

Wednesday, 28 May 2014

## Meeting of the Health and Wellbeing Board

Thursday, 5 June 2014

1.30 pm

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

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### Members of the Board

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

### Co-optee's (Non-voting)

Tony Hogg, Police & Crime Commissioner  
Dr John Lowes, South Devon Healthcare NHS Foundation Trust

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

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# HEALTH AND WELLBEING BOARD AGENDA

1. **Election of Chairman/woman**  
To elect a Chairman/woman for the 2014/2015 Municipal Year.
2. **Apologies**  
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
3. **Appointment of Vice-Chairman/woman**  
To appoint a Vice-Chairman/woman for the 2014/2015 Municipal Year.
4. **Minutes** (Pages 1 - 5)  
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 24 April 2014.
5. **Declaration of interest**
  - 5(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.
  - 5(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.)
6. **Urgent items**  
To consider any other items that the Chairman/woman decides are urgent.
7. **Mental Health Commissioning Strategy** (Pages 6 - 33)  
To comment upon the draft Mental Health Commissioning Strategy.

8. **Health and Wellbeing Board Membership - Options Appraisal** (Pages 34 - 37)  
To consider options for the membership of the Health and Wellbeing Board.
9. **Operational Commissioning Strategy for People with Learning Disabilities - Update** (Pages 38 - 39)  
To receive an update on the above.
10. **Community Safety - Update** (Pages 40 - 42)  
To consider an update on the work of the Stronger Communities Partnership.
- The following items are for information only:**
11. **Update Report - Adult Social Services** (Pages 43 - 48)  
To receive an update on the current position of Adult Social Services.
12. **Update Report - Clinical Commissioning Group** (Pages 49 - 50)  
To receive an update on the current position of the Clinical Commissioning Group.
13. **Update Report - Public Health** (Pages 51 - 53)  
To receive an update on the current position of Public Health.
14. **Update Report - Children's Services** (Pages 54 - 66)  
To receive an update on the current position of Children's Services.
15. **Update Report - Healthwatch** (To Follow)  
To receive an update on the current position of Healthwatch.

## Minutes of the Health and Wellbeing Board

**24 April 2014**

**-: Present :-**

Councillor Bobbie Davies, Caroline Dimond, Councillor Ian Doggett, Pat Harris, Tony Hogg, Councillor Chris Lewis (Chairman), Dr John Lowes, Councillor Ken Pritchard, Councillor Christine Scouler, Caroline Taylor and Richard Williams

(Also in attendance: Councillor Neil Bent)

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### **70. Apologies**

An apology for absence was received from Graham Lockerbie (NHS England). The Board was advised of a change to its membership following changes to the political balance of the Council. Councillor Morey was no longer a member of the Health and Wellbeing Board, Councillor Davies would be representing the Non-Coalition Group with Councillor Doggett representing the Liberal Democrat Group.

### **71. Minutes**

The minutes of the meeting of the Health and Wellbeing Board held on 12 February 2014 were confirmed a correct record and signed by the Chairman.

### **72. Declaration of interest**

Councillor Doggett declared a non-pecuniary interest as he is a lay member of the Clinical Commissioning Group – Medicine Management Team.

### **73. A Market Position Statement for Torbay**

The Board considered a report that set out a market position statement (MPS) for adult social care and support in Torbay. Members were advised that the MPS was a joint statement for Torbay Council and South Devon and Torbay Clinical Commissioning Group. The MPS would have a key role in influencing both the market for services and commissioning plans. The MPS identifies opportunities for the market by:

- Describing current and future demand;
- Analysing current supply of services, how well they meet needs and aspirations and what needs to change;
- Outlining future high level commissioning intentions.

The Board was informed that the MPS articulates the commissioning vision and intentions for the area as outlined in the Joint Health and Wellbeing Strategy. MPS data will inform future commissioning strategies as well as development of future health and wellbeing strategies. Members welcomed the development of an MPS and future aspirations to include a greater range of services targeted at health, care, support and wellbeing across adults and children.

Resolved:

- i) That the Market Position Statement for Adult Social Care and Support in Torbay 2014+ be adopted but that it be recognised that the Statement will need to be reviewed in coming months in light of emerging legislation.
- ii) that the role of the Market Position Statement in service transformation, as described in the report, be endorsed.

#### **74. Learning Disability Joint Commissioning Strategy**

Members received a presentation and considered a report that set out '2013-2016 Living well with a learning disability in Devon – making progress' which was a high level, overarching strategy for people with Learning Disabilities. The strategy had been prepared jointly on behalf of South Devon and Torbay Clinical Commissioning Group, Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group, Torbay, Plymouth City and Devon County Councils. Shona Charlton informed Members that the core principle underpinning the strategy was a commitment to improve the health outcomes of people with a learning disability.

Members noted that the strategy had been agreed in principle by the Torbay Learning Disability Partnership Board and was to be considered by the Learning Disability Redesign Board.

Members referred to the difference between the recorded and estimated number of adults with a learning disability and challenged whether a collective view across all services may aid the identification of people with a learning disability. It was felt that further work with front line staff across all agencies would help to reduce the differential.

Resolved:

- i) That the Health and Wellbeing Board endorses the high level joint commissioning strategy for Learning Disability for South Devon and Northern, Eastern and Western Devon Clinical Commissioning Groups and Plymouth City, Torbay and Devon County Councils as set out at Appendix 1 to the submitted report; and
- ii) that the Health and Wellbeing Board agrees to a cohesive approach to the development of a more detailed improvement plan.

**75. Learning Disability Strategy Operational Strategy Commissioning Implementation Plan**

The Board considered a report and received a presentation on the 'Operational Commissioning Strategy for People with Learning Disabilities'. Steve Honeywill, Jo Davis and Si Langridge were present to aid the discussion and responded to Member's questions. Members were informed that upon endorsement of the strategy by the Health and Wellbeing Board, officers would be seeking to engage service users to design and shape services and that there would be changes to services.

Members challenged the adult focus to the strategy, explaining that children also live with learning disabilities and felt that further discussions were needed to ensure that the strategy encompassed the entirety of a person's life. Richard Williams, Director for Children's Services, suggested discussions be held with the Children's Disability Steering Group in order for the strategy to fully address the needs of children with a learning disability.

Members felt that there should be a more explicit reference to how safeguarding concerns about people with learning disabilities should be raised.

Resolved

- i) That the Health and Wellbeing Board endorses the Operational Commissioning Strategy's aims and principles which mirror the values and outcomes included in the emerging 'high level' commissioning strategy for South Devon, Torbay and Northern, Eastern and Western Devon Clinical Commissioning Groups and Plymouth City, Devon County and Torbay Council's; and
- ii) that the Health and Wellbeing Board agrees the general approach to co-producing service specifications and evaluating potential providers with service users and their carers.

**76. Future Operation of the Health and Wellbeing Board**

The Board considered a report that set out proposals for the future operation of the Health and Wellbeing Board. Members of the Board had been asked to complete a questionnaire the responses to which were considered during a desk top exercise which took into account the role of the Health and Wellbeing Board as defined in legislation, barriers and success factors of other Boards around the Country and identified how the Board may need to change as the health and social care system within Torbay evolves. Members were advised that having 'taken stock' the Board needed to agree its priorities for 2014/2015, its work programme and whether the Board membership should be expanded.

Members challenged the priorities for 2014/2015 and felt that an additional question of 'Do plans address the needs of children, young people, adults and families?' should be included in 'The questions that the Board needs to ask' section of the work programme. The Board were unable to reach a consensus as to whether the

membership should be expanded and requested a further options appraisal be undertaken.

Resolved:

- i) subject to the priorities for 2014/2015 being amended to include Children's and Adults Safeguarding, the priorities for 2014/2015 be agreed as set out in the submitted report and the Joint Health and Wellbeing Strategy be refreshed as necessary;
- ii) that subject to the inclusion of an additional question as detailed in the preamble above, the Work Programme set out in Appendix 1 be agreed;
- iii) that a further options appraisal detailing the rationale for expanding the membership be prepared for the next meeting of the Health and Wellbeing Board; and
- iv) that the proposed relationship between the Health and Wellbeing Board and the Joined Up Board, as set out in Appendix 2 to the submitted report, be noted.

#### **77. Devon and Torbay Pioneer**

Members received an update and overview of the Pioneer and JoinedUp plans.

Resolved:

That the Torbay Health and Wellbeing Board accepts the progress to date in respect of Pioneer and JoinedUp and endorses the method proposed for future reporting, as outlined in the submitted report.

#### **78. Torbay Safeguarding Children Board Update**

The Board received a report that provided the Health and Wellbeing Board with an update on the work of the Torbay Safeguarding Board (TSCB) for children and young people.

The Independent Chair of the TSCB, David Taylor, advised members that the TSCB had recently undergone a self evaluation and subsequently amended its model of operation and created an executive that meets regularly to deal with the more detailed business and a wider Board that has the opportunity to drill down and look at specific areas of safeguarding activity.

Members were advised that the topic at the next meeting of the TCSB would be mental health. There were concerns about the way that Children's Social Care and Adult Mental Health services work together in respect of safeguarding vulnerable children where the parent has a mental health or substance misuse problem. Whilst the issue was being addressed by relevant managers the issue needed to be more firmly embedded in any commissioning arrangement.



Feedback had also been received from practitioners that the Children and Adolescent Mental Health Service (CAMHS) was perhaps too remote from other services in respect of children and young people and there appeared to be a gap in service. In addition the lack of an out of hours assessment service and the placing of children with overt mental health problems in acute children's ward was a matter of considerable concern. Richard Williams, Director of Children's Services, advised that he would refer the concerns raised to the Children's Redesign Board to address.

TCSB acknowledged that the Joint Strategic Needs Assessment (JSNA) had recently been refreshed and sought for the JSNA to include:

- A triangulation of data in respect of safeguarding and early level help and how this relates to perceived levels of need;
- Further information on self harm and incidences of mental ill-health and suicide amongst young people; and
- Indicators which may estimate the likely level of child sexual exploitation.

Caroline Dimond, Interim director of Public Health gave an assurance that these points would be addressed in the emerging JSNA.

Resolved

That the report be noted.

**79. Update Report - Adult Services**

The Board noted the update on Adult Services.

**80. Update Report - Police and Crime Commissioner**

The Board noted the update from the Police and Crime Commissioner.

**81. Update Report - South Devon and Torbay Clinical Commissioning Group**

The Board noted the update from the South Devon and Torbay Clinical Commissioning Group.

**82. Update Report - Public Health**

The Board noted the update on Public Health.

**83. Update Report - Healthwatch Torbay**

The Board noted the update from Healthwatch Torbay.

**Title:** High level Joint Mental Health Commissioning Strategy for South Devon and NEW Devon CCGs, and Torbay, Plymouth and Devon Councils.

**Wards Affected:** All

**To:** Torbay Health and Wellbeing Board                      **On:** 5<sup>th</sup> June 2014

**Contact:** Derek O'Toole

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## 1. Purpose

1.1 To request that the Health and Wellbeing Board endorses the approach taken in the development of an overarching strategy that has been prepared by Torbay, Plymouth and NEW Devon CCGs.

## 2. Recommendation

2.1 That the Health and Wellbeing Board provides comments on the draft mental health commissioning strategy for South Devon and NEW Devon CCGs and Plymouth, Torbay and Devon Councils.

2.2 That the Health and Wellbeing Board agrees to receive the Commissioning strategy for formal sign-off once consultation is complete.

## 3. Supporting Information

3.1 The draft document attached is a high level joint commissioning strategy for South Devon and NEW Devon CCGs and Plymouth, Torbay and Devon Councils.

The core priorities underpinning this strategy are

- Prevention
- Personalisation
- Integration
- Improving Health and Wellbeing
- Supporting recovery
- Access to services

Extensive and on-going engagement from service users, their carers and supporters has contributed towards the current content of the strategy. The high level joint commissioning strategy will, 'once consultation' is completed across Devon, be

signed off by the Health and Wellbeing Boards, HealthWatch and the commissioning bodies.

#### **4. Relationship to Joint Strategic Needs Assessment**

4.1 The strategy incorporates a number of priorities outlined in the JSNA, including but not exclusively, reducing health inequalities.

#### **5. Relationship to Joint Health and Wellbeing Strategy**

5.1 This plan incorporates the priorities, outcomes and core principles of the Health and Wellbeing Strategy.

#### **6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy**

N/A

### **Appendices**

#### **A Mental Health Commissioning Strategy for Devon, Plymouth & Torbay 2014-2017**

##### **Background Papers:**

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

No Health Without Mental Health (DH, 2011)

Talking therapies (DH, 2011)

No health without mental health: implementation framework (DH, 2012)

Preventing suicide in England (DH, 2012)

Caring For Our Future: reforming care and support (DH, 2012)

Closing the Gap (DH, 2014)

# A mental health commissioning strategy for Devon, Plymouth and Torbay

## 2014-2017

Joint Commissioning  
2013-2017

NEW Devon CCG  
South Devon and Torbay CCG  
Devon County Council  
Plymouth City Council  
Torbay Council



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## Introduction

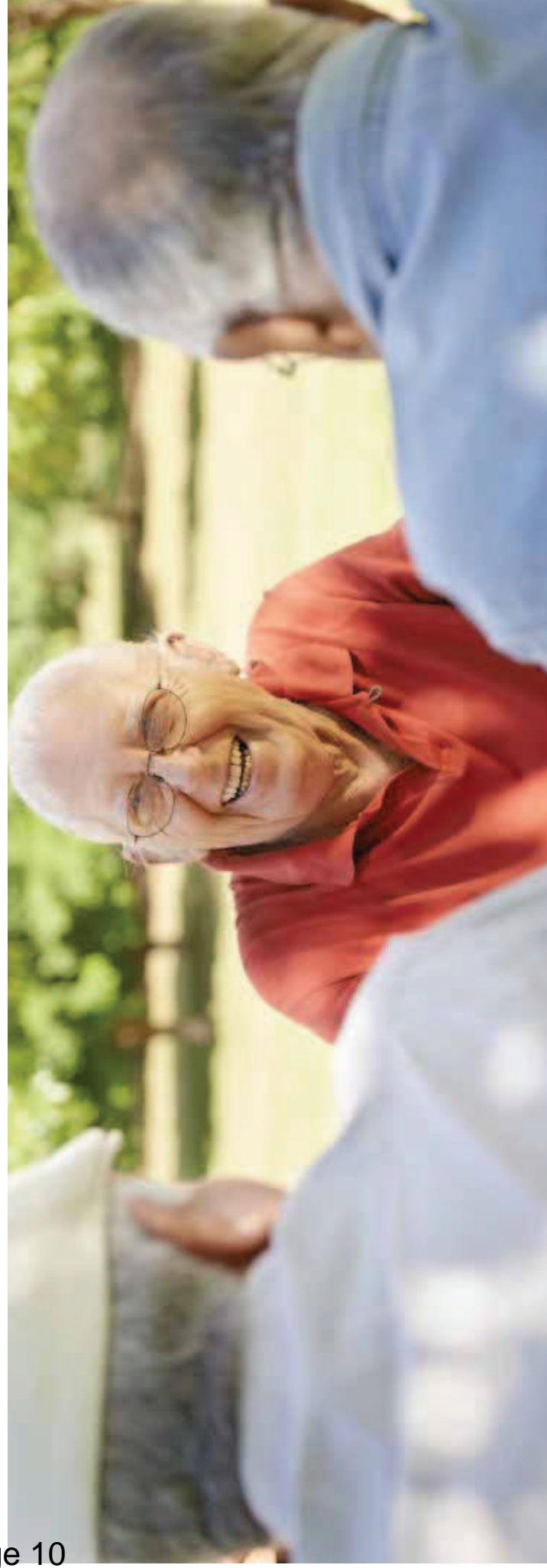
Welcome to the commissioning strategy for adult mental health services in Devon. It reflects the intentions of the health and social care commissioners for Devon County Council, Plymouth City Council, South Devon and Torbay Clinical Commissioning Group and Northern, Eastern and Western Devon Clinical Commissioning Group. This strategy is for all adults, regardless of their age.

The strategy will link the needs assessment work for Devon and Plymouth with national policy, statutory obligations, evidence bases and the commissioning intentions for all of the

commissioning organisations in Devon. This strategy should be read alongside the strategies for dementia, carers, learning disability and the early help strategy for children so that it can be seen in the proper context.

This strategy has been discussed with key stakeholders, particularly user and carer groups, with a clear intention to gain consensus and support for the future of mental health services. The themes and priorities identified through the engagement process will be identified and prioritised.

The context for future commissioning is set by the significantly challenging financial environment in the public sector. Resources available for commissioners are subject to substantial pressure and this has inevitably led to commissioners, providers and stakeholders considering options for future services which reduce demand for services, promote earlier intervention and ensure the best value for money. This must all be achieved against a background of increasing demand and an ageing population.



## Our commitment

We feel the people of Devon deserve excellent mental health services that are available when they are needed and are based on the best evidence for effectiveness. Alongside these services there needs to be a wide range of opportunities for people to do the things that will support good mental health and wellbeing and provide the choices that promote good housing, a place in the community, strengthen families, enable friendships and support employment, activities and positive lifestyles.

This commissioning strategy focuses on how we can support good mental health and seek to prevent mental ill health. It emphasises the need

to promote recovery and support people to overcome the consequences of mental illness so that they can lead satisfying, independent and productive lives.

We are committed to ensuring that the people of Devon can:

- Access the services and support they need
- Have a choice over how they receive services and support
- Have control over the services and support they receive

- Expect the commissioning and delivery of those services to be integrated
- Demand that commissioners seek to improve and develop services in line with best practice and need
- Be involved in planning and delivering treatment and support
- Have the opportunity to influence how services are commissioned and provided



## Outcomes

The consultation with users, carers and other stakeholders has steered the development of this strategy. We want to make sure people will be able to say:

- I have personal choice and control or influence over the decisions about me
  - I know that services are designed around me and my needs
  - I have an improved quality of life as my mental health needs are assessed swiftly and effectively and I am able to access the treatment and support I need
- Page 12**
- I have a positive experience of care and support
  - I receive help and interventions sufficiently early to prevent the avoidable deterioration of my mental health
  - I have a sense of belonging and of being a valued part of family, community and civic life
  - I receive the treatment and support that allows me to recover and sustain that recovery
  - I have a say in the development and monitoring of mental health services





## Reviewing our progress

We have a plan for implementing all of the identified priority actions to help ensure that this strategy is a success.

We want to make sure people are fully involved in the commissioning and provision of services. This is crucial to the effective implementation of the strategy.

Within mental health commissioning and, by extension, service provision we are clear that service users and patients will be able to have oversight and influence over the effectiveness of this strategy and its delivery.

These issues will be reflected in an attempt to show greater transparency in how decisions are made and who makes them so that scrutiny is applied to all our processes – both in NHS and Local Authority organisations.



## Our priorities

This strategy provides an overview of national policy, evidence bases, current commitments and, crucially, input from stakeholders and people who use services.

The crucial policy documents that inform this commissioning strategy are:

- No Health Without Mental Health (DH, 2011)
- Talking therapies (DH, 2011)
- No health without mental health: implementation framework (DH, 2012)
- Preventing suicide in England (DH, 2012)
- Caring For Our Future: reforming care and support (DH, 2012)
- Closing the Gap (DH, 2014)

These are the most important of a wide range of policy and guidance documents that have informed the development of this strategy.

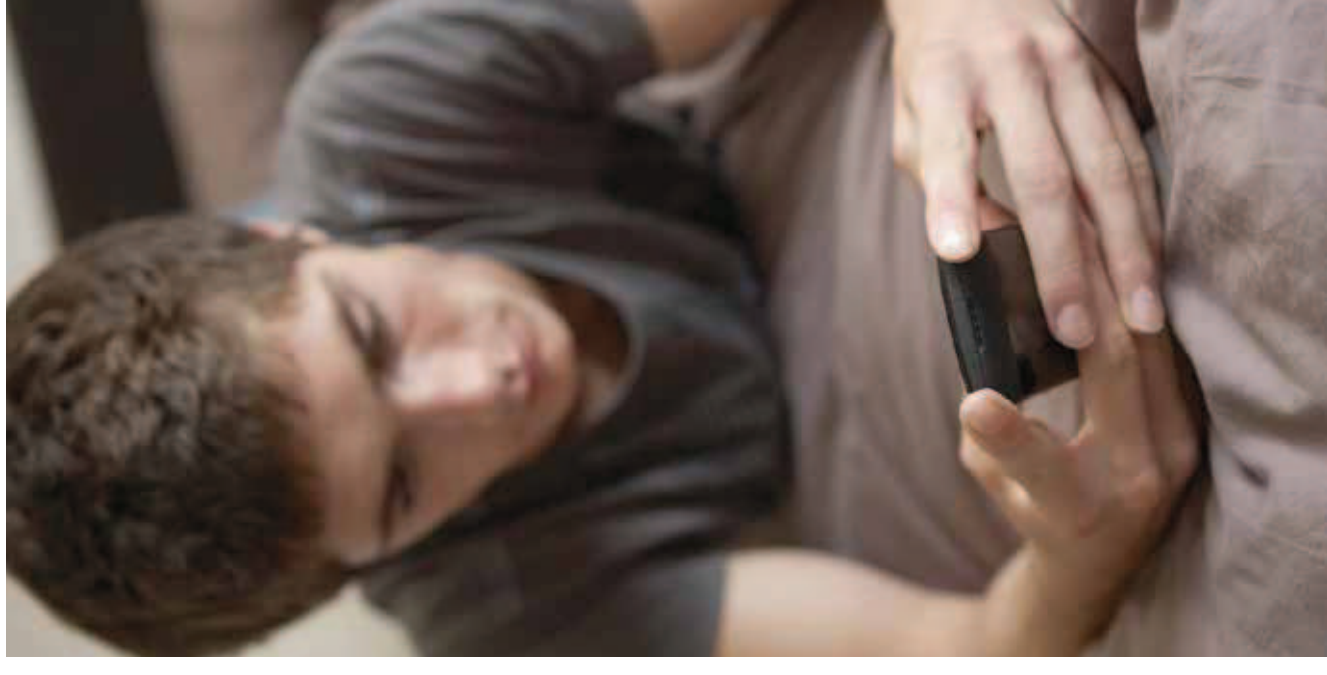
The intention for the CCGs and councils in Devon is to ensure that all local commissioning and service delivery can reflect national priorities as expressed in the above documents. National

policy has identified these key priorities and all local planning and delivery will focus on work that addresses these areas:

- Prevention
- Personalisation
- Integration
- Improving health and wellbeing
- Supporting recovery
- Access to services

All of these priorities are underpinned by a system-wide commitment to:

- Engagement and involvement of people who use services and carers in both service monitoring and the commissioning process
- Financial sustainability
- Effective safeguarding arrangements for vulnerable adults and for children in families affected by mental ill health
- High-quality services



## Market position statements

Plymouth City Council and Devon County Council have market position statements that explain to service and support providers what they require in terms of need, demand and provision. This is designed to encourage providers to develop the services that will meet the changing needs of the people of Devon.

The statements clearly outline current and future demand for services and express the focus on state-funded support for those with the greatest need and the promotion of self-supported care for those with lower needs.

The drive continues to promote more self-directed care, care at home and support towards greater independence and recovery. This will reduce the market for residential and nursing home care. Alongside this there is greater support for carers and greater flexibility in the market for alternatives to care.

Plymouth City Council has reviewed the effectiveness of current mental health provision under the Pledge 90 Review and this work has been influential in setting the direction for this strategy.

Devon County Council have updated the carers' strategy, accommodation strategy and supported living strategy as well as supporting self-directed care and the use of personal budgets.



## Mental health needs assessment

The public health teams of Devon County Council and Plymouth City Council recently produced comprehensive mental health needs assessments for the population of Devon. These documents reveal the pattern of need and help identify priority areas for action.

The needs assessment for Devon identified the following key priorities:

- Personality disorder and services for those that self-harm
- Eating disorder support for young people
- Suicide prevention
- Improved analysis of prescribing
- Improving services for young people and children and working to prevent mental illness
- Improved access to services and treatment at the time and place it is required

The needs assessment for Plymouth identified the following priorities:

- Improving universal services and developing mental health and wellbeing
- Targeted community-based services to support good mental health and promote access to support
- Improving specialist mental health functions
- Improved engagement and involvement of those with lived experience

The key message from these assessments is that commissioning priorities should focus on promoting the mental health and wellbeing of the population especially in terms of access to support and treatment, access to stable accommodation and housing support, support for employment, promoting community-based provision and ensuring that mental health services are integrated.



## Prevention

The heart of good mental health is resilience to the shifting pressures and tides of life. This involves a combination of personal qualities and skills with foundations of home, employment, education, family and community. In all families and communities it is inevitable that there will be challenges that can cause the kind of difficulties and pressures that lead to mental distress and illness.

Mental health services have traditionally focused on responding to the needs of people as they develop. Over recent years there has been an increasing interest in understanding the causes of mental ill health and attempting to address them before they become severe. There are three basic approaches which focus on preventing or limiting the onset of significant symptoms:

- **Primary prevention** – intervening with individuals, families or communities to prevent the development of predictable mental health issues. This relies upon good data about needs combined with intelligence sharing about families and individuals at risk. The Devon Early Help Strategy for Children and Families demonstrates the key opportunities that can both help and protect children.

- **Secondary prevention** – also known as early intervention, this is the practice of intervening at the first signs of severe mental health issues, especially in psychosis, personality disorder and eating disorders. This is reliant on a combination of effective patient finding and clear referral advice to those that might recognise early presentations.

- **Tertiary prevention** – rapid response to relapse of known patients. This is particularly reliant on good planning and communication across services.

Effective prevention of course relies upon strong communication within health, social care, criminal justice, education, family and housing systems. The information gathered by these agencies and services must be used to enable mental health specialists to focus on those communities, families and individuals in way that can change outcomes.

The foundations of good mental health and wellbeing are:

- Good relationships
- Financial security



- Meaningful occupation or employment
  - Personal growth
  - A good home
  - Developing resilience
- Commissioning will be focused on the development of support at all levels that encourages these foundations, with the aim being to support people to develop and maintain these core elements and prevent the onset of damaging mental health presentations. Examples include allotment groups, 'Men in Sheds', specialist housing support, mental health education in schools and employment retention support. These examples are simply a selection of the potential opportunities for commissioners to encourage good mental health and promote the kind of support that reduces the need for individuals to receive specialist interventions.

#### Families with a future

This programme is the sort of opportunity that can bring effective primary prevention to bear on the incidence of mental ill health in our communities. Based on an analysis of need and indicators such as non-attendance at school, worklessness in the family and involvement with youth offending and criminal justice – it allows professionals to target interventions at specific families and in the places where it can lead to real change. This is especially the case in the lives of young people, giving them resilience and the help they need to escape the consequences of challenging family lives.



# Personalisation

*Personalisation is about respecting a person's human rights, dignity and autonomy, and their right to shape and determine the way they lead their life. Personalised support and services are designed for the purposes of independence, wellbeing and dignity. Every person who receives support should have choice and control, regardless of the care setting.*

(No Health Without Mental Health, DH, 2011)

The key values and principles that will drive the commissioning of mental health services in Devon are based on a commitment to the individuals who receive support to take control of their own mental health issues and retain the independence taken for granted by those who are well.

There are two important areas of development for personalisation:

- The promotion of strong processes that place people of the heart of all decision making and planning by statutory organisations and the partners commissioned by health and social care – for example, person-centred planning and patient-controlled medication programmes
- The use of personal budgets and direct payments to give people more determination of how to exercise choice and control – for example by developing personal budget processes and ensuring there is a market of providers to respond to individual requirements

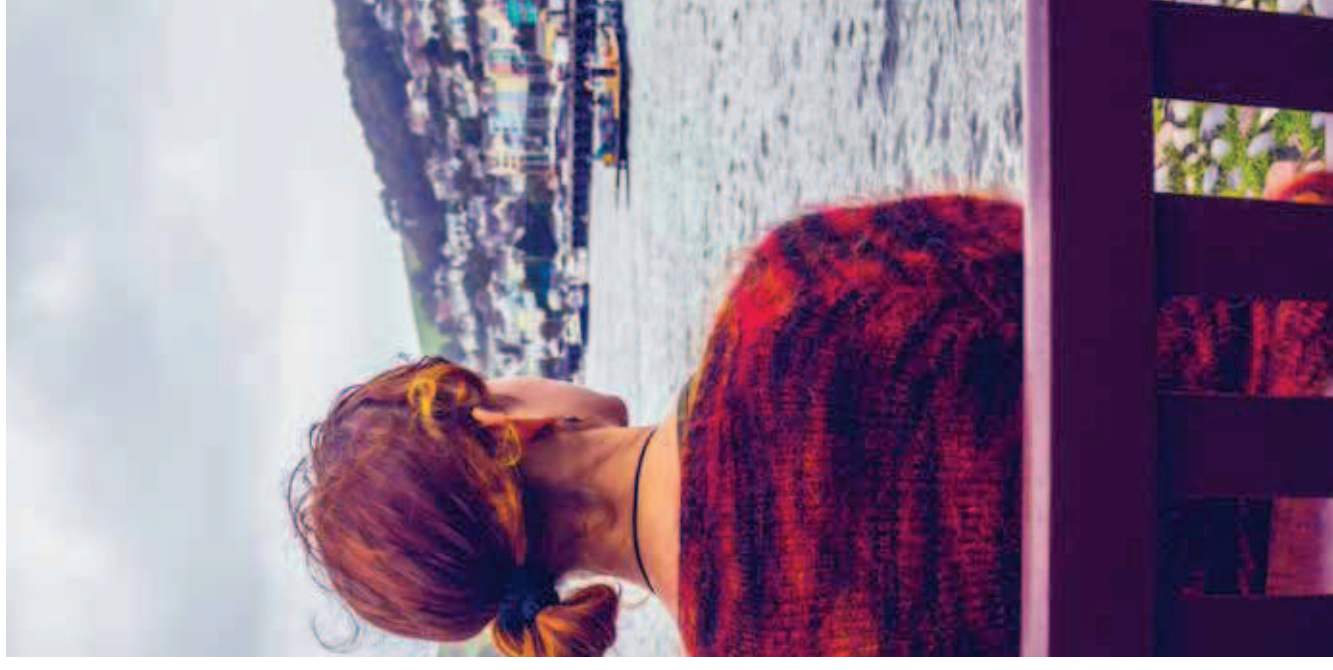
Personalisation is more than processes and personal budgets and these two areas are just the beginning of developing truly personalised approaches to both commissioning and service delivery.

## In Control

The 'In Control' programme has demonstrated many of the key benefits of personal budgets and, crucially, returning the power and authority to make decisions and care, support and treatment back to users of services and their families and carers.

This programme is a key influence on the work of Devon County Council and Plymouth City Council in developing the use of personal budgets, direct payments and highly person centred approaches.

The National Development Team for inclusion (NDTI) and Think Local Act Personal (TLAP) have identified a whole-system framework for personalisation in mental health.



The key principles are shown below.

- Helpful, person-centred approaches
  - Information and advice, personal motivation and self-help
  - Support for managing personal budgets
  - Support for carers
  - Fair access and equality
  - Creative commissioning
  - Partnership for inclusion
  - Prevention and early intervention
- Good leadership  
Workforce and organisation development

(Paths to personalisation in mental health:  
A whole system framework, NDTi 2013)

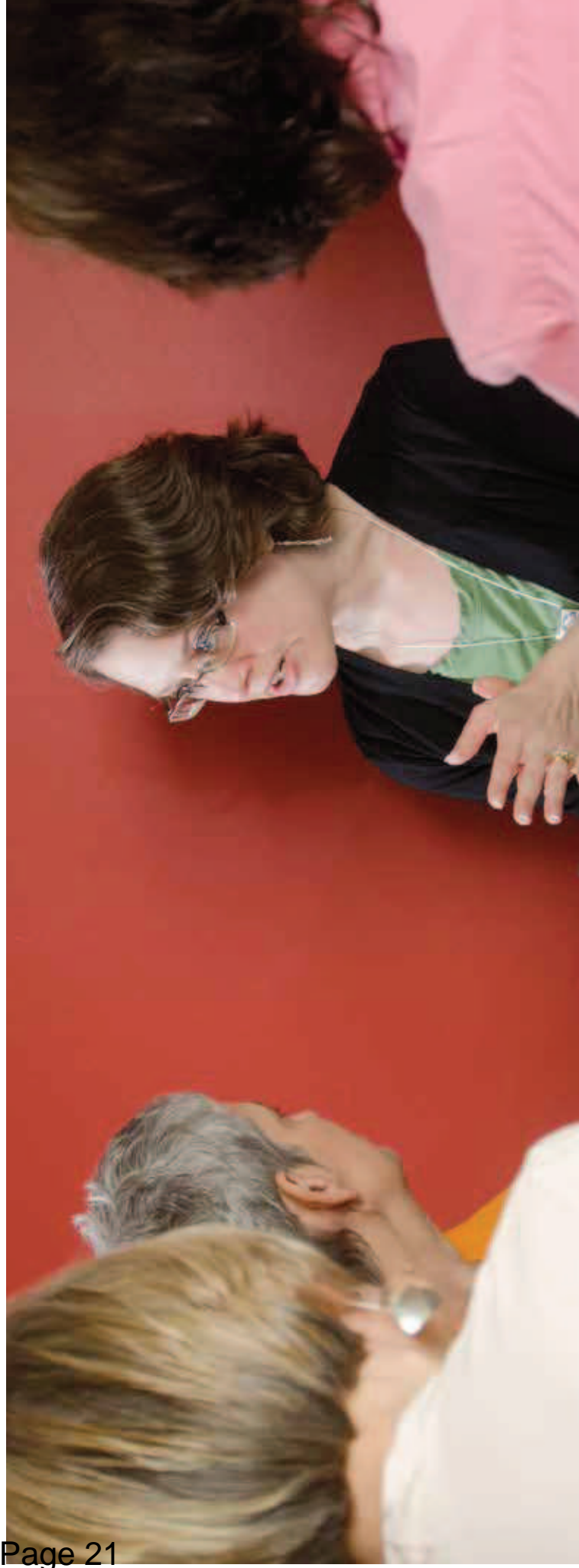




## Integration

The Department of Health has identified that integration of health and social care systems is an opportunity to improve services, become more efficient and, crucially, to improve the experience of users. Commissioners have a number of key priorities for mental health services in Devon:

- Instituting an integrated commissioning approach for NEW Devon CCG, South Devon and Torbay CCG, Devon County Council, Plymouth City Council and Torbay Council
- Ensuring primary and secondary care services have shared and integrated processes for managing care and treatment, including integrated treatment pathways
- Integrated approaches to managing mental health presentations in general hospital settings
- Integrated arrangements with social care and local authorities, including district councils, for service users to access employment support, targeted housing support, education, advice and information
- Ensuring services for children and young people are integrated with those for adults so that transition processes and the opportunities for prevention and early intervention are maximised
- Integration of service delivery so that voluntary, charity, third sector and private providers are full partners in the delivery of support, care and treatment



The issues that drive these intentions are more than just matters of efficiency and effectiveness. The Department of Health and NHS England use the Better Care Fund to ensure that the full benefits of integration are felt in the health and social care system. For mental health users this will mean:

- People not having to retell their story
- Being able to access support when needed as the overall system communicates well
- Discharge from hospital and specialist services support to be more sustainable
- Service delivery at the control of users and their carers

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In order to achieve these outcomes there are significant opportunities to integrate health and social care provision so that provision of treatment, care and support is experienced as

a single pathway. Evidence has shown that integrating whole systems and pathways can generate significant improvements for clinical outcomes, efficiency and patient experience.

The primary opportunities for service improvement via integration are:

- Integrating mental health expertise into general healthcare – especially in A&E, primary care, management of long-term conditions and in general hospital settings
- Integrating pathways for children and young people into adult services
- Dual diagnosis (mental health with alcohol or substance misuse)
- Personality disorder
- Eating disorders
- Management of mild to moderate mental health issues



### Eating disorders in Plymouth

The pathway for eating disorder treatment has been integrated so that services provided by EDS (a charity in Plymouth), Plymouth Community Healthcare (a specialist mental health provider), Hound Ward at Derriford Hospital and the Haldon Unit (a specialist service provided by DPT) have delivered significant improvements in the system ensuring appropriate access to services, care closer to home and a substantial reduction in inpatient admissions, all of which have allowed a reallocation of resources to community services.

## Improving health and wellbeing

Recent research by the Health and Social Care Information Centre shows that people in contact with specialist mental health services are nearly four times more likely to die prematurely than the rest of the population. This is an unacceptable position for commissioners and policy makers and is the focus for significant change in the coming years.

There is clear evidence that people with mental health problems have poorer lifestyles, including a significantly higher rate of tobacco use and alcohol consumption. This contributes to higher rates of ischaemic heart disease, respiratory illness and liver problems.

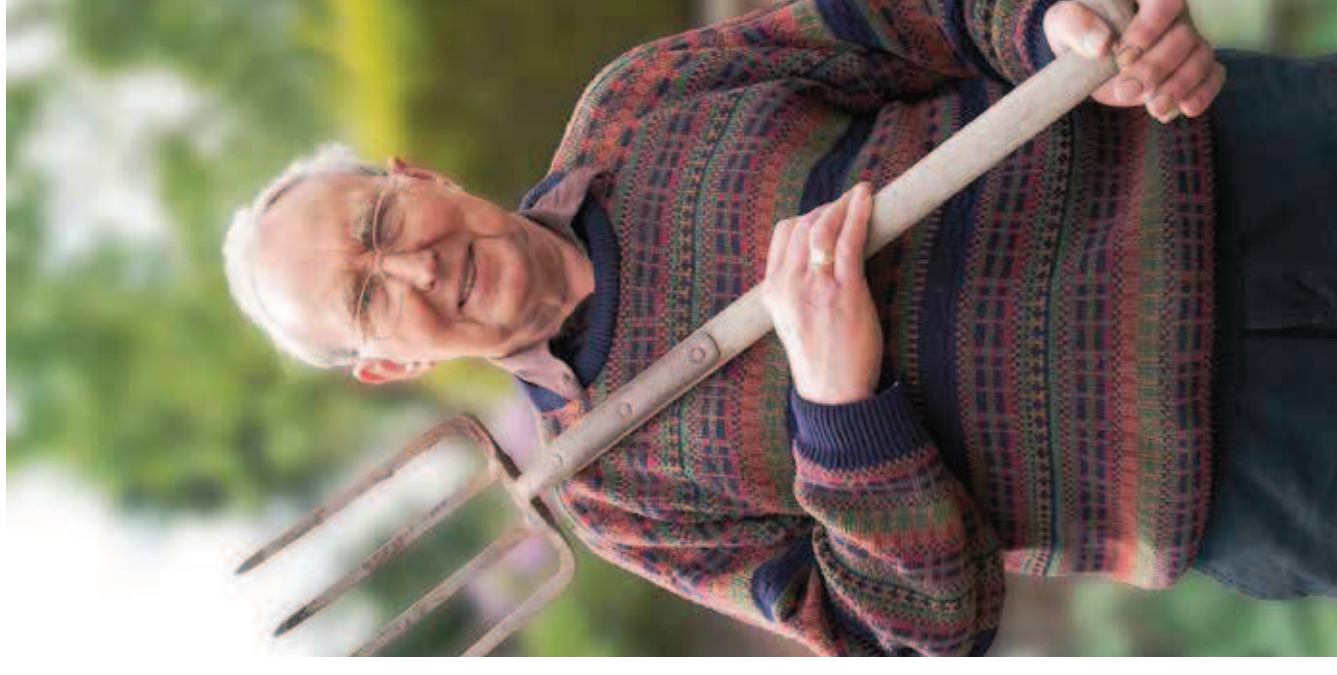
This situation is compounded by the evidence which indicates that people with severe mental health problems are less likely to receive the best treatments for physical health problems and that people with a diagnosis of schizophrenia are less likely to be registered with a GP.

It is now a key expectation for both mental health service providers and general hospital services that they will ensure equal access to health services. In support of this, one of the key priorities for commissioners is the improvement

of psychiatric liaison services to ensure that people with mental health problems in hospital receive good-quality psychiatric input. Commissioning guidance has been issued that will support commissioners and providers to ensure there are adequate resources allocated to this area of work.

Specialist mental health services have a key responsibility for ensuring that the people receiving services from them are given good-quality health reviews. It is essential that assessment and care planning is focused on physical health, particularly for those with severe illness. Addressing lifestyle issues is a priority for mental health services, McManus *et al* (2010) found that 42% of total tobacco consumption in England is by those with a mental disorder. Care planning will need to include efforts to reduce or stop tobacco use and alcohol consumption whilst promoting healthy eating and exercise.

Commissioners will also work with GPs to look at how health improvement can be delivered in primary care, with extra emphasis on healthy living being given to patients with mental health issues.



## Supporting recovery

When the resilience to cope with the challenges in life has been overwhelmed and preventive interventions have not succeeded, emphasis must move towards effective treatment to help people recover from the mental ill health they are experiencing. Recovery can and does mean different things to different people, but for the purposes of this document we are focusing on the idea that following treatment for mental ill health people may require ongoing support to enable sustained wellbeing, reduced dependence on services and the opportunity to thrive.

The priority is for services to engage people with mental health problems in treatment, therapy and activities that help them regain their resilience, while also maintaining their place in family, community and employment; and to help them develop the skills to recognise when things are starting to go wrong as well as the expertise to manage their own treatment.

For this to be achievable there needs to be a comprehensive range of treatments that will help people to recover from their illness and a range of supports that will help people maintain their wellbeing and avoid relapse or crisis. This should encompass a range of treatments and support at all levels of need and complexity.

**Primary care:** the IAPT programme made the case for swift access to therapy that will help people with mild to moderate depression and anxiety presentations to recover. However, there needs to be further encouragement and guidance for people to access the kind of

support that will help keep them well without the need for medication and therapy.

This document has repeatedly emphasised the importance of ensuring people can have a place in their community, strong relationships and meaningful activity, to give them the kind of support that helps to break down social isolation and overcome the inactivity prevalent within mental ill health. Social activities like exercise groups, gardening and ‘Men in Sheds’ are available to the people of Devon today but it is important to ensure they are available in all areas and are part of a wider network of mental health supports and services. This includes a clearer set of expectations for GPs in the skills they have to diagnose and treat but also how to help their patients access the supports that will improve their lives and cement their recovery.

**Specialist mental health services:** ensuring that all patients are able to enter appropriate treatment to deliver the best chances of recovery remains the main requirement of a specialist mental health service, whilst keeping people with mental health issues and the community safe. As noted above it is not enough to treat; it is also necessary to ensure people have the best chance to stay well. The expectation for providers of secondary mental health services is that they will focus attention on supporting their patients to recover by ensuring access to effective and appropriate treatment and then supporting them to regain their place in their home, families, communities and in employment.

**Social care:** sustaining recovery and maintaining good mental health is only partially about complying with treatment. The support necessary to maintain a place in society is crucial to the long-term recovery of any person. Naturally many people will have their resources of family, friends, home, activities and work, but many of those who have suffered significant mental health issues will require extra support, especially around finding and maintaining a place in the community, housing and employment. These solutions need to be part of an integrated approach with treatment functions and social support. The role of social care providers is paramount in helping people to sustain their recovery but is also fundamental in maintaining the capacity in mental health services in Devon so that people are less likely to relapse or endure crises in their lives.

### Plymouth provider network

The provider network in Plymouth has developed its own mental health strategy with a focus on recovery and an emphasis on integrated pathways and working arrangements. The network brings together a range of providers, stakeholders and users to create networks and relationships within the city and improve the opportunities available to people with mental health problems.

The strategy can be seen at: [www.plymouthmentalhealth.org.uk](http://www.plymouthmentalhealth.org.uk)

## Access to services

The feedback received during the development of this document came back again and again to the issue of access to services. It was a recurring theme that came from users, carers, referrers, commissioners and providers. Access issues come in many forms: capacity, opening hours, waiting times, choice, availability in rural areas, access to specialist knowledge and access thresholds.

Over the life of this strategy the commissioners in Devon will focus on ensuring that people experiencing mental health issues, regardless of the severity, will be able to access advice, guidance, education, treatment and support to enable their recovery and support their mental health and wellbeing.

The key areas for development are:

- Access to services in primary care
- Out-of-hours and seven-day working
- Ensuring services meet the needs of older people
- Ensuring services meet the needs of people with learning disability
- Support in the criminal justice system
- Crisis services
- Alternatives to admission
- Specialist treatment pathways
- Support to families with children

All of these approaches to improving access need to be understood against a requirement to improve efficiency and reduce costs in the system. Therefore simple investment in extra capacity is not an option available to commissioners or providers without releasing resources from other areas.

**Access to services in primary care:** one of the key opportunities available in mental health service provision is to improve the way people can access mental health services in primary care. The IAPT programme is already increasing treatment capacity in primary care but there is a need to ensure that GPs and primary care services as a whole are able to access the expertise and knowledge held in specialist mental health services. This can enable GPs to make good decisions about their mental health patients, provide effective treatment and build their confidence in managing mental health issues. There are concerns about the poor access to services for older people with mental health problems; ensuring that efforts are made to increase referrals and attendance in mental health treatment services is a priority.

Increased visibility of mental health specialists in primary care is crucial in building strong working relationships between primary care and mental health specialists, allowing the use of increased shared care and, in return, ensuring capacity to deliver swift advice and early interventions.

Alongside this GPs need to be able to access the kind of support that addresses social isolation

for their patients and helps overcome the crises that can lead to losing homes and family or relationship breakdown. One of the key opportunities is the use of peer support – support which is led and provided by users for people with mental health issues. Peer support can operate at all levels of need, the key focus is on it being mutual, reciprocal, non-directional and recovery focused (Repper *et al*, Peer Support: Theory and Practice, ImROC, 2013).

**Out-of-hours and seven-day working:** it is no longer sufficient to manage services solely during 'office hours'. People quite reasonably expect that they will be able to get help when they need it, including during evenings and at weekends. Current arrangements for out-of-hours services are largely based around duty rotas, inpatient wards and crisis teams (which focus their work on existing patients on team caseload). The priority areas for improved access are to be around support in A&E through psychiatric liaison teams; support to primary care teams, out-of-hours GP services and the 111 service; and the work of community mental health services.

**Dual diagnosis:** there is a clear need to ensure that services for mental health and for substance misuse are effectively integrated to deliver effective interventions for people experiencing mental ill health alongside alcohol and/or drug misuse. This group of people are often significant users of services and can experience poor outcomes because of uncertainty about cases are managed which service is responsible.

**Ensuring services meet the needs of older people:** while there is an understanding that mental health services are available to all adults regardless of age, in practice older people are less likely to access services that will help them recover from mental ill health and distress. Clear evidence for low referral rates and engagement in treatment for depression and anxiety in the older population is a concern for commissioners.

This strategy should be read in conjunction with the Devon, Plymouth and Torbay Joint Commissioning Strategy for Dementia – ‘Living Well with Dementia’ – as the issues for older people frequently overlap. This need for effective joint working is one of the key improvements intended in the strategy and informs part of commissioning priorities.

**Ensuring services meet the needs of learning disabled people:** the commissioners will expect providers to ensure that people with learning disabilities are able to access mental health services in line with the revised ‘Green Light’ toolkit from the NDTI. Improving mental health outcomes and wellbeing is one of the priorities for commissioners and this strategy should be read in conjunction with the Devon, Plymouth and Torbay Joint Commissioning Strategy for learning disabilities – Living Well with Learning Disability.

**Support to the criminal justice system:** there is a significant overlap between the criminal justice system (the police, courts and probation) and the mental health services. There is a statutory need to work together in order to deliver the requirements of the Mental Health Act 1983. The police in particular need to be

able to access specialist advice, patient information and NHS provided Places of Safety in order to make the best use of the Act and to deliver the best outcomes for people affected by mental health issues who come into contact with the police.

The development of both liaison and diversion services in police custody centres and the courts and piloting of ‘street triage’ approaches are positive steps forward for mental health services but a further culture of co-operation will be developed by all the stakeholders over the next three years.

### Liaison and diversion

The liaison and diversion service has been developed to ensure mental health expertise is available to police custody units and the courts to allow good judgement to be used in dealing with people with mental health issues who come into contact with the criminal justice system.

The service is able to effectively divert people who are experiencing mental health difficulties away from criminal justice and into treatment. This represents a good outcome for the police, courts, mental health services and, of course, the patient.

**Crisis services:** the definition of crisis is not a concrete one. Current arrangements for crisis response are based either on known patients and are aimed at preventing crises by planning carefully and intervening appropriately when

risk factors are identified, or they are based on duty services and are called upon as and when they are required. This uncomprehensive arrangement can often lead to significant delays and it does not identify many choices for people experiencing mental health crises.

The ability to respond swiftly to requests for help is key in ensuring that people can be seen at an early enough juncture to prevent any further deterioration of their presentation; it can also open up options for people to access different kinds of support and intervention.

In the main, experience shows us that simply listening to people describe the issues affecting them and giving them advice and signposting them to support or reminding of their care plans is sufficient to help manage a crisis in the short term. When further intervention is required, being able to see people in safe comfortable environments is crucial.

The fundamental requirement is for people to be able to access this help when they need it and in a way that helps them to overcome the crisis they are experiencing.

There is a range of solutions to crisis situations:

- Telephone support such as 111, non-statutory services like Samaritans and mental health crisis services
- Attendance at A&E
- GP out-of-hours services
- Crisis houses
- Specialist mental health crisis services

Currently these options are not always available and are not integrated to ensure people access the most appropriate response to their needs. This is a priority area for commissioners who must ensure that crisis support is provided and the cost of escalating mental health crises are avoided wherever possible.

### Mental Health Crisis House in Torbay

In response to an engagement process and listening to what people with lived experience have said, Torbay has opened a crisis house in partnership with DPT and the Community Care Trust (South Devon). This development represents a new way of giving choice and support to people in crisis in the community (in a non-stigmatising way) and will help avoid unnecessary in-patient care admissions.

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Alternatives to admission need to be robust, reliable and should not be seen as a reason to not have inpatient facilities at all. They are part of a range of options that are available to professionals to meet the needs of individual patients.

As commissioners, one of our main priorities is to reinvest in local placements. There is increasing evidence that out-of-area placements in institutions are ineffective and that the consequences for people placed away from home can include the loss of their homes, employment, family links and their place in the community. The focus is on ensuring that the needs of people in Devon with mental health issues can be met in the county and on reducing the rate of placements.

The best option is to use person-centred approaches to plan in detail for an individual and to ensure that there is a clear understanding both of the things that keep a person well and the indicators of a relapse.

Good planning reduces the frequency and intensity of crises, reducing the need to admit people to hospital.

As noted above the significant use of crisis houses can be a practical, non-stigmatising way of providing an environment where people can overcome a crisis without needing to be admitted to hospital.

Ultimately, the services that manage admission to hospital need to have a range of intensive options available which mean they can provide extra support to people in their homes; the emphasis will be upon crisis and home treatment services and the community mental

health services working with partners in the independent sector to offer the intensive interventions that deliver safe treatment and support without the need to hospitalise a patient.

**Specialist treatment pathways:** the best outcomes for patients lie in ensuring that they can access professionals with appropriate skills at the appropriate time. Access to expertise in key areas is at the heart of delivering the best outcomes, especially for those presentations that are risky and complex, such as eating disorders.

The commissioners will ensure that there are clear, evidence-based specialist treatment pathways that start with the earliest forms of intervention and engagement, work through evidence-based interventions and, ultimately, to specialist inpatient treatment where required.

The priority pathways for improved access are:

- Eating disorders
- Personality disorder
- Dual diagnosis
- Forensic and secure services

These have been identified because they represent high-risk areas or are linked to increased use of out-of-area placement. They are supported with strong evidence bases and/or NICE guidance for treatment and management.

## Involvement of people who use services and carers

The commitment that has been shown to user and carer involvement by both providers and commissioners provides an excellent foundation for the development and enhancement of the current approach.

A joint carers' strategy is available and it focuses on delivering the 'five outcomes for carers'.

The key point is the need to recognise the work carers do and ensure they are heard in planning and decision making. The use of the triangle of care to ensure that services are suitably focused on ensuring carers are effectively involved is a key outcome from the carers' strategy and is a key expectation from services in the coming years.

Alongside this strategy there is a commissioner commitment to ensure that people with lived experience of mental illness are able to effectively influence the commissioning, delivery and monitoring of services and ensure that they are present in all of the key processes of the commissioning organisations.

The priority areas for action from this strategy will require full involvement of users and carers in order to both shape the work to be done and monitor progress on delivery. This strategy is intended to be fully inclusive and to respond to the feedback and leadership of people with lived experience.





## High-quality services and financial sustainability

It is in the interests of commissioner, provider and user of services that the focus is on high quality and the best outcomes. The simple fact is that not having to deal with the consequences of poor services will improve efficiency and capacity thereby saving money across the health and social care system. No Health Without Mental Health (DH, 2013) identified four key ways to get the best out of services:

- Improving the quality and efficiency of current services
- Radically changing the way that current services are delivered so as to improve quality and reduce costs

- Shifting the focus of services towards promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises
- Broadening the approach taken to tackle the wider social determinants and consequences of mental health problems

The key areas for quality improvement in Devon are:

- Urgent and inpatient care – reducing admissions, fewer crises and improved prevention

- Improved prescribing practice – ensuring medication is used effectively throughout primary and secondary care
- Integration of health and social care commissioning and service delivery
- Improved care planning and co-ordination – with a focus on person-centred approaches and shifting control to patients and their carers
- Effective safeguarding arrangements to protect vulnerable adults and children in families experiencing serious mental health issues



## Safeguarding

In recent years there has been a growing awareness that the abuse of vulnerable adults is of heightened concern in our society. The increasing number of serious incidents of abuse emphasises the need for action to ensure that vulnerable adults, who are at risk of abuse, receive protection and support. It is every adult's right to live free from abuse in accordance with the principles of respect dignity, autonomy, privacy and equity.

People who are experiencing mental health issues are often more vulnerable to potential episodes of abuse. Also, those who live with people experiencing mental health issues are potentially at a greater risk of harm. Recent high profile cases, including Winterbourne View, highlight the increased vulnerability of those who are receiving residential care for their mental health issues, and how a greater level of protection and vigilance is required for these individuals.

It is, therefore, essential that commissioned services are of a high quality and safeguard those vulnerable individuals from episodes of abuse. It is the responsibility of commissioners to work together to ensure that any adult at risk of abuse or neglect is able to access public organisations for appropriate interventions which enable them to live a life free of violence.



## Summary

This strategy is intended to draw together the commissioning intentions of five commissioning bodies:

- Plymouth City Council
- Torbay Council
- Devon County Council
- South Devon and Torbay CCG
- NEW Devon CCG

Within the economic constraints that affect public service commissioning and delivery these bodies will attempt to focus on how mental health services can continue to meet the needs of the people of Devon as demand for services increases.

The key areas for development are:

- Prevention
- Personalisation
- Integration
- Improving health and wellbeing
- Supporting recovery
- Improving access

For this to be a credible plan for the future there needs to be greater involvement of those with lived experience at every stage of the commissioning, delivery and monitoring of mental health services.



## Acknowledgements

The commissioning team wish to thank Be Involved Devon (BeID) and Plymouth Involvement and Participation Service (PIPS) for their hard work in the devising and organisation of consultation events. Their contribution has been invaluable.

Thanks are due to all stakeholders including commissioners, GPs, mental health professionals and service providers who have contributed to the development of this document.

Above all, the commissioning team wish to thank the experts by experience, both users of services and carers for their invaluable input to this strategy.



**This guide is also available in Braille, large print and other languages on request.**

# Agenda Item 8



**Title:** Health and Wellbeing Board Membership – Options Appraisal

**Wards Affected:** All

**To:** Health and Wellbeing Board **On:** 5 June 2014

**Contact:** Caroline Dimond, Director of Public Health

**Telephone:** 01803 207336

**Email:** caroline.dimond@torbay.gov.uk

## 1. Why have we done this paper?

It has been a year since the HWBB formally took over its role and this is part of the first annual review of its performance

It is recognised that HWBB around the country have different memberships. Some have invited providers on to the board. The question re asking providers to be part of the Board is the focus of this options appraisal.

## 2. What is the current membership?

Current membership – 13 (incl Chair) - is as follows reflecting initial guidelines and statutory membership:

Chair – Portfolio lead for Health and Wellbeing

4 additional Councillors to reflect portfolio leads and cross party

Director of Children Service's

Director of Adult Social Care

Director of Public Health (currently Vice Chair)

Clinical Commissioning Group Clinical Lead

NHS England Representative

Healthwatch Torbay

Co-optees (Non-Voting)

Chief Executive – South Devon Health Care NHS Trust – Torbay Hospital

Police and Crime commissioner

### **3. Options for future membership**

#### **Option 1: Maintain current composition**

##### **Advantages**

- Board functions reasonably well at present and good relationships have been formed
- Follows current recommendations
- Functions clear and linked to commissioning
- Clear governance link to Joint Commissioning Group

##### **Disadvantages**

- Less likely to get perspectives from outside current membership
- Does not allow for open debate between commissioners and providers
- There are some anomalies in above – not all members commissioners of service.
- Current membership could be perceived to be Council dominated (8 of 13 members)

#### **Option 2: Include greater membership related to the determinants of Health.**

##### **Advantages**

- Many of the key determinants lie in responsibilities of place based services such as planning and transport, sports development, education, employment, housing and community safety etc.

##### **Disadvantages**

- Some of these functions should be aligned to the 3 key council officer posts, Director of Children's Services (housing and education), Director of Public Health (DPH) (community safety, planning, transport and health). Sports development and health at work could be further aligned though is not at present.
- DPH planning to bring programme of work on determinants into her remit so could provide link

#### **Option 3: Include all relevant providers**

##### **Potential providers could include**

- ✚ Devon Partnership Trust (DPT)– Mental Health
- ✚ Rowcroft Hospice

- ✚ Torbay and Southern Devon Health and Care Trust – Community and Adult Social Care Services
- ✚ Primary care
- ✚ Community Development Trust representing the community and voluntary sector
- ✚ Dentists
- ✚ Pharmacists
- ✚ Opticians
- ✚ Fire and rescue
- ✚ Ambulance Trust
- ✚ Out of hours consortium

### **Advantages**

- Debate would be full and this could lead to more considered positions
- Torbay has a history of joined up decision making and working across commissioners and providers
- Possibility to make more members non-voting

### **Disadvantages**

- If membership too great, debate and ability to reach conclusions decreases.

### **Option 4: Include key providers linked to priority areas**

#### **Advantages**

- Half way house – key providers attend meetings linked to current HWBB priorities and/or some providers could be co-opted on to the Board on an Annual basis
- Would re-dress balance across commissioners and providers / NHS and Council
- Allows for further in-depth debate following on Joint Commissioning Group meetings

#### **Disadvantages**

- Some providers may still feel should be involved
- Key providers could be;
- ✓ Representative of ICO (acute and community Trusts) ((or both while forming))
  - ✓ DPT – as mental health a major issue
  - ✓ CDT – as links to CVS key in a sustainable health system
  - ✓ Representative of Primary care if feasible.



- This would bring max membership to 17 – still within limits of experiences of functional groups and bearing in mind that the Joint Commissioning Group will prepare reports for consideration for HWBB

### **Option 5: Include providers in a different forum**

#### **For example**

- Bi-annual or annual forums included greater attendance

#### **Advantages**

- Would enable debate on key issues in more depth
- Would over-come concerns in 3 above on openness

#### **Disadvantages**

- May confuse agenda and decision making
- Resource intensive

### **4. Recommendation.**

It is recommended that **Option 4** is adopted i.e. Include leading key providers linked to Priority areas.

However it is also recommended that consideration is given to **Option 5** to include a wider forum in an annual event, maybe linked to a session on the annual revised Joint Strategic Needs Assessment, debate on any new emerging priorities and focused debate on key topics. This would encourage collective systems leadership.

<b>Title:</b>	Operational Commissioning Strategy for People with Learning Disabilities - Update		
<b>Wards Affected:</b>	All		
<b>To:</b>	Health and Wellbeing Board	<b>On:</b>	5 June 2014
<b>Contact:</b>	Steve Honeywill, Torbay and Southern Devon Health and Care NHS Trust		
<b>Telephone:</b>	01803 210512		
<b>Email:</b>	steve.honeywill@nhs.net		

## 1. Achievements since last meeting

1.1 At the HWBB on 26<sup>th</sup> April the Operational commissioning Strategy for People with Learning Disabilities was endorsed. The HWBB also agreed the approach of co-producing service specifications and evaluating potential solutions with providers and people who use services and their carers.

## 2. Challenges for the next three months

2.1 The HWWB asked for an update with respect to indicators related to safety and quality to be incorporated into our service modernisation and change programme.

All Torbay's service providers need to make a commitment to listen to the people they support and support them to build lives that have meaning for them. We have decided to use a quality code and we will invite all providers that support people with learning disabilities in Torbay to sign up to this code. This Code was developed by providers and is part of a broader commitment to the Winterbourne View Concordat and action plan.

The Code has a particular focus on people with challenging behaviour who have longstanding and complex support needs but can be applied to all people with learning disabilities, including those who have autism.

Specifically we want to achieve the following through The Driving Up Quality Code:

- Drive up quality in services for people with learning disabilities that goes beyond minimum standards
- Create and build a passion in the learning disability sector to provide high quality, values-led services

- Provide a clear message to the sector and the wider population about what is and what is not acceptable practice
- Promote a culture of openness and honesty in organisations
- Promote the celebration and sharing of the good work that is already out there.

2.2 It should be noted that Specific quality metrics will be developed as part of the co-production of future service provision models with service users and carers, including staff and other stakeholders.

2.3 A co-production event is being planned during June and July to take place in early September. This forum will be used to talk to service users, carers and providers to shape new services. We will continue this dialogue throughout the work that will in due course lead to the procurement of new services outlined in the commissioning strategy. Further detail will be provided in a future briefing to the HWBB.

2.4 With respect to new transport arrangements outlined in the commissioning strategy. Service user reviews commenced in early June, by late September all Learning Disability clients will have new transport arrangements in place to services either via using Personal Budgets, Service Provider managed transport, public transport or the use of mobility vehicles, following an assessment via the Trust's eligibility criteria.

### **3. Action required by partners**

3.1 None at this juncture, the HWBB will continue to receive regular updates with respect to the implementation of the commissioning strategy.

#### **Background Papers:**

Operational commissioning Strategy for People with Learning Disabilities and the related Frequently Asked Questions Document:

**Title:** Community Safety - Update

**Wards Affected:** All

**To:** Health and Wellbeing Board      **On:** 5<sup>th</sup> June 2014

**Contact:** Fran Hughes

**Telephone:** 01803 208002

**Email:** Frances.hughes@torbay.gov.uk

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## 1. Purpose

- 1.1 To provide an update to the Health and Wellbeing Board on the work of the Stronger Communities Partnership, and identify the areas of work which impact on both boards.

## 2. Recommendation

- 2.1 The board to note the areas of common interest with the Stronger Communities Board and ensure that where possible both Boards work together to improve outcomes in these areas.

## 3. Supporting Information

- 3.1 The Stronger Communities Board includes the statutory Community Safety Partnership responsibilities. The Board produces a Torbay Strategic Assessment annually and contributes to a wider peninsula strategic assessment covering the Devon and Cornwall footprint. This Strategic Assessment identified the four key priority areas for Torbay as:

- Domestic Abuse (including sexual violence)
- Anti-social Behaviour
- Alcohol, violence and the night time economy
- Offending/Reoffending behaviour.

The Stronger Communities Board has agreed its commissioning activities with the Police and Crime Commissioner against these priorities and those outlined in the Police and Crime Plan. A programme of work is now in place to target interventions across Torbay.

The wider remit of the Board also encompasses a community development and engagement role. We have been supporting the Community

Development Trust to pursue the Big Lottery opportunity for “Ageing Better” funding.

Housing issues are a key determinant of health and one of the areas which is also within the remit of the Stronger Communities Board with the Housing Partnership group reporting in to it.

#### **4. Relationship to Joint Strategic Needs Assessment**

- 4.1 The Stronger Communities agenda cuts across a range of wider determinants of health and wellbeing, as detailed in the identified priorities of the Board. We provide needs and demand data from across the partnership to inform the JSNA and help provide a broader picture of the overall need in Torbay. The outcomes which the Board is delivering are aligned in many cases to the Public Health Outcomes Framework.

#### **5. Relationship to Joint Health and Wellbeing Strategy**

- 5.1 The Stronger Communities Board is aligned with the principles of promoting prevention, early intervention and targeted support. It has a firm understanding of Torbay’s population and its needs, and national and local trends and drivers and produces an annual strategic assessment on crime and disorder for the Bay. It is working to support the integration of services for children, public health and safer communities across its remit.

#### **6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy**

(i.e. Does anything need to change in future versions of the JSNA and/or JHWS as a result of what you’re asking the Board to do?)

- 6.1 We are currently in the process of reconfiguring services to support high and medium risk victims of domestic abuse through a joint commissioning process and are currently evaluating tenders for a new type service for victims and perpetrators. This will be for a two year period, however, thereafter the funding is not secure. A wider partnership approach across all those services impacted by domestic abuse will be required if this is to be sustainable.
- 6.2 The Probation Service is one of the statutory partners to the Community Safety Partnership. The Probation Service is changing nationally and the Ministry of Justice are currently recommissioning a new style of probation service under the banner of Transforming Rehabilitation. The outcomes of these changes will not be known until the end of this financial year but will change the way in which offenders are managed within the community.
- 6.3 New antisocial behaviour legislation is being implemented this year, and we are currently awaiting guidance on the new powers available to the police and council which will include a “community trigger” which will cross agendas of mental health and wellbeing, social isolation and crime and disorder. These will be implemented in accordance with the national legislation across the partnership.

- 6.4 As discussed at previous Health and Wellbeing Boards we are commencing a piece of work to investigate the issues with high strength alcohol in Torbay, and will report findings later in the year.
- 6.5 Housing issues are a key determinant of health and one of the areas which is also within the remit of the Stronger Communities Board. The Housing Partnership group reports into the Stronger Communities Board. This has links across a number of policy agendas including domestic abuse, offending/reoffending, homelessness, youth offending, supporting people, mental health, affordable housing and planning processes. Stable and safe accommodation is a critical element in supporting a wide range health, social care and rehabilitation needs, as well as being a basic prerequisite for life. An increased focus on housing and accommodation needs would be a welcome addition across the JSNA.

## Appendices

### Background Papers:

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

TIP – List here any documents that you used to compile this report. You should include any documents that disclose any facts that the report has been based on or information relied on. Exempt or confidential information should also be referred to, but be identified as exempt or confidential to the public. You are required to make available these documents for public inspection for six years after the report is published.

**Title:** Update Report - Adult Services

**Wards Affected:** All

**To:** Health and Wellbeing Board **On:** 5 June 2014

**Contact:** Caroline Taylor – Director Adult Social Services

**Telephone:** 01803 207116

**Email:** caroline.taylor@torbay.gov.uk

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## 1. Achievements since last meeting

### 1.1

- The beginning of the year has some pressures within it on CIP programme and expectations which Commissioners are monitoring with the provider.
- A supplier event planned in May to discuss a range of issues which seemed to be well received. It included a presentation and awareness raising session on the work of the Safeguarding Adults Board by the Independent Chair of SAB, Bob Spencer and the Deputy DASS, Julie Foster.
- The tender process for Domiciliary Care (Living Well At Home) is progressing according to schedule with competitive dialogue taking place. The shortlisted candidates will be asked to make a presentation to a key stakeholders, including Council staff and Elected Members, as part of the selection process in early July.
- The process of acquisition of TSDHCT has been delayed- completion and the start of the ICO now expected October 2014. Final dates TBC.
- The fees decision communicated to care homes has been challenged through Judicial Review to which the council is responding.
- Progress continues to be made on lottery support to combat social isolation by working with voluntary sector.
- Decommissioning services from supporting people contracts are complete in June, although monitoring the impacts after June will be more difficult than first envisaged.

- Dialogue continues regarding a total pool of income and risk share for the commencement of the ICO, but the current year sees existing contractual mechanisms still in place for health and social care.
- The Peer review of adult social care –safeguarding is taking place in July.
- Torbay was part of a consideration of health needs assessment in care homes to support and shape future work. Appendix 1 for information and noting.
- The Commissioning Strategy for People with a Learning Disability is now being implemented by provider staff with the co-design of users.
- Carers strategy is being re-freshed and consulted on in line with the Care Bill.

## **2. Challenges for the next three months**

### 2.1

- The need to focus on delivery whilst the delay in the acquisition is accepted and managing the continued risk to our local system.
- The need to re-model services in order to find a permanently lower costs model of social care is still proving a challenge.
- The number of Safeguarding Adults referrals ( ie concerns raised which meet the threshold for a Safeguarding Adult referral) have continued to increase considerably, with a 34% increase in the year. Performance is under considerable pressure but frontline teams are working hard to ensure the safety of individuals.
- .
- The Dilnot and Care Bill project group is progressing a range of work in order to comply with new legislation and expectations- a full report to HWBB will be part of a future agenda.

## **3. Action required by partners**

- To find collective solutions to continuing cost pressures across the system and manage public expectations





## **Care Home Residents in Devon, Plymouth and Torbay – A Health Needs Assessment**

**April 2014**

### **Executive Summary**

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#### **1. Foreword**

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This needs assessment has been produced to support work with care homes across the cluster of Devon, Plymouth and Torbay. Changes brought in to effect from April 2013 through the health and social care act now place the responsibility for local public health with Devon County Council, Torbay Council and Plymouth City Council. The close working relationship with the NHS continues through the provision of public health support and advice to the two clinical commissioning groups covering the area: Northern, Eastern and Western (NEW) Devon Clinical Commissioning Group and South Devon and Torbay Clinical Commissioning Group this is known as the core offer.

This needs assessment is one of many local health needs assessments that are either completed, planned or underway which consider different aspects of health and wellbeing in Devon. Completed needs assessments are published on the Devon Health and Wellbeing website [www.devonhealthandwellbeing.org.uk](http://www.devonhealthandwellbeing.org.uk). The findings in this document should be considered alongside other related needs assessments, the Joint Health and Wellbeing Strategy and the Joint Strategic Needs Assessment, to ensure a full picture of need.

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#### **2. Introduction**

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Devon has a growing elderly population and the rate of growth is ahead of other parts of the Country. It will take until 2076 for the 85+ population to reach the same proportion as Sidmouth today. This increase in older people arises due to inward migration and increased life expectancy. The increase in the ageing population leads to a potential increase in demand for residential and nursing care. The health needs assessment was undertaken to support the work of the Care Home Quality Collaborative and further understand the health needs of the care home population locally. The HNA considered the local intelligence (where available), the evidence base following a literature review, consideration of local interventions and discussion with stakeholders as members of the care home quality collaborative and wider contacts. The HNA has been written as part one, as engagement with care home residents is still being developed through the collaborative.

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### **3. The Findings**

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In Devon, Plymouth and Torbay there are 686 care homes (Care Quality Commission 31<sup>st</sup> October 2013) with 11,907 residents. 9,558 are 65+, 6,096 85+ and 207 were over 100 and the oldest resident was 108. The care home population across the area is predominantly female, particularly in the 70+ population; this pattern is replicated for both Clinical Commissioning Group areas. The care home population only represents approximately 1% of the total population. The population is predominantly female 85+ in all areas but the percentage in certain areas does vary with an indication that homes in more deprived areas have a smaller percentage of 85+ residents. Many residents spend a short period of time in a care home and may move homes due to increasing dependency or spend the end of life within this setting. Care homes vary in size and type of ownership and offer a varied provider landscape.

Care home resident hospital admissions are significant in terms of cost and volume. Pneumonia, fracture of femur and other disorders of the urinary system are the leading causes. Ambulatory Care Sensitive (ACS) conditions are a group of conditions including angina, Coronary Heart Disease Chronic Obstructive Pulmonary Disease (COPD), asthma and diabetes where admissions to hospital can be avoided through effective case management in primary and community care. The admission rate in Devon (147.8) is below the South West (169.6), local authority comparator group (177.4) and England rates (210.1) and has fallen over time.

The age and sex standardised admission rate for ACS conditions is statistically significantly higher in the care home population in Devon when compared to the population as a whole. This is not surprising as the population are more vulnerable but does demonstrate that it is valid to consider interventions that assist with management of potentially avoidable admissions.

Falls prevention and post fracture support in care homes should remain a priority due to the volume of fractures, particularly fractured neck of femur but also because of the impact on the resident's future outcomes and quality of life.

The health needs will vary in complexity and it is important to consider the wider issues impacting on health such as lifestyle factors, social interaction and quality of life as well as the more complex issues of end of life and safeguarding.

The evidence for effective care home interventions is weak, systematic reviews and randomised controlled trials tend to recommend further research. Small scale studies tended to be observational in nature and provide a weak level of evidence. This is not necessarily due to lack of effect but a consequence of poor study design and limited research in this area. Follow up is difficult in care homes as residents move on or pass away so long-term impact is impossible to measure. Comparison is difficult as each intervention is different. Studies tend to follow a small cohort over time. In addition the needs of care home residents are complex and multi-faceted so a study to measure the impact of an intervention will have a number of confounding factors such as pre-existing co-morbidities and increasing frailty.

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### **4. Further Discussion and Observations**

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A number of initiatives in Devon, Plymouth and Torbay are in place or have been piloted to support care home owners and improve the quality and safety of care in care homes. The Care Home Quality Collaborative was formed in 2013 and is developing a vision for care homes in the area. The local interventions are difficult to

evaluate as the work follows a cohort of residents at a point in time. Some success has been seen in North Devon and other areas but the interventions will be impacted by other work that is being undertaken. Training for care home staff has been cited in many studies in a range of areas such as end of life and nutrition. A collaborative approach to training could be developed with providers reflecting the needs identified in the health needs assessment, locality intelligence and the experience gained by providers and commissioners on interventions to date. The length of stay in care homes can be short and support and interventions need to be timely to ensure they are effective

A focus on quality in care homes is important and the collaborative is seeking to further define quality standards, Plymouth has already put a quality improvement team in place and Torbay and Southern Devon Health and Care NHS Trust are using a QUEST tool to assess quality. It is important to ensure that quality is considered in the widest sense and account is taken of the NICE Quality Standards, particularly QS50 'Mental Wellbeing of Older People in Care Homes.' Quality of life should include access to physical activity opportunities commensurate with ability, social interaction and support for personal relationships and needs and also ensure consideration of protected characteristics. Equity of access to lifestyle support services such as smoking cessation should also be in place. Involvement of residents and their carers in decisions about their care is important. A good quality of life for residents of care homes should be defined and agreed with care home residents through local engagement. Medicines management and optimisation is an important part of the work of the care home quality collaborative.

The evidence review has demonstrated the lack of evidence of effective care home interventions so the local approach to collaborative learning is good practice and this should be coupled with consideration of the national evidence base as it emerges. Any interventions should also consider the context of the locality environment as many projects may not be portable to a local setting with a different configuration of services. A consistent approach to evaluation of local schemes is essential to allow comparison and evaluation of cost effectiveness.

Locally models of care closer to home are being developed and this should include support for residents to maintain independence and reduce the need for permanent admissions to care homes, in dementia care this will become increasingly important.

The needs assessment has highlighted the need to understand the respective roles of organisations working with care homes and an example where further clarification is needed relates to infection control and understanding and ensuring flu vaccination coverage for care home residents. Another area is the role of primary care and community services working with care homes as there is some variation across the area and potentially this may lead to gaps in services.

The health needs assessment has described the range of agencies working with care homes including primary care, community services and acute services in addition there are services enforcing standards including the Care Quality Commission, Health and Safety Executive and Environmental Health and Public Health England who may be investigating outbreaks or providing advice. This is in addition to Commissioners contracting with care homes. The agencies need to work collaboratively to avoid duplication of effort and lack of clarity for home owners which could impact on the resident health, safety and wellbeing.

The proposal of the Care Home Quality Collaborative to improve engagement with care home residents and families and carers of residents should improve qualitative

understanding of the health needs of the care home population and further define a good quality of life for care home residents.

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## **5. Acknowledgements**

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The following have been involved in the production of the health needs assessment or provided information to support the work:

Simon Hoad, Public Health Intelligence Plymouth City Council

Simon Chant, Public Health Intelligence Plymouth City Council

Sarah Lea-Watson, NEW Devon CCG

Andrew Kingsley, NEW Devon CCG

Paul Collinge, Devon County Council

Melanie Burke, Devon County Council

Maggie Anderson, Devon County Council

Maggie Barlow, Public Health England

Emma O'Hara, Health and Safety Executive

Paul Nicholls, Teignbridge District Council

Solveig Sansom, South Devon and Torbay CCG

Chris Thomas, Northern Devon Healthcare NHS Trust

Members of the Care Homes Quality Collaborative specifically:

Clare Cotter (Chair), NEW Devon CCG

Oksana Riley, NEW Devon CCG

Judy Grant, Torbay and Southern Devon Health and Care NHS Trust

Yash Patel, NEW Devon CCG

Caroline Patterson, Plymouth City Council

George Coxon, Care Home Owner

**TINA HENRY**

**LOCUM CONSULTANT IN PUBLIC HEALTH**

**APRIL 2014**



**Title:** Update Report –South Devon and Torbay Clinical Commissioning Group (SDTCCG)  
**Wards Affected:** All  
**To:** Health and Wellbeing Board **On:** 5 June 2014  
**Contact:** Dr Sam Barrell, Chief Clinical Officer  
**Telephone:** 01803 652 451  
**Email:** mollybishop@nhs.net (PA)

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## 1. Care Quality Commission

The CCG was involved in the CQC's visit 19-23 May to review the quality of health services for children in care, and the effectiveness of safeguarding arrangements for all children. The review evaluated the experiences and outcomes for children, young people and their families who receive health services within the boundaries of Torbay. Verbal feedback will be shared at the HWBB meeting.

## 2. NEW Devon CCG Community Services

NEW Devon CCG has issued a strategic framework for community services, proposing:-

- Services for adults with complex needs (community and hospital) in West Devon will be transferred from South Devon and Torbay Health and Care Trust to Plymouth Community Healthcare in April 2016, with no competitive tender.
- Urgent care services will go out to tender
- Personalised and preventive services will go out to tender.

Comments on the proposals are welcome until July, and more information can be found at <http://www.newdevonccg.nhs.uk/involve/community-services/101039>

## 3. Musculoskeletal Service

The CCG's planned care team is currently reviewing the musculoskeletal pathway, alongside colleagues in primary care, physiotherapy, podiatry and consultant-led secondary care services. The key workstreams include:-

- Prevention, self-care and shared decision making
- Patient experience
- Service re-design
- Referral Management

## 4. Community Hub Developments

The 21 CCG led community engagement events throughout 2013/14 identified that people value joined-up care closer to home, continuity of care, and access to

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services through a single contact point. To help meet these needs, the CCG is working with provider organisations to develop community hubs to provide:-

- A central point for children and adults to access:-
  - Primary care
  - Social care
  - Mental health
  - The Integrated Care Organisation
  - The voluntary sector
  - The hospice
- A reduction in emergency admissions and long-term placements
- A reduction in inequalities
- An increase in people feeling supported to manage their conditions

The CCG plans to have 2 community hubs in place in 2014/15, currently planned in:-

- Torquay – for children and young people aged 0-25, their families and carers
- Newton Abbot – for frail older people, their families and carers

A further 3 community hubs (for the other localities) will be introduced in 2015/16.

## **5. Joined-Up / Pioneer**

We continue to attend and contribute to discussions on important functional parts of Pioneer, such as creating an integrated workforce, modelling costs, contract changes and how to ensure that the patient experience forms a key part of our measurements. There's great value in being able to share learning nationally, as well as in influencing change for the future.

Our national senior sponsor, Jon Rouse (Director General, Social Care, Local Government and Care Partnerships), visited our pioneer site at the end of April, and heard all about the two community hubs being created in year one as part of our Joined-Up plans. He complimented us on our progress but reiterated the need to be clear about setting measurements which will really demonstrate what we're trying to achieve through integrated services.

The first edition of JoinedUp News (including the video, which creatively expresses our plans) can be found <http://us3.campaign-archive1.com/?u=6bbe2062414e4e29e92c68c76&id=529c1d2eb0&e=0913199447>

**Title:** Update Report – Public Health

**Wards Affected:** All

**To:** Health and Wellbeing Board      **On:** 5 June 2014

**Contact:** Dr Caroline Dimond

**Telephone:** 01803 207344

**Email:** [Caroline.dimond@torbay.gcsx.gov.uk](mailto:Caroline.dimond@torbay.gcsx.gov.uk)

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## 1. Achievements since last meeting

### 1.1 Lifestyle service

#### Stakeholder event – 1.05.14

The aim of the event was to give people an opportunity to help design the future lifestyles service for adults and children and comment on what specific services should look like for the following;

- Healthy eating including weight management, diet and nutrition
- Physical activity
- Stop smoking
- The promotion of drinking alcohol within recommended limits
- Mental health and wellbeing

Approximately 50 people came to the event which was the first step in the consultation of the future of the lifestyles service.

#### Lifestyles service consultation

The Lifestyles consultation commenced on 24<sup>th</sup> May 2011 and is open until 11<sup>th</sup> June 2014. Collation of all responses will be completed by 11<sup>th</sup> July 2014. This will be shared with the CCG and Devon Public Health.

Future commissioning for 1<sup>st</sup> April 2016 will incorporate the learning from this as well as learning from the CCG consultations that have taken place

## **1.2 Alcohol Harm summit – 6.05.14**

The ICO led alcohol summit took place on 6<sup>th</sup> May 2014 with Public Health supporting the event.

The focus of the event was on alcohol treatment for dependency, the management of alcohol withdrawal and discharge planning in acute hospital setting and on alcohol screening and changing drinking behaviours of ‘at risk’ drinkers.

The aim of the day was part of the multi-agency response to our high rates of alcohol admissions. It is hoped that, as a result, services will change in order to reduce bed-days and improve the patient experience for alcohol dependent individuals who are admitted to Torbay Hospital.

## **1.3 Work on the Determinants of Health.**

We were joined on 1<sup>st</sup> May by a locum consultant who will work with the Head of Community Safety to draw up a prioritised workplan to address the determinants of health building on the many areas of work already underway. This will begin with an audit of what is already happening. A specific piece of work will be done on healthy weight.

Complementing this we are also beginning some specific work within Strategic Planning with an aim to ensuring health and well-being are pro-actively considered in planning decisions.

## **1.4 NHS Core offer**

The Public Health team met with CCG colleagues across Devon to review the work to date and begin to identify future priorities. This will inform the work of the team within the CCG over 2014/15.

## **2. Challenges for the next three months**

We plan to work with colleagues in the CCG to developing an integrated “commissioning for prevention” strategy.

We also plan to go ahead with our inter-departmental and inter-organisational work and incorporate as many of our current areas of work as possible into the inter-agency re-design Boards.



We are exploring how we can take forward work in the area of Social Marketing in partnership with colleagues and draw up a joint workplan. We aim to pilot a post to take this forward over a 6 month period.

We have resolved many of our staff capacity issues but continue to have a particular lack of capacity at senior level. Set against the increasing workload resulting from alignment and integration this is preventing us from working at the scale and pace we would like to. Concerns re long-term funding is compounding this. We continue to explore options going forward to resolve this.

# Agenda Item 14

**Title:** Update Report – Children’s Services

**Wards Affected:** All Wards

**To:** Health and Wellbeing Board      **On:** 5<sup>th</sup> June 2014

**Contact:** Richard Williams  
**Telephone:** 01803 208401  
**Email:** richard.williams@torbay.gov.uk

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## 1. Achievements since last meeting

1.1 The recent presentation to staff is attached to illustrate achievements: See Slide 5

## 2. Challenges for the next three months

2.1 The challenges for Children’s Services are illustrated by Slide 6.

## 3. Action required by partners

3.1 Partners are working with Children’s Services through formal arrangements to ensure that both the basics and the long term strategies are embedded.

## Appendices

See Appendix 1 – Slide Presentation

# **Children's Services Torbay Our Continuing Journey of Improvement May 2014**



Children's Services: Looking Forward

# Maintaining Our Direction

- **Improvement and Integration (Summer 2012)**

“To establish an integrated service delivery model that is based on clear pathways and coherent arrangements for CYPF that will deliver better outcomes for those in greatest need..... and make more effective use of the total public sector resource through greater integration and the increased involvement of local communities”



**Children’s Services: Looking Forward**

# **Maintaining Our Direction**

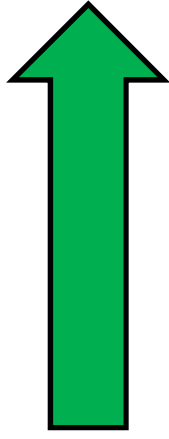
**Children’s Services – from adequate to good.....(Summer 2013)**

**“The continued success of our improvement process therefore needs to find a balance that will embed and sustain our journey but respond to ongoing pressure and changes”**

**Children’s Services: Looking Forward**



# A Bumpy Ride



**Improvement**



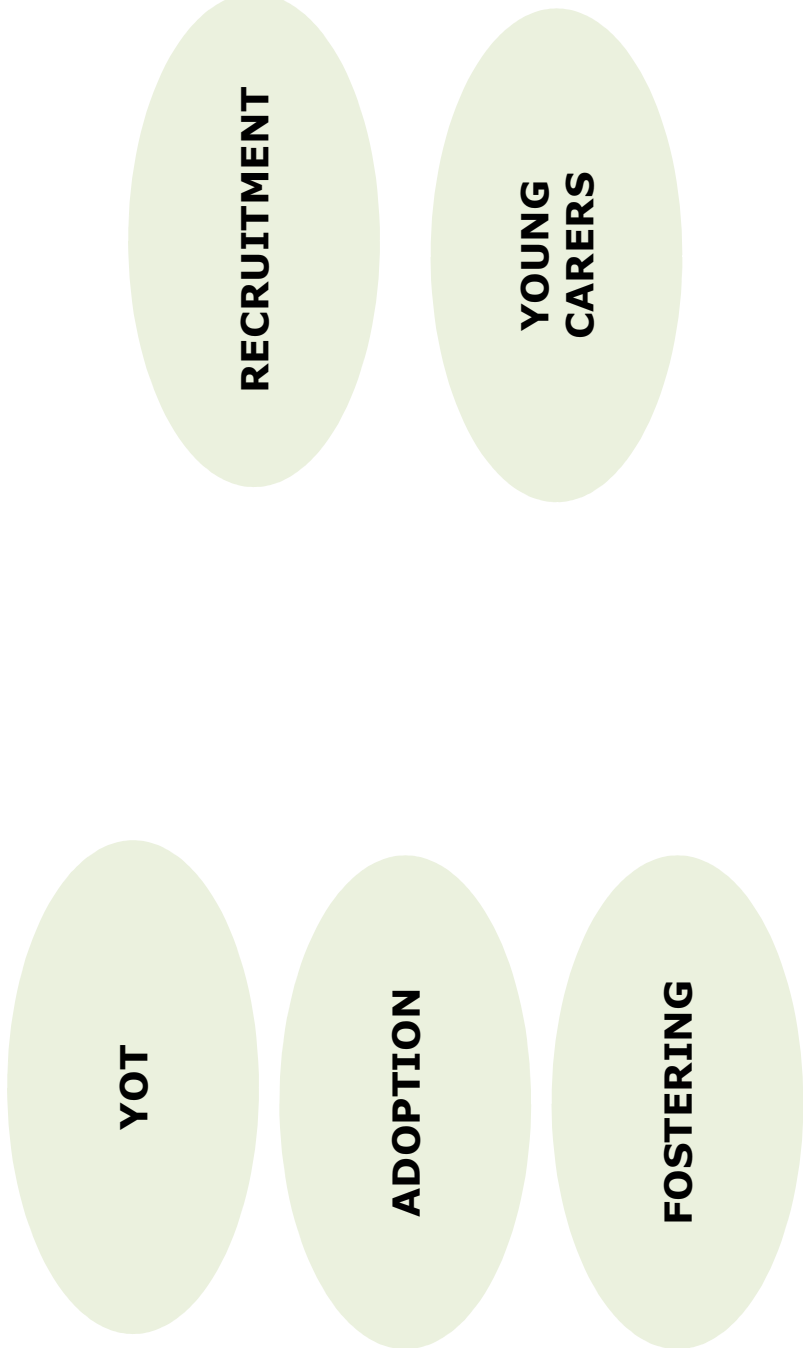
**Recruitment      Budget      Demand**

**Holding our Improvement course!!**

**Children's Services: Looking Forward**



# “Celebrations”!!!



# Pressures

- **Demand**
- **Workload**
- **Budget**
- **Change**
- **Legacy**

Children's Services: Looking Forward





## **Listening – Priorities for Staff**

- **Recruitment and Retention**
- **Partnerships**
- **Change / Morale**
- **Demand / Capacity**
- **Budget – Costs / Reductions**

**Children's Services: Looking Forward**



# Action

- **Maintain our direction**
- **Get the basics right**
- **Plan for the future (5 years)**

**Children's Services: Looking Forward**



# The Basics (1)

- **Quality**
- **Participation**
- **Partnership**
- **Inspection Preparation**
- **Reflection**

Children's Services: Looking Forward

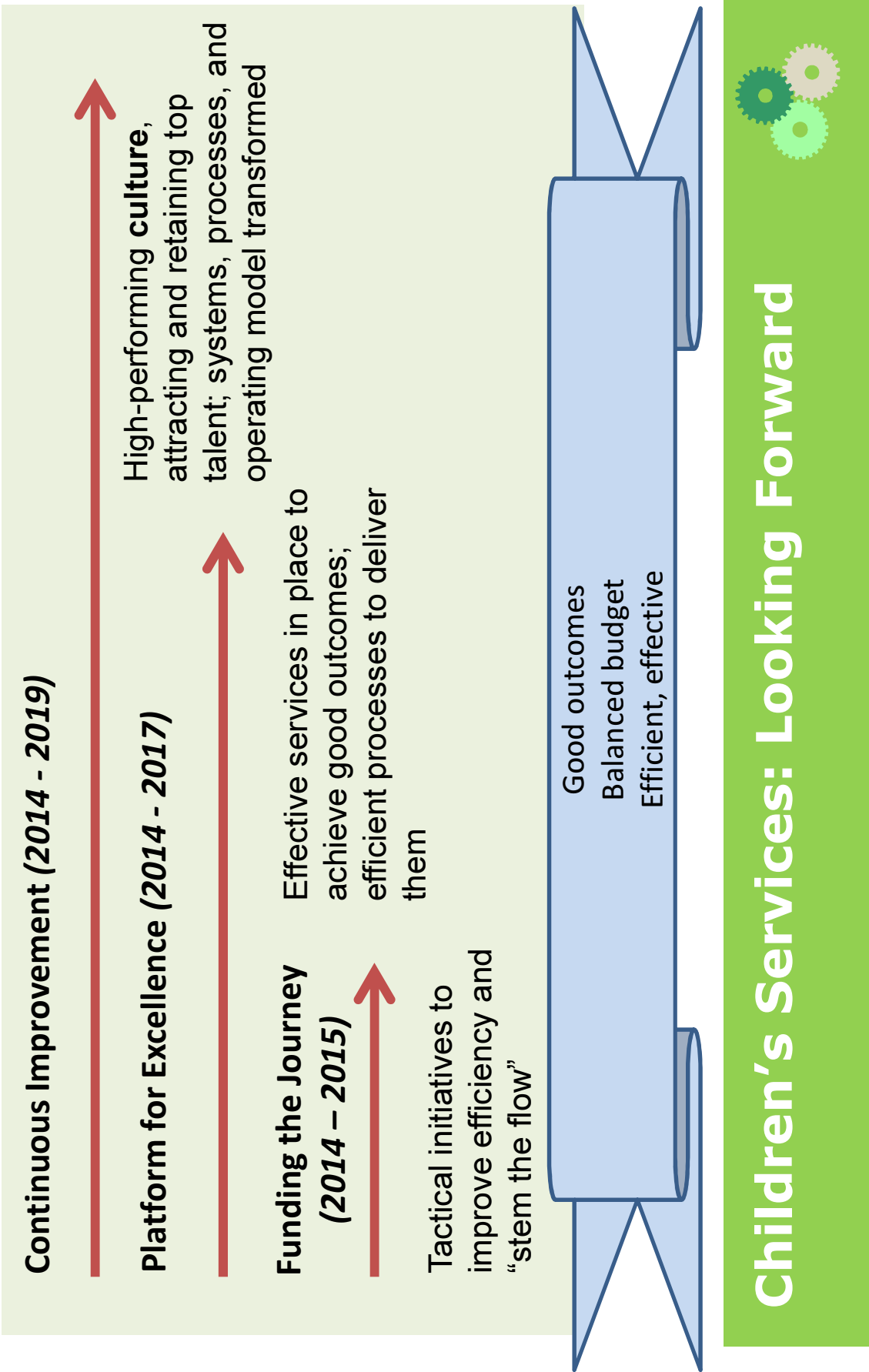


# The Basics (2)

**A calm, settled  
workforce forging  
strong relationships  
with each other,  
partners, children and  
families**



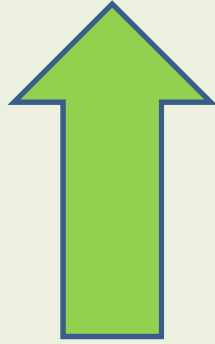
# Our Staged Five-Year Plan



# What Next?



Building Blocks in Place



**CYPP  
HWBB –  
JULY 2014**



**Children's Services: Looking Forward**