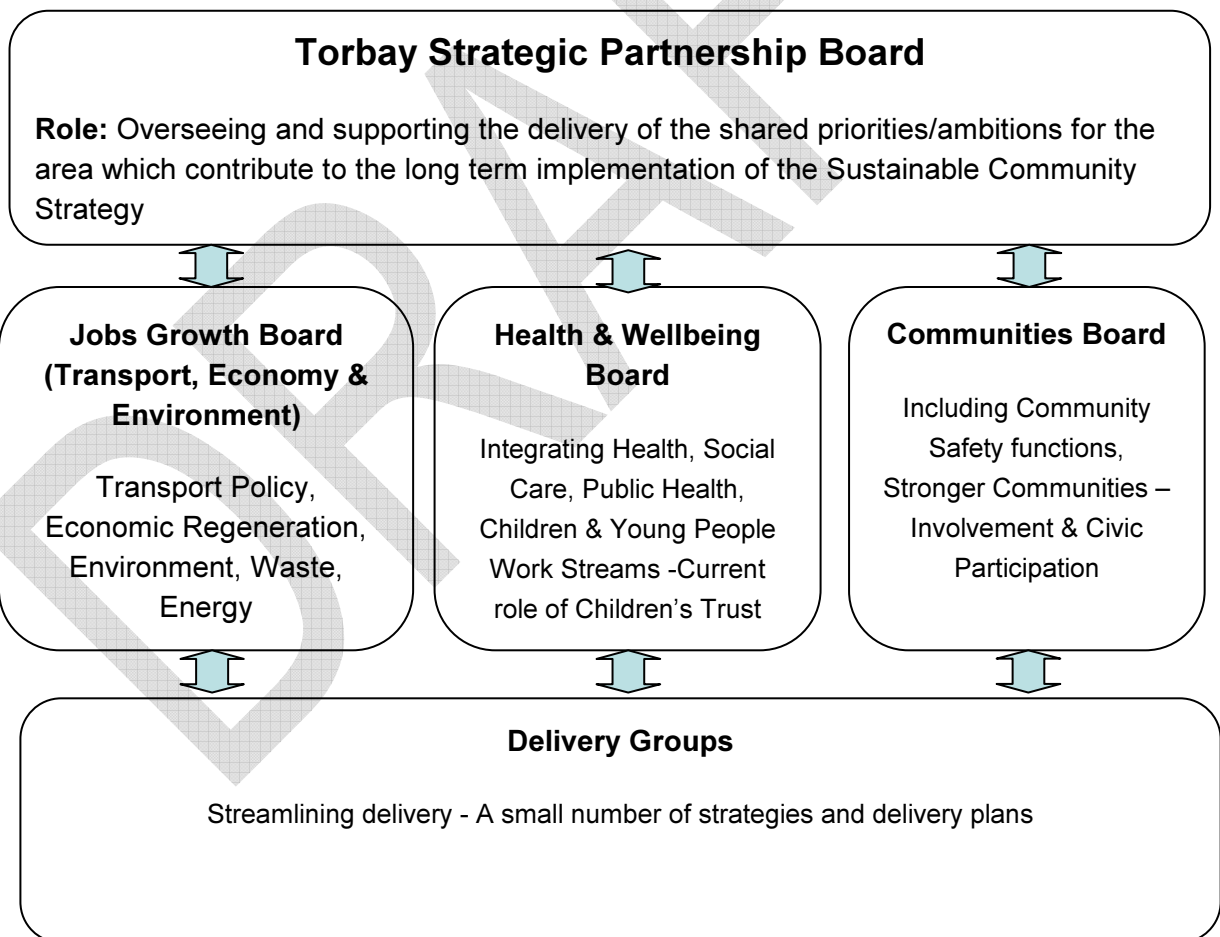
- Is prosperous and known to be a great place to live and learn and grow up in
- Is able to compete on a world stage in our traditional industries of tourism and fishing
- Communities know and support each other and enjoy some of the best quality of life in England
- Widens opportunities and provides high quality employment and retains our young people in the Bay
- Celebrates the differences in the three towns, builds on the strengths of these towns and brings back the feel-good factor

# Delivering our ambition

In considering delivery of our aims, the Partnership has considered the forthcoming health reforms with a requirement to have a Health and Wellbeing Board. In the light of this change and a desire to simplify and streamline delivery, three boards will be charged with delivery of this plan.

- Transport, Economy & Environment
- Health & Wellbeing Board
- Communities Board

This will enable the number of delivery groups and strategies to be streamlined. These boards will develop delivery plans consistent with the actions agreed in the Community Plan. The Torbay Strategic Partnership will oversee and support delivery.



# Transport Economy and Environment

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## What is Torbay like now?

- Torbay's Gross Value Added (GVA) is the fifth lowest in Devon, Cornwall and the Isle of Scilly and 63% of the national average. GVA is the difference between the value of goods and services produced and the cost of raw materials and other inputs that are used up in production. It is a key indicator of economic prosperity
- Unemployment is high by comparison with the South West and England and many jobs are poorly paid and this leads to high benefit dependency
- The Bay is a popular destination for early retirement. This means the number of people of working age who are not working is high
- It costs eight times the average salary to buy an average priced house in the Bay
- Inward and outward migration continues to influence the Bay's demographic profile (further detail page 15)
- The council works together with South Devon College, Connexions, the Young People's Learning Agency, and the National Apprenticeship Service. to enable young people to improve their job and career prospects
- Torbay has an outstanding coastal environment with unspoilt coastline offering some breathtaking views. Along a 22 mile stretch, over 20 safe beaches and secluded coves make up the English Riviera. This is important for tourism, the local economy and quality of life. We have over 100 parks and green spaces alongside key attractions.
- The Torbay Coast and Countryside Trust manages 1800 acres of land including Berry Head National Nature Reserve, Cockington Country Park and Craft Studios, Goodrington Seashore Centre, six SSSIs (Sites of special scientific interest) and the South West Coast Path through Torbay. It is estimated that around 750,000 people use these places each year.
- Torbay's urban environment is mixed. We have some high quality residential neighbourhoods and outstanding buildings. Parts of our town centres need regeneration people want to see further improvements in reducing litter.
- The condition of housing stock in Torbay is worse than in surrounding areas and does not meet the Decent Homes Standard.
- Culture is one of the fastest growing business sectors in Torbay. However, cultural participation is varied. 23.6% of Torbay's adult population participate in sport and active recreation.

- Our waste recycling rate is above the national average. All our rubbish is disposed of outside Torbay's boundaries. However, our bio-degradable landfill figures will soon exceed the Government's targets, leading to financial penalties. The landfill Torbay currently utilises will be at capacity in 2016.
- The growth in our bus services and increased cycling rates are a big success story, as are the major environmental improvements and pedestrian priority schemes in some of our shopping streets. However, we also have some localised congestion in parts of our town centres and on and off street parking problems.
- Being a coastal area we are aware of the potential impact of rising sea levels over the next 20-30 years and we are in the process of preparing a climate change strategy.
- A new company, TOR2, has recently taken over operational delivery of the following local services in Torbay, waste and recycling collections, management of the Household Waste and Recycling Centre, maintenance of Torbay's highways, grounds, parks, car parks, public toilets, other buildings and the Council's vehicle fleet, street and beach cleansing and a out of hours call centre support. TOR2 is an innovative Joint Venture Company owned by May Gurney (80%) and Torbay Council (20%) that will deliver service improvements and value for money. Torbay Council has chosen to partner May Gurney because they offer an innovative and integrated service with significant benefits to Torbay and its residents. These include savings of £10 million over 10 years, new employment opportunities and a sustainable business approach which will lead to a 30,000 tonne annual reduction in carbon, the equivalent of taking 10,000 cars off the road. These improvements will help Torbay increase recycling and cut down on the amount of waste ending up in landfill sites. This will enable residents to recycle up to 85% of their waste, with all residents able to recycle the same materials.

## What are we going to do?

- Increase value and improve economic performance of key sectors
- Encourage appropriate and sympathetic diversification of the economic base
- Provide business and infrastructure support for economic growth and job creation
- Develop skills and learning opportunities
- Create and maintain quality environments that are clean, safe and pleasant
- Improve the quality and quantity of culture on offer in Torbay
- Make it easier to get around Torbay
- Be proud to provide high quality services to visitors and residents

## We will achieve this by.....

- **Creating the right environment to attract inward investment to Torbay by ensuring that the infrastructure e.g. premises, transport, road links, cycleways and communications is in place to support economic growth**
- **Delivering sympathetic major regeneration to build on partnership working with the private sector**
- **Encouraging sustainable business growth and jobs creation**
- **Making the economy more inclusive linked to the Bay's need for housing**
- **Committing to social enterprise**
- **Committing to employment of older people (50 plus)**
- **Developing skills, including employment of apprentices and working with through voluntary sector to raise skills through work experience and community development**
- **Having cleaner and greener well kept public spaces**
- **Raising awareness of cultural activities in the Bay for all to increase participation**
- **Building on the quality of customer services in Torbay**
- **Reducing waste and increase recycling and composting**
- **Reducing carbon emissions and responding to the impact of climate change**



# Health and Well Being

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## What is Torbay like now?

- The gap in life expectancy in Torbay between the least and most disadvantaged communities is 7.3 years for males, and 8.1 years for females. This gap is slowly reducing for males, but widening for females
- Alcohol misuse creates a burden on the health care system through alcohol related hospital admissions
- There are a growing number of children and young people with health issues
- Our schools have performed well on the whole in inspections and none is in an Ofsted category of concern; our further education provision is outstanding
- Attainment levels have improved for Key stage 2 and 4
- The percentage of primary and secondary school pupils with a Statement of Special Education Needs is above the national average
- We work together with the Skills Funding Agency and South Devon College to raise skill levels and qualifications in adults
- School attendance is improving
- As older people become an ever more significant proportion of our society, we need to continue to support them to acquire new skills and contribute to society

## What are we going to do?

- Work to develop healthier communities and where people live happy, independent and healthy lives
- Ensure every child and young person in Torbay is supported and helped to achieve the best outcomes they can
- 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
- Make a positive difference to children and families in Torbay

## We will achieve this by.....

- **Demonstrate a transfer of public resources away from treatment towards prevention and early intervention**
-

- Supporting vulnerable people to live independently having choice and control over the support they receive
- Reducing Risk Taking Behaviours Which Are Harmful To People's Health And Well Being
- Improve The Quality Of Life And Disability Free Years For People With Long Term Conditions
- Increasing The Range Of Integrated Services In Community Settings Away From Acute Hospital Environment.
- **Reducing inequalities in Torbay with people living in our more disadvantaged communities have a better quality of life, prioritise "first and most"**
- Increasing participation in positive activities
- **Raising attainment at all stages of education**
- **Improving attendance and behaviour at education settings**
- **Ensuring all children and young people are protected from abuse, neglect and feel safe and supported in their families and communities**
- **Reducing the number of teenagers becoming pregnant**
- **Reducing the number of children and young people living in poverty**
- **Raising skills at all stages of learning level and education**

# Communities

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## What is Torbay like now?

- Torbay is a relatively low crime area, crime rates are falling but the fear of crime remains
- Alcohol contributes significantly towards Torbay's night time economy. Alcohol also contributes towards localised violent assaults
- There is a wealth of older and younger people who volunteer on a regular basis to help shape their local community
- Torbay has a higher percentage of older people (43% compared to the national average of 33.5% in 2006) compared to some areas and this brings the opportunity to make sure older people's wisdom is fully part of our community
- Torbay is becoming more diverse as a community with growth in population from Europe and elsewhere, this brings opportunities as well as challenges to ensure we stay a cohesive community

## What are we going to do?

- Create a safe place to live, work and visit
- Have access to good quality housing and support education, training and employment
- Develop our own communities and treat each other with respect and consideration
- Support our Communities to achieve a Higher Quality of Life
- Value the contribution that older people can make to the economy and life in Torbay.

## We will achieve this by.....

- **Ensuring people feel safe and confident in our ability to deal with crime and Anti Social Behaviour**
- **People working together to improve Torbay, inspiring and empowering the community to find new and exciting solutions to the things that matter to them creating opportunities for all**
- **Ensuring people have access to good quality homes and a supportive neighbourhood**
- **Ensuring diversity is a positive part of life in the Bay and an economic as well as a cultural and social asset**
- **Recognising and valuing the contribution older people can make**

- Involve communities in developing and delivering local action plans that focus on priorities relevant to their areas

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## Population and Migration

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Torbay's population expected to increase from 134,300 in 2010<sup>1</sup> to 157,000 in 2033<sup>2</sup>. In 2033, a third of the population will be aged 65 and over, while children and young people (0 to 19) will make up one quarter of the population.

Official figures indicate that inward-migration has fallen over the last 10 years, with 5,800 people coming into the Bay and 5,400 moving out of the Bay<sup>3</sup>. Migration however, is still an important factor in Torbay's continued population growth.

Latest figures would indicate that while there are still high numbers of people aged between 15 and 30 leaving the Bay, a similar number of people in this age group are coming into the bay (1,800 outflow, compared to 1,900 in-flow)<sup>4</sup>.

However local research suggests that Torbay's population is currently underestimated, especially in the 25 to 44 year old age banding where we believe figures have been underestimated by approx 17% in 2008. We are currently awaiting confirmation of the results from the 2011 census to see if these local estimates are sound.

1 in 5 of Torbay's 20 to 29 population live in areas in the top 10% most deprived in England.

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<sup>1</sup> 2010 Mid Year Estimates. ONS

<sup>2</sup> 2008 Based, Sub National Population Projections. ONS

<sup>3</sup> 2010 Internal Migration Statistics. ONS. IN 2010 ONS changed their collection of this statistic to NHS GP lists. This means that people who are not registered with a Doctor are not necessarily counted.

<sup>4</sup> 2010 Internal Migration statistics. ONS

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## **Torbay Pharmaceutical Needs Assessment**

**Shadow Health and Wellbeing Board – 20<sup>th</sup> October 2011**

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

- 1.1 Under the proposals in the health and Social Care Bill, Health and Wellbeing Boards will take over the responsibility to develop, update and publish local Pharmaceutical Needs Assessment (PNAs). The PNA is a statutory planning document (with periodic review) that identifies plans for improving health, captures the Community Pharmacy service provision at a given point in time, and potentially identifies ways that Community Pharmacy Services might be shaped to better meet the needs of the local community. The PNA will also aid decision making on the location of new community pharmacies.
- 1.2 Community pharmacies straddle the ground where the local authority and NHS worlds meet. They have been identified as an integral part of the NHS, a vital local service and a community facility. The existing Community Pharmacy contract means that centrally funded (essential and advanced) services can be shaped or adapted to local need, at no additional cost to local NHS or Trust funding. There is additional opportunity for local communities and commissioners to utilise the skill of the pharmacy team through the funding of local enhanced services (LES).
- 1.3 There are some commonalities between the priorities set out within Torbay's Community Plan and community pharmacy service provision.
  - Public Health – central government has recognised pharmacists as a valuable and trusted public health resource. Community pharmacists have a proven track record in delivering public health services.
  - Support for independent living – pharmacists provide services that help people remain independent for longer; by helping them understand and manage their medicines and supporting self-care.
  - Social Capital – a community pharmacy is a core business that can help to sustain communities and build social capital.

Community Pharmacies by their nature reach almost every ward (locality),

### **2. Transport , Economy and Environment**

- 2.1 Community Pharmacies exist in almost every ward and provide employment for local people, contributing to the economic prosperity of their local community and help to preserve local shopping access. Levels of training provided to staff, and opportunities for self-development may be among the best on offer in some communities. NVQs and in-house training are accessible to all employees, and indeed are a compulsory requisite enforceable upon contractors by the national

registering organisation, the General Pharmaceutical Council. They are free to access, and may offer a route to independence, further opportunities, and increased self-worth.

2.2 Community Pharmacies contribute to maintaining a clean environment through the following:-

- Essential services: Waste Medicine Return.
- Local enhanced services: Substance Misuse, Needle Exchange.

These services are proven at a national level to be effective, and economically positive.

The PNA highlights Wellswood as being likely to benefit from a needle exchange provider.

### 3. Health & Well Being

3.1 Torbay has 39 community pharmacies. Virtually all have approved consultation areas and are eligible from the standpoint of physical premises to provide new pharmaceutical services.

3.2 **Respiratory Medicine Use Review:** Pharmacists across Torbay PCT now have patients referred to them by local practices aimed at improving respiratory inhaler technique, compliance, and patient awareness of their own condition. 135 of these MURs have now been completed. A significant positive effect on patients wellbeing is being seen, whether it be closer compliance to guideline treatment, a change in prescription, or fostering of patient ownership through increasing use of 'self-management plans'. This is a huge contribution to the care of this group of patients and the workforce involved in their care.

3.3 **'Finding the missing 1000's campaign'** is an innovative Diabetes screening program set up to run through community pharmacies in Torbay as a result of the LPC working jointly with Diabetes UK, following the SW regional meeting sponsored by Adrian Sanders. This is a fine example of collaborative working resulting in an outcome demonstrating the potential of local community pharmacy to be a national beacon in health care practice, and to identify individuals with symptoms and indicators of undiagnosed diabetes. Diabetes is under identified within the bay and the campaign aims to support the local health community in reaching national levels of early identification.

3.4 Local Community Pharmacies have participated in the **Torbay Pharmacy Healthy Living Advisor program** this year. The aim of the program is to provide a local, accessible and trusted source of quality healthy living advice, the project focuses on the Pharmacy Healthy Living Advisor. This is a new role piloted in the participating pharmacies in Torbay. The Pharmacy Healthy Living Advisors have been trained (by The Royal Society of Public Health) to discuss key health messages with local people who visit the pharmacy. This means they will be available to advice on making decisions enabling people to move towards healthier lifestyles. Where appropriate the person will be engaged with local health services in the Torbay area. The leading priorities for Torbay Care Trust that the Healthy Living Advisors will champion are; supporting people to stop smoking, helping young people understand sexual health risks, raising the issue of high alcohol consumption and prevention of skin cancer.



The level of training and the enthusiasm generated in the individual 'champion' offers a role model within the local community.

3.5 **Healthy Living Pharmacies and Public Health Programmes** - Community pharmacies are providing a growing range of public health services that are producing positive outcomes notably for people in deprived or vulnerable circumstances. National data shows that 84% of adults visit a pharmacy every year, on average 16 times a year. Pharmacies also provide a convenient and less formal environment for those who cannot easily access or do not choose to access other kinds of health service. On a daily basis pharmacy teams are in contact with young mothers and families, teenagers, patients with long term conditions, carers, older and vulnerable people, including those with mental health, and drug users.

3.6 Healthy Living Pharmacies (HLP) is a concept being rolled out nationally in a pathfinder initiative. In Healthy Living Pharmacies, a number of public health services are brought together into one location and the whole team in each community pharmacy has specific training in delivery of public health messages and advice, and supporting behavioural change. Emerging evidence demonstrates a higher degree of effectiveness in delivery of public health messages. Experience has shown a number of knock on benefits to the businesses involved, as might be expected from higher levels of training in transferable skills. In an average HLP there are 7 trained public health facilitators; and there are 39 pharmacies in the bay.

The potential of such HLP centres is to act as a beacon of practice, inspiring to the community on a far broader basis than public health.

The LPC would wish to highlight the HLP scheme as an ambition for community pharmacy in Torbay, to the benefit of residents / communities and employees.

3.7 **Drug and alcohol abuse** - 24 community pharmacies in Torbay provide supervised consumption services & 12 provide needle exchange facilities. (The existing PNA identifies Wellswood as having a service shortfall).

3.8 **Teenage Pregnancies** - 31 community pharmacies offer Emergency Hormonal Contraception to young women and 10 of those pharmacies also offer access to chlamydia screening. The PNA did identify a gap in Wellswood.

3.9 **Independent Lifestyles** - Pharmacies provide support for carer's and residents to independently manage their medications and administration of them. This can be through the provision of the medicine use review, increasing understanding, or compliance aids, and repeat dispensing schemes

3.10 Being able to take prescribed medicines effectively is a key factor in enabling older people to live independently in their own homes. Pharmacists help people by improving understanding of their medicines and how to use them, through the NHS Medicines Use Review and New Medicine Service.

3.11 97% of community pharmacies in Torbay provide medicine use reviews. Each community pharmacy may provide up to a maximum of 400 medicines use reviews per year; from the 1<sup>st</sup> October 2011 50% of these must be targeted at specific long term conditions; respiratory, high risk drugs (for example, warfarin, or methotrexate)

and post discharge from hospital. These have the potential to contribute positively toward increased quality of life and reduced hospital admissions. The NHS has also introduced another nationally funded service effective from 1<sup>st</sup> October – The New Medicines Service (NMS). (See Appendix 2). The LPC will have an objective to co-ordinate both the targeted Medicines Use Reviews and the New Medicines Service for the benefit of the population of Torbay.

- 3.12 **Smoking Cessation** - 36% of Torbay pharmacies provide smoking cessation support. The PNA identifies several communities as 'deficient' in this respect: Churston, Galmpton, Chelston, St.Marychurch, and Wellswood.

#### **4. Communities**

- 4.1 The potential of such Healthy Living Pharmacies centres is to act as a beacon of practice, inspiring to the community on a far broader basis than public health. Contributing to making Torbay a Safer Place and enabling communities to be more involved in public health issues that affect communities

#### **5. Relationship of the PNA to the Community Plan – maximising contribution of nationally agreed funding within Torbay**

- 5.1 Opportunity to use existing resource to the maximum in the light of reduced funding
- 5.2 Utilisation of the new advanced services: 'reduction in spend' potential of new nationally proven, and existing locally commissioned community pharmacy services
- 5.3 Ownership of health messages from within communities. Local businesses, local staff, local learning and local development.
- 5.4 Accessing National resource and initiatives to the benefit of Torbay

#### **6. Recommendation for decision**

- 7.1 The Torbay Pharmaceutical Needs Assessment to be used to create a specific agenda of actions to ensure maximum contribution from community pharmacy to The Community Plan. Further that the Health and Wellbeing Board agrees an appropriate review period (which may be guided by national direction in the longer term. But that initially the board ask for sight of a plan within six months.
- 7.2 The Shadow Health and Wellbeing Board directs that the Pharmacy Plan be shaped to deliver agreed actions.
- 7.3 The Shadow Health and Wellbeing Board recommends that the existing Pharmacy Healthy Living Advisor program be extended across the bay to maximise the use of the nationally funded resource, and developed in line with the national Health Living Pharmacy model with a stated ambition for timetable.
- 7.4 The Shadow Health and Wellbeing Board supports the up-skilling of the pharmacy staff base by developing access to Cognitive Behavioural Therapy training through the existing community pharmacy network.

7.5 The Board requests that any decision on service funding that is likely to adversely impact upon the existing level of provision to be brought before the Shadow Health and Wellbeing Board.

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## Briefing

Community Pharmacy Services  
– briefing for GP practices

This document provides new information for GP practices about the changes to the NHS Community Pharmacy Contractual Framework (CPCF) in England. NHS Employers and the Pharmaceutical Services Negotiating Committee (PSNC) are working towards the implementation of two key service developments from 1 October 2011. These are:

- the introduction of a New Medicine Service (NMS)
- the introduction of nationally targeted Medicines Use Reviews (MURs).

### New Medicine Service

The NMS is designed to provide early support to patients to maximise the benefits of the medication they have been prescribed. Proof of concept research<sup>1,2</sup> was used in the development of the service which shows that an intervention by a pharmacist can help to improve patients' adherence to their medicine. In the research<sup>3</sup> patients who used the service experienced fewer medicines problems and made less use of other NHS services, saving money and GP time.

The NMS can be provided to patients who have been newly prescribed a medicine in one of the following conditions/therapy areas:

- asthma and COPD
- type 2 diabetes
- antiplatelet/anticoagulant therapy
- hypertension.

For each condition/therapy area, a list of medicines has been agreed. If a patient is newly prescribed one of these medicines then they will be eligible to receive the service. The medicines are listed overleaf.

The service is split into three stages:

1. **Patient engagement** – following the prescribing of a new medicine covered by the service, patients may be recruited to the service by prescriber referral or opportunistically by the community pharmacy. The patient will be asked to consent for information to be shared with their GP as necessary.

The pharmacy will dispense the prescription and provide initial advice as it normally would.



**Asthma and COPD** – Adrenoceptor agonists; Antimuscarinic bronchodilators; Theophylline; Compound bronchodilator preparations; Inhaled corticosteroids; Cromoglicate and related therapy, leukotriene receptor antagonists and phosphodiesterase type-4 inhibitors.

**Type 2 Diabetes** – Short acting insulins\*; Intermediate and long acting insulins\*; Antidiabetic drugs.

**Antiplatelet/anticoagulant therapy** – Oral anticoagulants; Antiplatelet drugs.

**Hypertension** – Thiazides and related diuretics; Beta-adrenoceptor blocking drugs\*; Vasodilator antihypertensive drugs; Centrally acting antihypertensive drugs; Alpha-adrenoceptor blocking drugs\*; Drugs affecting the renin-angiotensin system\*; Calcium-channel blockers\*.

\* where the community pharmacist can determine that the medicine has been newly prescribed for the specified condition.

2. **Intervention** – the intervention will take place between seven and 14 days after patient engagement at an agreed time and through a method agreed with the patient (this could be face to face or by telephone).

The pharmacist will use an interview schedule to assess the patient's adherence, identify problems and the patient's need for further information and support which the pharmacist will provide.

3. **Follow up** – the pharmacist will follow up with the patient 14 to 21 days after the intervention (again face to face or by telephone) to discuss how the patient is getting on with their

medicine. They will also provide advice if required.

At both the intervention and follow up stages, the pharmacist may identify a problem which requires the prescriber to review the prescription. Where this is required, the pharmacist will complete an NMS feedback form to provide the GP with the details they require. This form is included at **Annex A**. The feedback form was designed by the Professional Relationships working group which is made up of NHS Employers, PSNC and the GPC.

### Targeted Medicines Use Reviews

MURs aim to improve a patient's knowledge, understanding and use of their medicines.

Unlike the NMS where patients have been newly prescribed a medicine, patients who have an MUR are likely to have been taking the medicine for a period of time.

From 1 October 2011, pharmacies must ensure that at least 50 per cent of the MURs they provide are targeted on patients who:

- are taking "high risk medicines" (diuretics, NSAIDs, antiplatelets and anticoagulants)
- have been recently discharged from hospital with an amended medicines regimen. Ideally, patients who are discharged from hospital will receive an MUR within four weeks of discharge but in certain circumstances the MUR can take place within eight weeks of discharge
- have respiratory disease.

As now, MURs will cover all the patient's medicines not just those that fall within a target group. Pharmacists will still be able to provide MURs to patients who fall outside of the target groups who they think would benefit from the intervention.

To gain maximum value and benefits from the services, it is important that effective communication and reporting processes are agreed between GP practices and community pharmacies.

## References

- <sup>1</sup> Barber N, Parsons J, Clifford S, Darracott R, Horne R. (2003): 'Patients' problems with new medication for chronic conditions'. *Qual Saf Health Care* (2004) 13: 172–175
- <sup>2</sup> Clifford S, Barber N, Elliott R, Hartley E, Horne R. (2006): 'Patient-centred advice is effective in improving adherence to medicines'. *Pharm World Sci* (2006) 28: 165–170
- <sup>3</sup> Elliott R A, Barber N, Clifford S, Horne R, Hartley E. (2007): 'The cost effectiveness of a telephone-based pharmacy advisory service to improve adherence to newly prescribed medicines'. *Pharm World Sci* (2008) 30: 17–23

Further information about the changes to the Community Pharmacy Contractual Framework can be found on the NHS Employers ([www.nhsemployers.org/CPCF2011-12](http://www.nhsemployers.org/CPCF2011-12)) and PSNC ([www.psn.org.uk/contract](http://www.psn.org.uk/contract)) websites.

# NHS New Medicine Service

## Feedback form

Date

To: **GP Practice name**

**Re: Patient name**

**DOB:**

**NHS number:**

**Patient address:**

This patient was recently enrolled on the NHS New Medicine Service following the prescribing of:

### Medicine name

I am writing to inform you of a matter that has arisen during provision of the service which requires your consideration:

- Potential drug interaction(s)
- Potential side effects/adverse drug reaction preventing use of medicine
- Patient reports not using medicine any more
- Patient reports never having started using medicine
- Patient reports difficulty using the medicine – issue with device
- Patient reports difficulty using the medicine – issue with formulation
- Patient reports lack of efficacy
- Patient reports problem with dosage regimen
- Patient reports unresolved concern about the use of the medicine
- Other (see comments below)

### ***Further information/comments/possible action:***

I have advised the patient that, where appropriate, the practice will contact them regarding this matter after considering the above information. Please provide any necessary feedback to me on the outcome.

**Pharmacist name**

Telephone:

**Pharmacist**

Pharmacy name

Address 1

Address 2

Address 3

Postcode

**CONFIDENTIAL**





## Procurement of Healthwatch Shadow Health and Wellbeing Board – 20<sup>th</sup> October 2011

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

- 1.1 The Government's health and social care reforms are centred on the fundamental principle that patients and the public must be at the heart of everything our health and social care services do.

The Government has acknowledged that there have been a number of different arrangements for involving people in health and social care over recent years and has expressed an intention to build on what is working well but also establish new structures that will bring even greater benefits to local people.

As part of this intent the Health and Social Care Bill currently going through parliament has provision in it for the establishment of Healthwatch.

Subject to Parliamentary approval both Healthwatch England and local Healthwatch will be introduced from 1<sup>st</sup> October 2012, with local authorities also taking responsibility for the commissioning of NHS complaints advocacy from April 2013, which may or may not be provided through Healthwatch.

- 1.2 Healthwatch is being described as an evolution from the existing Local Involvement Networks (LINks). Healthwatch will give people real influence over decisions made about local services; it will support individuals as well as engaging communities; and Healthwatch England will ensure that consumer voice has influence not only locally but nationally too.

Healthwatch is being established as a new independent consumer champion for patients, carers and all those using health and social care services, as well as the wider public.

Its purpose will be to help achieve the aims described in the Government's white paper *Liberating the NHS* where:

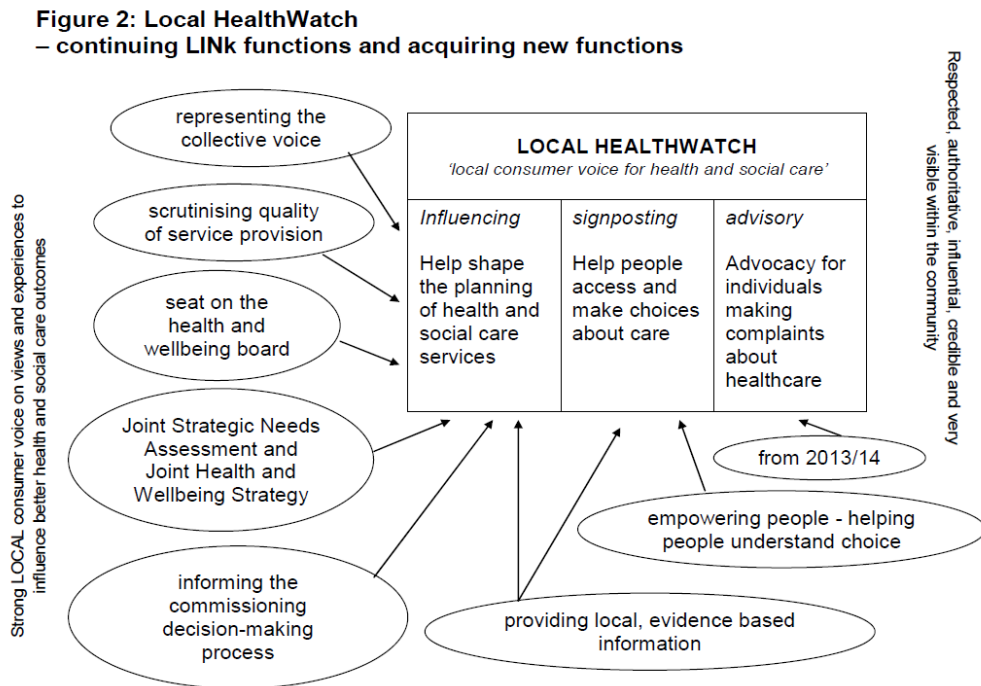
- people are at the heart of all health and social care services;
- health and social care outcomes in England are among the best in the world;
- there is promotion of the joining up of local NHS services, social care and health improvement.

- 1.3 Healthwatch England will be a statutory committee within the Care Quality Commission (CQC). It will:
- be an independent consumer champion
  - provide leadership, advice and support to Local Healthwatch
  - provide advice to the NHS Commissioning Board and the Secretary of State
  - receive concerns from local Healthwatches and have the power to propose a CQC investigation of poor services.

1.4 Locally Healthwatch will be required to 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.

These functions are shown in figure 2 below from the Department of Health’s Healthwatch Transition Plan.



**2. How is this to be implemented?**

2.1 Guidance is clear that Healthwatch need to build on the existing local LINK. Torbay has an active LINK currently implemented with support from local staff employed by the ‘host’ organisation Help and Care. It has 720 individual and organisational members, a steering group of 9 volunteers, a priorities panel and an ‘enter and view’ team. LINK Torbay has an active working relationship with the Baywide GP Commissioning Consortium, Torbay Care Trust, the Care Quality Commission, Health Overview and Scrutiny and its neighbouring LINKs. It has recently been called upon by the Baywide GP Commissioning Consortium to help set up their Patient Participation Groups and is well placed to coordinate health and social care engagement in Torbay.

- 2.2 Funding for Healthwatch will be provided through:
- i) The authority's main Formula Grant allocation (from 2012),
  - ii) Reallocation of funds from the existing grant to the Primary Care Trust Patient Advocacy and Liaison Service (PCT PALS) from (October 2012),
  - iii) Reallocation of funds from the existing grant for NHS Complaints Advocacy (potentially from October 2012),
  - iv) Reallocation of funds from the existing grant for PCT Deprivation of Liberty Safeguards (from April 2013),
  - v) Reallocation of funds from the existing grant for Independent Mental Health Advocates (from April 2013).

A consultation is currently being undertaken by the Department of Health on the basis for calculating reallocations for ii), iii) and iv) above.

The current LINK/future Healthwatch provision within Torbay's Formula Grant Allocation is £120,000 per annum, but these funds are not currently ring-fenced and will be assessed in the context of reducing revenue support grant as outlined in the comprehensive spending review(CSR)

If we assume this level of funding for the first three years of Healthwatch, and take the lowest estimates for reallocation of funds from ii), iii) and iv) above (consultation on the allocation from item v) above will not take place until nearer 2013) the three year contract amount could be in the region of £550,000. Further clarification and consideration will be given to the resource allocation.

- 2.3 This level of funding requires an OJEU tendering process. The timetable for this tender is proposed as follows:

<b>Timeline</b>	<b>Action</b>
November/December 2011	Tender specification developed
December 8 <sup>th</sup> 2011	Healthwatch report presented to Full Council
January 2012	Tender process starts
April 2012	Contract awarded*
July 2012	Contract starts
October 2012	Legal start date for Local Healthwatch
April 2013	Local authority required to commission NHS complaints advocacy, this service could be provided via Healthwatch

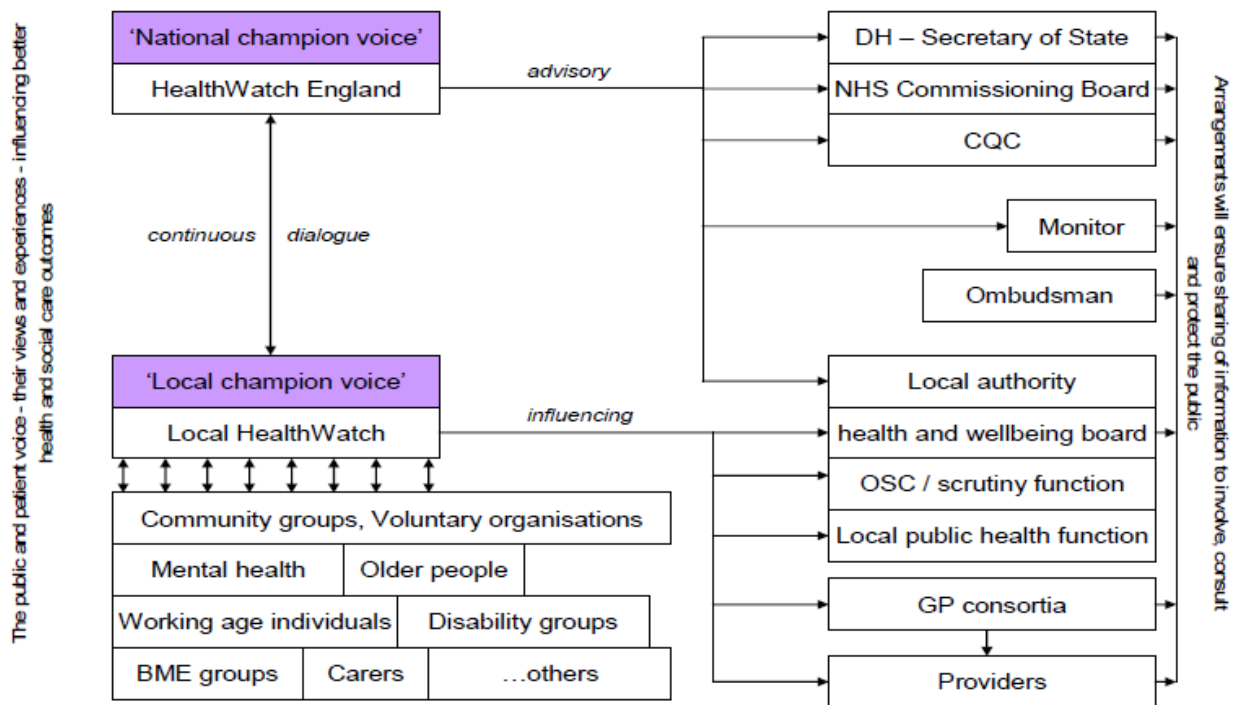
\* the three month gap between the awarding of the tender and the start of the tender contract will allow for any possible TUPE requirements or alternative staffing arrangements.

- 2.4 While the remit for Healthwatch is determined nationally by legislation there is Flexibility in the way it is implemented locally. The aim is to enable Healthwatch to become a 'one stop shop' for all influencing, signposting and advisory activities related to health and social care issues with a high level of public awareness. Healthwatch should become a household name. To help identify how Healthwatch could be delivered in Torbay, building on LINK Torbay, and avoiding duplication, a Healthwatch Transition Stakeholder Group was set up in July to create an action plan and identify some key elements for the Healthwatch tender specification. 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 Commissioning

Consortium, 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. This group has met 4 times and aims to complete its work by the end of November 2011.

- 2.5 One of the other challenges is to ensure that Healthwatch is integrated and linked into the wider Health and Social Care decision-making, commissioning and provider networks. The Department of Health suggests that the Local Healthwatch can be a conduit particularly between the voluntary and community sector and service providers. Figure 1 below, from the Department of Health's Healthwatch Transition Plan, demonstrates this.

**Figure 1: Strengthening the collective voice of patients and the public**



Torbay has already initiated a mapping exercise to identify the best structure of engagement and influence for Healthwatch Torbay. This piece of work has enabled Torbay to attain Pathfinder status for its Healthwatch and the resulting model will be shared nationally.

### 3. Relationship to Community Plan

3.1 Healthwatch will directly contribute to the overall vision of the Community Plan (2011 +) of Healthy, Prosperous and Happy Communities.

3.2 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.

#### **4. Recommendation for decision**

- 4.1 That the Shadow Health and Wellbeing Board support the development and procurement of Healthwatch Torbay as outlined above within the context of reducing resources over the CSR period.
- 4.2 That the LINK representative on the Shadow Health and Wellbeing Board (Anne Mattock) provide the formal link between the Shadow Health and Wellbeing Board and the Healthwatch Transition Stakeholder Group in its work over the next 2 months.
- 4.3 That the resulting Healthwatch specification is shared with the Shadow Health and Wellbeing Board through electronic means as allowed for by its constitution under the 10 day rule.

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