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Dear Member

**HEALTH AND WELLBEING BOARD - THURSDAY, 3 DECEMBER 2015**

I am now able to enclose, for consideration at the Thursday, 3 December 2015 meeting of the Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

<b>Agenda No</b>	<b>Item</b>	<b>Page</b>
5.	<b>Joint Health and Wellbeing Strategy</b>	(Pages 42 - 53)
7.	<b>Healthy Torbay</b>	(Page 54)

Yours sincerely

Lisa Antrobus  
Clerk

# Agenda Item 5



**Meeting:** Council

**Date:** 10 December 2015

**Wards Affected:** All Wards

**Report Title:** Joint Health and Well-being Strategy

**Is the decision a key decision?** Yes

**When does the decision need to be implemented?** As soon as possible

**Executive Lead Contact Details:** Derek Mills, Deputy Mayor and Executive Lead for Health and Wellbeing, (01803), derek.mills@torbay.gov.uk

**Supporting Officer Contact Details:** Caroline Dimond, Director of Public Health, (01803) 207344, caroline.dimond@torbay.gov.uk

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## **1. Proposal and Introduction**

### **1.1 Context - The role of Health and Wellbeing Boards (HWBs) and the Joint Health and Wellbeing Strategy (JHWS).**

Statutory health and wellbeing boards were established across the country to encourage local authorities to take a more strategic approach to providing integrated health and local government services.

Specifically their role is to:

- Assess the needs of their local population through the joint strategic needs assessment process;
- Produce a local health and wellbeing strategy as the overarching framework within which commissioning plans are developed for health services, social care, public health and other services which the board agrees are relevant; and
- Promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate.

Future thinking into the next parliament in general supports an increasing role for the HWB in integration and over-sight of partners' plans.

### **1.2 The 2015 – 2020 Joint Health and Wellbeing Strategy (JHWS).**

The proposed 2015 – 2020 strategy is a pragmatic approach to producing a JHWS which reflects a number of Joint plans already in existence.

For the Council for example, the Supporting People Strategy will be covered within "My Home is My Life" which is coming to Council separately and the former "Active Ageing" strategy is covered in the Joined-up plan particularly under Ageing Well.

Thus these elements are considered with a partnership based holistic approach as well as linking to the Corporate Plan.

The JHWS has been considered and developed after discussions with HWB members.

## **2. Reason for Proposal**

- 2.1 It is a requirement under the Health and Social Care Act to have a Joint Health and Wellbeing Strategy.

## **3. Recommendation(s) / Proposed Decision**

### **Recommendations to the Health and Wellbeing Board:**

- 3.1 That the Council be recommended to approve the Joint Health and Wellbeing Strategy set out at Appendix 2 to the submitted report with the priorities being delivered through three strands:
- a. The Joined-up Health and Social Care Plan;
  - b. The Healthy Torbay framework; and
  - c. The Community Safety and Adult and Children's Safeguarding plans
- 3.2 That the Joint Health and Wellbeing Strategy be reviewed on an annual basis with a view that it may be possible to bring the three strands in 3.1 (a) to (c) above together at a later stage.
- 3.3 That performance and governance structure around the above be agreed to ensure the Board fulfils its requirements as outlined above.
- 3.4 That the Board agrees 3-4 key cross-cutting issues each year for particular consideration where there are significant issues to health and well-being.
- 3.5 That the emphasis for the Joint Health and Wellbeing Strategy will be on the added value the Health and Wellbeing Board can bring through its focus on determinants and cross-cutting issues, reflected in the aim ***"Building a Healthy community"***.

### **Recommendations to Council:**

- 3.6 That the Joint Health and Wellbeing Strategy set out at Appendix 2 to the submitted report be approved, with the priorities being delivered through three strands:
- a. The Joined-up Health and Social Care Plan;
  - b. The Healthy Torbay framework; and
  - c. The Community Safety and Adult and Children's Safeguarding plans;
- 3.7 That it be noted that the Joint Health and Wellbeing Strategy will be subject to an annual review by the Health and Wellbeing Board and that it may be possible to bring the three strands in 3.6 (a) to (c) above together at a later stage.

## **Appendices**

- Appendix 1 Supporting Information and Impact Assessment
- Appendix 2 Joint Health and Wellbeing Strategy
- Appendix 3 Joined-up plan

## **Background Documents**

Healthy Torbay

### Supporting Information and Impact Assessment

Service / Policy:	Joint Health and Wellbeing Strategy
Executive Lead:	Councillor Mills Deputy Mayor and Executive Lead for Health and Wellbeing
Director / Assistant Director:	Caroline Dimond, Acting Director of Public Health

Version:	V1	Date:	9/11/15	Author:	Caroline Dimond
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Section 1: Background Information	
1.	<p><b>What is the proposal / issue?</b></p> <p>This is the partnership strategy which sets out priorities for health and well-being and delivery plans.</p>
2.	<p><b>What is the current situation?</b></p> <p>Current strategy needs refreshing. Review needed to reflect current work being delivered in Torbay across 3 areas:</p> <ul style="list-style-type: none"> <li>- Development of Joined-up plans within Health and care providers;</li> <li>- Development of place based Healthy Torbay framework; and</li> <li>- Work on community safety and safeguarding boards.</li> </ul>
3.	<p><b>What options have been considered?</b></p> <p>The revised Joint Health and Wellbeing Strategy has been developed and discussed at seminar sessions of the Health and Wellbeing Board.</p>
4.	<p><b>How does this proposal support the ambitions and principles of the Corporate Plan 2015-19?</b></p> <p>Fulfils Ambition: Healthy ambition.</p> <p>Fulfils principles by:</p> <ul style="list-style-type: none"> <li>- Resources to best effect – by modelling a process to arrive at priorities.</li> <li>- Reduce demand through prevention and innovation – core principle of Strategy.</li> <li>- Integration and joined-up – Reflects joined-up work.</li> </ul>
5.	<p><b>Who will be affected by this proposal and who do you need to consult with?</b></p> <p>Strategy to improve all Torbay population health and well-being.</p> <p>Over-seen by the Health and Well-being Board.</p> <p>Strategy responsive to existing consultations.</p>

6.	<p><b>How will you propose to consult?</b></p> <p>Over-riding strategy will not be consulted on by elements within it will be.</p>
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Section 2: Implications and Impact Assessment	
7.	<p><b>What are the financial and legal implications?</b></p> <p>Aim to bring overall efficiencies to the “system” by focusing on priorities and on early intervention and prevention and joined-up services.</p>
8.	<p><b>What are the risks?</b></p> <p>Organisations need to work together to address Health and well-being issues over time.</p> <p>The alternative is to focus on single organisation issues which are unlikely to turn the tide on demand and cost within health.</p>
9.	<p><b>Public Services Value (Social Value) Act 2012</b></p> <p>This is an over-riding strategy and does not involve procurement of itself.</p>
10.	<p><b>What evidence / data / research have you gathered in relation to this proposal?</b></p> <p>The Strategy is based on the findings of the Joint Strategic Needs Assessment and other evidence as outlined in the strategy.</p>
11.	<p><b>What are key findings from the consultation you have carried out?</b></p> <p>Consultation on joined-up summarised in strategy document.</p> <p>Individual components within may have had own consultation.</p>
12.	<p><b>Amendments to Proposal / Mitigating Actions</b></p> <p>Not applicable.</p>

## Equality Impacts

13	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	Specifically mentioned; Focus on emotional health and well-being through; - Child and adolescent mental health - Swift		
	People with caring Responsibilities	Not specifically mentioned but key areas for Adult Social Care – needs to be put in full		
	People with a disability	Not specifically mentioned by focus on vulnerable adults		
	Women or men	Noted that men have higher number of years lost to ill health so focus on programmes should be to address this.		
	People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>	Not specifically mentioned		
	Religion or belief (including lack of belief)	Not specifically mentioned		
	People who are lesbian, gay or bisexual	Not specifically mentioned		
	People who are transgendered	Not specifically mentioned		



People who are in a marriage or civil partnership	Not specifically mentioned		
Women who are pregnant / on maternity leave	Not specifically mentioned		
Socio-economic impacts (Including impact on child poverty issues and deprivation)	Health inequality key focused outcome		
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Public health key outcome area – see outcome framework		
<b>14</b>	<b>Cumulative Impacts – Council wide</b> (proposed changes elsewhere which might worsen the impacts identified above)	This is an over-riding strategy which should be considered by other Council policies and strategies.	
<b>15</b>	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)	This is an over-riding strategy which should be considered by other partners policies and strategies.	

## JoinedUp Plan

Life Course	JoinedUp Project	Description	Ambition
All ages Page 50	<b>Financial recovery Social/other investment</b> (all organisations)	Quality & cost improvement plans in all organisations to achieve balanced budgets. Research/encourage alternative investment including, funding bids, social finance & other models, eg SWIFT development of Public Services Investment Trust Consideration of greater join up across areas ie workforce & shared services Role in economic regeneration & workforce reshaping/development	Balanced books/single pot of money  Productivity- reducing delayed transfers of care & 'hand-offs' between organisations
	<b>Local Integrated Teams with mental health</b> (all organisations)	Development of Local Multi-Agency Teams (LMATs) with GPs across primary & secondary care to meet local population health & care needs to include mental health & CVS, with future inclusion of housing, education, criminal justice agencies & employment support. DPT SMART Recovery programme to develop integrated care pathways, single point of access & integrated working across health & care.	High quality, timely, safe services with local variation  Care closer to home outside acute & crisis settings
Early years & developing well	<b>Social Work Innovation Fund Transformation (SWIFT)</b> (Torbay Council/ICO/primary care)	Develop & embed multi-agency working for children & families in Torbay to provide early support with communities to prevent needs escalating & reduce inequalities. Teams will include health, social care, criminal justice, housing & education with later plan to combine with LMATs (above).	Resourceful communities & self-care valuing all people  Prevention (not just health)
	<b>Child &amp; Adolescent Mental Health services (CAM Hs)</b> (ICO, CCG)	Implement mental health concordat - access to early support 24/7 & to urgent & emergency crisis care (on a par with physical health), supporting recovery & staying well Addressing wider determinants of emotional health including, housing, education, employment Suicide & self-harm prevention	High quality, timely, safe services with local variation  Care closer to home outside acute & crisis

		Drug & alcohol services, Managing transition	setting
Living & working well Page 51	<b>Integrated prevention model</b> (all organisations)	Backing for CVS to lead asset based community development to support co-design, production & delivery & self-management, reducing isolation & loneliness, good neighbour & community connectedness. Development of new & blended roles in LMATs to engage & support people to identify what matters & personal goal planning to augment professional & clinical roles. Making sure wider determinants & providers are included on new models of care including, housing, welfare, employment, education, police & local community rehabilitation companies.	Prevention (not just health)  Resourceful communities & self-care valuing all people
	<b>Care Act implementation (carers, safeguarding advice, assessment, market)</b> (Local Authorities, ICO)	Carer support, improving adult safeguarding, universal social care assessment & integrated personal care plans Information, advice & advocacy - Development of directory of services Single Point of Contact (SPOC) Market position statement Engagement of all providers in developing new models/reshaping existing provision	High quality, timely, safe services with local variation  Prevention (not just health)  Resourceful communities & self-care valuing all people
	<b>Integrated Personal Care planning &amp; commissioning</b> (ICO, primary care)	As part of South West Integrated Personal Commissioning network demonstrator site- Developing personal health & care plans with identified cohorts with option for single personal budgets where appropriate implementing principle of shared decision-making Cost modelling to support development of integrated payments & capitated budgets where appropriate	Prevention (not just health)  Resourceful communities & self-care valuing all people
	<b>Multi-Long Term conditions</b>	coordinated multidisciplinary management of coexisting medical conditions in one place at one time outside of the acute setting where possible & avoiding multiple	

Page 52		appointments per condition	
	<b>Single Point of Contact (SPOC)</b> (ICO, primary care)	development of multi-media gateway including 24/7 telephone call centre underpinned by comprehensive directory of services to signpost to most appropriate support at first point of contact to prevent needs escalating.	Prevention (not just health)
	<b>Outpatient &amp; inpatient innovation</b> (ICO, primary care)	Developing clinical services to provide care closer to home, increase self-care & self-assessment, reducing number of new & follow-up appointments at the Acute Trust A referral management framework enabling dialogue between primary & secondary care to manage patients in most efficient way reducing waiting times & unnecessary trips to acute trust Pilots in treating patients with heart failure in outpatient rather than inpatient settings & triage for muscular skeletal patients through community physiotherapy team to reduce hand-offs & ensure consistent assessment & active treatment	High quality, timely, safe services with local variation  Care closer to home outside acute & crisis settings
Ageing well	<b>Frailty services - acute &amp; community</b> (ICO, primary care)	Whole system pathway of care stronger relationships between GPs community & acute trust physicians to provide seamless care for frail elderly population	High quality, timely, safe services with local variation  Care closer to home outside acute & crisis settings
	<b>Ageing Well Torbay</b> (CVS)	BIG lottery funded project to reduce loneliness & isolation in over 50s, using community builders to scope existing network/resources & encourage/understand aspirations & ways they can be met in community CVS brokerage & guided conversations to support integrated personal care planning	Resourceful communities & self-care valuing all people
	<b>Older people's mental health</b> (ICO)	Dementia diagnosis & treatment, earlier intervention & support closer to home	Care closer to home outside acute & crisis settings

	<b>Accommodation -based care</b> (All organisations)	Community hospitals, accommodation based care & support including, intermediate care, nursing care & residential care, better use of existing accommodation & support, understanding market & potential to support new models of care/ways of working to facilitate care closer to home.	
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Healthy Torbay Performance Framework															
OUTPUTS									OUTCOMES						
Healthy Torbay Priority	Strategy/Plan	Areas of Work	Outputs/Process Measures	Time Period	Torbay	Target /National	Significance	Unit of measure	Indicators	Time period	Torbay	Significance	National	Unit of measure	Guide
Housing	Housing Strategy/Framework	Fuel Poverty/Cold Homes/Energy Efficiency; Homelessness; Injuries in the home/Home safety	Number of homes where energy efficiency measures delivered	Email sent					1.15ii - Statutory Homelessness - households in temporary accommodation	2013-14	2.6	<div></div>	1.0	Per 1,000	Lower is Better
			Number of homes visited under DSFRS Home Safety Visit Plus scheme	2015-16	-	-	-	Count	1.17 - Fuel Poverty	2013	12.8	<div></div>	10.4	%	Lower is Better
			Number of Homeless rough sleepers	2013	5	-	-	Count	2.07 - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 - 4 years)	2013-14	117.6	<div></div>	140.8	Per 10,000	Lower is Better
									2.07 - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 - 14 years)	2013-14	100.4	<div></div>	112.2	Per 10,000	Lower is Better
									2.07 - Hospital admissions caused by unintentional and deliberate injuries in children (aged 15 - 24 years)	2013-14	173.9	<div></div>	136.7	Per 10,000	Lower is Better
									2.24 - Injuries due to falls in people aged 65 and over (Persons)	2013-14	1924	<div></div>	2064	Per 100,000	Lower is Better
									2.24 - Injuries due to falls in people aged 65 and over (Male)	2013-14	1557	<div></div>	1661	Per 100,000	Lower is Better
									2.24 - Injuries due to falls in people aged 65 and over (Female)	2013-14	2291	<div></div>	2467	Per 100,000	Lower is Better
Planning and the Environment	Local Development Plan (LDP)	Planning and Health SPD; Require Health Impact Assessment for major development; Planning and Health dataset	HIA completed	Email sent			-		1.16 Utilisation of outdoor space for exercise/health reasons	2013	12.8	xx	10.4	%	Higher is Better
			HIA agreed	Email sent			-								
Transport	Local Transport Plan and LSTF	LSTF measures including infrastructure improvements; Promote active travel and make it the easiest option; Road safety - 20 mph limits in residential areas	Walking numbers for Torbay	2013-14	86.3	86.3	<div></div>	%	1.10 - Killed and seriously injured casualties on England's roads	2012-14	34.1	<div></div>	39.3	Per 100,000	Lower is Better
			Cycling numbers for Torbay	2013-14	8.1	15.0	<div></div>	%	1.14ii - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	2011	4.6	xx	5.2	%	Lower is Better
			Schools signed up with active travel plan	Email sent					3.01 - Fraction of attributable deaths due to pariculate air pollution	2013	3.9	xx	5.3	%	Lower is Better
			Workplaces signed up with active travel plan	Email sent											
Physical Activity	Physical Activity Action Plan	Sports and Leisure development support; community engagement							2.13i - Percentage of physically active and inactive adults (Active)	2014	52.4	<div></div>	57	%	Higher is Better
			Average % Pupils in Key Stage 1-13 who participate in at least 3 hours of HQ PE/School sport in a typical week	2009-10	60	55	-	%	2.13ii - Percentage of physically active and inactive adults (Inactive)	2014	34.2	<div></div>	27.2	%	Higher is Better
			Number of visits to leisure/swimming facilities (council owned/supported)	Email Sent			-		1.16 Utilisation of outdoor space for exercise/health reasons	2013-14	17.1	xx	value missing	%	Higher is Better
Healthy Food	Healthy Weight Strategy	Healthy Schools; Working with food businesses; Sugar reduction	Number of schools signed up to Healthy Schools	2014-15	3	-		Count	2.06i - Excess weight in 4-5 and 10-11 year olds (4-5 year olds)	2013-14	25.3	<div></div>	22.5	%	Lower is Better
			Number of food outlets signed up to Childrens Healthy Food Menu	Email Sent			-		2.06ii - Excess weight in 4-5 and 10-11 year olds (10-11 year olds)	2013-14	35.5	<div></div>	33.5	%	Lower is Better
									2.11 - Proportion of population meeting recommended 5 a day	2014	59	xx	56.3	%	Higher is Better
Healthy Schools	healthy Schools	Healthy Schools Programme Healthy Eatng Element	Number of schools signed up to Healthy Schools Programme	2014-15	3	-		Count	2.06i - Excess weight in 4-5 and 10-11 year olds (4-5 year olds)	2013-14	25.3	<div></div>	22.5	%	Lower is Better
									2.06ii - Excess weight in 4-5 and 10-11 year olds (10-11 year olds)	2013-14	35.5	<div></div>	33.5	%	Lower is Better
Tobacco Control	Tobacco Action Plan	Tackle Illegal Tobacco; Smoking in pregnancy; Young People; Smoking cessation prior to surgery	Smoking cessation (4 weeks quitters)	2014-15	3,271	2,829	<div></div>	Per 100,000	2.03 - Smoking status at time of delivery	2014-15	16.1	<div></div>	11.4	%	Lower is Better
			Smoking attributable mortality	2011-13	280.8	288.7	<div></div>	Per 100,000	2.14 - Smoking prevalence - routine and manual	2014	29.5	<div></div>	28	%	Lower is Better
			Smoking attributable hospital admissions	2013-14	1,987	1,645	<div></div>	Per 100,000	2.09i - Smoking prevalence at 15 years old (current smokers)	2014-15	13.6	<div></div>	8.2	%	Lower is Better
									2.09ii - Smoking prevalence at 15 years old (regular smokers)	2014-15	10.4	<div></div>	5.5	%	Lower is Better
									2.09iii - Smoking prevalence at 15 years old (occasional smokers)	2014-15	3.2	<div></div>	2.7	%	Lower is Better
Healthy Workplace		Torbay Council wellbeing at work charter status; Healthy workplace trial scheme; Active workplace; NHS Trust work	Numbers of businesses achieving Wellbeing at Workplace charter	2015-16 YTD	1		-		1.09 - Sickness absence - The percentage of employees who had at least one day off in the previous week	2010-12	2.1	<div></div>	2.5	%	Lower is Better
			Number of businesses signed up the the Wellbeing at work charter	2015-16 YTD	1				1.09 - Sickness absence - The percent of working days lost due to sickness absence	2010-12	1.1	<div></div>	1.6	%	Lower is Better
Social Connectedness		Public Health Mental Health work; Vulnerability/complex cases; CDT/Ageing Better	Number of mental health cases	Email Sent					1.18i - Social Isolation - % of adult social care users who have as much social contact as they would like	2013-14	47.1	<div></div>	44.5	%	Lower is Better
									1.18ii - Social Isolation - % of adult social cares who have as much social contact as they would like	2013-14	41.4	<div></div>	41.3	%	Lower is Better
Alcohol Control	Alcohol Strategy	Alcohol Licensing; Planning regulations; Advice and guidance; Brief Interventions	ARID indicator?	Email Sent					2.18 - Admission episodes for alcohol related conditions (persons)	2013-14	858	<div></div>	645	Per 100,000	Lower is Better
			ARID indicator?	Email Sent					2.18 - Admission episodes for alcohol related conditons (male)	2013-14	1102	<div></div>	835	Per 100,000	Lower is Better
			Number of new presentations to the Lifestyles Service - Alcohol Only	2014-15	315			Count	2.18 - Admission episodes for alcohol related conditions (female)	2013-14	642	<div></div>	475	Per 100,000	Lower is Better
										SIGNIFICANCE SYMBOLS					
										Significance represents the statistical significance based on England figures <div><div></div> Significantly Better<div></div> Not Significant<div></div> Significantly Worse</div>					