TORBAY Health & Wellbeing BOARD

Working together for a healthier Torbay

Monday, 25 November 2013

Meeting of the Health and Wellbeing Board

Tuesday, 3 December 2013

9.00 am

Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Councillor Lewis (Chairman)
Graham Lockerbie, NHS England
Caroline Taylor, Torbay Council
Sam Barrell, South Devon and Torbay Clinical Commissioning Group
Richard Williams, Torbay Council
Pat Harris, Healthwatch Torbay
Caroline Dimond, Interim Director of Public Health
Councillor Scouler
Councillor Pritchard
Councillor Davies
Councillor Morey

Co-Optee's (Non-Voting)
Paula Vasco-Knight, South Devon Healthcare NHS Foundation Trust
Tony Hogg, Police & Crime Commissioner

For information relating to this meeting or to request a copy in another format or language please contact:

Lisa Antrobus, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207064
Email: governance.support@torbay.gov.uk

TORBAY COUNCIL

NHS

HEALTH AND WELLBEING BOARD
AGENDA

1. Apologies
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.

2. Minutes (Pages 1 - 5)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 19 September 2013.

3. Declaration of interest

3(a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

3(b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

4. Urgent items
To consider any other items that the Chairman/woman decides are urgent.

5. Appointment of Vice-Chairman/woman
To appoint a Vice-Chairman/woman for the remainder of the 2013/2014 Municipal Year.

6. Update Report - Adult Social Services (Pages 6 - 7)
To receive an update on the current position of Adult Social Services.

7. Update Report - Clinical Commissioning Group (Pages 8 - 24)
To receive an update on the current position of the Clinical Commissioning Group.

8. **Pioneer Status** (Pages 25 - 38)
To receive an update on the successful bid to the Department of Health for Integrated Health and Social Care Pioneer Status.

9. **Integration Plan (Integrated Transformation Fund)** (Pages 39 - 51)
To consider the outline plan which is being developed as part of the requirements of the Integration Transformation Fund.

10. **Health Protection Committee** (Pages 52 - 61)
To consider the establishment of a Health Protection Committee covering Devon, Plymouth and Torbay.

11. **Update Report - Public Health** (Pages 62 - 64)
To receive an update on the current position of Public Health.

12. **Update Report - Healthwatch** (Pages 65 - 80)
To receive an update on the current position of Healthwatch.

13. **Update Report - Children's Services** (Pages 81 - 88)
To receive an update on the current position of Children's Services.

14. **Report from the Child Poverty Commission** (To Follow)

Minutes of the Health and Wellbeing Board

19 September 2013

-: Present :-

Councillor Chris Lewis (Chairman)

Sam Barrell, Mandy Cox, Councillor Bobbie Davies, Pat Harris, Councillor Ken Pritchard, Debbie Stark, Caroline Taylor, Richard Williams

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31. Apologies

Apologies for absence were received from Councillor Morey and Steve Moore who was represented by Mandy Cox.

32. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 17 July 2013 were confirmed as a correct record and signed by the Chairman.

33. Update Report - Adult Social Services

The Board noted the update on Adult Services. The Board also noted issues regarding local boards such as the autism board being unsure how they fed into the Health and Wellbeing Board and Clinical Commissioning Group.

34. Update Report - Clinical Commissioning Group

The Board noted the update and were advised that the Pioneer Bid had been submitted with the successful projects being advised in the next few weeks. Members were also advised that if successful the Health and Wellbeing Board would receive regular reports on progress in line with the governance arrangements.

35. Update Report - Public Health

Following a discussion on alcohol at the last meeting of the Health and Wellbeing Board, Torbay hosted a forum for Chairs and Vice-Chairs for Boards across Somerset, Devon and Cornwall. The agenda included the sharing of best practice, opportunities for shared campaigns and a discussion about the creation of an alcohol alliance.

However, two weeks later the Police and Crime Commissioner also called a meeting regarding alcohol, highlighting possible duplication of effort and work. The

Chairman and Vice-Chairman of the Board felt that the situation highlighted the need for the Board's membership to be amended to include the Police and Crime Commissioner and a suitable representative from South Devon Healthcare Foundation Trust.

Whilst some members were receptive to amending the Board's membership some questioned whether the Board was a meeting of commissioners or providers with a number of other partners having expressed an interest in being a member of the Board.

By consensus the Board resolved that:

i) The Police and Crime Commissioner and a representative from South Devon Healthcare Foundation Trust be invited to become co-opted members of the Health and Wellbeing Board; and

ii) the membership of the Health and Wellbeing Board be reviewed prior to the Annual Meeting of the Council on 30 April 2014.

36. Update Report - Healthwatch

The Board noted the update on Healthwatch and congratulated Patrick Canavan on becoming the Chairman of the Board of Directors for Healthwatch Torbay.

Members also noted a report undertaken by Healthwatch Youth Coordinator, Bekki Redshaw. The report detailed findings of consultation with young people and made recommendations for local services. The Board was advised that the findings of the report would be fed through existing channels in Children Services.

Members welcomed the work being undertaken by the 'Making Melville Marvellous' initiative and requested a further update be presented to a future meeting of the Health and Wellbeing Board.

37. Update Report - Children's Services

Members noted the update on Children Services and recognised the impact upon staff of the increasing demand upon services coupled with organisational change.

38. Children and Young People Update - Health

The Board considered an update on the progress being made in relation to the jointly agreed priority areas for Children and Young People. Members were advised that by April 2014 officers intended to have a single set of outcomes for the Health and Wellbeing Board which would reflect partner priorities and could be used as a performance management tool.

By consensus the Board resolved that:

The Health and Wellbeing Board accepts and signs up to the 'Better health outcomes for children and young people pledge'.

39. Collaboration without Duplication

The Board considered a report that sought to identify the most cost-effective way of co-ordinating information, advice and consultation with the public, patients, clients and carers around health and social care issues.

Members considered undertaking a mapping exercise to set out what the key health and social care organisations were intending to seek engagement on for the next 12 months, however Members challenged the benefit and outcomes of undertaking such work. Members did form the view that a joint engagement strategy between Torbay Council, Clinical Commissioning Group and the, soon to be formed, Integrated Care Organisation should be achievable.

By consensus the Board resolved that:

The development of a joint engagement strategy be developed explored for the health and social care sector in Torbay.

40. Winterbourne View Action Plan

Members noted an update in relation to the implementation of the recommendations set out in the Winterbourne View concordat. Members requested the overall implementation plan be presented to the next meeting of the Health and Wellbeing Board, and requested an officer of the Public Health Team attend the Winterbourne Steering Group.

41. Joint Health and Wellbeing Strategy Priority 9 - Increase Sexual Health Screening and Priority 3 - Reduce Teenage Pregnancy

The Chairman advised the Board that due to the links between the two priorities, item 13 and 14, as listed on the agenda, would be considered together.

As part of its agreed approach, the Board gave consideration to two of its priorities within the Joint Health and Wellbeing Strategy, namely Priority 9 – Increase in Sexual Health Screening and Priority 3 – Reduce Teenage Pregnancy. Representatives from the field of sexual health provided members with details of services and work that was currently underway to increase sexual health screening and reduce teenage pregnancy.

Members of the Board then discussed how the Health and Wellbeing Board could ‘broaden and lengthen’ the whole-community approach to the increase of sexual health screening and reduction of teenage pregnancy. In particular, members were asked to pay particular attention to whether the actions within the joint Health and Wellbeing Strategy were the right ones, what needed to change locally to meet the outcomes required by the Board, and what could the Board do to promote integrated working to support this priority.

Members were advised that sexual health services were commissioned and designed to meet the needs of the population with the following sexual health services available in Torbay:

- Torbay Sexual Medicines Services – is the provider of Torbay's sexual health service with the aims and objectives of the service are to provide an open access (self referral), comprehensive, integrated contraception and sexual health service;

- Outreach Team – works across schools and colleges in Torbay to provide sexual health outreach service for young people;

- Sexually Transmitted Infections – The government reported nearly half a million new sexual infections nationally in 2012, whilst part of the rise can be explained by better sexual health reporting systems, it is suggested that too many people are putting themselves at risk, through unprotected sex;

- C-Card Scheme – young people aged under 25 can register and access free condoms at approximately 70 outlets across Torbay;

- Sexwize – web based information service providing clinic times and venues, as well as frequently asked questions and advice for emergency sexual health situations (www.s-wize.co.uk);

- Sexual Health Training for Professionals – Eddystone Trust is commissioned to provide sexual health training for professionals including how to conduct sexual health interventions with young people;

- Long Acting Reversible Contraception (LARC) – LARC methods of contraception are more cost effective than oral contraceptive methods. 90% of Torbay GP surgeries are trained to counsel, fit and remove LARC with a further £10,000 having been made available to train and accredit more primary health care professionals to fit LARC in the community.

- Role of Pharmacies in Sexual Health Provision – pharmacies provide confidential sexual health services, on a drop-in basis, including the provision of emergency hormonal contraception, Chlamydia consultations, screening and signposting to other sexual health services;

- Sexual Assault Referral Centres (SARC) – people who have been subject to a sexual assault in Torbay are referred to SARC for care. SARC offers a holistic service to the individual and also acts as advocate for the individual and co-ordinator in the legal process going forward;

- Abortion Services – the commissioning of abortion services lies with the CCG, with the Public Health Team working with the CCG to provide wider sexual health services, so that contraception services are provided at point of termination in order to prevent repeat procedures. Just over half of all

teenage conceptions in Torbay end with an abortion, whilst live births (from teenage conceptions) are highest in the more deprived communities.

- Treatment of HIV – When an individual is diagnosed as having HIV, the treatment is anti-retroviral drugs, and treatment is more effective when the virus is diagnosed early.

Members discussed whether the young women who were pregnant were known to their GPs or Sexual Health Clinics and whether the young women were aware of contraception, whether risk factors (such as alcohol) resulted in contraception being less of a priority or whether attitudes towards the 'morning after pill' and abortion had become an acceptable form of birth control.

Members questioned whether aspirations of young women contributed to the levels of teenage conceptions and challenged whether a mentoring programme with professional women in Torbay being the mentors could help raise aspiration levels. Members were advised that Sue Matthews and Siobhan Grady were in the process of establishing a mentoring initiative.

Members did perceive there to be a benefit to having a community wide database of contraception and welcomed the Pioneer Bid that sought a system wide joined up IT system that incorporates an affective text message reminder system.

42. Appreciation and Thanks

Members of the Health and Wellbeing Board were advised that Debbie Stark, Director of Public Health, would be leaving Torbay Council in November. The Board expressed their thanks to Debbie for the work she had undertaken in Torbay.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report - Adult Services
Wards Affected:	All
To:	Health and Wellbeing Board **On:** 3 December 2013
Contact:	Caroline Taylor, Director Adult Services
Telephone:	(01803) 207116
Email:	caroline.taylor@torbay.gov.uk

1. Achievements since last meeting

1.1 The second quarter of the financial has indicated that the commissioning of adults services from TSDHCT has been progressing in line with the ASA. This continues to be a positive achievement given the demand pressures on the services for adults.

- A fees offer has been made to care homes as providers of services and sets out the context of Dilnot reforms to paying for care. It invites providers wot work with us on what will be a major changes for the system.

- Given the required reductions in costs of services we hosted a provider meeting in early October for dialogue as to how local suppliers can re-shape their services and businesses.

- The process of acquisition of TSDHCT continues but the expected timetable has move back from April 2014 to July 2014.

- Progress continues to be made on lottery support to combat social isolation by working with voluntary sector.

- Potential development of health and care spin off businesses with NHS partners, academic science network and Torbay Development Agency (economic development) for clinical trials being explored.

- Community Services Engagement-joint work with CCG on rethinking future of community services in Torbay and South Devon. It will include adult social care. Councillors have supported the dialogue with the public in the Torbay local authority area in November.

- The pioneer bid to government to help support the transformation of health and social care for local people has been assessed. Timetable for

announcement was delayed. At the time of writing we have been invited to a London event in December but announcements are embargoed.

- Detailed proposals for decommissioning services are being consulted on as part of the Mayoral system and consultation with CCG and providers is taking place to mitigate risk where this is possible.

- The £3.8 billion pooled budget for health and adult social care is being developed in more detail. The money will be called the 'Integration Transformation Fund' (ITF). There is a more detailed note on approaches to this on this agenda.

- Jon Rouse the Director General for Social Care, Local government and Care Partnerships in the Dept of Health and Lord Howe visited the Bay on 15 November.

2. Challenges for the next three months

2.1 The need to focus on delivery whilst the acquisition process goes through its determination is a continued risk to our local system.

- The future reductions to services are being consulted on and need to be managed through a winter period which will stretch our capacity

- The number of Safeguarding Adults referrals have continued and performance is under pressure. The peer review takes place in Feb 14.

3. Action required by partners

3.1 Work to develop the pioneer bid as a programme to report to HWBB and to encompass system wide changes is underway.

- Commission some focus group work to understand why adults do not feel as safe as other areas as per the results of the adult social care survey.

- Continued engagement of role of voluntary and community sector for joined up role of health and care in financially sustainable way. Specific work on lottery bid to combat social isolation.

- Joint work on dialogue on the future of community services this autumn to shape our future configuration of services.

- Develop joint plans for the use of the ITF fund with CCG in readiness for April 2014 sign off and risk share as part of new ICO.

TORBAY Health & Wellbeing BOARD
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Title:	Update Report –South Devon and Torbay Clinical Commissioning Group
Wards Affected:	All
To:	Health and Wellbeing Board **On:** 3 December 2013
Contact:	Dr Sam Barrell, Chief Clinical Officer
Telephone:	01803 652 451
Email:	mollybishop@nhs.net (PA)

1. Achievements since last meeting

1.1 Pioneer Bid

Our joint bid to become a Pioneer site for integration was approved in October 2013 and will drive the implementation of wider integrated services throughout our health and care community. Caroline Taylor (Director of Adult Services, Torbay Council) will share more details about this in a separate paper.

1.2 Engagement Events

The five commissioning localities that make up the CCG are currently hosting a series of engagement events with local people about the future of their community health and social care services. The sessions started in early October and will continue into December. To date, attendance and contributions have been very positive, giving us valuable feedback, ideas and insights.

The localities want to agree clear plans for improving care over the next five years, against a backdrop of rising demand on services and a declining health and social care budget. Commissioners want to involve local communities as fully as possible in these plans, and have made clear that change is needed, as are innovative ideas.

Specific dates can be found at http://southdevonandtorbayccg.nhs.uk although imminent sessions include:-

- **Buckland** - Tuesday 3 December, 1-3pm, Buckland Community Centre, Gilbert Road, Newton Abbot, TQ12 4HS
- **Brixham** - Thursday 5 December 2-4pm, Scala Hall, Bolton Cross, Brixham TQ5 8TA
- **Newton Abbot** - Tuesday 10 December, 6-8pm, The Avenue Methodist Church, The Avenue, Newton Abbot, TQ12 2BY

- **Abbotskerswell** - Wednesday 11 December, 6-8pm, Village Hall, Abbotskerswell, Newton Abbot, TQ12 5YF

1.3 Strategic Public Involvement Group (SPIG)

The Devon Carers Strategy Delivery Board is working to develop its 10 year strategy. Devon and Torbay are likely to develop different, but complementary strategies and consideration is being given to an agreed minimum level of support for carers in both areas. Siobhan Grady is the South Devon and Torbay CCG Commissioner and will be supporting work in both Local Authority areas of our CCG.

Discussions at the last SPIG meeting included the importance of listening to patient experiences. Methods of doing this include PALS, Patient Opinion, Healthwatch and Friends and Family Test which are all implemented for every in-patient, although response levels need improving without patients feeling bombarded.

SPIG discussed the involvement of the voluntary sector in patient transport. It agreed that SPIG should develop a process to assess whether:-

- Services provide value for money;
- Services are of appropriate quality;
- Choice, competition, and integration could improve services.

1.4 Primary Care Reconfiguration

As highlighted by the NHS Confederation in their ‘Changing care, improving quality’ document, one of the greatest challenges facing the NHS today is the need to redesign services to meet the needs of patients, improve the quality of care and achieve better value for money. There is growing support among patient groups, clinicians and managers for the potential benefits of 'reconfiguration' in health services, which focuses on making large-scale changes to provide care in the right place at the right time.

The General Practitioners Advisory Group (GPAG) has been meeting for some time and discussion has included primary care reconfiguration. More recently however, a decision was made to merge this forum into the Primary Care Commissioning Oversight Group, and to extend the membership across the South West peninsula.

The first meeting is planned for 6 December 2013 and the terms of reference have been drafted detailing the overarching objective of the group to provide strategic leadership and direction to the commissioning and implementation of primary medical, dental, pharmaceutical and optometry services.

1.5 Mental Health Service Redesign

The CCG, working with Devon Partnership Trust (DPT), has arranged an Adult Mental Health Redesign Review Engagement Event on 4 December, 10-2pm at Dartington Hall. The event will provide an opportunity for people who use mental

health services and their carers to influence the design of the care pathway, by sharing priorities based on experience.

Corner Retreat on Blatchcombe Road in Paignton, a new crisis prevention service, will be piloted in Torbay and is the result of a joint initiative involving the Community Care Trust South Devon, the CCG and DPT. The service will provide people with an alternative to hospital admission or residential care when they need a short period of intensive support to manage or avert a crisis. Referrals to the service will be managed by DPT's Torbay crisis resolution and home treatment team. An open day at Corner Retreat was held on Friday 18 October.

2. Challenges for the next three months

2.1 Our continued challenges include the following:-

- Financial (due to the risk share needs and underlying recurrent surplus as a result of specialist commissioning transfers)
- Effective initial implementation of Pioneer work
- Patient identifiable data
- Specialist commissioning
- Primary care

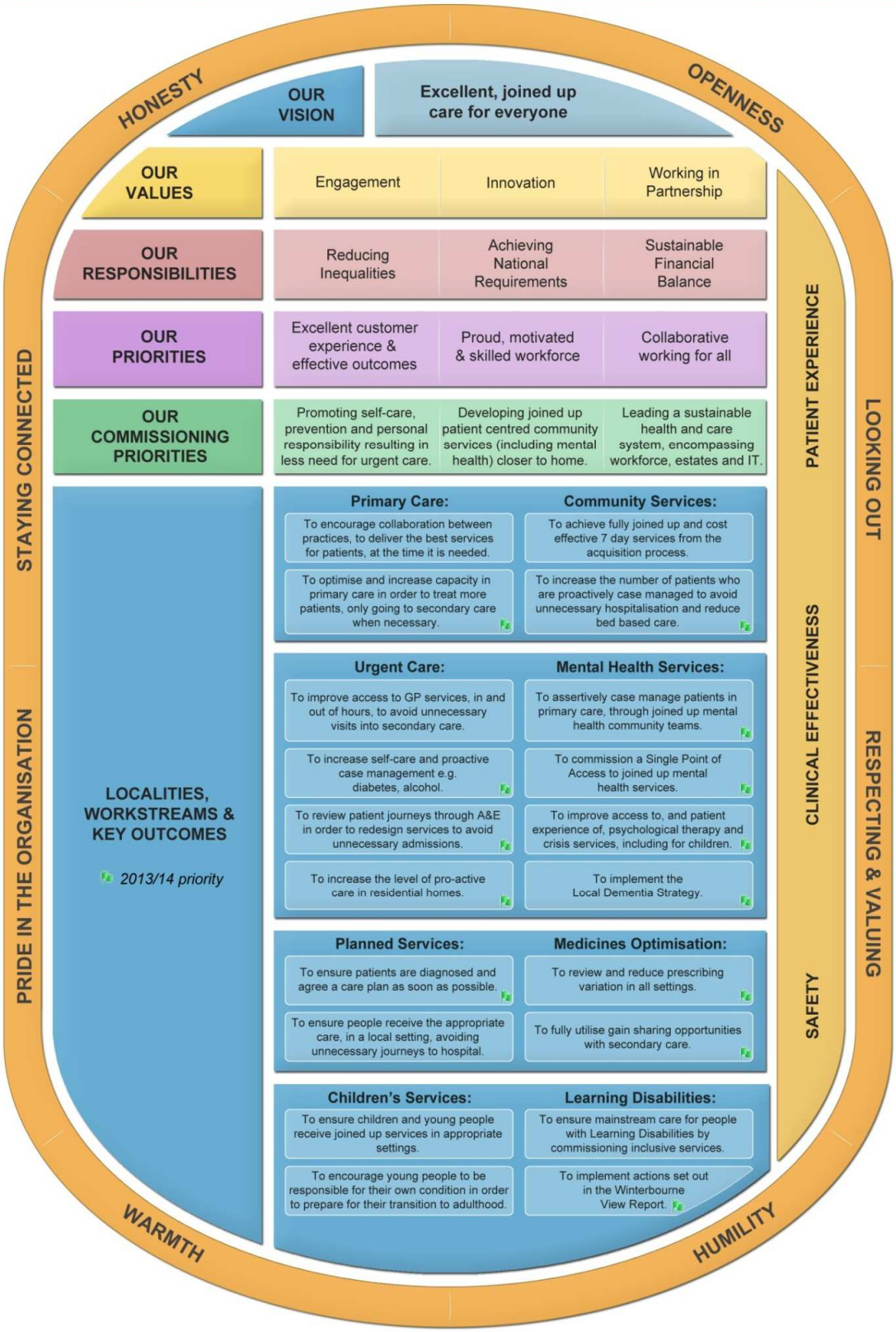
3. Action required by partners

3.1 CCG Integrated Plan 2014/15

As part of the CCG's annual business cycle, the Integrated Plan 2013-2016 (summary appended) is currently being updated in light of planning guidance from NHS England. It is an opportunity to review progress and consider the relevance of current plans 12 months on. The revised version will span from 2014-19 allowing for longer-term planning, although the work areas for the first 2 years will be a lot more detailed.

The CCG has recognised that the way in which it prioritises work-streams based on patient and public feedback, needs further consideration. There will also be a stronger focus on 'prevention' and 'upstream intervention'.

Feedback from the Health and Wellbeing Board is very welcome. The overarching CCG objectives (as detailed within the Plan on a Page) are below for reference.

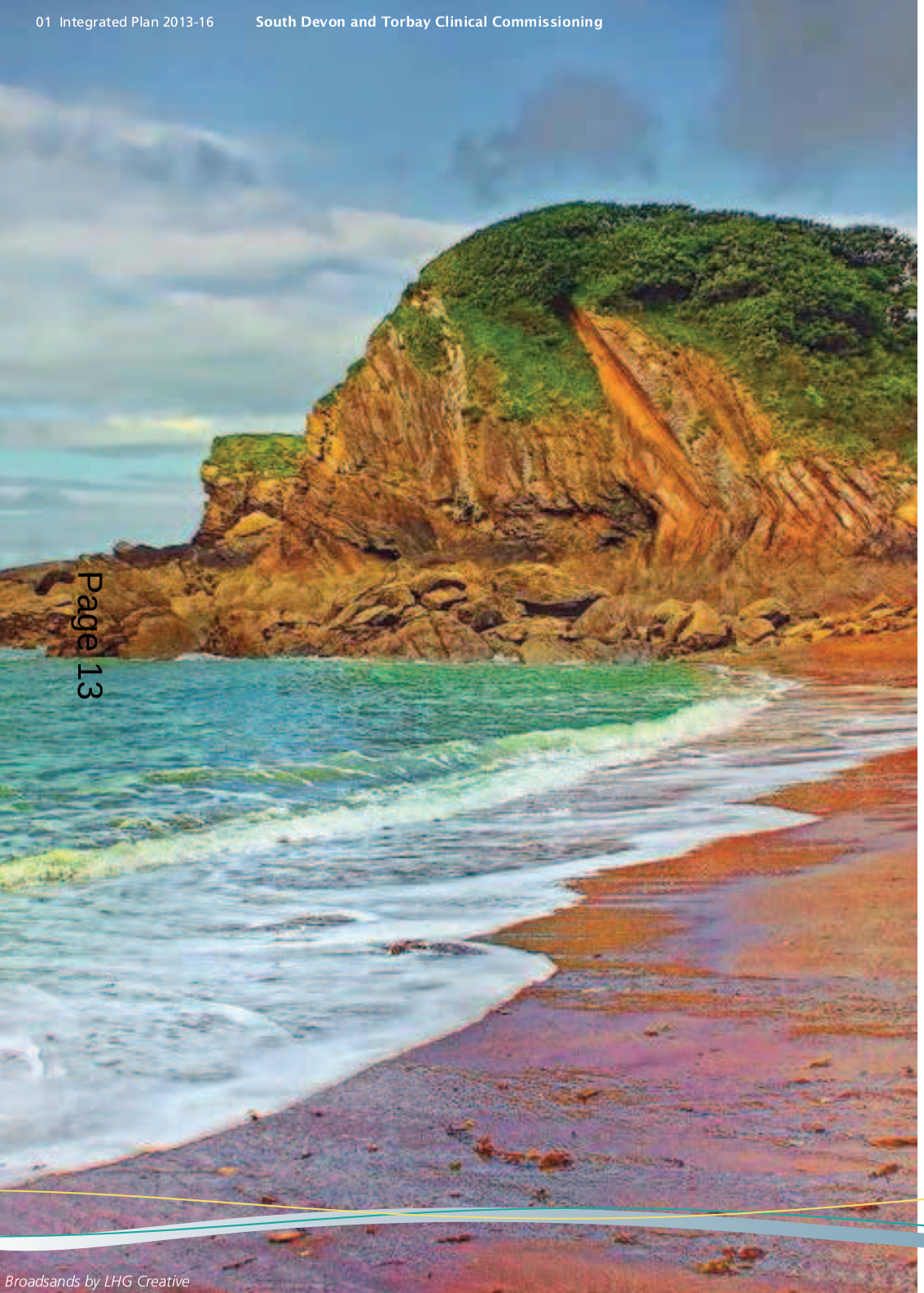


Appendix
South Devon and Torbay Clinical Commissioning Group Integrated Plan 2013-2016

NHS
South Devon and Torbay
Clinical Commissioning Group

South Devon and Torbay Clinical Commissioning Group

Integrated Plan 2013-2016



Broadsands by LHG Creative

Contents

Introduction

This plan sets out the priorities and outcomes for patients that South Devon and Torbay Clinical Commissioning Group (CCG) will be working with its partners to achieve in the next three years.

All of these are aimed at improving healthcare for our population, and ensuring that our local health and care services are sustainable for the long term.

2013/14 marks the first year of the Clinical Commissioning Group – and the first time that NHS commissioning has been led by local doctors and healthcare professionals.

The CCG looks at the needs of the local population and then plans, designs and commissions (buys) the best possible services to meet those needs.

As part of this, we will make the best use of patients' experience of the care they have, and use what they tell us to influence our decision-making. When we measure how well we are doing or how good services are, the experience that patients have will be a crucial factor.

The CCG is committed to making sure all health and care services are joined up, so that local people get really well coordinated care and no-one falls through the gaps.

In the new health system, we also have Health and Wellbeing Boards providing local leadership to make sure improvements are made. The Health and Wellbeing Boards of Torbay and Devon have played a big part in developing this plan, making sure all the local organisations' plans fit together well, for the benefit of our communities.

We know the next few years will be demanding. Across the NHS, we all have to make efficiency savings, so that the money can go back into services to meet growing need. However, there has already been significant progress with this, and we are confident the plans we are making with NHS, social care, and other organisations will help us take more steps towards delivering excellent, joined-up care for everyone in our CCG area.

The dedication already demonstrated by our staff will be really important in ensuring we achieve all that we are setting out to achieve for the people of South Devon and Torbay.

This is a shorter version of our full Integrated Plan; if you would like the fuller version, please do ask us.

Dr Derek Greatorex
CCG chair

Dr Sam Barrell
Chief clinical officer

Dr Derek Greatorex
CCG chair

Dr Sam Barrell
chief clinical officer

Transforming care with joined-up services

Our vision is to have excellent, joined-up care for everyone. We also believe that services should be built on patient needs, not on what organisations need or find convenient.

We know people need care and support from a range of organisations, and that moving between them can be difficult. We want to see health, social care, mental health and GP services working together so that care is really well co-ordinated and no-one falls through the gaps. In South Devon and Torbay, we have a Joined Up Health and Care Cabinet working on this.

Three studies in a row have shown that, with the right personal care services, 30-40% of the patients in a community hospital bed could be at home.

Those personal care and other services need to be made available. We want to promote wellbeing and independence, so over the next three years we will expect to see the number of inpatient beds reducing, with an improvement in seven-days-a-week community services that help people be cared for at home. This is not a cheaper option, but evidence shows it is better for patients. We will discuss this with our communities.

Our priorities – 'Plan on a Page'

We have been gathering information and talking to partners and patients, so that as we developed our priorities we could be sure they were backed by good evidence, and took the whole of the local health and care system into account.

As part of this, a comprehensive picture has been drawn up of our communities, their health and their needs. This is all contained in what is called the South Devon & Torbay Joint Strategic Needs Assessment (JSNA), carried out with Torbay and Devon local authorities.

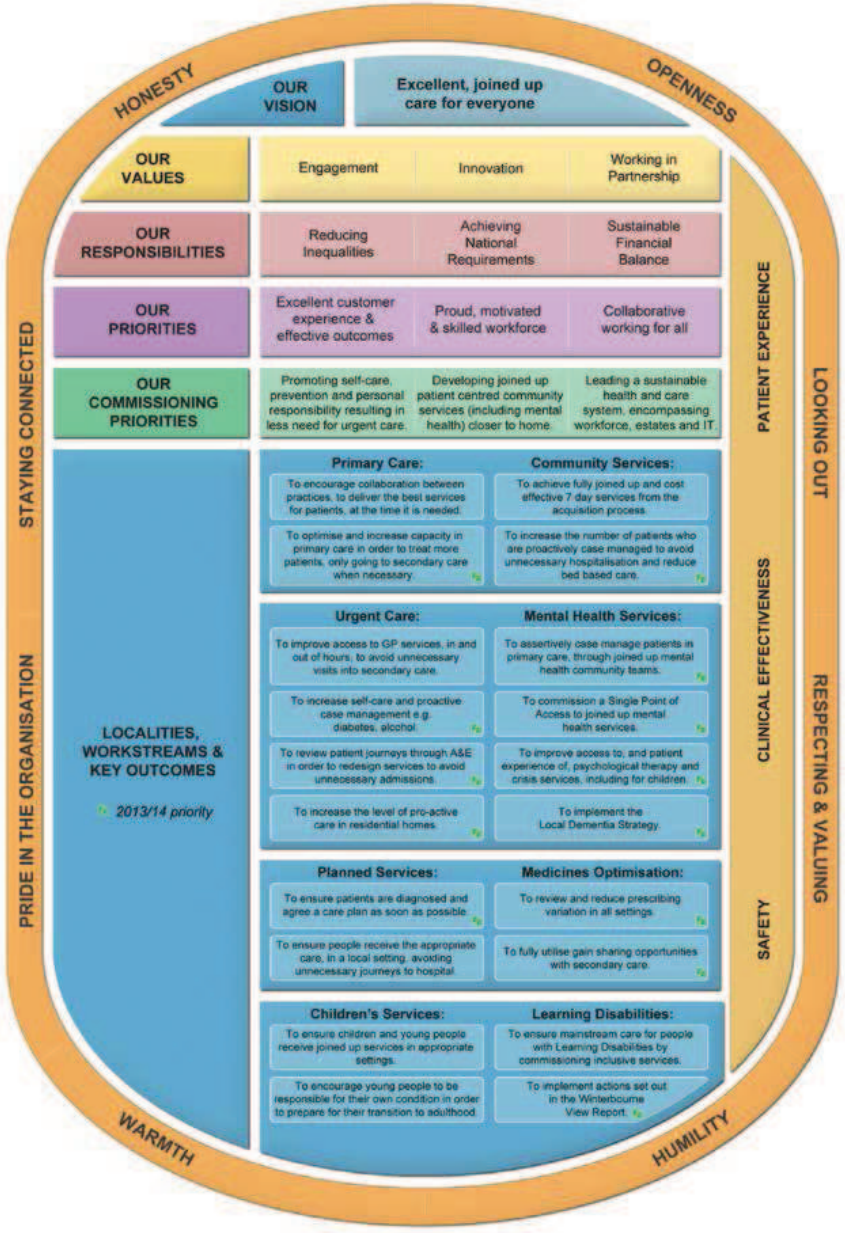
We have added other information and intelligence, such as benchmarking data, which tells us what standards should be expected if you look at how everyone is doing in the country as a whole. Our doctors and healthcare professionals have also contributed, both in our CCG Governing Body and in the five smaller areas (our localities) that together make up our CCG.

We have put everything we most want to achieve into our 'Plan on a Page'. This sets out our vision, our responsibilities, our priorities for our own organisation and our priorities for health and care.

It includes different strands of work, 'the work streams', which will be vital in achieving what we are aiming for. The 'Plan on a Page' also includes meeting our statutory duties, as well as national requirements for things like waiting times. Quality – making sure services are safe and that patients experience good, compassionate care – runs through all our plans. Our values and behaviour are important because they tell staff and the wider public how we want to be, and how we will go about achieving our priorities.

Our vision is to have excellent, joined-up care for everyone. We also believe that services should be built on patient needs, not on what organisations need or find convenient.

Our priorities – 'Plan on a Page'



Improving services

We have led a large number of service improvements in the last year, helping make sure that the same level of services is available in both the Torbay area and the rest of our South Devon area.

Among these are:

- the virtual ward – which sees patients most at risk of being admitted to hospital being actively managed to avoid an emergency, and to help keep them well enough to stay at home
- extending our intermediate care service (the half-way house between hospital and independence at home) from Torbay into South Devon
- testing a 'single point of access' in South Devon, to help GPs get the right care for people who might otherwise have to go into hospital
- working with colleagues from Torbay Hospital, community services and care homes, to improve medical care and the quality of life for people in these homes
- cutting waiting times for physiotherapy

Improving outcomes (results) for patients

We have continued to improve outcomes for patients. In particular:

- We have statistically lower levels of people dying from cardiovascular disease.
- The number of emergency hospital admissions for people with chronic conditions that can be looked after by GP practices, such as asthma, are low compared with in other CCGs and have dropped this year as well.
- More patients here say they are satisfied with GP services, both in and out of normal working hours.
- Patient experiences of services at Torbay Hospital continue to be very good.

National standards

We have also kept up or improved performance against the day-to-day work standards set out in the NHS Constitution. In particular:

- The time people wait for treatment or tests is falling – although there are still some longer waits in orthopaedics which we are working to put right.
- We are meeting the requirements for waiting times for cancer patients.
- We are meeting the requirements for the time people wait in Accident and Emergency.

Widecombe in the Moor by Martin Bodman

What our community looks like

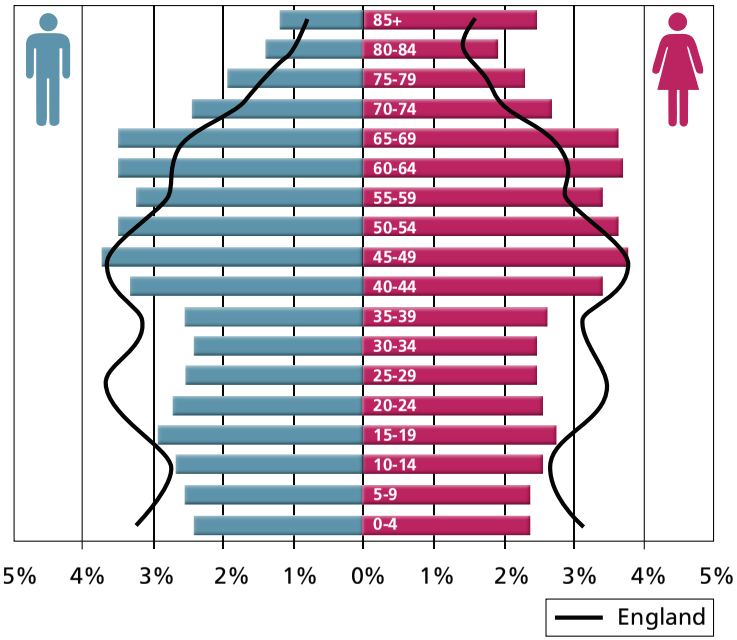
Our CCG reaches from the South Devon coastline to the open moorland of Dartmoor. We cover some 310 square miles and have about 284,500 people registered with our GPs. This is likely to grow to 300,000 by 2021 – and the proportion who are over 85 by then will also grow.

Our picturesque area is a popular place to retire, so we already have a noticeably higher proportion of older people. We welcome and embrace this, at the same time as recognising that it has an impact on the health and social care services that need to be provided. Older people need more help managing long-term conditions, have more injuries resulting from trips and falls, and more age-related diseases. We need to meet these needs, at the same time as making sure the rest of the population get the health and social care they need, too.

Because South Devon and Torbay is popular with tourists, an extra 75,000 to 100,000 people are here during the summer.

We also have pockets where people have lower life expectancy. These communities tend to have more smokers and excess drinkers. But they also have poorer housing, job opportunities and education – all factors that contribute to people's overall health and wellbeing.

2012 population pyramid for South Devon and Torbay Clinical Commissioning Group registered patients compared with the 2012 estimate for England.



Innovation in our work

The Department of Health report 'Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS' sets out an agenda for spreading innovation at pace and scale throughout the NHS. The spread of innovative approaches will be vital in transforming patient services, improving quality and helping us achieve better services in a challenging financial environment.

We are actively working with industry and with our two universities in Devon to create a culture within which 'joined-up' innovative thinking can flourish. We are playing an active part, at Board level, in the South West Peninsula Academic Health Science Network.

We encourage creative ideas from patients, our staff and other organisations, at every level.

Some priorities

As set out in our Plan on a Page, our three commissioning priorities are:

- promoting self-care, prevention and personal responsibility
- developing joined-up, patient-centred community services (including mental health services) closer to home
- leading a sustainable health and care system, encompassing workforce, buildings and information/computer systems

We have chosen three specific areas to set a path for improvement so that we can measure whether we have made improvements for patients in terms of our comissioning priorities. These are:

- reduce hospital admissions caused by alcohol, using active case management
- reduce emergency hospital admissions from care homes
- reduce the length of time patients have to wait from assessment to treatment for mental health conditions

These measures will form part of our 'CCG Progress Monitoring Dashboard' for next year. (Other things that indicate progress will also be on the dashboard, such as finance.)

Work streams and key outcomes

The areas of work ('work streams') set out on the following pages will be carried out over the next three years to ensure that we can achieve our three over-arching commissioning priorities and improve the safety and quality of services as they are experienced by the people using them.

Care by GP practices (primary care)

What the evidence tells us

We know that 90% of all patient contacts are made in GP practices. Consultations have increased over the last ten years and an ageing population with more people living with long-term conditions is already putting further demands on GP services. Spending on primary care has risen by only modest amounts in the last few years.

The 2012/13 Joint Strategic Needs Assessment highlights the role of primary care in a number of areas, including in tackling hospital admissions, managing health through prevention and in the best possible management of long-term conditions. The impact on primary care of managing these long-term conditions is significant – they account for 50% of all GP appointments.

Key work to be done

This year: we will establish a primary care redesign group to work on the primary care strategy and outcomes for primary care. The group will include clinical and management staff from the CCG, members of the Local Medical Committee and the NHS England Area Team.

We will devise and implement a primary care quality dashboard so that we can see variation in quality and access more quickly – and act to reduce it.

We will commission and engage practices in programmes that are designed to improve access and patient experience. These include Dr First, Productive General Practice and the Primary Care Foundation's 'Urgent Access in Primary Care' scheme. We plan to see a 2% reduction in emergency hospital admissions from practices participating in these schemes.

We will ensure that the issues of primary care capacity and demand are part of the whole-system redesign work being undertaken as part of the Joined Up Cabinet work.

Acting on patient feedback, all redesign boards will continue to identify the areas of care that could be made available closer to patients. This includes planned and unplanned care as well as preventive health. This work will need to include an assessment of the workload for primary care and the resources necessary to achieve change.

In years two and three we will:

- implement the primary care strategy and reduce variation in quality and access to primary care services
- evaluate the three programmes (Dr First, etc) to find out what works best from each
- provide additional targeted investment in primary care, according to quality improvements, capacity issues and improvements in access

What we want to achieve:

Increase the capacity in primary care to treat more patients, so they go on to hospital services only where absolutely necessary.

Encourage collaboration between practices, to deliver the best services for patients, at the time they are needed.

Community care

What we want to achieve:

Provide fully joined-up and cost-effective seven-day services.

Increase the numbers of patients who are actively case managed to avoid unnecessary hospitalisation.

What the evidence tells us

The over-85 population in South Devon and Torbay is expected to increase from 3.9% in 2012 to 4.8% in 2021, higher than the national average. It is unsurprising that older people cost the most per person in terms of hospital care.

People with long-term conditions are the most frequent users of healthcare services. They account for 29% of the population, but use 50% of all GP appointments and 70% of all inpatient bed days. But many of these conditions can be controlled through self-care. The number of people with more than one long-term condition is expected to rise by a third in the next ten years. We need to develop care plans that treat the patient as a whole, not by each condition.

We know that people with the respiratory illness Chronic Obstructive Pulmonary Disease (COPD) can be supported to live better with their condition through self-care and support.

Key work to be done

This year: we will build on our 'virtual ward' model, with more support from multi-disciplinary teams and 'outreach' support from Torbay Hospital. We will identify the top 5% high-risk patients and intervene early to increase their health and wellbeing, reduce their likelihood of emergency admissions and make sure that self-care is at the heart of their care plans.

For patients who are at the end of their life, we will increase the number of those whose wishes are registered electronically, and ensure each of these patients is offered a plan for stepping up their treatment if appropriate.

Care homes will be paired up with local GP practices and community teams, to improve care and reduce emergency hospital admissions.

We will aim for community nursing to promote and support self-care, and tackle social isolation and mental health needs, especially in frail older people. We want to achieve really good partnership among district nursing, health, social care, voluntary sector partners and patients, to support care in people's homes (including care homes) and other community settings.

In years two and three we will:

- implement self-care training for all staff involved in the virtual wards
- with our locality commissioning groups, work towards each care home having a linked GP practice and community nurse
- increase the provision of community services to allow for discharge from acute hospitals seven days a week
- define the role of community hospitals, working with our communities
- develop a commissioner strategy for carers

Urgent care

What the evidence tells us

In South Devon and Torbay, we have seen a sharp rise in emergency hospital admissions in 2012, in line with national trends. Even so, our admissions are still assessed nationally as being generally lower than would have been expected.

Emergency admissions for injuries and poisonings (related to both prescribed medication and recreational drug use) are markedly higher than would be expected for our population and significantly higher in the over-75 age group. Fractures of the neck of femur (hip) and lower limbs are also significantly higher than we might expect.

Key work to be done

This year: we will carry out a review of all minor injury units, taking in opening hours, staffing and demand, to ensure there is a consistent minimum service on offer at all units. This will reduce variation in the way these services are used, and in the experience patients have.

We will improve medical support for patients who are receiving intermediate care (the 'halfway house' between hospital and independence at home). This will apply to patients in care homes and to those receiving care in their own homes, and will provide a bridge for those well enough to leave hospital but still needing some support.

As well as patient journeys through A&E, for all long-term condition specialties detailed reviews will be carried out of emergency admissions and emergency re-admissions by diagnosis, and care put in place to help avoid admissions where appropriate.

To reduce alcohol-related hospital admissions, we will work intensively with a small cohort of individuals with complex needs who experience compromised psychological and/or physical health due to alcohol. The aim will be to keep them well and supported in the community.

We will work with our care homes to improve the quality of life of patients in those homes, reducing the numbers needing to be admitted to hospital. Hospital-based nurses will offer training and support to nurses in the nursing homes so they can carry out treatments such as intravenous treatments and blood transfusions.

We will commission a self-care service which provides a flexible approach to offering advice and support with self-care.

In years two and three we will:

- increase the provision of community services to allow for discharge of patients from acute hospitals seven days a week
- develop 'urgent care centres' in the community, according to need, which will provide a wider range of services, including x-ray and diagnostics, as an alternative to A&E

What we want to achieve:

Improve access to GP services, in and out of hours, to help avoid unnecessary visits to Torbay Hospital.

Increase self-care and active case management in patients with conditions such as diabetes and alcohol-related health problems.

Review patient journeys through A&E and use that learning to help redesign services to avoid unnecessary admissions.

Increase levels of active care in residential homes.

Locality priorities

Torquay and Paignton and Brixham

Urgent care: both of the localities will improve the management of patients in care homes by working with the medical admissions team on better training for care home staff and to develop one-to-one links between care homes and practices.
Planned care: both of the localities will work with the Devon Access and Referral Team (DART), to improve the quality of referrals, ensuring that primary care/community-based interventions have taken place, and to provide wider education about agreed clinical pathways.

Newton Abbot

Community care: the locality will develop an integrated community team for managing complex, multi-system medicine at home. It will actively manage case loads, supported by Newton Abbot Hospital. It will continue to develop virtual ward best practice.

Coastal

Nursing homes: the locality will improve the use of treatment escalation plans/special messages and staff education and will develop the role of community nurses within care homes.

Moor to Sea

Primary care: the locality will develop capacity to improve the management of long-term conditions and urgent care and make sure patients have good access to the right care. It wants to enable joined-up working between primary care, district nurses, care homes, social services, mental health services and the voluntary sector.

Our localities

Mental health, dementia and autism

What the evidence tells us

The government's 'No Health without mental health: A cross-governmental mental health outcomes strategy for people of all ages' sets out the vision to improve outcomes for people who use mental health services and to promote positive mental health and wellbeing among the whole population.

Estimates tell us that in any one year approximately one British adult in four experiences at least one diagnosable mental-health disorder.

The number of people with dementia in South Devon and Torbay is estimated at about 5,000 now and is projected to increase to 10,000 by 2021.

Statutory guidance sets out how we must meet the needs of people with autism.

Key work to be done

This year: we will engage with people who use mental health services, as a first step in redesigning them. In response to patient feedback, we will commission a 'single point of access' for mental health services, including crisis, older people's mental health services and drug and alcohol services. We will work with providers to agree protocols for the transition of patients into primary care, to include fast-track access back into specialist services if needed. We will work with providers and our commissioning localities to develop relationships between hospital specialists and community teams. We will also explore the possibility of having a named link worker for each locality, and mental health input into the 'virtual ward' case-management of patients to help them stay at home.

We will ensure better access to – and choice of – evidence-based psychological therapy. We will aim to reduce waiting times for specialist psychological therapies and health psychology services to 18 weeks. We also want to further develop a home treatment approach to urgent psychiatric care for people experiencing acute emotional distress and anxiety.

We will implement memory clinics for dementia across South Devon and Torbay. We will ensure consistent access to drugs for those diagnosed with dementia and, where appropriate, to anti-psychotic drugs. We will also work with care homes to ensure residents with dementia live well.

We will work with local authority colleagues to produce a strategy for autism. We will also be reviewing services to ensure ease of access and use for adults and children with autism.

In years two and three we will:

- move towards a greater emphasis on early intervention services as we move from a treatment and management approach towards a preventive model
- work on delivery of the eating-disorder day service and increased access to therapy for people with personality disorders

What we want to achieve:

Assertively case manage patients in primary care, through integrating mental health staff into community teams.

Commission a Single Point of Access to joined-up mental health services.

Improve choice of, access to, and patient experience of, psychological therapy and crisis services, especially for children.

Implement the local Dementia Strategy.

Planned care (operations and procedures booked in advance)

What we want to achieve:

Diagnose patients and provide them with a care plan as soon as possible.

Provide patients with an appropriate level of intervention in a local setting, avoiding unnecessary journeys to hospital.

What the evidence tells us

Comparing ourselves with others through benchmarking data suggests we need to look at the top seven specialties that account for 50% of the amount spent on first outpatient appointments. These are orthopaedics, obstetrics, ophthalmology, ear, nose and throat (ENT), gynaecology, paediatrics and colorectal surgery, but our focus will also be on the specialties accounting for 50% of spending on follow-up appointments – orthopaedics, paediatrics, ENT, cardiology, clinical oncology and ophthalmology.

Planned hospital admissions are significantly higher than expected in the younger age groups, but significantly lower than expected for the older age groups. There is a significantly higher than expected number of planned admissions for cancer treatments, including ongoing treatments, and attendances at fracture clinics.

Key work to be done

For most conditions, doctors and healthcare professionals have agreed a 'care pathway' which sets out the route that each patient with that condition will follow through their care, stage by stage. These pathways are used by the Devon Access and Referrals Team (DART) when they make appointments for patients.

This year: we will review our commissioning with DART to make sure agreed pathways are better adhered to, beginning with musculoskeletal pathways. We plan that this will lead to a 2% reduction in total referrals. We will implement clinical referral triage, a system that will see letters referring patients being reviewed by a clinician, to determine the most appropriate place for the patient to be seen and thereby to avoid unnecessary hospitalisation.

We will review follow-up patterns in the top six acute specialties that account for 50% of what is spent in this area, and review consultant-to-consultant referral management. We plan that this will lead to a 2% reduction in total follow-up appointments.

We will develop commissioning strategies for planned care specialties, including dermatology, ophthalmology, paediatrics/child health, musculoskeletal and pain.

We will also examine how self-management can be used effectively in planned care.

In years two and three we will:

- continue to improve pathway compliance through the use of DART
- review the link with intermediate care services and commission pathways that make sense to patients
- explore how technology/innovation can improve referral management
- commission self-management/expert patient programmes to improve patients' quality of life

Children's Services

What the evidence tells us

Analysis from the Joint Strategic Needs Assessment indicates concern about smoking in pregnancy, which is linked with increased risk of cot death and complex medical conditions. It also points up lower breastfeeding rates among the localities of Torquay, Paignton and Brixham, and Newton Abbot. Uptake of childhood immunisations is low in Moor to Sea.

Childhood obesity has been linked with poorer health outcomes for children, such as asthma, diabetes, psychological ill-health and cardiovascular risk factors. Obesity and overweight among reception years has reduced over the last three years while levels in Year 6 children have remained relatively static.

Hospital admissions in young people for unintentional and deliberate injuries are highest in the Torquay locality. Unplanned hospitalisations for asthma, diabetes and epilepsy in the under-19s in 2011/12 were highest in Torquay, which accounted for around a quarter.

Child poverty estimates, at 20% of all children, are higher than those seen regionally and nationally. Child poverty can have a significant impact on emotional and mental health, and can lead to admissions to hospital and increased safeguarding concerns. The rate per 10,000 of children in Torbay who were the subject of a child protection plan at 31 March 2012 was the highest in England.

Key work to be done

This year: we will develop commissioning intentions for community paediatric and nursing services, as well as the role and scope of primary mental health work. We will keep improving access to psychological therapies

We will review the follow-up behaviour of acute paediatrics and consultant-to-consultant referral management.

We will develop commissioning strategies for paediatrics/child health and scope how self-management can be used most effectively for young people. We will also explore the development of a short-stay paediatric unit.

We will work jointly with NHS England to assess the impact of the increased number of health visitors on community prevention and early-help services, with an initial focus on the pilot 'Community prevention hub' in Torquay.

We will explore jointly-commissioned community services for 0-19 year olds with local authority colleagues and partners from primary care and education.

In years two and three we will:

- commission integrated children's services provision.
- explore how technology/innovation can improve referral management
- commission self-management/expert patient programmes

What we want to achieve:

Ensure the provision of joined-up services in appropriate settings for children and young people.

Encourage young people to be responsible for their own condition, so they can prepare for transition to adulthood.

Learning disabilities

What we want to achieve:

Implement the actions set out in the Winterbourne View Report.

Commission inclusive services to ensure mainstream care is provided for people with learning disabilities.

What the evidence tells us

In the last ten years there have been a number of reports identifying inequalities in health services for people with learning disabilities. People with learning disabilities have had a reduced life expectancy and lived with poorer health than the general population.

As a result of the abuse of vulnerable people with learning disabilities at Winterbourne View private hospital, near Bristol, a document was produced which sets out actions to be taken and the structures which need to be put in place to help prevent such abuse in the future. The document is called 'Transforming care: A national response to Winterbourne View Hospital Department of Health Review – Final Report.'

Key work to be done

This year:

We will implement the Winterbourne View actions, including arrangements for pooled budgets across health and social care.

We will work to make sure people with learning disabilities get equal access to GP and hospital care, including wider primary care services such as dentists and screening programmes. As part of our Equality Delivery System we will work with our statutory partners and people with learning disability to assess how accessible services are to them and identify areas for improvement.

We will target specific areas for making sure there is equality of outcomes – these are cancer screening, obesity, diabetes, cardiovascular disease and epilepsy.

In years two and three we will:

- continue to ensure that universal mental health services are accessible to people with learning disabilities
- continue to improve equality of access to all services

Medicines' optimisation

What we want to achieve:

Review and reduce prescribing variation in all settings, in keeping with national best practice.

Explore and make use of opportunities to share any savings achieved with all providers.

What the evidence tells us

The most common therapeutic intervention made in the NHS is the use of medicines. The current thinking from the government is to expand medicines' management to medicines' optimisation. This means placing a greater focus on making the best use of medicines to achieve the best outcomes for patients. We are committed to doing this in South Devon and Torbay.

Key work to be done

This year:

We will work with our partners to develop systems for reducing variation in prescribing. A county-wide commissioning committee will be set up to assess the effectiveness of new medicines, and we will work with colleagues across the county to ensure we use medicines at the same points in patients' treatment. We will continue to monitor the way GP practices prescribe common core drugs so that we can promote the use of specified preferred medicines.

We will also work with our colleagues at Torbay Hospital to share the savings from the best, cost-effective use of medicines. Initially we will develop ways to routinely monitor the use of high-cost drugs in the hospital and explore the extent of patient access schemes. We will also examine areas of mutual benefit with other providers. In doing this we plan to make efficiency gains of 4% in the amount spent on secondary-care (hospital) prescribing.

In years two and three we will:

- develop mechanisms to benefit both South Devon and Torbay CCG and South Devon Healthcare NHS Foundation Trust though mutually beneficial efficiency savings arrangements.

Finance

Financial Planning

The budget allocated to CCGs represents 2.3% growth when compared with the equivalent 2012/13 baselines.

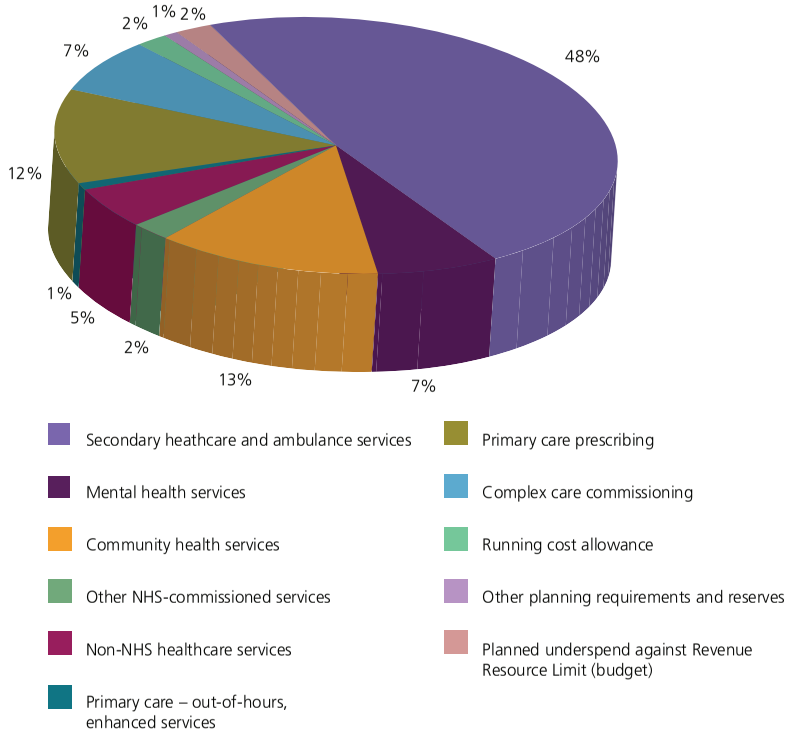
Our resources are made up of three key elements:

- an allocation to CCGs to cover the local services they will commission on behalf of their populations
- the running costs allocated to CCGs (staff, premises, organisational costs)
- an allocation to local authorities to fund services that benefit both health and social care

For our CCG, the money we have looks like this:

	£'000
Allocation for commissioning services (including growth at 2.3%)	364,375
Allocation for CCG running costs	6,717
Total CCG Allocation (including running costs)	**371,092**
Allocation in relation to social care (including growth)	10,126
Total CCG resources	**381,218**

This chart shows how the money will be spent:



Planning requirements: national and local

A key expectation for our CCG is to continue to achieve a surplus at a minimum of 1% which, based on the CCG allocation, would work out at £3.688million. Locally, we will plan for an underspend of £5.583million, although over time would expect this to return to the national position of 1%.

It is anticipated, and part of our medium-term planning assumptions, that surpluses achieved in 2012/13 will be made available to future commissioning organisations (including CCGs). For future years we will continue to plan on this basis, and to achieve a surplus in line with the planning assumptions set out in the current National Operating Framework. We will keep this under review as further national guidance emerges.

Our financial plans also comply with the requirement to plan for 2% of the revenue allocation to be available recurrently to fund the cost of change in 2013/14. This equates to £7.376million and can be committed only to cover non-recurrent costs.

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TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Pioneer Status		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	3 December 2013

Contact: Caroline Taylor
Telephone: 01803 207015
Email: caroline.taylor@torbay.gov.uk

1. Purpose

1.1 To update the Board on the successful bid to the Department of Health for Integrated Health and Social Care Pioneer Status.

2. Recommendation

2.1 That the Health and Welling Board notes the success of the bid for Pioneer status.

2.2 That the Board offer oversight and challenge to the integrated programme of Pioneer work.

2.3 That the Joint Health and Wellbeing Strategy be reviewed to ensure that it aligns to the delivery of the Pioneer programme.

3. Supporting Information

3.1 South Devon and Torbay was announced as a Pioneer site at the start of November 2013 by the Department of Health.

3.2 Whilst the area already has well-co-ordinated or integrated health and social care, as a Pioneer site we will be able to implement our plans to offer people joined up care across the whole spectrum of services, by including mental health and GP services. We will look at ways to move towards seven day services with patients being in the place that's best for them. Mental health services will be as good and as easy to access as other health services. Care will be coordinated so that people only have to tell their story once.

3.3 Having integrated health and social care teams has meant patients having faster access to services; previously, getting in touch with a social worker, district nurse, physiotherapist and occupational therapist required multiple phone calls, but now all of these services can be accessed through a single call. In addition, patients needing physiotherapy only need to wait 48 hours for an appointment – an improvement from an 8 week waiting time. A joint

engagement on mental health is bringing changes and improvements even as the engagement continues – for instance, people wanted an alternative to inpatient admissions so we are piloting a crisis house, where they can get intensive support

3.4 Pioneer status will shape the integration agenda over the next five years and, as such, the Joint Health and Wellbeing Strategy will be refreshed to ensure that it aligns with the priorities within the Pioneer bid whilst also taking account of the wider determinants of health and wellbeing.

3.5 The Pioneer Programme Board will drive the delivery of the initiatives within the bid with the Health and Wellbeing Board providing the public, democratic accountability. The Health and Wellbeing Board will continue to challenge health and social care providers together with the wider community to ensure the delivery of its vision of "A Healthier Torbay: Where we work together to enable everyone to enjoy a healthy, safe and fulfilling life".

Appendices

Appendix 1 None

Background Papers:
The following documents/files were used to compile this report:

None

Integrated care and support: a bid for pioneer status

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

National Voices
People shaping health and social care

South Devon and Torbay Clinical Commissioning Group
South Devon Healthcare NHS Foundation Trust
Torbay and Southern Devon Health and Care NHS Trust
Torbay Council
Devon Partnership NHS Trust

Supported by:

Devon Health and Wellbeing Board
Torbay Health and Wellbeing Board
Devon County Council
Rowcroft Hospice
South Devon and Torbay Strategic Public Involvement Group
Northern, Eastern and Western Devon Clinical Commissioning Group

This bid is submitted with the backing of our neighbouring Northern, Eastern and Western (NEW) Devon CCG.
As a pioneer, we would work closely with NEW Devon and our joint partners to extend the learning across a combined population of more than 1.2 million people, rapidly sharing and exchanging best practice and innovation to achieve integration at pace and scale.

TORBAY COUNCIL

NHS

"With our local communities, we are resolved to make a major difference to the quality of life of our population, to break – permanently – the cycle of disadvantage which curtails the opportunities of one generation after another, to support people to be as well and independent and fulfilled as they can be, and to care with compassion when they cannot. To do this, we need to join up with each other to make our care seamless and put more power in the hands of those who need our care and support."

Introduction

We have a strong track record of collaboration across our whole area. The model of integrated health and social care in Torbay has won national and international recognition and brought many to our door seeking to learn from us. For several years, care has been viewed from the perspective of how it will be experienced by "Mrs Smith" and her family and carers. But we have only just begun, and our ambition for coordinated care is huge.

In the Torbay of the future, Mrs Smith or her daughter will make a single call for any health or care service. Her GP will be integrated into a community hub, where she can find not just health and social care but personalised support for her mental health and general wellbeing needs, too, all organised with her single named care coordinator. Thanks to information-sharing across all parts of the system, whenever Mrs Smith receives care for one condition it automatically and electronically triggers others that are needed, for support or prevention. Acute hospital interventions are included, but it's a long time since Mrs Smith has been to hospital; hand-held diagnostics come to her in her home, her GP can monitor her vital signs remotely and the last time she did need intravenous treatment she preferred to have it in her own bed. Together with her family and key health worker, Mrs Smith has planned her end of life care, and has chosen hospice care in her own home. For now, volunteers from the 'neighbourhood connector' scheme have made sure handrails are fitted in her home, and they help her with her much-loved garden.

But the Mrs Smith we know so well now has a grandson, Robert, who at 15 is living with his mother in a deprived ward in the market town of Newton Abbot. Robert has been struggling with his mental health, drinking alcohol and taking drugs at times, getting in trouble with the police and "failing" at school. He has been receiving support from the Child and Adolescent Mental Health Services but soon he will be 16, when normally he would lose all his familiar professional contacts as he moves into adult services. Robert isn't planning to stay at school but his work prospects aren't good. Recently, he has been self-harming. We will return to Robert in a moment…

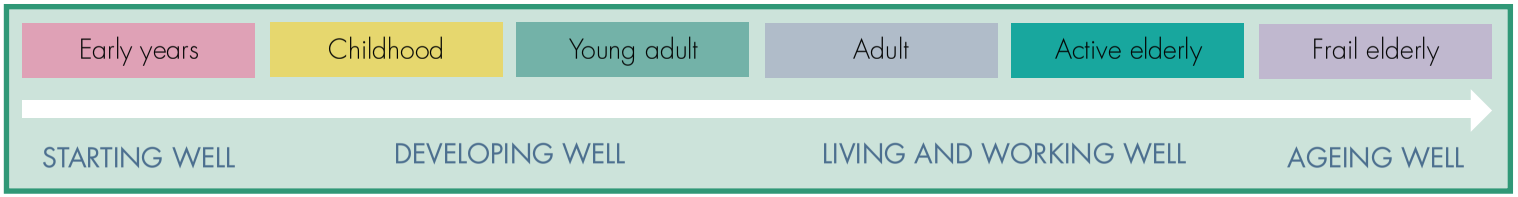
It is well known across England, and across South Devon, that the population is ageing. Today, nationally, 2.2% of the population is 85 or over. Torbay reached this 31 years ago. By 2021, the rate for England will be 2.9%, but 4.9% here.[1] For Mrs Smith, integrated health and care has delivered. Waits for physiotherapy have dropped from 8 weeks to 48 hours. Waits for occupational therapy have fallen from 2 weeks to 2 days, for urgent equipment from 4 weeks to 4 hours. Multiple calls were once needed to reach a social worker, district nurse, physio or OT; now it takes just one. Torbay Hospital has one of the lowest lengths of stay in the country, enabling acute hospital beds to be reduced from 750 to under 500. It has the lowest rate of emergency admissions in the South West.

But there are important challenges surrounding young people and families too. Numbers of children on protection plans or in 'looked-after' care in Torbay are among the highest in the country. Inequalities mean a 7-year life expectancy gap, 17 years more for some of expected ill-health, and a cost to our system of £150+ million. On Dartmoor we see rural isolation, with poor transport links and more difficult access to services. Suicide rates are falling in Torbay but those of self-harm are not. Housing problems for many are acute. There is much to do to reduce alcohol misuse.[2]

The challenge is this: the principles that enabled our integrated health and social care for adults to flourish must now be extended across the whole community. The seamless, multi-disciplinary working, the strong relationships, the culture of holistic care, the care coordinator, must all be offered too – across two local authorities – to our families with troubles and to our young people. To Robert.

In future, Robert won't lose his CAMHS support at his next birthday; his named key worker will be on hand and work closely with the community-hub-based GP and adult mental health services so that he can transfer smoothly. Robert will take control of planning his care, in a way that works for him. He now benefits from peer support, so he is learning ways to manage his emotions, complementing his psychological therapy from the all-age depression and anxiety service. Carer support for his mother is automatically triggered; this means help with her housing difficulties, too. Moreover, Robert is getting support to find a vocational course that he now thinks might interest him.

We are proud of our progress so far but we now need support as we tackle the rapid, whole-system transformation required to make our vision a reality. Pioneer status would give us vital expertise in change management, open access to international learning to guide a major system redesign, national support for pushing at the boundaries and for flexibility where that would ease the path for integration, and leverage for tackling very difficult issues head on. In return, we make a firm commitment to share our gains to help integration flourish across the country.



Introduction continued...

We believe in integration in South Devon and Torbay and will use it to make that "major difference" for our population, with excellent, joined-up care, now and in the future.

As a joined-up health and care community, South Devon and Torbay has left behind the disease-based and reactive model, with an agreed vision to focus on wellbeing, prevention, self-care and reablement, always striving for maximum independence – so that over their life course the people of South Devon and Torbay can start well, develop well, live and work well, age well and die well.

We see a reformed and vibrant primary care model integrated with the community in the widest sense – with the whole spectrum of health and care but also with the voluntary and community sector which can do so much to offer support for self-care and peer support and help get services right. At the centre is a smaller acute hospital offering leading-edge, highly specialist care – not when all else fails, but only when all else could never have succeeded.

To achieve this, we have innovative schemes running across the spectrum of this life course. You will find them at the village hall and in the district hospital, in the nursery and the care home. They are parts of the jigsaw we are putting together to create one picture – of seamless, joined-up care in which people won't fall through the gaps because the gaps will have been closed.

Shared values are the starting point for this. In January 2012, leaders of the whole health and care community launched the Joined Up Health and Care Cabinet, with the agreed commitment to deliver "High-quality, reliable and joined-up health and care which puts people first". Professional bonds are strong, a culture of drive and collaboration well established and common goals approved.

This will be where we drive the shift in emphasis and resources towards our young people and families, so that the patterns of lifelong reliance on care can be broken, wherever that's possible. This is a long-term plan; it is a sustainable service model leading to active and resilient communities being better able to support their older people.

The Cabinet itself is being re-shaped, with a voice for people using services. It is establishing a programme board and recruiting a project lead for delivering the transformation that Cabinet leaders have already mapped for years one to five, following the life course.

Starting well: early years

At the Joined Up Health and Care Cabinet we are lengthening and broadening our care pathways, to formalise prevention and early intervention and address inequalities through the 'Proportionate Universalism'[3] approach, with evidence-based action across all the social determinants. As disadvantage starts at birth and accumulates through life, the focus for integrated work in the early years is therefore on those with significant needs.

"We will drive the shift in emphasis towards our young people and families so that the patterns of life-long reliance on care can be broken."

Poor family skills lead to poor outcomes for children. Within the universal health visitor service in Torbay, the Family Health Partnership team delivers an intensive, evidence-based support programme to some of our most disadvantaged and vulnerable first-time young parents. Currently, 50-75 families are targeted; this needs to be extended.

With budgets taut and certain to remain so, we need to work to maximum effect with our communities, using an assets-based approach. The Watcombe/Hele Project aims to support the community to better meet its own needs, using its own strengths – guided by the Munro principle that "preventive services can do more to reduce abuse and neglect than reactive services."[4] Here, the 0-19 specialist community public health nursing team works alongside street wardens, community policing, education and the community group Hele's Angels in one of the most deprived areas of Torquay. Together, they address the issues the community itself identifies as priorities. Families with problems are identified earlier, safeguarding issues are spotted and flagged, and carers identified for support. Vital links with schools and housing providers have been strengthened. The pilot is already building community capacity – a mother starting a network group for families has asked that a health visitor offer regular support at drop-in sessions. If outcomes are good, we will build on this by rolling out the Watcombe/Hele Project to targeted communities across the whole area.

> "The people helping me have been my lifesavers. I shall never, ever forget them."
>
> Patient, alcohol service

Developing well: childhood and the young adult

To drive overall improvement in our children's services, we have reviewed our Child and Adolescent Mental Health Services (CAMHS) in Torbay and have agreed the outcomes we believe are needed to better meet the needs of children, young people and their families. We will now check these with people using the services. We want young people to get the support at their GP practice, which will have specialist oversight, training and professional leadership. Each cluster of GP practices and schools will have a dedicated primary care mental health worker, together with targeted screening, a seemless transition for young people to adult services, and a fast-track to the specialist service where needed, with a return to primary care after a time-limited intervention. Appropriate preventive programmes can be delivered in the classroom.

We will consider CAMHS provision in South Devon, to build on improving access, including to psychological therapies, providing excellent support for children in the care of the local authority and others with more complex needs. We also plan an all-age learning disability service in Torbay with lifelong support.

Self-harm is still largely a hidden problem. In Torbay we see a significantly high standardised rate for emergency admissions[5] for self-harm, but there are more who attend A&E but are not admitted – and likely to be more still who do not go to A&E. This comes at a significant cost to young people, families, employment, and health and social care – with an annual repetition rate of 15% and the risk of suicide 30-50% higher than in the general population. Our integrated public health response is improving public and professional awareness of the support available. We are developing consultation models for other frontline staff such as teachers, and putting in place peer support, time-limited intervention and care planning for young people like Robert, together with better access to psychological therapies.

KPIs:

- Reduce self-harm attendances by 10% a year
- Improve experience of people using the service by: to be agreed with service users.[6]

Excessive drinking and the associated rise in crime and violence has an impact across communities, within families, and on individuals. On national measures for alcohol admissions, Torbay scores significantly worse than average, including among the under 18s.[7] We have newly-redesigned integrated alcohol services, but

> "We are extending our holistic alcohol service from Torbay into South Devon."

alongside these we invested in an intensive, holistic alcohol service for those with alcohol dependence and particularly high attendance at hospital, who often present with poor physical and/or mental health.

A targeted case worker works intensively with a small cohort, delivering a wide range of interventions including detox, referral to mental health or GP services, talking therapies and practical help with benefits or housing. This initiative was nominated for a national award for best service redesign with the best outcomes. The investment of just £40,000 was recouped in year one.

KPIs:

- Rate of increase of alcohol related hospital admissions: 0%
- Attainment of personal goals set with individuals for the outcomes they want
- Experience against National Voices measures

Many young people have disabled or ill adults relying on them for care. The Census 2011 indicates about 900 self-identified young carers in South Devon and Torbay but greater numbers are likely to be shouldering this responsibility.

Health and wellbeing checks for young carers are being further developed. In South Devon, they run alongside the current Common Assessment Framework for children. A model policy for closer working with schools is being tested so that more young carers are identified. In Torbay, a joint strategy for young carers under 25 (2012), developed with carers, represents a bold approach to developing joined-up support services for young carers and their families.

Our local authorities are also exploring the potential of 'social investment bonds' for early intervention for children. These are based on the commitment from Government to use a proportion of the savings from improved social outcomes to 'repay' the non-Government investors which fund these early intervention activities. An evidence-based financial model is being researched.

> "Quite a week for diabetes! It really feels like we have huge support at a senior management level to sort out diabetes in a way that we've talked about for ten years. Really exciting."
>
> Dr Robert Dyer, consultant in diabetes mellitus, Torbay Hospital, 2011

Living and working well – adults and the active elderly

The economy and opportunities for work are clearly critical, and we are all, as organisations, conscious of our duties as major employers to offer apprenticeships, work experience and training. We recognise, though, that economic hardships have an impact on health and wellbeing, which makes active support essential in these middle and later years.

Integration will be vital in actively managing long-term conditions. Our diabetes service is the model for our vision: an approach that identifies problems early in primary care and intervenes when there's the best possible chance of keeping people well, before they end up at the hospital door. It brings together consultants, specialist nurses and primary care in a community-based model founded on education.

The number of people with diabetes is increasing year on year in Southern Devon.[8] These patients are living longer, with more complications – factors that were leading to increasing referrals to secondary care. In our outreach model, primary care is seen as the base for all patients, with specialist services being made accessible as needed. Comprehensive guidelines are written by and for primary care staff. There is a strong joint formulary, and simple but cost-effective guidance on insulin prescribing.

Outcomes include a reduction in major amputations from 10.2/10,000 to 4.3, reduction in admissions for hypoglycemic emergency, low rates of diabetic retinopathy, a 50% reduction in admissions for heart attack and a rate of admissions for acute coronary syndromes now below the national average.

We will further integrate with end of life care, as this work has highlighted a one-year mortality in patients with high blood-sugar levels who have multiple hospital admissions.

This preventive/early intervention model will be extended next to chronic obstructive pulmonary disease, and then for each long-term condition area as appropriate.

An important factor in long-term conditions is the effect they may have on mental wellbeing. The close link between physical and emotional health is well established. As well as depression, medically unexplained symptoms (MUS) may be seen.[9]

We are developing more integrated primary, secondary, psychiatric, health psychology and psychological therapy service care pathways, so that people with MUS and significant psychiatric comorbidity are more likely to be identified and given appropriate psychological interventions and support.

KPIs:

- Reduce the numbers of frequent attenders to secondary care with MUS by >10%
- Experience against National Voices measures

Social care reablement in Devon has been highly successful in promoting independence for people who may otherwise have needed longer-term personal care at home. As at April 2013, results from the six-week interventions show:

- 79% needing no further assistance from the council in terms of care provision, with 71% of these still remaining unaided 18 months later
- 12% having ongoing personal care at home at a reduced level from the standard service level
- 9% needing ongoing personal care at home beyond the standard service level

We will develop enhanced services on this model in our South Devon area, and – working with the County Council – take the learning to our Torbay area.

In 2009 Devon County Council became a demonstrator site for health and wellbeing checks for carers, and has been blazing a trail ever since with its integrated approach with primary care, social care and the voluntary sector. The check is a carer-led consultation, covering all-important outcome areas such as safety and warmth at home, work, education, leisure and support needs and incorporating the carer assessment, formally delegated by the council to primary care. A modified form of this check has been adopted for use in the voluntary sector.

Devon Carers, the jointly-funded, jointly-commissioned carers' support service, was designed with carers and has won national recognition as providing quality services. Self-care is a priority in the CCG Integrated Plan. To build on our Co-Creating Health work, we are procuring an evidence-based self-care service that supports people to achieve their own goals.

> "As a former PCT Board member in a different area I have been really struck by the considerably higher priority that is being given to mental health at the Governing Body of the CCG. I think this reflects the impact of having senior GPs at the table when commissioning decisions are made."
>
> Nick Ball, non-executive director, South Devon and Torbay Clinical Commissioning Group

Ageing well and dying well – keeping frail, elderly people at home

If we are to help people stay in their own homes – wherever possible, for as long as possible and as far as possible until they die – then we need, among other things, to marshal and mobilise the support of the voluntary sector. We need to work more closely with the voluntary sector and with local communities themselves to develop further capacity to complement that of public sector services and to promote self-help and independence for people living at home.

In South Devon, 'village agents' and Neighbourhood Health Watch schemes are spreading, and in Torbay we are developing the concept of neighbourhood connectors, to work in every neighbourhood. They will help combat social isolation – the blight of old age – and enable older people (and families with particular vulnerabilities) to engage in a wide range of activities. The connectors will act as a bridge to any other services required. Torbay Council has recently endorsed and supported the creation of a Community Development Trust, bringing together community leadership and voluntary organisations to tackle some of the wider issues that local communities themselves identify. There is now an opportunity to add clinical leadership and support to this structure, both strategically, by commissioners, and operationally, by NHS providers working on a locality basis.

The corporate social responsibility resource of our local business and professional organisations also remains largely untapped.

The virtual ward helps keep people in their own homes through a holistic approach. Every GP practice in South Devon joins up with the inter-disciplinary health and care teams, and uses predictive modelling to identify patients at risk of admission. As they are actively case managed to reduce that risk, the wider support each person has available is also considered – be that family, neighbours, religious or spiritual support. If we don't know, we find out. Each patient has a dedicated case manager, an active care plan and details of these are visible on the out-of-hours system. Full data for virtual ward patients in 2011/12 showed a sizeable reduction in admissions for that cohort of patients – down by 25%.

> "Our case manager is marvellous, caring, kind and helpful. She is knowledgeable and I am able to talk to her about any concerns. If I didn't have Angela, I would have no-one else to turn to."

We have been chosen by The King's Fund as a demonstrator site to study further the care coordination of people with complex needs. The virtual ward has changed the culture: an emergency admission for a person with a known long-term condition is seen as a failure.

Scale: For 2013/14 the CCG has increased its investment. The approach will be extended to a broader cohort of patients (the 5% most at risk, from the 0.5%), introducing integrated specialist input, for example through the use of virtual clinics.

In East Devon, Section 256 monies used by Devon County Council have brought about a successful hospital at home scheme, and we want to extend this to South Devon. Patients needing stepped up medical care can be admitted directly by their GP, or are discharged to their own home from community hospitals or the acute hospital, with continuing oversight from the care of the elderly consultant where appropriate. Hospital lengths of stay have been reduced, care is personalised and patient experience is exceptionally good. Doctors and families particularly welcome the scheme for people with dementia.

The overwhelming impact of dementia is not medical, but on a person's ability to function independently within their family, community and society. We are, therefore, supporting the spread of dementia-friendly communities as the absolute cornerstone of our response, signing up local businesses and others with the help of our volunteer dementia champions.

Working with people who use services, the two Devon CCGs and Devon County Council have developed a dementia care pathway which defines the supports available from pre-diagnosis to end of life. No-one in future will feel abandoned after diagnosis. Commissioned services are also undergoing dramatic redesign. In Torbay, the local memory clinic has been relocated to Torbay Hospital to serve as a 'one stop shop' for both diagnosis and post-diagnosis interventions, such as group therapy and the legal advice that's often much needed. Acute hospital psychiatric liaison services are being developed on the West Midlands RAID model to reduce inappropriate admission and reduce bed stay durations. GPs are now facilitating access to anti-dementia drugs, and people with dementia and their carers will get active community support through a newly-commissioned dementia advisor/support worker service.

"I was working with the GP but we couldn't get my mother to agree to access services. Through the case manager, we were able to get a benefits check, get voluntary sector services involved and a care package in place. Dealing with one person increased my mother's confidence and she finally agreed to have essential medical tests."

Carer

Ageing well and dying well – keeping frail, elderly people at home continued...

The next step is a pilot to integrate and extend out-of-hours support to match peak demand, with community psychiatric and district nursing, social care and medical services working together. The goal is to improve quality of life. Torbay has the second highest percentage of people with dementia in England but our rates of admission to psychiatric care and of antipsychotic prescribing are now among the lowest in the country.[10]

KPIs:

- Reduce hospital admissions by 10% a year
- Improve experience of person with dementia/families by: measures to be determined at engagement
- Experience of individual, families and carers against National Voices measures

With providers and the community, Torbay is developing an integrated housing strategy, including best use of equipment, home improvements, disabled facilities grants, but also support and care within people's own homes, particularly for frail, elderly people. Intermediate care in Torbay has helped bring social-care use of care homes, age standardised, to within the best 10% in the country. The number of publicly-funded residents in South Devon is still comparatively high for the county and we need to expand services in the community.

We are keen to support a Devon County Council initiative to develop extra-care housing to promote person-centred care and support, and accommodation for rent and sale. At Newton Abbot, 50-60 flats are being built. Centrally located and used as a 'hub,' they will provide an oasis where the older and more vulnerable members of the community can meet, interact socially and be assured of care and support, round the clock. We support extending this model to other towns with poorer transport links.

We have 222 care homes in South Devon and Torbay and they are home to 3,892 older people. Care can be excellent, but is not uniformly so. We see about 1,500 unplanned hospital admissions from care homes every year, with around 400 ambulance 999 calls a month. Of these, one in six is discharged the same day, and one in five has a one-day length of stay. All of this indicates that many residents could be treated instead in their home, without the unwelcome disruption of an unplanned trip to hospital.

We launched a jointly-funded secondary care outreach pilot in December 2012. Nurses from the hospital Medical Admissions team provide an integrated approach between hospital and care home. They offer an acute nursing service, with advice, guidance and nursing support, and some acute nursing treatments such as intravenous treatments and blood transfusions.

After an all-stakeholder event, our five locality commissioning groups agreed integrated plans with pharmacy and mental health to avoid unplanned admissions, avoid over (or under) medication, improve end of life care, and support the homes with improved education and clinical skills. Each home will be linked with a named GP practice, to improve care planning and people's continuity of care, if they want this. Medicines will be reviewed to maximise safety and minimise safeguarding worries.

Emergency admissions from care homes cost the CCG around £4 million a year. Preventing 474 admissions in year one by bringing the admission rate from the top 20 homes in line with the average will save £1.254 million.

Improving integrated end of life care is a goal for all, not just for those in our care homes. Nationally, 70% of people do not die where they choose – in South Devon and Torbay that figure averages 48%. However, there is still work to be done.[11]

In line with the 2013 Cochrane Review[12], the CCG has supported a 24/7 hospice at home service. Our valued provider, Rowcroft Hospice, delivers this through a team of specialist nurses and senior healthcare assistants, with a rapid response service and dedicated night drivers.

In the first year, the Rowcroft at Home service cared for over 400 patients, 84% of whom died at home, with 7% supported to stay at home until they could be admitted to their preferred place of care to die. 69% of referrers advised that referral had prevented admission to hospital. Carers have reported a reduction in the burden and anxiety of caring; patients have reported improved quality of life, dignity and self-worth. We are now exploring with Rowcroft ways of extending the numbers of people supported, and palliative care teams across the system will join up – from hospice to hospital to community.

KPIs:

- Increase the number of people supported to die at home if that is their wish
- Support the reduction in hospital deaths by 10% per year
- Support a 25% reduction in the average length of stay in hospital for patients in the last two weeks of life

"Never in my wildest nightmare did I imagine that I would be trapped in a paralysed body unable to speak. First and foremost I wanted to maintain my independence and I have every intention of enjoying the rest of my life. Integrated care in the community gives me my last piece of freedom. Priceless!"

Bob Brewis, diagnosed with motor neurone disease

Recreating the system

Bringing about lasting improvements in the life chances and wellbeing of our population will entail far-reaching and urgent change. Strategic leadership for our integration plans will be through the South Devon and Torbay Joined Up Health and Care Cabinet, and through Devon's Joint Strategic Commissioning Group, which includes Northern, Eastern and Western Devon CCG. The Health and Wellbeing Boards will be regularly updated, and provide system-wide leadership for addressing inequalities and the wider determinants of health.

We will take an assets-based approach, drawing on the existing strengths of our communities to build their resilience and capacity. At the same time, we need to mould the system to the people using our services, so they can move through it seamlessly and in a way that they themselves can control.

All this has great implications for our highly-valued workforce. Redesigning this is a task we have just begun, and with which we will need external support. Our professional staff will need to work and co-create in an entirely innovative way. We are thinking about how to change, merge, blend and redesign the traditional roles of nurses and allied healthcare professionals around the needs of Mrs Smith, her daughter and her grandson as they access health and care throughout their lives. Our recent contribution to the first draft of the Centre for Workforce Intelligence integrated workforce paper (2013) will enable us to think through a methodology for bringing together the future workforce around the needs of people using services. We'll be using analysis, policy review, workforce modelling (with accurate information on current structures) and scenario planning, all with the detailed involvement and engagement of our staff.

"Our valued staff will need to work and co-create in an entirely innovative way."

New ways of measuring performance – no longer by activity – will require new ways of collecting and evaluating data. We are working with the University of Exeter on solutions to this complex task.

In readiness for the new system, the Joined Up Cabinet will stretch an ambitious joined up IT programme over Torbay's whole Joined Up endeavour. Incorporating the principles of Patient Knows Best, this will see leading-edge systems spanning the whole healthcare community, linking health and social care, primary care, mental health care, hospital care and residential care, with meticulous governance and consents.

We see this as streamlining processes, adding assurance about patient safety, improving patient care and ultimately helping avoid unnecessary admissions to hospital. There are three strands:

E-prescribing: a patient's prescribing and medication record visible not just in the hospital but across the whole community including mental health, hospice providers, pharmacy, and ambulance service – increasing patient safety. We have won a £3.7 million Government grant for this; the only area to bid jointly as an entire healthcare community.

E-booking: that will allow the clinician to input directly into an electronic system that knows the pathways and will make all the associated bookings, eg for diagnostics, pre-admission and surgery. If, for instance, blood test results make scheduled surgery inappropriate, it will be rescheduled, with no administrative interface. Moreover, the patients themselves will be able to make changes from home; they can alter a pre-admission outpatient appointment without, as now, throwing out the schedule for surgery, and they will be able to track their own progress through the pathway.

VitalPAC: the vital signs recording and monitoring system already allows clinicians to record observations on a hand-held device at the bedside, with built in reminders and alerts. We will extend this across primary care, health and social care and into care homes, so that clinicians can monitor their patients remotely, and vice-versa. Specialist oversight will support increasingly sophisticated decision making, including about admissions from care homes. All will be visible to patients.

Integration of organisations is not the goal – but can be an enabler. Currently South Devon Healthcare NHS Foundation Trust is the sole bidder for the community services run by Torbay and Southern Devon Health and Care NHS Trust. It has put forward, in its acquisition bid, the case for creating a single Integrated Care Organisation, underpinned by a highly-detailed Integrated Business Plan detailing a reduction of workforce and efficiency savings. A key commissioner requirement of this process was that it should deliver more for less. That principle remains across our system.

> "In particular I wanted to thank the A&E consultant who handled the situation quickly and skilfully. Also the senior house officers, healthcare assistants, nurses and domestics all did a fantastic job looking after her. Everything happened smoothly and promptly and I was kept informed throughout by the team."
>
> Husband of a patient cared for at Torbay Hospital

Recreating the system continued...

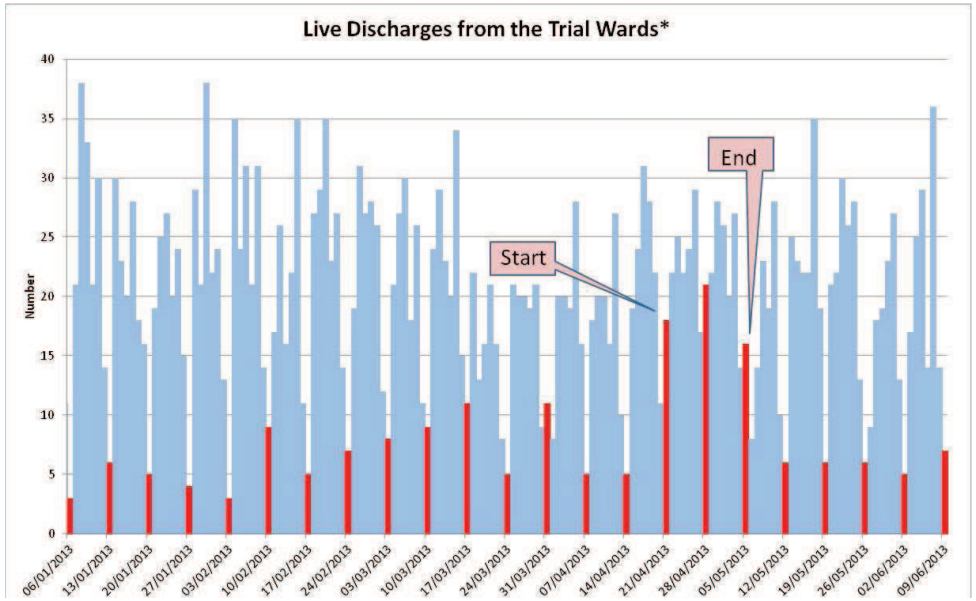
On finance, we already have, locally, a good record of not getting in the way of excellent ideas for service change: we collectively agree approaches to payment for services that promote high quality, innovative care while maintaining financial stability for all organisations. While we do work with national payment systems, we have worked with them flexibly, never allowing tariff alone to drive our working together. In future, we need even more flexibility to pool budgets so that together, across the integrated system, we can design, commission and provide the very best services for our population. As a pioneer site, we would pursue this with the benefit of the external support offered. And whether or not this acquisition takes place (outcome July) the key benefits outlined must be retained. Among them is the vast scope for improving patient flow – the key not only to safe, effective and efficient care, but directly linked to people's outcomes and their experience.

Real quality of care will require our integrated system to be responsive seven days a week – in the acute hospital, community hospitals and across all the relevant components of the multi-disciplinary teams in the community. The challenge is vast, but without it, patients end up in the wrong parts of the system – producing outliers on wards, patients being admitted to the acute hospital when they could have been cared for in the community and, ultimately, delays in patients getting where they need to be – back home.

Torbay Hospital already sees excellent patient flow – getting the front door right and transferring people onwards or home safely. Its occupancy rates, at 89.5%, are among the best in the country. Its seven day services include radiology, physicians, surgery and physiotherapy, but it still sees significant variation in performance over the seven day period.[13] Click to see charts.

This spring a pilot of Sunday working was run for three consecutive weekends on five wards (conducting 'business as usual' rather than a weekend service). It extended the working of general physicians with special interest in the fields of care of the elderly, respiratory medicine and gastroenterology, trainee doctors, therapists, ward clerks, patient transport services and discharge coordinators. After each weekend, emergency beds were available on the Monday, and there was "an atmosphere of calm" in the hospital. There were significant qualitative and quantitative improvements in system performance over the whole week.

Test of change – Sunday working



Notably, in a period when soaring demand on A&E made national headlines, Torbay Hospital continued to meet its 4-hour wait requirement, staying at >95% despite the pressure.

> "The professionals involved with my care talk to each other. We all work as a team."

In health and care, the multi-disciplinary approach is well established. In Torbay this sees teams in designated 'zones' bringing together community nursing, adult social care and intermediate care, including community pharmacy, occupational therapy and physiotherapy, with a clinical active case coordinator (or community matron) and an integrated health and social care coordinator. People needing services have a single point of access – one phone call

…pleasantly surprised by 'come and meet CCG' meeting in Torquay tonight. Others could learn from the positivity & transparency…

…having once worked in a PCT, actually now believe that CCGs can make a far improved difference. Tonight my faith is restored in the NHS…

Recreating the system continued…

is all that's needed. Seven day services include district nursing, out of hours emergency duty service, crisis/rapid response domiciliary care, with, in Torbay, intermediate care, discharge coordinators in A&E, intensive home support service, and, in South Devon, reablement. This needs extending.

The metrics for seven day working have been identified as: experience as against National Voices measures; patient survey; the SHMI mortality indicator; readmissions; average length of stay, including combined acute and community stays; staff survey; pathway cost; and recruitment to organisations. KPIs are still to be developed.

Central to our model for joined up care is the community hub. We are now extending its scope, integrating the learning disability service this year, along with a community psychiatric nurse and dementia support worker. We will consider with Devon County Council the further development of a new community hub in Newton Abbot in South Devon, using the single point of access via Care Direct Plus, and seeing closer integration with primary care. This hub model would, in common with that in Torbay, have direct mental health service support and a key focus on dementia friendly initiatives. A frailty service and an urgent care centre integrated with primary care and the out of hours service are also being considered for Newton Abbot community hospital – Devon's newest and best equipped. Key planned outcomes: fewer hospital admissions, increased early diagnosis of dementia and support for carers of people with dementia.

We have, too, been exploring ways of integrating working between primary care and the multi-disciplinary health and social care team. GPs and the community team are helping the same people, the same patients. Rising demand on primary care risks poorer service and experience for patients. There are obvious benefits if resources are shared, in terms of time, efficiency and quality of care. GPs greatly value the single point of contact and health and care coordination in the zones, but it is clear that there are gaps – school nursing, Child and Adolescent Mental Health Services, and health visitors are more difficult to access.

We have agreed, so far, the need for single clinical leadership and a single management structure across the local primary care and community services. This could include pooled and flexible use of resources running alongside clinical integration; for the patient this would mean being seen by the most appropriate person – not necessarily their GP – at the right time. This approach would help in managing long-term conditions. For primary care, there is the advantage of having contingencies at times of high demand or emergencies. A key enabler has also emerged for this model: prompt access for GPs to diagnostics.

"GP practices are developing provider networks so they can work effectively to improve health."

As the principal point of contact with health services for most people, primary care is an essential part of the jigsaw in whole system, person centred integration. To keep commissioning local, South Devon and Torbay CCG has five locality commissioning groups (LCGs) with coherent boundaries reflecting the common characteristics of the population served. The LCGs monitor and manage practices' commissioning performance (referrals, A&E attendances, urgent admissions) but everyone acknowledges that the practices' ability to perform well is directly related to the quality of provider services available. The 37 practices are therefore now developing GP provider networks so that they can work collaboratively to deliver patient care and share more specialist skills and resources. With greater scale, these networks – or federated practices – can work together more effectively to improve whole population health.

We know there's a lack of capacity for the increasing demand in general practice, evidenced locally[14] and nationally[15]. The age profile of our GPs means recruitment is not keeping pace with the retirement of the existing workforce. Action is needed, and our innovative solutions are developing. We have commissioned the University of Exeter to model capacity and demand in primary care and will use the results to develop a primary care strategy in conjunction with the NHS England Area Team.

We have also supported 22 of our 37 practices so far to adopt the Dr First or Productive Primary Care schemes that streamline and improve access for patients; early feedback tells us is greatly welcomed.

> "First comes thought; then organisation of that thought, into ideas and plans; then transformation of those plans into reality. The beginning, as you will observe, is in your imagination."
>
> Napoleon Hill, 1883-1970

Recreating the system continued...

Feedback has also been overwhelmingly positive for the National Voices narrative which we have used at all our recent Meet the CCG engagement events. We recognise that while we can claim to meet some of the "I" statements on what coordinated care looks like, we are nowhere near offering, consistently and across the board, the kind of inclusive, joined up care that puts those using services in control. The narrative will now form the basis of all our engagement; we will evaluate the response and use it, with National Voices' guidance, to develop criteria for our commissioning, building these requirements into our service specifications and performance monitoring. Providers have an excellent record on involvement and engagement and they, too, will be determining KPIs on the validated measures expected later this year.

We have already taken an entirely new approach to engagement, with our CCG Strategic Public Involvement Group (SPIG). Working with networks in the community, we went on a journey with partners in the voluntary sector, involvement networks and the-then LINks, to discover such a body should look like. Importantly, SPIG self-nominated, selected their own members from within their networks, and selected and elected their own Chair and Vice-Chair. As a result, we have wide networks back into the community. SPIG is working with us to ensure they influence commissioning at the most strategic levels. We think we've broken the mould in enabling our community to tell us how they want us to engage, and will, therefore, put SPIG and our two Healthwatch organisations in the driving seat in taking forward the work on the National Voices narrative.

We invite provocative, insightful and field-leading speakers to Torbay and South Devon to take part in seminars we call the 'Excite, Ignite, Imagine' series. But the words have wider resonance across our system, encapsulating our search for innovation and better, different ways of improving health and care for our communities. We are using the learning from other high performing systems such as Jönköping in Sweden to develop our own 'Qulturum' where innovation, improvement, education and research come together to support the delivery of an integrated care system. In our state-of-the-art innovation, education and research facility we are actively working with our academic partners, University of Exeter and research institute PenCLAHRC, to undertake operational research – using techniques such as simulation with clinical teams,

patients, families and carers to redesign care pathways. We are making our innovation processes open and accessible, crowd-sourcing opinion from across our care community via multiple platforms. Our groups such as Catalyst and iTorch gather staff inspiration and help instigate change.

The hospital's Hiblio is a pioneering digital TV service for healthcare, promoting concise health information and education to the public and clinicians alike. We are extending it with training DVDs for carers on topics such as preventing pressure ulcers. It also includes a medical education channel with transferrable mandatory training, and specialty-specific information for clinicians.

We search out ideas from all parts of the country and the world, working closely with the Association of British Healthcare

Industries, British In-Vitro Diagnostics Association and others. Our default setting is to share our own ideas and learning, too. As a pioneer site, we would use all our networks; our natural starting point would be the large geography and population of NEW Devon CCG, where integration is already a priority and where we both want to see system level partnership working across the Devon County Council footprint. We already arrange learning exchange visits with other care communities, and would formalise this programme. We are also active in NHS Clinical Commissioners and our Academic Health Science Network, have links with the International Foundation for Integrated Care and highly-valued ties with The King's Fund and The Nuffield Trust.

With the support of the pioneer programme and the external expertise it offers, we are confident we can achieve the transformation of our health and care system we are aiming for. We do not believe that making our existing system 'better' can be the answer – the system itself needs to change. None of us underestimates the challenge but we are ready for it. South Devon and Torbay is committed to making a lasting difference to the care and support of our local population.

References

[1] Office of National Statistics, Interim Subnational Projections, 2011

[2] Haines, D., (2013) Joint Strategic Needs Assessment, South Devon and Torbay

[3] Marmot, Professor Sir M., (2010) Fair Society, Healthy Lives, Institute of Health Equity

[4] Munro, Professor E., (2011) Munro Review of Child Protection, Department of Education

[5] In adults of 341/100,000 (national average 207) and for under 18s of 239/100,000 (national average 123)

[6] All Devon Partnership NHS Trust mental health projects integrate mental and physical healthcare and are designed around the NHS Change model of co-production involving patients, carers and stakeholders.

They align with the Peninsula Academic Health Science Network and CLAHRC priorities and will be subject to bids to these groups for full evaluation of patient experience, outcomes and against best practice guidelines.

[7] Local Alcohol Profiles for England (LAPE), North West Public Health Observatory

[8] Yorkshire and Humber Public Health Observatory, 2012

[9] Data analysis in Devon in 2010 showed that of 300 consecutive patients referred to a neurology clinic, 60% had MUS, 15% had a psychiatric disorder, 16% (48) attended A&E from 1 to 12 times a year with their complaint and of those 54% (26) were admitted.

[10] North West Public Health Observatory, Community Mental Health Profiles 2013

[11] End of Life Clinical Pathway Group, South Devon and Torbay Clinical Commissioning Group, performance data

[12] Gomes, B., Calanzani, N., Curiale, V., McCrone, P., Higginson, I.J., Effectiveness and cost-effectiveness of home palliative care services for adults with advanced illness and their caregivers. Cochrane Database of Systematic Reviews 2013, Issue 6. Art. No.: CD007760. DOI: 10.1002/14651858.CD007760.pub2

[13] In Torbay, there is no "Friday effect" on mortality rates as reported in June 2013 by the Imperial Group. Analysis of all elective procedures, a basket of intermediate to major elective operations, elective colorectal resections and elective major joint replacements shows no significant day-of-operation effect on mortality in the last five years, and a possible effect in the five preceding years.

[14] Oxenbury, Dr J., (2013). Practice Managers Survey Results: workforce information for South Devon & Torbay.

[15] Lueddeke, G.R., (2012). Transforming Medical Education for the 21st Century: megatrends, priorities and change. Radcliffe Publishing Ltd: London; Howard, Professor, J., (2013). General practice and primary care task force review. East of England Multi-Professional Deanery.

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TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Integration Plan (Integrated Transformation Fund)		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	3 December 2013

Contact: Sallie Ecroyd CCG/ Solveig Sansom CCG/ Siobhan Grady CCG
Telephone: 01803 652533
Email: Siobhan.grady@nhs.net

1. Purpose

1.1 To present to the Health and Wellbeing Board the outline plan which is being developed as part of the requirements of the Integration Transformation Fund. Following the success of the health and social care community being approved as a Pioneer site, partners have come together to develop the Integration Plan which will deliver the priorities set out to achieve whole system change through the Integrated Care Organisation and progress the projects as set out in the original Pioneer bid.

2. Recommendation

2.1 That the draft Integration Plan be reviewed and that the Board discuss and comment on its further development.

2.2 That the final Integration Plan be presented to the Health and Wellbeing Board in line with national expectations.

2.3 That the principle of a 'single pooled' arrangement for revenue aspects of the Integrated Transformation Fund, in line with the local work to date on an Integrated Care Organisation and our pioneer plans for improving the outcomes of the health and well being of our community, be endorsed.

3. Integration Transformation Fund

3.1 As part of the 2013 Spending Round funding was announced to assist with closer integration between health and social care. The funding is described as: 'a single pooled budget for health and social care services to work more closely together in local areas, based on a plan agreed between the NHS and local authorities.' It is expected that the Integrated Transformation Fund (ITF) will be a 'significant catalyst for change'.

3.2 The Fund will be a pooled budget which will be deployed locally on social care and health, subject to the following national conditions which will need to be addressed in the Integration Transformation Plans:

- plans to be jointly agreed;
- protection for social care services;
- as part of agreed local plans, 7-day working in health and social care to support patients being discharged and prevent unnecessary admissions at weekends;
- better data sharing between health and social care, based on the NHS number
- ensure a joint approach to assessments and care planning;
- ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- risk-sharing principles and contingency plans if targets are not met – including redeployment of the funding if local agreement is not reached; and
- agreement on the consequential impact of changes in the acute sector.

The ITF in 2015/16 will be dependent on performance achieved in 2014/15.

3.3 Whilst the ITF does not come into full effect until 2015/16 there is an expectation that CCGs and local authorities build momentum in 2014/15, using the additional £200 million due to be transferred to local government from the NHS to support transformation. The plan for 2015/16 needs to start in 2014 and form part of a five year strategy for health and care. The NHS planning framework will invite CCGs to agree five year strategies, including a two year operational plan that covers the ITF, through their health and wellbeing boards.

3.4 The two year operational plan will need to be in place by March 2014. It will need to be developed jointly by the CCG and the local authority and signed off by both parties and the Health and Wellbeing Board. The Health and Wellbeing Board is best placed to decide whether the plan is best for the locality, engaging with local people and bringing a sector-led approach to the process.

3.5 The £3.8 billion pool brings together NHS and local government resources which are already committed to existing core activity. The Council and CCG may need to redirect funds from these activities to shared programmes that deliver better outcomes for individuals. Again, these discussions need to take place through the Health and Wellbeing Board.

3.6 The CCG and the Council will need to engage with all providers (both NHS and social care) likely to be affected by the use of the fund. The implications for local providers will need to be set out clearly for the Health and Wellbeing Board and that the Board's agreement for the deployment of the fund includes agreement to the service change consequences.

3.7 Locally, the Fund will provide an opportunity to think widely about how we jointly commission integrated services in order to get maximum benefit from our combined resources. Although we're waiting for confirmation of the value of ITF for our community, our initial planning assumptions show our combined ITF value is £12.7million (with £11.4m from health). Although this is a significant amount of money, and is already committed to providing excellent joined up services, we think that the opportunities of ITF could apply equally to the whole integrated care organisation across all local health and social care funding; this would maximise the potential benefits available to us and get better value for each Torbay pound. The ITF is mainly a revenue pooled fund but has some aspects of capital spend- particularly capital currently allocated to disabled facilities grants (DFG). With the Integrated Care Organisation (ICO) we have a transformative opportunity – offering far greater scope for making these integrated services better but more efficient across the whole acute and community landscape.

3.8 The ICO is a key part of the wider Pioneer plan, and the approval process is happening currently. It is important for us now, but in the future will continue to develop as services across other organisations, e.g. GP services, mental health, etc. work in a more joined up way. This is where our integration programme will find the flexibility to deliver. It will need time, and as a Pioneer site we will be asking for time, so that over a five year timescale we can reap the benefits of this flexibility, and achieve the goals set out in our Pioneer programme.

3.9 The CCG is working with both Torbay Council and Devon County Council in a partnership with NEW Devon CCG which will ensure join up at a strategic commissioning level where it makes sense to do so, while maintaining local commissioning at a Torbay geography where there is focused delivery on local priorities.

3.10 The process for development and approval is as follows :

- A two year plan for 2014/15 and 2015/16 to be in place by March 2014 which sets out how the pooled funding will be used and how national and local targets will be met.
- Completion of required template setting out allocation and plans for the use of pooled monies which will need to be signed off by CCG, Local Authority and Health and Wellbeing Board.
- In order to progress and meet the deadline, the first draft copy of the Integration Plan is presented to the Health and Wellbeing Board in December.
- Following feedback and a process to ensure alignment with Devon Integration Fund the final plan will be submitted for sign off to the CCG Governing Body and Health and Wellbeing Board in February 2014.

3.11 **Risks:** It is acknowledged that both CCGs and Local Authorities are experiencing significant financial pressures with budget reductions, increasing prescribing and referrals to acute care. Therefore it is critical that the CCG

and local authority work jointly on the plan and deployment of the funding as it is likely that money will need to be redirected from NHS services and savings found in existing services to release funding to be directed to the pooled budget.

South Devon and Torbay Clinical Commissioning Group

Integration Plan

An outline

Our Pioneer statement of intent:

"With our local communities, we are resolved to make a major difference to the quality of life of our population, to break – permanently – the cycle of disadvantage which curtails the opportunities of one generation after another, to support people to be as

well and independent and fulfilled as they can be, and to care with compassion when they cannot. To do this, we need to join up with each other to make our care seamless and put more power in the hands of those who need our care and support."

Integrated, or well-coordinated, health and social care is well established across our area. This gives us a good foundation to build on, but it is no more than a starting point. Our ambitions for joined-up care reach far beyond this.

We envisage a wholly new system of health and care, in which we work side by side with our community organisations to help bring about the changes that communities themselves identify as most important to them.

In Torbay, integrated health and care has brought real improvements, especially for older people. But important challenges remain for young people and families. The seamless, multi-disciplinary working that enabled coordinated health and social care for adults to flourish must now be extended across the whole community, to families with troubles, and to those with fewer life chances.

Mental health workers and GPs will be integrated into our new community hubs, ensuring that care meeting whole-person needs is coordinated around each individual, with the person themselves in control.

Overwhelmingly, care will be outside hospital and closer to home. As the cornerstone, we see a reformed and vibrant primary care model integrated with the wider community, and a smaller acute hospital offering highly specialist care, not routine care for those with long-term conditions. Vital parts of this system will work seven days a week, so that care on a Sunday is as good as care on a Monday, and people are in the place that is best for them.

To achieve this, as statutory organisations we will come together behind an agreed purpose and defined goals, with common assent as to how our *combined* resources can best be apportioned to help us achieve those goals, regardless of organisational boundaries. The underlying principles across the system will be a new flexibility, and "more for less".

The Integration Transformation Fund (ITF) announced by Government will provide an opportunity to think widely about how we jointly commission integrated services in order to get maximum benefit from our combined resources. Although we await confirmation of the value of ITF for our community, our initial planning assumptions show our combined ITF value is £12.7million (with £11.4m from health). This is a significant amount of money, and is already committed to providing excellent joined-up services. However, we think that the opportunities of ITF could apply equally to the whole integrated care organisation across all local health and social care funding; this would maximise the potential benefits available to us and get better value for each Torbay

pound. With ICO we have a transformative opportunity – offering far greater scope for making these integrated services better but more efficient across the whole acute and community landscape.

The ICO is a key part of the wider Pioneer plan, and the approval process is taking place currently. It is important for us now, but in the future will continue to develop as services across other organisations, such as GP services and mental health, work in a more joined up way. This is where our integration programme will find the flexibility to deliver. It will need time, and as a Pioneer site we will be asking for time, so that over a five year timescale we can reap the benefits of this flexibility, and achieve the goals set out in our Pioneer programme.

2.0 Our joint commissioning principles

Our principles for joint commissioning are based on the "I" statements set out in the National Voices narrative, which has provided a clear definition, for use nationwide, of what integrated care means for the individual:

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

These principles reflect the important shift in emphasis, from services that are centred on those using them, to services that are driven by those using them.

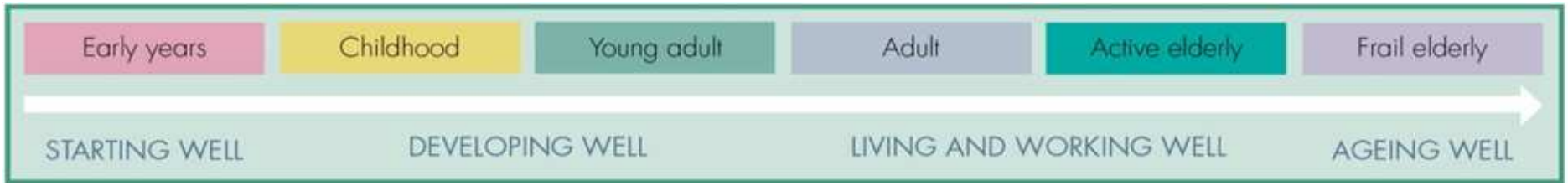
Engagement on services will be based on co-production, with feedback gathered as the engagement goes along and action taken in response.

I can get help at an early stage to avoid a crisis
I can plan my care with people who work seamlessley together to understand me and my family/carer(s), allow me control, and bring together services to achieve the outcomes important to me
I can get or receive the appropriate information, advice and support that I need to make decisions that enable me to remain safe, healthy and living independently for as long as possible in my chosen community
I tell my story once, and I always know who is coordinating my care
I expect my services to be based on the best available evidence and innovation by local professionals to achieve the best outcome for me
I will receive high quality services that meet my individual needs and are appropriate to my level of support or vulnerability, that fit around my circumstances to keep me safe
I know what resources are available to me for my care and support needs, and I can determine how this is used

3.0 Integrated Commissioning

Councils and CCGs are working collaboratively to deliver joined up strategic commissioning through a programme of joint strategies which is translated in to whole system change. Building on the original Pioneer submission our commissioning efforts look to identify and achieve efficiencies which can benefit a wider population and strengthen the relationship with the range of providers. Pivotal to the commissioning activity is engagement of people, which has been large scale engagement programmes have been undertaken looking at mental health services and also community services.

Our commissioning activity supports the life course of our population through Prevention, Early Help and Personalised care at an individual, family and community level.



There is already a history of successful integrated commissioning both between CCGs such as the Devon Partnership Trust contract as well as between CCG and Local authority including Public Health such as Learning Disability services and Carers services. Our intention is to further develop these arrangements with the opportunities for pooled budgets under the ITF as well as continue to actively pursue the implementation of social impact bonds across the peninsula.

In considering efficiencies in our resources we have agreed with partners a number of key strategies setting out the needs of the populations that we serve, commissioning intentions supported by localised implementation

plans. A number of these strategies cover not only Torbay but the wider geography of Devon and Plymouth with commissioners working jointly supported by shared public health intelligence.

	CONSULTATION & SIGN OFF	PUBLICATION	COVERAGE
Community Services			
Dementia : A high level strategy supported through local delivery plans to reflect any local differences.	December 2013	January 2014	Torbay Council S Devon & Torbay CCG Devon County Council Plymouth city council NEW Devon CCG
Learning Disability: A refresh of the Learning Disability strategy is in the early stages of amendment. It will provide a high level strategic intent with an alignment with more localised delivery plans to reflect local population needs.	January 2014	February	Torbay Council SDevon & Torbay CCG Devon County Council Plymouth city council NEW Devon CCG
Maternity: The aim is for this high level strategy to cover the whole peninsula. Given the scale and scope of the work, localised plans will need to develop at a pace.	June – September 2014	October 2014	Torbay Council S Devon & Torbay CCG Devon County Council Plymouth city council NEW Devon CCG Kernow CCG Cornwall County Council
Mental Health: Following the Joint strategic needs assessment and programme of community engagement, a new joint health and social care strategy for the period of 2013-2016 is being developed.	January – February 2014	April 2014	Torbay Council S Devon & Torbay CCG Devon County Council Plymouth city council NEW Devon CCG
Children and Young People & Families Plan: This sets out the strategic direction recognising a number of strands including Early Help	January – February 2014	April 2014	Torbay Council S Devon & Torbay CCG
Veterans and Armed Forces Families: An action plan has been developed consistent with the approach of partners in Devon and Cornwall which identifies the key a number of service project areas including mental health			Torbay Council S Devon & Torbay CCG NEW Devon CCG Devon County Council

			Plymouth city council
Autism: Following completion of the self assessment a number of priorities have been identified which will be formulated in to a joint coherent plan setting out organisational commissioning intent and service improvement for people with autism and their families.			Torbay Council S Devon & Torbay CCG Devon County Council Plymouth city council NEW Devon CCG
Carers: 'Measure Up' Carers Strategy for Torbay is due for refresh in 2014.			Torbay Council S Devon & Torbay CCG

PREVENTION :

EARLY HELP:

PERSONALISED CARE:

CHILDREN AND YOUNG PEOPLE: the newly formed Children and Young People Redesign Board provides the strategic engagement of commissioners and providers to deliver a refreshed Children and young people plan which will be supported by a specific programme of work including SEND implementation; responsive services to the needs of children of all ages recognising the importance of emotional and mental health. We see community hubs as a key commissioning opportunity for strengthening and releasing capacity within the community supported by the increased numbers of health visitors working alongside communities and other agencies. Role in

ADULTS : The integrated care organisation bringing together community and acute services is set to deliver the whole scale system change within the health and care sector. Quality of provision is at the heart with a skilled

and competent workforce to drive the change agenda. This will have a focus on promoting independence for example, dementia friendly communities and memory clinics; falls prevention; support for carers and active volunteering. Developing the market providing residential and domiciliary care which is part of the broader personalisation agenda including extending out personal budgets and creative solutions to meet the needs of the growing numbers of people with complex health care needs.

COMMUNITIES: Community Development Trust is a key driver in the commissioning framework along with the other voluntary and community groups to create an environment for self supporting and self reliant and improvements in long term health and wellbeing. We know that targeted support for families is effective and want to continue with the (actions in place to go here). As well as ensuring that our commissioning plans can meet expectation around the provision of suitable accommodation and support for vulnerable groups including those at risk of homelessness. After some initial scoping of impact of welfare reform we want to be in a position where collectively organisations can support communities …..

3.2 INTEGRATED HEALTH AND CARE SERVICES

- Current provision –
- Plans for ICO
- Aspirational and developmental opportunities

3.3 INTEGRATED HEALTH AND WELLBEING

- **Evidence base**

4.0 GOVERNANCE STRUCTURE

Governance structures for integration have a firm grounding in the existing health and social care pooled arrangements, and there is intent to strengthen this through the creation of the Integrated Care Organisation (ICO) in the future.

The Health and Wellbeing Board provides the strategic oversight with individual organisations retaining accountability through their relevant boards. Existing structures such as the JoinedUp Health and Care Cabinet provided a forum where agreements have been brokered around risk-sharing, changes to financial flows and other significant 'unblocking' changes to the way in which care is delivered in South Devon and Torbay. Governance arrangements will continue to be strengthened making sure that the ICO and Pioneer remain the focus of integration with a reporting line to the Health and Wellbeing board.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Proposed Health Protection Committee for Devon, Plymouth and Torbay		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	3 December 2013
Contact:	Kate Spencer		
Telephone:	01803 207014		
Email:	kate.spencer@torbay.gov.uk		

1. Purpose

1.1 To consider the establishment of Health Protection Committee covering Devon, Plymouth and Torbay.

2. Recommendation

2.1 That, subject to the agree of Devon and Plymouth's Health and Wellbeing Boards, the establishment of the Health Protection Committee working to the proposed terms of reference in Appendix 1 be approved.

3. Supporting Information

3.1 Torbay Council, together with Devon County Council and Plymouth City Council, through their Directors of Public Health, require assurance that appropriate arrangements are in place to protect their public's health. The scope of health protection includes: prevention and control of infectious diseases; immunisation and screening; health-care associated infections; emergency planning and response (including severe weather and environmental hazards).

3.2 A Health Protection Committee accountable to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council is proposed. First and foremost, this Committee will provide an important control function with regards to the requirement assurance arrangements for the health protection system.

3.3 The exploration of a formal link with Cornwall and the Isles of Scilly will be explored in due course.

3.4 Terms of Reference for the Committee (Appendix 1) have been considered and agreed in principle by Local Authority Directors of Public Health, their Health Protection Lead Officers as well as representatives from Public Health

England (including the Consultant in Communicable Disease Control), NHS England Area Team and the Clinical Commissioning Groups.

Appendices:

Appendix 1 – Proposed Terms of Reference

Background Papers:
The following documents/files were used to compile this report:

None

Proposed Health Protection Committee for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council and Health Protection Assurance Arrangements

1. Introduction

1.1 The Local Authorities of Devon County Council, Plymouth City Council and Torbay Council, through their Director of Public Health, require assurance that appropriate arrangements are in place to protect their public's health.

1.2 The scope of health protection includes: prevention and control of infectious diseases; immunisation and screening; health-care associated infections; emergency planning and response (including severe weather and environmental hazards).

1.3 Alongside the Local Authorities (unitary, upper tier and lower tier), several external organisations are involved in either commissioning or the delivery of health protection functions that fall within this scope. These include North East & West Devon Clinical Commissioning Group, South Devon and Torbay Clinical Commissioning Group, Public Health England and NHS England. To deliver or commission theses functions effectively, robust partnership arrangements are required.

1.4 Local Authorities through their Director's of public health require assurance that their public's health is adequately protected. Therefore, formal assurance arrangements are required for the health protection system, that identify risks across the scope of health protection activity and provide adequate control with regard to risk-management.

2. Health Protection Committee

2.1 A Health Protection Committee accountable to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council is proposed. First and foremost, this Committee will provide an important control function with regards to the required assurance arrangements for the health protection system.

2.2 Terms of Reference for the Committee (Appendix 1) have been considered and agreed in principle by Local Authority Directors of Public Health, their Health Protection Lead Officers as well as representatives from Public Health England (including Consultant in Communicable Disease Control), NHS England Area Team and the Clinical Commissioning Groups.

2.3 A Health Protection Committee serving three Health and Wellbeing Boards allows health protection expertise from public health teams within each Local Authority to be pooled in order to share skill and maximise capacity. Furthermore, for partners whose health protection functions serve a larger geographic foot-print, this model

reduces the burden on them to attend multiple health protection meetings with similar terms of reference and to consider system-wide risk more efficiently and effectively.

2.4 In addition, a number of health protection groups are either in existence or in development which can support the Health Protection Committee to discharge its risk management functions and which cover the scope of health protection. These groups and their relationship to the Health Protection Committee and Health and Wellbeing Boards are illustrated in Appendix 2 and include:

2.4.1 Health Care Associated Infection Board;
2.4.2 Health Protection Advisory Group;
2.4.3 Devon, Cornwall and Isles of Scilly Screening and Immunisation Overview Group;
2.4.4 Local Health Resilience Partnership.

Through the Local Authority Health Protection Lead Officers, terms of reference for each of these groups will be reviewed to ensure they reflect the assurance arrangements outlined in this document.

3. Performance Monitoring

2.1 A set of performance indicators that cover the scope of health protection activity will be used to monitor performance at Local Authority level and benchmarked by regional and national performance.

2.2 Following the dispersal of public health activity across several organisations from April 1st 2013, access to information required for performance monitoring across the scope of health protection is not available to all partners. Therefore, lead organisations will be required to report on the activities for which they are responsible and for which they have access to the information required.

2.3 Local Authority Health Protection Lead Officers will review their partner organisation's performance reports prior to the Health Protection Committee convening. Where under-performance is identified, data will be analysed at the appropriate spatial level with partners in order to identify reasons for variation and the mitigating action / activity required. This will inform the performance report presented to the Health Protection Committee for members to be assured that reasons for under-performance have been identified and the required actions/activities are in place to improve performance.

2.4 Where areas of underperformance are identified which may pose a risk to the public's health, the lead organisation will ensure that the risk is entered onto its own organisational risk register. These risks will be reported to the Health Protection Committee which will seek assurance that mitigating actions and activities are sufficient to manage the identified risk.

3. Risk Management

Risk Management

3.1 In relation to health protection and assurance arrangements, risk management is the logical and systematic method of establishing the context, identifying, analysing, evaluating, treating, monitoring, and communicating risks associated with health protection activity, function or process. Risk management seeks to provide assurance that all actions and activities required to mitigate against risks and their control arrangements are in place.

Risk Definition

3.2 In the context of health protection and assurance arrangements, risk is defined as the likelihood that a hazard (anything with the potential to cause harm) will occur multiplied by the severity or impact it may have on either the public's health or to the organisations involved in protecting the public's health

Risk Identification

3.2 Each organisation commissioning or delivering activities within a health protection system is responsible for identifying risks that if not adequately mitigated against or controlled could have an adverse impact on the public's health, the organisation itself and/or partner organisations. Organisations will report significant risks (normally described as high/very high) to the Health Protection Sub Committee which will seek assurance that adequate mitigating action / activities are in place to manage the risk(s) identified.

Risk Mitigation

3.3 As part of its report, the organisation will outline all actions / activities either currently in place or that are required to reduce (mitigate against) the risk identified (e.g. reducing the potential harm of the hazard / likelihood that it will occur).

Risk Control

3.4 The Health Protection Committee will seek assurance of the effectiveness of the mitigating actions / activities described Health protection risks that cannot be adequately controlled through the Health Protection Committee will be escalated to the Health and Wellbeing Board (s).

4. Internal Audit

4.1 The role of Internal Audit is to understand the key risks of an organisation and to examine and evaluate the adequacy and effectiveness of the system of risk management and the entire control environment in operation. As an independent appraisal function, the primary objective of Internal Audit is to review, appraise and report upon the adequacy of the risk management framework and internal controls.

4.2 The Devon Audit Partnership provides Internal Audit for Devon County Council, Plymouth City Council and Torbay Council. Therefore, there is scope for the Partnership to test assurance arrangements for managing system-wide risks in relation to health protection and the role of the Health Protection Committee, subject to agreement from the three Local Authorities.

Appendix 1

Proposed Terms of Reference for a Health Protection Committee of the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council

1. Aim, Scope & Objectives

Aim

1.5 To provide assurance to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health.

Scope

1.6 The scope of health protection to be considered by the committee will include prevention and control of infectious diseases, immunisation and screening, health-care associated infections and emergency planning and response (including severe weather and environmental hazards).

Objectives

1.7 To provide strategic oversight of the health protection system operating across Devon, Plymouth and Torbay.

1.8 To oversee the development, monitoring and review of a memorandum of understanding that outlines the roles and responsibilities of the Public Health England Centre, NHS England Area Team, Clinical Commissioning Groups (North East and West Devon & South Devon & Torbay) and upper tier/lower tier / unitary authorities in relation to health protection.

1.9 To provide oversight of health protection intelligence reported to the committee and be appraised of risks, incidents or areas of underperformance.

1.10 To review and challenge the quality of health protection plans and arrangements to mitigate against any risks, incidents or areas of under-performance.

1.11 To share and escalate risks, incidents and under-performance to appropriate bodies (e.g. Health and Wellbeing Boards / Local Health Resilience Partnership, NHS England) when health protection plans and arrangements are insufficient to protect the public. The escalation route will depend on the risk or area of under-performance.

1.12 To agree an annual programme of work to further improve local health protection arrangements as informed by the respective Health and Wellbeing Strategies for Devon, Plymouth and Torbay and their Director of Public Health's Annual Report.

1.13 To review and challenge arrangements for the delivery of existing and new national screening and immunisation programmes or extensions to existing programmes.

1.14 To promote reduction in inequalities in health protection across Devon, Plymouth and Torbay.

1.15 To oversee and ratify an annual Health Protection Sub-Committee annual report.

2. Membership

Chair: Director of Public Health

Members: *Chair – Health Protection Advisory Group (PHE CCDC/Health Protection Consultant)

*Chair - Devon, Cornwall and Isles of Scilly Screening & Immunisation Oversight Group – Consultant in Public Health *(group under development)*

*Chair – Local Health Resilience Partnership

*Chair – Health Care Associated Infections Programme Board *(group under development)*

Consultants in Public Health / Health Protection Lead Officers– (Devon County Council, Plymouth City Council and Torbay Council)

Head of Public Health Commissioning (Area Team – NHS England)

Head of Emergency Planning Resilience & Response – (Area Team – NHS England)

Chief Nursing Officer – (North Easter and West Devon Clinical Commissioning Group)

Director of Quality Governance – (South Devon and Torbay Clinical Commissioning Group)

3. Meetings & Conduct of Business

3.1 The Chairperson of the Health Protection Committee will be a Director of Public Health from either Devon County Council, Plymouth City Council or Torbay Council. Directors of Public Health serving these councils will review this position annually.

3.2 The quorum of the meeting will comprise the Chairperson of the Health Protection Committee or their deputy, the Chairperson of each of the four groups listed in 2 above (*) or their representative with delegated authority to make decisions on their behalf, at least one Local Authority Consultant in Public Health (Health Protection Lead Officer) and at least one of either the Chief Nursing Officer (North East and West Devon Clinical Commissioning Group or the Quality and Safety Lead (South Devon and Torbay Clinical Commissioning Group).

3.3 All meeting papers will be circulated at least seven days in advance of the meeting date.

3.4 The agenda (standing items listed in 3.6 below) and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 14 working days of the meeting.

3.5 Meetings will be held bi-monthly.

3.6 Standing agenda items will include the following:

3.6.1 *Performance report;*
3.6.2 *Risk register and action plan review;*
3.6.3 *Serious incidents requiring investigation;*
3.6.4 *Work-programme update;*
3.6.5 *Policy / evidence/guideline updates (All);*
3.6.6 *Any other business.*

3.7 A report of the meeting will be forwarded to members of the Health and Wellbeing Boards for Devon County Council, Plymouth City Council and Torbay Council and Local Health Resilience Partnership.

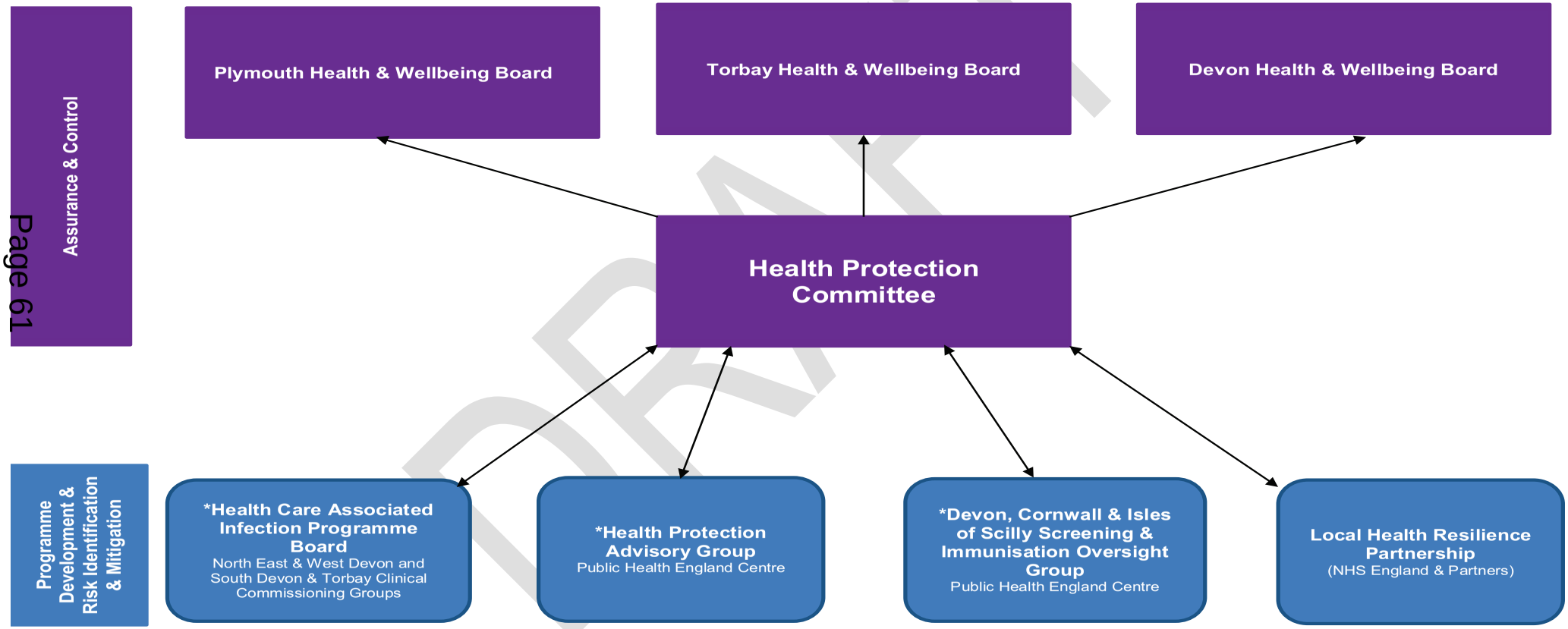
3.8 Terms of reference will be reviewed annually.

4. Author

Mike Wade MFPH
CONSULTANT IN PUBLIC HEALTH
Devon County Council

Appendix 2

Health Protection Committee reporting to the Devon, Plymouth and Torbay Health & Wellbeing Boards and its relationship to existing or planned health protection partnership forums



*Groups currently in development / Terms of Reference to be agreed.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Public Health
Wards Affected:	Torbay-wide
To:	Health and Wellbeing Board **On:** 3 December 2013

Contact: Dr Caroline Dimond
Telephone: 01803 207344
Email: Caroline.dimond@torbay.gcsx.gov.uk

1. Achievements since last meeting

1.1 Annual report.

The Director of Public Health annual report for 2013 is currently being prepared and the headline issues will be shared at the meeting. The focus of this year's annual report is around how local government rises to the challenge of inequalities and an aging population. The report identifies that the gap in life expectancy has widened in recent years, from 8 to 12 years for males and from 6 to 8 years for females.

1.2 Legal highs.

There have been on-going meetings to ensure the issues around legal highs are adequately addressed across the bay. A task and finish group has continued to meet focused on work to monitor the situation and raise awareness of the dangers of legal highs. Training of front-line staff and awareness raising in schools has begun and a short film developed.

A Devon wide group will take forward co-ordination of any on-going actions.

1.3 Ageing better – Big Lottery bid to address Social isolation

As members will know, Torbay was successful in the first round of bidding for the Ageing better project. After a rigorous selection process, Torbay Community Development Trust have been selected to be the lead for development the bid in the second round. This is to develop further the vision and strategy and build capacity amongst Older People to oversee and further develop the work. A submission has been made to try and secure development monies to take this work forward. A decision is expected this month on this partnership funding.

1.4 NHS Core offer

The Public Health team have now completed the first two quarters of work under the Memorandum of Understanding to support the Clinical Commissioning Group through the core offer. A Q2 report has been submitted. Public Health staff are now well embedded within the CCG supporting needs analysis, evidenced based reviews, infection control, governance and emergency planning .They provide public

Health input to a number of Clinical Pathway Groups (CPGs) and Re-design board work as well as attending the Clinical Commissioning Committee and CCG Board.

1.5 Local Alcohol action areas (LAAA) submission.

Public Health, with support from colleagues throughout the council and from partners, has submitted a bid to become an LAAA. This will enable us to progress the work around alcohol in a number of key areas:

- Development of a more in-depth analysis of data sets to understand why Torbay alcohol-related admissions continue to be outlier despite investment in 'high-impact' changes
- Best-practice development of alcohol Identification and Brief Advice (IBA) pathways for the sub-dependent drinking population and monitoring outcomes for drinking behaviour change
- Optimisation of hospital alcohol liaison services
- Developing identification and response pathways for older adults.
- Addressing social norms amongst young people in regard to alcohol use

1.6 Joint Strategic Needs Assessment (JSNA).

In 2014/15 it is intended that the JSNA is produced under the auspices of i-Bay in order to reflect a greater wealth of intelligence and knowledge data. Data will also be collected across 3 domains: Qualitative and community involvement, community assets, and quantitative and multi-agency data. Data will be available in web-form where tools will be available to all sectors and partners which can be used to generate relevant needs and locality based data.

JSNA is a continually evolving process. Part of the process includes a reflective element that identifies information opportunities.

The framework for JSNA in Torbay is presented in appendix 1.

2. Challenges for the next three months

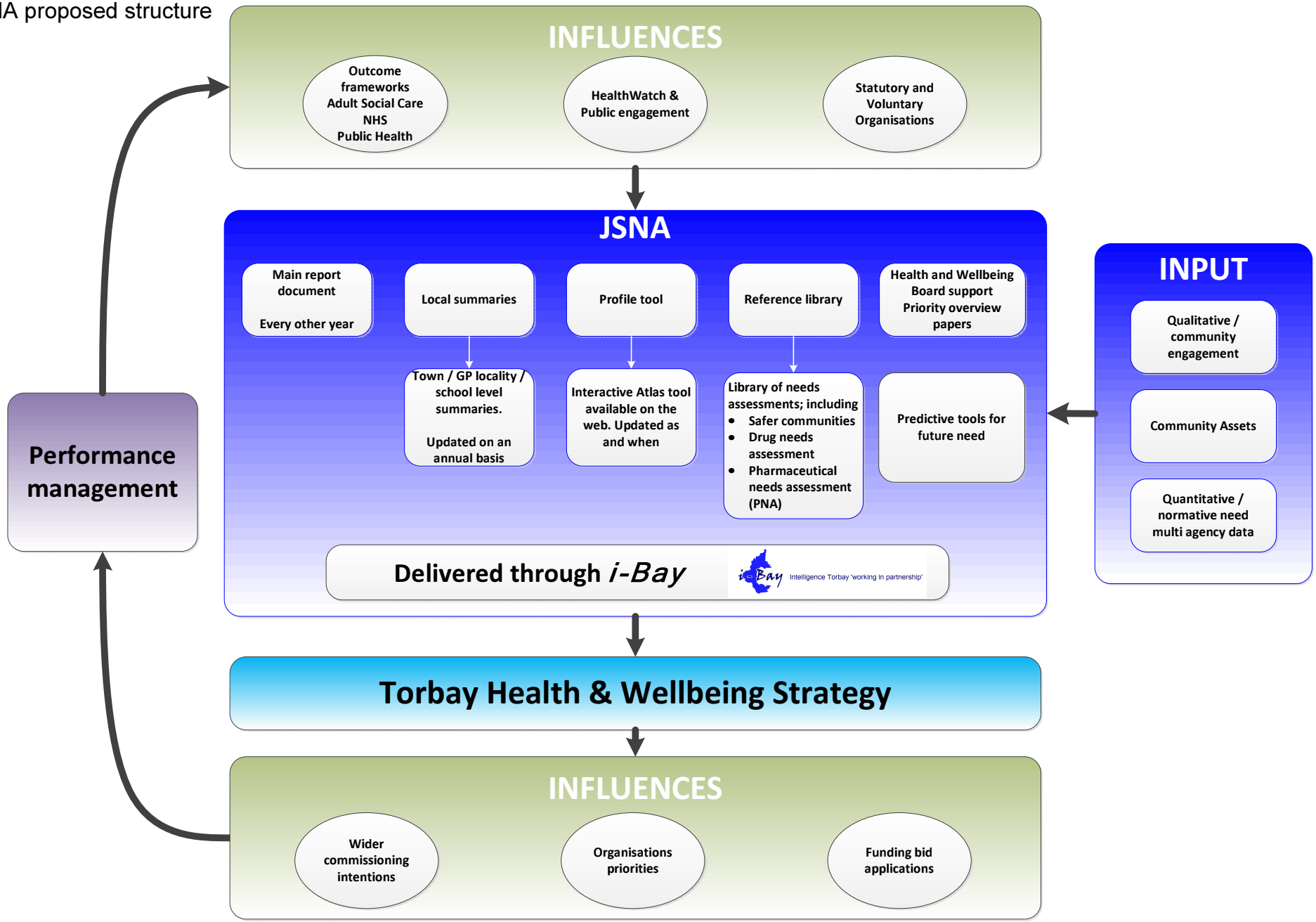
2.1. There have been a number of staff changes in last few months within the Public Health team which require the team to look at roles and responsibilities. By the end of December we will develop a prioritised work plan together with a performance monitoring framework.

3. Action required by partners

1. To comment on the framework for JSNA with a view to agreeing the format of the JSNA for 2014/15.
2.
3. To agree how HWBB members will get involved in agreeing emerging priorities from the JSNA.

Appendix 1

JSNA proposed structure



TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Healthwatch Torbay		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	3 December 2013
Contact:	Pat Harris		
Telephone:	(01803) 402751		
Email:	Pat.harris@healthwatchtorbay.org.uk www.healthwatchtorbay.org.uk		

1. Achievements since last meeting

1.1 All the staff team (including some volunteers) have completed Flu Champion Training and are qualified to give advice and guidance on the administering of the Flu Jab. Some have also completed Dementia Awareness Training to qualify us to provide advice and guidance on Dementia – achieving us 'Purple Angel' status. Volunteers and staff are attending safeguarding training.

1.2 In total the staff team have attended 42 external meetings, including: Torbay Council (Commerce House); Torbay Hospital; Newton Abbot Hospital; Brunel Surgery; Holiday Inn Taunton (LGA); Bay House; Palace Hotel (safeguarding); Exeter Racecourse (HWBB); Safe Guarding Board; CVA Torbay; Pomona House (CCG); Parkfield; and even a national online 'Webinar' with the Healthwatch network and Healthwatch England.

1.3 Our Youth Coordinator has attended national London conferences twice to give presentations and share findings from our recent report into the Emotional and Mental Health and Wellbeing of Young People in Torbay. This report was to raise awareness of health and wellbeing issues for young people in Torbay, it has been presented to: the HWBB; the Children Re-design Board at the CCG; and Derek O'Toole (Lead for Mental Health). But, to date, there has been no response or follow-up from this report and the recommendations that were brought forward.

1.4 We are hosting a "Making The Most of Your Local Healthwatch" event on January 9th with the LGA and Public Health to discuss how Healthwatch Torbay can deliver its priorities and be supported by other stakeholder organisations.

1.5 We are still receiving questionnaires for our Cost of Wasted Medication in Torbay Survey and have completed 300 already. Once they are all uploaded

and analysed the results we will produce a mini-report incorporating suitable recommendations. This will be completed by 30th November.

1.6 We attended an "information and advice strategy in a day", hosted by the CDT to look at how information and advice could be delivered by the voluntary sector. Currently there is no strategy for the voluntary sector to be delivering this service. There are concerns that as the budget cuts will be starting to impact, there appears to be no joined up approach to how this service may be provided. With only 5 months of the current year left there are concerns that there are no service specifications available and how this may affect service users.

1.7 We are exploring ways of supporting a team of volunteers to look at a possible rate and review data system attached to the online Torbay Directory. There have been discussions about the possibility of funding but no final decision agreed. We have received training and support to use Torbay Directory. Clarity is still required regarding the rate and review data system and how this could be taken forward.

1.8 Special Educational Needs - On 7 November our Chair, Patrick Canavan, attended a Ministerial roundtable discussion with Edward Timpson MP, Minister for Children and Families. The invitation to attend this event had come on the recommendation of the Director of the Council for Disabled Children. A key focus of the discussion was how Health & Wellbeing Boards can help drive forward the SEN reforms locally. There was general agreement on the strategic importance of Health & Wellbeing Boards and a discussion on the new requirement for Local Authorities and health and care services to commission services jointly. This was intended to ensure that the needs of children and young people are met and services are integrated. A number of documents in relation to these reforms are currently out for consultation. Two key points to consider are:

- Local Authorities are required to consult over and publish their Local Offer'. The desire would be for this to be in place by September 2014, although it is possible there may be a slightly longer timescale depending on the outcome of consultation. The requirement for consultation in the draft regulations is significant and Healthwatch Torbay has submitted an expression of interest to undertake engagement work with Parent and Young People affected by these proposed changes.
- The new arrangements will cover all those between 0 and 25 years old and will require the Local Authority to ensure that parents, young people and children have access to independent advice and advocacy. Healthwatch Torbay has also indicated to the Council for Disabled Children that it would be interested in assisting with the further work on this.

1.9 LOOK OUT – Young Inspectors About is our ongoing recruitment, training, support and delivery of Young Inspectors (YI). The second cohort of YI, along with the original group, has recently inspected Brunel Surgery & the ACORN centre in Torquay.

1.10 We are engaging with 'Children Looked After' (Children in Care) to build relationships and establish a baseline for information gathering. This is to ensure that their views are fed into the Operating Principles and Safeguarding Children's Leads at various events. A report will be disclosed in December.

1.11 We are setting up a focus group of key stakeholders to design an easy-read leaflet for service users, to inform them of the process involved with raising issues; when the right time to complain is, who to complain to, how to praise good services, etc. This was identified and discussed at the Safeguarding Board, with Healthwatch Torbay being tasked to look at this area.

1.12 We have been recruiting and training community ambassadors to work with Healthwatch Torbay to ensure that we can reach as many sections of the community, including harder-to-reach/seldom-heard groups and organisations. Healthwatch Ambassadors will be trained and supported by Healthwatch to gather patient experience and feedback with the groups and organisations they support.

1.13 We are developing systems and processes to have a more positive relationship with schools. We now have an agreement with continuous engagement with Devon Studio School and will be running various engagement activities at their assemblies.

1.14 We have met with the System Leadership Consultant at Taunton to discuss our dementia project. Following our Dementia Awareness training, a Dementia Awareness booklet is being produced in collaboration with Torbay Dementia Action Alliance to distribute to Care Homes during first part of 2014. We are exploring the possibility of additional funding from the CDT to train local businesses the same way.

1.15 We have been asked to visit the community hospitals across Torbay and Southern Devon Health and Care NHS Trust, along with Healthwatch Devon. These visits will build on the safety walkrounds 'in my shoes' visits that have been recommended in the Francis Report. These visits will commence in January 2014, volunteers will be trained to carry out visits on the wards.

1.16 Since the publication of the Making Melville Marvellous Report, a new residents association has been established. On September 1 2013, the St Lukes Road Residents the Association closed the road and held a very successful street party, and two community street cleanings have also been held. Forty-five people attended the last meeting and raised issues, including car parking and alcohol use amongst older people. The new Association is working closely with the more established Residents of The Hill group, who continue to be very active in supporting the community, particularly the more vulnerable members who often come into contact with health, social care and the police. Councillor Cowell, the Police and Healthwatch are also working together and offering joint surgeries in the Clipper Inn. The relocation of the Abbey Road GP Surgery to Roebuck House in Warren Road has been much

welcomed. Consultation with both community associations on the provision of a community room is now taking place and a leaflet is being prepared to be delivered by volunteers to all members of the community. Healthwatch England has recognised the Making Melville Marvellous Report nationally as an example of good practice in reaching a community which has, in the past, felt neglected.

1.17 We are uploading feedback collected from our three consultation caravan events in Torquay, Paignton and Brixham, where we engaged with over 200 members of the community. The four main issues raised locally were GP Appointment Booking Systems (appointment systems not patient-friendly), A&E (long waiting times to be seen), Dentists (difficulty in getting appointments), and Older People – more support on services needed (to enable them to live independently). A more comprehensive summary of results and issues is available on request.

2. Challenges for the next three months

2.1 There has been some difficulty in the past few months about the different requirements from Stakeholders on the information they are requesting from Healthwatch Torbay. We are currently trying to develop a more systematic approach to reporting to ensure that we can send a collective message about user involvement to influence commissioners at service level.

2.2 There has been some delay in developing our new data management system. We have received further training and support, and from 1 November 2013 the team has started to populate the database. It is anticipated therefore as we start to move forward in the coming months a more comprehensive reporting mechanism will be available.

3. Action required by partners

3.1 We would appreciate a response to the findings of our Emotional and Mental Health and Wellbeing of Young People in Torbay and an update on its recommendations. (1.3)

3.2 To consider placing the SEN review in its agenda for a future meeting and looking at how we can all help to ensure that Torbay is well prepared for these changes. (1.8)

3.3 We have some concerns about how the HWBB is going to ensure the voice of local people will actually influence local decisions due to all the complex current patient engagement activities currently taking place, and would appreciate some clarity on the current processes in place. (See Appendix 1 for suggested Governmental guidelines on patient involvement with the HWBB.)

Patient and public engagement: a practical guide for health and wellbeing boards

November 2012

Key points

- Patient and public engagement (PPE) should take place from the start of the life of health and wellbeing boards and be woven into the DNA of boards throughout their work.
- There will be different types and levels of appropriate engagement depending on the situation, from involvement of individual members of the public in shared decision-making about their own health and care, to local community engagement in co-production of services.
- PPE is the business of every board member. All members must be assured that appropriate PPE, shown to make a difference, is taking place in relation to the work of the board.

Engaging patients and the public in the commissioning and provision of services is recognised as best practice and is also a statutory requirement under the Health and Social Care Act (2012). This guide is designed to help health and wellbeing board members think through, plan and deliver their responsibilities in relation to patient and public engagement (PPE). It provides practical learning on 'how' and 'when' to engage, and ways this can work alongside the responsibilities of partner organisations, in particular local Healthwatch.

Seven key principles every health and wellbeing board should consider

Following a review of policy and research evidence,[1] and discussions with key stakeholders, a series of principles have been identified to help underpin the patient and public engagement (PPE) work of health and wellbeing boards, detailed overleaf.

At a glance

- **Audience**: This document is aimed at health and wellbeing board members, including councillors, as well as local authority and NHS staff.
- **Purpose**: To provide health and wellbeing boards with some top tips on 'hardwiring' patient and public engagement.
- **Background**: This document was developed by a health and wellbeing board learning set, which is part of the National Learning Network (see back cover) and is supported by the Department of Health, the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement.

Supported by

DH Department of Health
Local Government Association
NHS CONFEDERATION
NHS Institute for Innovation and Improvement

1. Engagement should take place from the start of the life of the board and be woven into the DNA of the board throughout its work

Embedding PPE is integral to the board achieving improvements in health and wellbeing outcomes. PPE should be at the heart of how the board works from the very early stages of the board's development; engagement being needed from the outset to inform the board's membership, remit, style of working and priorities. It will be difficult to 'hardwire' engagement into the board at a later stage.

2. There will be different types and levels of appropriate engagement, depending on the situation

It is important that the board has a consistent and rigorous mechanism by which it can assess the form that engagement should take as each new issue arises, and to evaluate its success.

3. Patient and public engagement is the business of every board member

Each board member shares responsibility for PPE; it is not just the role of the local Healthwatch representative. All members must be assured that appropriate PPE, shown to make a difference, is taking place in relation to the work of the board.

4. The board has responsibility to ensure effective engagement is embedded within its day-to-day business and is taking place through the commissioning and delivery of services

The board has a legal duty to involve the local community, including people living in different geographical areas, communities of interest and seldom heard groups, when undertaking Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

All policy documents and governance arrangements should reflect the board's responsibility for PPE. As new issues develop, they should be routinely screened by the board in terms of PPE implications and required actions, the board's capability (and the capability of their partners) to involve local people, and local communities' interest and capability to be involved.

Types of engagement

Individual involvement – Engaging individual members of the public in their own health and care through shared decision-making and giving them more choice and control over how, when and where they are treated – helping to deliver "no decision about me without me".

Collective involvement – Engaging the public, and groups with common health conditions or care issues, to help get services right for them. Involving the public and patients in decisions about the planning, design and reconfiguration of health services; proactively as design partners and reactively through effective consultation. For example, clinical commissioning groups (CCGs) engaging patients (and their carers) for whom they commission services.

Co-production – Working collaboratively with local communities from different geographical areas, communities of interest and seldom heard groups to ensure their views are integral in the commissioning, design, delivery and evaluation of services. The underlying principle of co-production is that people's needs are better met when they are involved in an equal and reciprocal relationship with professionals and others, working together to get things done.

For more information, see:
www. institute.nhs.uk/engagementcycle
www.coproductionnetwork.com/page/about-production

5. Patients and the public need to feel their engagement has made a difference

It is important that patients and the public receive feedback on how engagement activities have influenced the development of board policy, priorities and actions.

6. Engagement activities should be based on evidence of what works

There are a variety of traditional and innovative ways to connect with the local community, including those people who may be from seldom heard groups. Consideration should be given to the most appropriate methodology and medium for engaging the particular target group concerned. For example, using Twitter and Facebook can be very effective for some audiences, but not others.

7. The effectiveness of patient and public engagement needs to be rigorously evaluated, involving local communities concerned

The success of any engagement activity needs to be evaluated, and the learning collected used to plan and develop future engagement. Any evaluation undertaken should actively involve the key audience for the engagement activity concerned.

The way forward

The following operational framework shows some of the questions to consider and approaches that might be taken to deliver effective engagement of patients and the public in the work of health and wellbeing boards. These are based on learning from the health and wellbeing boards involved in developing this product.

Local Healthwatch

Starting from April 2013, each local authority must have in place a local Healthwatch organisation.

Local Healthwatch will replace Local Involvement Networks (LINks) and carry forward all LINk functions and additional new functions.

- Each local Healthwatch will have a seat on the local health and wellbeing board.
- The key role of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are delivered locally.
- Local Healthwatch will be an independent body with the following statutory functions:
  - to advise the public about accessing health and social care services
  - to listen to the views and experiences of people about local health and care services, and represent those views to commissioners, providers, health overview and scrutiny committees and Healthwatch England
  - to recommend improvements to services
  - to report areas of serious concern to Healthwatch England or, in urgent cases, the Care Quality Commission
  - to promote the involvement of local citizens in monitoring, influencing commissioning and providing health and care services.

For more information see:
www.healthwatch.co.uk
Department of Health (2012), *Local Healthwatch: a strong voice for people – the policy explained*.

An operational framework for patient and public engagement

Principle 1: Engagement should take place from the start of the life of the health and wellbeing board and be woven into the DNA of the board throughout its work

Questions every board should ask itself:

1. Does the board have an agreed set of public engagement principles for its operation that can be evidenced and tested?
2. What resources are there to support PPE, including evidence of joined-up resources across the health and wellbeing system and work with the voluntary and community sector?
3. Is the local Healthwatch sufficiently resourced to ensure it can effectively represent the views and experiences of local people?

Getting started	Making progress	Achieving success
☑ The board has discussed PPE.	☑ The board has considered how it will work with local Healthwatch and made a clear statement of how it sees local Healthwatch fitting into the local architecture of PPE.	☑ To avoid duplication and save resources, all local public consultations are joined up and coordinated.
☑ Levers have been used to facilitate interest, for example the need for clinical commissioning groups (CCGs) to demonstrate local engagement to achieve authorisation.	☑ All reports to the board are required to explain how local communities from different areas and groups were/are to be engaged in the issue under consideration.	☑ The board takes account of what PPE is being done by local partners and uses the outputs to inform its work.
☑ A public statement of intent has been made about engaging patients and the public in the work of the board.	☑ It has been identified what PPE networks, approaches and sources of patient experience data are already being used by members and their organisations and whether these can appropriately be used by the board.	☑ The board has published best practice guidance on engaging seldom heard groups.
		☑ The board knows who has been engaged in its work by area, gender, age, disability, ethnicity, religious and sexual orientation (where possible), and has an action plan to close any gaps.
		☑ When asked, a high proportion of the local community knows about the work of the board and how to become engaged in relation to its work.

An operational framework for patient and public engagement

Principle 2: There will be different types and levels of appropriate engagement depending on the situation

Questions every board should ask itself:

1. What good practice, evidence-based tools and approaches does the board use to engage patients and the public – from information giving to co-production?
2. What steps have been taken by the board to engage all parts of the local community in service planning and delivery, including seldom heard groups, children and young people?

Getting started	Making progress	Achieving success
☑ Prescribed time has been given by the board to learning about the different types and methods of PPE currently used locally, what can be built on or complemented and where there are identified weaknesses. ☑ The board has ensured arrangements exist locally to engage with children and young people as well as adults and older people.	☑ Sufficient time for effective engagement to take place is built in to the development planning for any issue addressed by the board. ☑ Consideration has been given to models of engagement that actively involve local people in collecting the views and opinions of the local community, for example using local Healthwatch volunteers as lay interviewers/researchers.	☑ There is strong evidence that a range of effective approaches is being used to ensure meaningful engagement across the local community. ☑ Appropriate and relevant use is made of social media to achieve wider reach amongst local people. ☑ Board members have good awareness and understanding of issues associated with the confidentiality of personal information. ☑ Links have been made among local stakeholders to enable good practice in engagement and existing resources to be shared, used and developed.

An operational framework for patient and public engagement

Principle 3: Patient and public engagement is the business of every board member

Questions every board should ask itself:

1. How does the local leadership style of the board help ensure effective PPE?
2. Does the board have a communication and engagement plan and how does this relate to the plans of member organisations and other strategic partners?
3. What resources are there to support PPE, including: evidence of joined-up resources across the health and wellbeing system; work with the voluntary and community sector; and enabling local Healthwatch representatives to fulfil their role?

Getting started	Making progress	Achieving success
☑ Evidence from board discussions that members understand the importance of PPE and are personally committed to it. ☑ Good use is made of board members' personal knowledge of their local communities/communities of interest.	☑ Evidence from board meetings of challenge by members regarding PPE. ☑ Members actively seek evidence of PPE not only in the work of the board but of their own organisation. ☑ Members contribute their individual organisation's knowledge of local community views from different areas and groups to assist the work of the board.	☑ Member organisations coordinate and jointly plan their resources for PPE to achieve a whole system approach. ☑ The local community within different areas and groups knows about the work of the board and has a good level of confidence in the integrity of the board. ☑ The local community can see evidence that board members actively support a common purpose.

An operational framework for patient and public engagement

Principle 4: The board has a responsibility to ensure effective engagement is embedded within its day-to-day business and is taking place through the commissioning and delivery of services

Questions every board should ask itself:

1. How is PPE reflected in the governance arrangements of both the board and its partner agencies?
2. How is engagement activity embedded within the commissioning and delivery of services?
3. How is PPE prioritised within key board processes, including Joint Strategic Needs Assessments (JSNAs), Joint Health and Wellbeing Strategies (JHWSs), prioritisation of outcomes and decision-making?
4. Are JSNAs and JHWSs being co-designed and commissioned in collaboration with the local community in different geographical areas, communities of interest and seldom heard groups as well as partner organisations?

Getting started	Making progress	Achieving success
☑ The local community is consulted on JSNAs, but the process is led by the statutory bodies. ☑ The local community is consulted on JHWSs, with priorities being 'tested out' amongst them, but the process is led by the statutory bodies. ☑ JSNAs and JHWSs are transparent about what actions have been taken following the involvement of the local community – showing how their input has influenced decision-making.	☑ JSNAs and JHWSs are co-produced with the local community. ☑ As a 'network of networks', local Healthwatch plays a key role in ensuring the local community is involved in priority setting. ☑ The views of the local community are reflected in the planning, design and delivery of services that will improve the quality of local care, health and wellbeing.	☑ The board can demonstrate that the views of the local community are influencing the planning and delivery of services. ☑ There is strong evidence the local community is involved in the monitoring and review of services. ☑ The local authority, NHS, local Healthwatch and the Care Quality Commission have a strong shared and demonstrable commitment to PPE. ☑ PPE is active across all parts of the local community, including seldom heard groups.

An operational framework for patient and public engagement

Principle 5: Patient and public engagement has made a difference

Questions every board should ask itself:

1. What has the board done to engage all parts of the local community – including seldom heard groups, children and young people – in the planning and delivery of services?
2. How can the board evidence that PPE has influenced decision-making and contributed to improved local health and wellbeing outcomes?
3. How effective is the board in demonstrating that PPE has made a difference – for example, "you said, we did"?

Getting started	Making progress	Achieving success
☑ All board plans for PPE include how feedback will be provided. ☑ Carefully plan the timing, venues and access to engagement activities to maximise appropriate participation.	☑ To engage more people, the board works with local service user-led and service user-involving organisations; carer groups; volunteer, community and faith organisations. ☑ Consideration is given to how seldom heard groups can have their say. ☑ Engagement material/ activities explain how feedback will be given. ☑ Local community expectations are managed by making clear the parameters of what is possible. ☑ Training in listening and facilitation skills is given to people undertaking any PPE activities.	☑ Local people feel they have had the opportunity to express their voice on an issue even if they disagree with the outcomes. ☑ There is evidence local people feel their voice has made a difference and what changes happened as a result of their input. ☑ The board has created a learning environment that ensures their agreed priorities and service design, planning and delivery are influenced by the voices of local people. ☑ Good use is made of social media to encourage maximum engagement of the public and patients.

An operational framework for patient and public engagement

Principle 6: Engagement activities should be based on evidence of what works

Principle 7: The effectiveness of patient and public engagement needs to be rigorously evaluated involving local communities concerned

Questions every board should ask itself:

1. What good practice, evidence-based tools and approaches does the board use to engage the local community from different geographical areas, communities of interest and seldom heard groups – from information giving through to co-production?
2. Does the board involve local people in evaluating whether engagement activity has been a success?

Getting started	Making progress	Achieving success
☑ The board has discussed approaches to PPE and learnt from past endeavours.	☑ The board is aware of any areas for further development of PPE and has an action plan.	☑ Local people are involved in evaluating whether engagement activity has been a success.
☑ The board has a clear understanding of current strengths and weaknesses of PPE in the local area.	☑ The board has a positive working relationship with user-led organisations as well as local Healthwatch, incorporating on-going dialogue and feedback.	☑ There is clear evidence that the board considers and amends its approach to PPE based on evaluation feedback.
☑ Members take advice on PPE from local Healthwatch, other local community representatives on the board (if there are any) and PPE leads within the local authority and clinical commissioning groups.	☑ There is a willingness among members to experiment with new ways of engagement to help achieve greater reach.	☑ There is shared learning within and between member organisations to promote best practice in PPE.
		☑ Links have been established with local stakeholders to ensure their good practice in PPE is used and developed by the board.
		☑ The board can clearly demonstrate 'reach' in its engagement activities, including among seldom heard groups.

Notes

Notes

References

1. NHS Confederation (June 2012) *Patient and public engagement for health and wellbeing boards. A review of resources*. www.nhsconfed.org/HWB

This document was developed as part of the National Learning Network for health and wellbeing boards, a programme funded by the Department of Health and supported by the NHS Confederation, the Local Government Association and the NHS Institute for Innovation and Improvement. Each health and wellbeing board learning set has focused on a theme that early implementers have said is of most interest and importance.

It aims to provide health and wellbeing board members with an accessible and helpful resource. It does not necessarily showcase best practice, but represents key learning on the issues. For further information, or to comment, please email hwb@nhsconfed.org

The engagement health and wellbeing board learning set that developed this document included:

- Dr. Tony Baxter (joint set lead), NHS Doncaster/ Doncaster Metropolitan Borough Council
- Sheila Barnes (joint set lead), Doncaster LINk
- Sue Butterworth, Oxfordshire LINk
- Cllr Pat Callaghan, London Borough of Camden
- Stuart Cowley, Wigan Council
- Dr Nihad Fahti, Waltham Forest LINk
- Marion Headicar, NHS Norfolk and Waveney
- Cath Roff, Derby City Council
- Cllr Dr Jon Rogers, Bristol City Council
- Karl Smith, Liverpool PCT

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Children's Services		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	3 December 2013
Contact	Richard Williams		
Telephone	(01803) 208401		
Email	Richard.williams@torbay.gov.uk		

1. I have utilised a copy of reports to the Children's Partnership Executive to provide the Health and Wellbeing Board with an update for Children's Services.

Purpose

1.1 To outline to Members the continuing improvement journey for the Local Authority Children's Service and mechanisms being put in place to sustain developments.

Reports attached:-

1. Children's Services Audit Activity
2. Children's Services Sustainability

2. Recommendations

2.1 That Members note the reports and welcome the continuing improvement programme for Children's Services

Title:	**Children Service's Audit Activity**		
Report to:	**Children's Partnership Executive Board**		
Agenda Item No.	**4**		
Prepared By:	**Russell Knight**	Contributors:	**Richard Williams**
Date Prepared:	**01/11/2013**	Date of Meeting:	**13/11/2013**

1. Purpose

To advise the Partnership Executive of the audit activity within Children Services and the actions taken in response

2. Background

Over the last 14 months Children Services has used case auditing to support, inform and evidence its improvement journey. In 2012/13 Children Services audited in excess of 1,500 cases. The expectation to complete case auditing has been established as a formal part of the management role for over a year and the development of the new structures will see the creation of an infrastructure to support a wider learning culture based upon a quality assurance and audit process.

3. Summary

Children Services has been committed to the use of case auditing as an integral part of its improvement journey. A list of major highlights in the developing picture of case auditing and the learning and actions following it include:

- **The auditing of all open CP and CIN cases.**
  SLT commissioned a wide scale audit of all open cases following a TSCB sponsored external audit of Children on Plans over 2 years (May – June 2012). Social care staff responded positively to the learning from these audits and the audit process itself was central to informing a step change in the managemet of CP cases. The net result of these changes has been a 37%reduction in the total numbers of children on plans. Today, more decisive action is being taken where a family on a plan is not making any or little demonstrable progress.
  This wide scale audit also helped SLT clearly identify those managers and practitioners that were performing better for children. This intelligence was used to inform SLTs internal promotion of staff at a time when Children Services was facing its greatest recruitment challenges.
- **Auditing of cases held by the Children with Disability service.** Following a number of alerts and cases of concern that were audited by SLT, the management team commissioned an external agent to start the audit of all cases held by this team. This report confirmed the need for all cases to be audited and the service to be reorganised. The transformation of this service is now well underway. SLT's knowledge of the

weaknesses and issues (informed by audit) in this team did have a significant bearing during Ofsted's last inspection.

- **Spot auditing of early help cases.** SLT regularly audit cases in order to keep both informed and aware of practice standards across the child's journey. A series of these audits looked at open CAF cases. The learning from these audits helped inform the drive to make early help much more targeted at children on or about the threshold for assessment. The next TSCB audit will also look at the degree of partnership engagement in CIN cases some of whom would have been subject to CAF.
- **Auditing to evidence progress on Ofsted recommendations.** Case auditing has been used to assure compliance with the Ofsted recommendations in particular looking at supervision standards, the allocation of workers once CP plans cease, the ongoing review of longer term CP plans and the coordination and management CIN plans. A full and detailed report against the Ofsted recommendations is currently being prepared for a meeting with the Dfe and will be presented to the next Partnership Executive.
- **Monitoring of all statutory assessments.** During the summer, over 500 statutory assessments were proactively audited to review and monitor the progress being made. Information from the audit process was used to:
    - target and prioritise the work of staff,
    - make improvements to key operational reports
    - shape the proposed future structure and resourcing of the assessment team

  As result of the actions taken in response to the audit process, the team's morale and confidence in dealing with the demands has improved significantly.
- **External scrutiny and challenge**. Children Services is nearing the completion of an external research project by the NCB into children in care. This project has reviewed over 50 cases and is due to report back by early December. Torbay has also taken a lead role in development of peer support across the SW region. This includes gaining valuable benchmark information ahead of Dfe published statistics, the completion of a self assessment shared with other authorities and the commissioning of a further peer challenge on CLA in March 2014.

  Performance management reports are also being remodelled to align the presentation of data with the outcomes from audits.
- **Children's Services Audit loop.** During these last 14 months the case auditing approach and materials has been adapted to the operational realities that managers and workers are facing. The Children's Services audit loop clearly identifies how the learning from audit flows throughout the whole organisation and across to partners. For example, SLT continues with its plan for auditing cases and it also uses performance data to regularly check if the volumes of case audit meet expectations and for any other issues that would be better understood through case audits. SLT hold monthly meetings to review the learning from audits and review performance. The themes raised in the latest session included:
    - The speed and approach to case planning – the degree to which we are using a concurrent planning approach
    - The need to explore and better understand the increasing number of children aged under 5 coming into care and the decision making and circumstances that led to a small number of 17 year olds entering care
    - The electronic recording of decision making by managers
    - The CIN planning process and engagement of partners
    - The relative high volumes of CAF
    - The degree of practitioner understanding of the longer term impact of domestic violence on children and potential of being over optimistic about

rehabilitation on some cases
- The relationship with the family court and judges and the impact on cases within the PLO

SLT's latest monthly review also noted a good range of strengths that included:

- Continued positive impact of the hub and commitment from workers to work through the increases in demand
- Ongoing decisiveness in the response to children at risk and the management of CP
- Sustained and further improved levels of compliance with supervision amongst front line teams
- The development and retention of social workers that is driving down the potential for inconsistent practice and changes in social workers

- **The Future - embedding a learning culture.** Having established a pattern and expectation for case auditing, Children's Services new proposed operational structures have been developed to further improve embed a quality assurance / learning culture. The aim is to make auditing and learning from cases an everyday working reality across Children Services.

The new structures will include:

- The creation of a dedicated Quality Assurance Manager to lead on the development of peer reviewing, case observations and professional development. This role will pick up on the ongoing audit themes already established by SLT which include a focus on the following core practice issues:
  - Quality of assessments and planning
  - Quality of supervision – the degree to which it is reflective and offering support and challenge
  - The voice of the child
- The creation of Principal Social Worker roles based within each team that will audit cases and provide peer support and challenge to front line staff.
- The integration of the Principal Social Worker responsibilities (as defined by Munro) into the strategic responsibilities of a Service Manager. This will ensure the voice of practice is heard and shared with SLT.

4. Recommendations

To note the progress made by the Children's Services and its ongoing commitment to develop a learning culture. It should be noted that this work complements the developments taking place within the LSCB.

Title:	**Children Service's Sustainability**		
Report to:	**Children's Partnership Executive**		
Agenda Item No.	**7**		
Prepared By:	**Russell Knight**	Contributors:	**Richard Williams**
Date Prepared:	**01/11/2013**	Date of Meeting:	**13/11/2013**

1. Purpose

To advise the Partnership Executive of the improvements made to critical strategic relationships, existing partnership approaches and the internal reshaping to secure the sustainability of improvement in Children Services.

2. Background

2.1 Children Services has made significant steps to address the need for improvements in the governance and strategic leadership of safeguarding in Torbay. The process to address these has focused on re-establishing critical relationships with partners, politicians and the operation of key statutory functions i.e. Lead member, TSCB etc.

2.2 Significant progress that is being made to build new partnership arrangements across the children's sector. This has been challenging as partnership arrangements were in deficit following the past functioning of the Children's Trust and were largely broken in the early days of intervention.

2.3 Internally Children Services is re-adjusting and building on the good practice of the past year to put in place a long term sustainable safeguarding service.

Changes made during 2013 are listed in more detail in the next section along with the plans for the future that will further secure the improvement of Children's Services.

3. Summary

The following decisive steps have been taken to ensure that there is capacity for sustained improvement of safeguarding in Torbay.

3.1 Improvements to the governance and strategic leadership of safeguarding.

- A new permanent Executive Director of Financial Operations (Chief Executive) for the Council has been appointed and is in post. This has brought to an end the period of change and uncertainty in the governance arrangement of the council.
- A new lead member was appointed shortly after the resignation of the previous member. The new lead member has been fully engaged and supportive in the development of Children Services and the re-launch of the corporate parenting responsibilities of the Council.
- The TSCB is now beginning to effectively deliver its scrutiny and challenge

functions. A new Independent Chair of the Safeguarding Board was appointed in July and has worked with the DCS to ensure the board delivers its statutory functions. For example, it is publishing its learning framework and improvements have already been made to multi-agency auditing and workforce development.

- The Council's Corporate Parenting Panel has been re-launched and is working with a renewed Child in Care Council. Council members will be working with children to agree a set of priorities and to sign off a refreshed pledge. The Panel is also developing links with an array of young person led initiatives including a young inspector's programme and young person led network of children's groups.
- Promoting and protecting the welfare of children has a high profile amongst local politicians. As a result, Children Services is benefiting from the active support and engagement of members in the service improvement process. For example, close working relationships have been forged with a core group of politicians over the department's service remodelling proposals.
- A major process of budget remodelling has been undertaken in recent months to reduce the costs to Children's Services and rebase the budget. This will include the appointment of a new 'management accountant' role to prepare a three year business plan for Children Services. The budget reduction process this year has also allowed the service to develop a number of invest to save projects that are now being finalised.
- The establishment of the Partnership Executive Group has sustained the benefits derived from the Improvement Board and opened new partnership opportunities. The role of the Executive will be reviewed in December to ensure we retain the critical executive role to drive the LSCB but also build on the strategic thinking that has developed from closer relationships.

3.2 Building and improving partnerships

- The ongoing improvement process for Children services and the changing landscape (particularly with Health Services) is providing the opportunity for numerous conversations across all agencies. These cover all aspects of the continuum of need from the Child Poverty Commission publishing its first annual report within a 'preventative' framework to the ongoing evolution of the 'community hub' model both from a professional and a community perspective, to the proposals for a new targeted mental health model that sits alongside the traditional CAMHS service.
- The positive nature of all the conversations emanates from a new culture in Torbay that openly welcomes the partnership approach. We now have to step up to the mark through the conversations and translate the words into action. The three ideas above will possibly form the early proposals alongside the creation of effective fieldwork based networks that bring staff together to address common issues.
- To be able to respond more effectively from the Local Authority a new joint commissioning unit is being formulated drawing on skilled staff from children's, adults and public health. In addition to this arrangements have also been put in place to allow for shared desk space within the Clinical Commissioning Group to ensure effective links are made from an early stage.

3.3 Building on good practice

- Morale and confidence is good amongst front line staff and the organisation is

benefiting from a stable and committed workforce and middle management team. For example, during a recent significant upturn in referrals staff from across the organisation provided additional resources to help the initial intake team. This healthy organisational culture is in stark contrast to the situation 2 years ago.

- Recruitment and retention has been addressed. Children Services has actively reduced its overall vacancy rates from over 40% to 12% in under a year (vacancy rates are under 10% in front line teams). Torbay has also developed its reputation as an employer for choice amongst newly qualified workers leaving the local University. An effective and well organised induction programme is in place for all Social Worker's first year in assessed practice. This programme includes opportunities to receive joint induction with other partners.
- The practice improvements noted by Ofsted have been further embedded.
    - regular support and challenge from practice managers continues to be regularly provided, Practitioners in their First Year of Assessed practice are well supported with protected caseloads, increased supervision and additional training
    - the hub continues to effectively triage increasing levels of work and with additional support, the initial response team has risen to the challenge
    - the child protection numbers have further reduced and decisive action continues to be to ensure children do not remain on plans unnecessarily
    - partners are appropriately identifying children of concern however this has continued to support higher numbers of children in care
    - adoption rates and timeliness is significantly improved with Torbay adopting more children than at any previous time
- Structural changes are well underway to develop a single joined up service that will by April 2014 see
    - a single assessment process from CAF onwards
    - the creation of clear career pathways for social workers
    - the introduction of principal social work roles in each team
    - the creation of a quality assurance role to lead on the development of peer review and case auditing and the further embedding of learning culture

  In addition to this, 2 new Service Manager posts have been created within social care to spread the workload more evenly and to provide strategic support to the Initial Response teams and on an Integrated Youth Support Service.
- Torbay is also taking a lead role in regional work with other authorities across the region to develop peer challenge and to access critical benchmarking information. This includes the completion of the regions first round of self assessments and the invitation to have a peer challenge on CLA in March 2014. Torbay is actively seeking examples of good practice and learning from others.
- The leadership team is establishing a new relationship and expectation with middle managers that will see all senior operational managers take responsibility for an improvement portfolio. This will be coordinated and organised through the project management structures established to good effect under the previous improvement plan.
- A better grip on commissioned services is being put in place with the creation of a joint unit. This will take a lead in the ongoing development of the South West

Peninsular purchasing arrangement and improving the management of providers.

Looking forward

- Whilst the significant progress has been made. The Children's Services management team recognises the ongoing challenges in respect of
    - getting all members of the partnership at all levels to work as one in the safeguarding of children that includes establishing a more seamless link between services across the partnership
    - keeping and maintaining pace in a small authority whilst it continues to make significant changes
    - the time and space needed to fully embed changes made to date and also move on with the latest phase of the improvements
    - the increasing social care demands
    - the ongoing challenges of the budget reduction process

4. Recommendations

To note the progress made by the Children's Services in establishing a stable and sustainable future for the safeguarding of children.