

Wednesday, 10 March 2021

## Meeting of the Health and Wellbeing Board

Thursday, 18 March 2021 at 2.00 pm  
Zoom Meeting – Virtual

<https://us02web.zoom.us/j/83684371920?pwd=bFd3M1FxaG9VZlImZ2NYQ0tROUEvdz09>

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### Members of the Board

Jackie Stockman, Chairwoman  
Pat Harris, Healthwatch Torbay  
Liz Thomas, NHS England  
Matt Fox, NHS Devon Clinical Commissioning Group  
Jo Williams, Director of Adults Services  
Nancy Meehan, Director Children  
Lincoln Sargeant, Director of Public Health

### Non-voting Co-opted Members of the Board

Chris Forster, Torbay Community Development Trust  
Jo Hammond, Devon Partnership NHS Trust  
Pat Teague, Ageing Well Assembly  
Ian Ansell, Torbay Safeguarding Children Board  
Alison Brewer, Primary Care Representative  
Julie Foster, Torbay and Southern Devon Health and Care NHS Trust  
Tara Harris, Executive Head of Community Safety  
Alison Hernandez, Police and Crime Commissioner  
David Somerfield, Devon Partnership NHS Trust  
Adel Jones, Torbay and South Devon NHS Foundation Trust  
Nikki Leaper, Devon and Cornwall Police



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# HEALTH AND WELLBEING BOARD AGENDA

## 1. **Apologies**

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

## 2. **Declaration of interest**

### 2(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.

### 2(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.)

## 3. **Urgent items**

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

## 4. **Update from Previous Meeting**

Board Members to receive a brief update on progress of the following:

- Enabling Children to have the Best Start in Life – Early Help
- Ageing Well – Living Longer Better
- Joint Health and Wellbeing Strategy - Outcomes

## 5. **Director of Public Health Annual Report (2.05 pm - 2.35 pm)**

To note the Director of Public Health Annual Report and discuss the next steps.

(Pages 6 - 41)

- |    |  |                 |
|----|--|-----------------|
| 6. | <b>Multiple Complex Needs (2.35 pm - 3.05 pm)</b><br>To consider a report on above.  | (Pages 42 - 43) |
| 7. | <b>Mental Health Update (3.05 pm - 3.35 pm)</b><br>To receive a presentation on the Suicide Prevention Action Plan and an update on the Torbay Mental Health Alliance. | (Verbal Report) |
| 8. | <b>Torbay Carers Strategy 2021-24 (3.50 pm - 4 pm)</b><br>To consider the report on the Torbay Carers Strategy.  | (To Follow)     |
| 9. | <b>Health Protection Annual Report 2019/20 (4 pm - 4.05 pm)</b><br>To receive a verbal update on the Health Protection Annual Report.                                  | (Verbal Report) |

**Instructions for the Press and Public for joining the meeting**

If you are using an iPad you will need to install Zoom which can be found in the App Store. You do not need to register for an account just install the software. You only need to install the software once. For other devices you should just be taken direct to the meeting.

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Click on the link provided on the agenda above and follow the instructions on screen. If you are using a telephone, dial the Zoom number provided above and follow the instructions. (**Note:** if you are using a landline the call will cost up to 13p per minute and from a mobile between 3p and 55p if the number is not covered by your inclusive minutes.)

You will be placed in a waiting room, when the meeting starts the meeting Host will admit you. Please note if there are technical issues this might not be at the start time given on the agenda.

Upon entry you will be muted and your video switched off so that only the meeting participants can be seen. When you join the meeting the Host will unmute your microphone, ask you to confirm your name and update your name as either public or press. Select gallery view if you want see all the participants.

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- Background – the meeting is public and people will be able to see what is behind you therefore consider what you will have on display behind you.
- Camera angle – sit front on, upright with the device in front of you.

- Who else is in the room – make sure you are in a position where nobody will enter the camera shot who doesn't want to appear in the public meeting.
- Background noise – try where possible to minimise background noise.
- Aim to join the meeting 15 minutes before it is due to start.

The COVID  
story in Torbay

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**Director of Public Health  
Annual Report 2020**

Month by month personal  
reflections on the response  
to Covid-19

Dr Caroline Dimond  
Director of Public Health  
Torbay Council

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## Foreword

Every year, the Director of Public Health (DPH) is asked to write a report outlining the work of the year, often focused on a particular issue and making recommendations for the coming year. This year I have decided to focus this report on personal reflections on the response to Covid-19 in Torbay.

2020 has been an extra-ordinary year and a very busy one for Public Health, with the impact of the biggest global health threat for a generation.

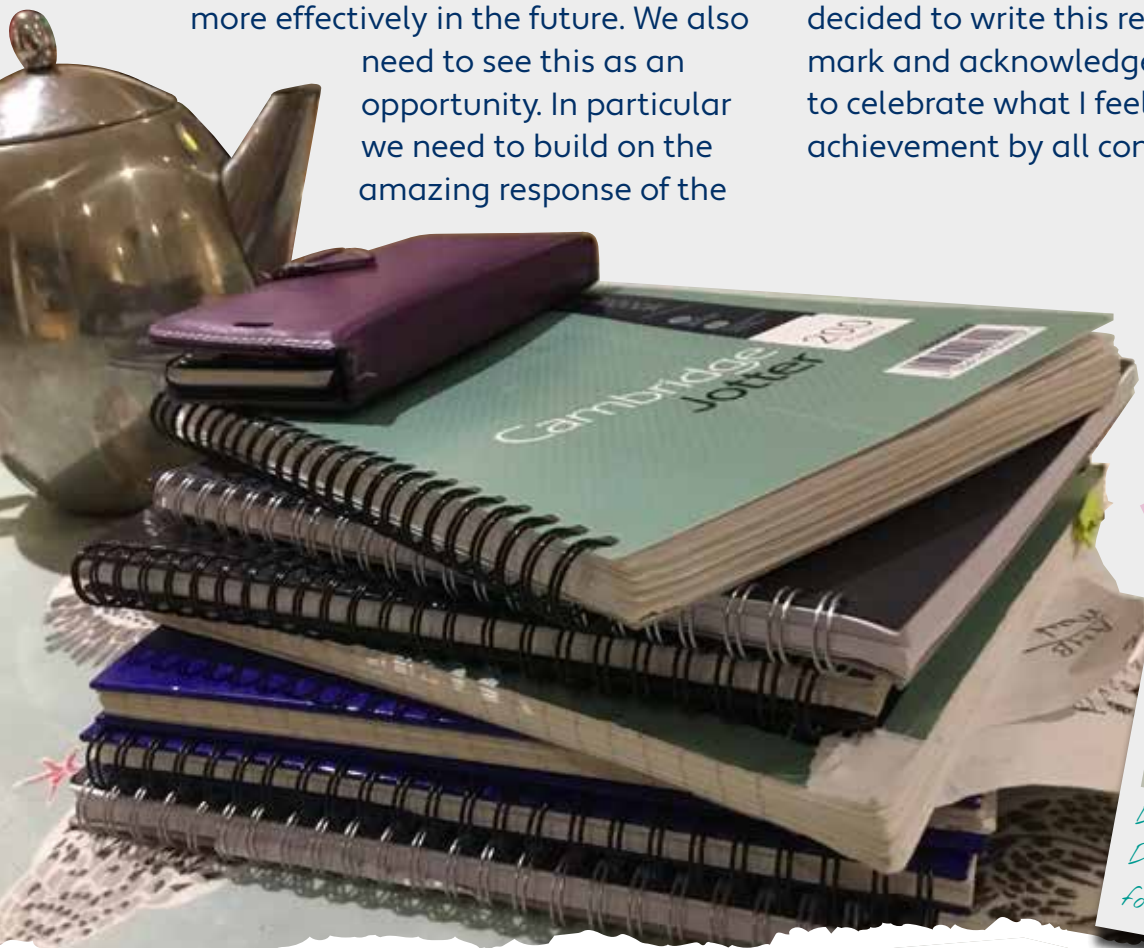
The pandemic brought many challenges, not only from the virus directly but also from the impacts on health and care in general and, importantly, from the devastating impact on the economy, on poverty and on inequalities. The impacts are profound and wide ranging, affecting all sectors of society and all ages. Recovery over the coming years will take time. However, the outbreak also leaves behind a legacy of new ways of working, and the possibility of working differently and more effectively in the future. We also

need to see this as an opportunity. In particular we need to build on the amazing response of the

community and voluntary sector, as well as partnership working with statutory partners and businesses, and co-create with them a new future of social transformation.

This report, different from my previous reports, provides a personal account from a DPH of the work, day by day, week by week and month by month to fight the impact of the virus. It then outlines what I feel have been the major consequences. Finally, I reflect on the main challenges for Torbay Council, our partners and for the people of Torbay, how these have changed and where our focus needs to be in 2021 as we dust ourselves down and prepare for life beyond Covid.

I have been immensely proud of my own team, my colleagues across the Council and of the response from all partners this year. In particular, I am proud of the response from the community and voluntary sector and of the selfless dedication of the people of Torbay. It is for all of these people that I in particular decided to write this report as I wanted to mark and acknowledge all the hard work and to celebrate what I feel has been an immense achievement by all concerned.



Above: Just a few of the notebooks I filled during this time.

# Contents

## Part 1: Diary of a DPH

Summary.....	4
<i>January '20</i>	
Pre-Covid - Hoping for the best, planning for the worst.....	6
<i>February '20</i>	
The UK prepares.....	7
<i>March '20</i>	
Covid arrives in Torbay .....	8
<i>April '20</i>	
Delay and mitigation in lockdown .....	10
<i>May '20</i>	
The focus moves to testing .....	13
<i>June '20</i>	
Developing the Local Outbreak Management plan (LOMP).....	14
<i>July '20</i>	
Preparing for potential local lockdown.....	15
<i>August '20</i>	
Getting organised.....	16
<i>September '20</i>	
Testing times.....	17
<i>October '20</i>	
Rising numbers, hard decisions.....	18
<i>November '20</i>	
Tests, vaccines and trouble in Brixham .....	19
<i>December '20</i>	
A pause between lockdowns .....	22
<i>Into 2021</i>	
Covid Challenges.....	24
Non-Covid Challenges.....	24
<b>Part 2</b>	
The impacts of Covid-19 .....	26
<b>Part 3</b>	
Recommendations for 2021.....	31

# Part 1: Diary of a DPH

## Summary of the Year

### The year in numbers

This is the story of the year in numbers; with three waves and weekly case numbers in green, weekly hospital admissions in blue and weekly deaths in green.

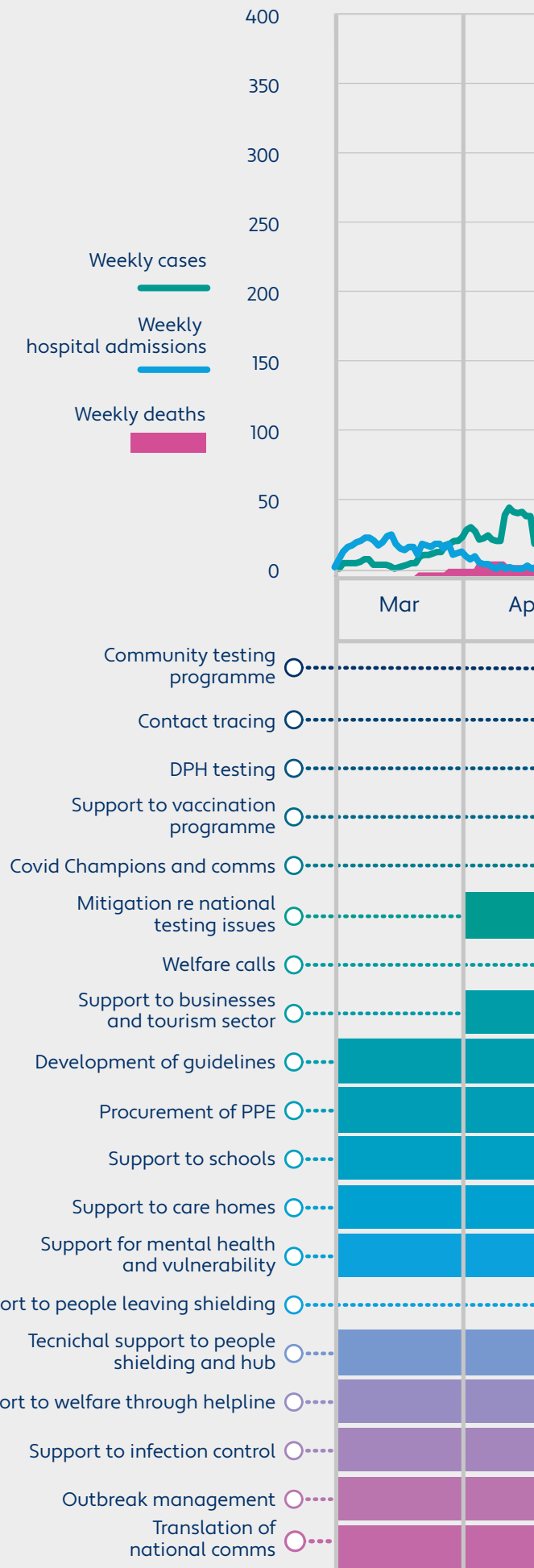
At the time of writing (5th February 2021) there have been 3,631 cases and 134 deaths since the start of the pandemic.

### Response from Torbay Council

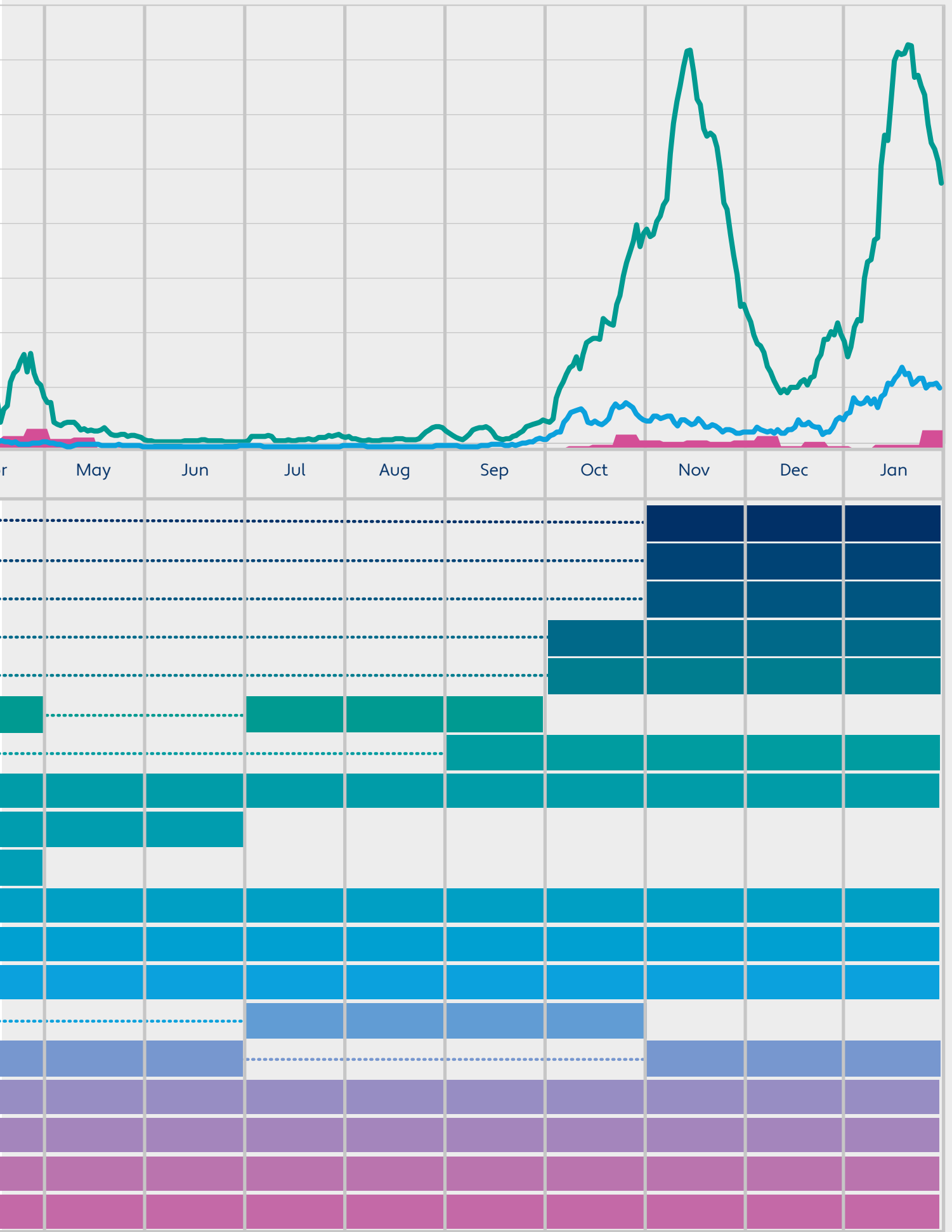
The chart on the right outlines the tasks undertaken over time by the Public Health team throughout 2020.

In addition to this the following tasks have been carried out by the wider Council.

- Support to businesses with grants
- Support to food banks
- Support to enforcement
- Support to rough sleepers and homeless
- Support to people for debt advice and to access self-isolation payments
- Shielding Hub logistics including PPE distribution
- Support to community and voluntary sector







# January '20

## Pre-Covid - hoping for the best, planning for the worst

Many of us first became aware of a new infection emerging in late December 2019 and January 2020, when news of a new virus was being reported on from Wuhan province in China. The possibility of a pandemic had long been understood and its likelihood was reflected in its number one place on Corporate Risk registers. We were overdue a pandemic, which tend to occur every 5-10 years and events in China had all the hallmarks of being one. There had always been a risk, where people and animals live in close proximity, that a virus would cross the species barrier. We had seen this in chickens (Avian flu) and pigs (Swine flu). Smaller, more contained outbreaks had occurred before, but the rapidity with which this one had begun to spread was worrying. Even in January, however, it was not certain if this new infection would pose an international threat, and it was still unclear what was causing the spread of respiratory illness.

Despite this uncertainty, and with the need for preparedness in the back of our minds, we spent the morning of our annual team meeting doing an exercise on pandemic flu. We considered what our role would be and how we would maintain business continuity. This was 24th January and was, by coincidence, also interrupted by the first of many DPH calls alerting us to the unfolding situation in China. The time to plan ahead for a possible, but at this stage unknown, viral threat had begun.

During the weeks that followed, we began by setting up what we called pre-event preparedness meetings with colleagues



*31st January saw returning travellers bring the first two cases to the UK.*

across the council. By the end of January we had circulated plans, set up shared IT folders, and begun sending communication messages to alert colleagues, staff and key institutions such as language schools of the imminent threat. We considered how we could collate information on our most vulnerable groups, should the situation escalate. We also began to think about what situations we may need to deal with and how we would respond. This we call 'scenario planning'. Importantly, we also alerted senior leaders and managers of the need to prioritise their business continuity plans. These few weeks were a balance between preparedness and reassurance. With this in mind, we had early informal conversations with our community and voluntary sector partners, including Healthwatch and Torbay Community Development Trust, to consider how we might work together.

On 31st January the UK saw its first two cases in returning travellers. We had the first DPH call with the Chief Medical Officer, Chris Whitty, to begin to understand the epidemiology. The World Health Organisation (WHO) also declared an emergency and the risk for the UK was raised from low to moderate.

# February '20

## The UK prepares

In February, the UK began to see cases in returning travellers and brought people back from Wuhan, China.

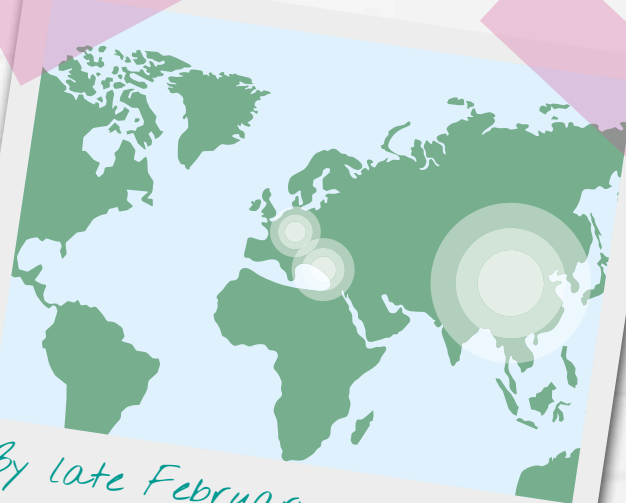
In Torbay, we stepped up weekly Incident Management meetings and began to link to key partners such as the hospital Trust. We discussed potential Personal Protective Equipment (PPE) needs, such as masks, gloves and aprons, and started to work through scenarios. We agreed roles within the Council and with partners to ensure we were ready if we did see a case in Torbay. We decided also to activate the pandemic plan.

At this time we were told the role of the Council would be to ensure national communications went out appropriately locally and to support people with their welfare needs. We also set out plans for business continuity with up to a 50% loss of staff and plans for home and agile working should we need this. At this point

we had no idea what we would be asked to take on just a few months later and did not realise how massively the roles and responsibilities given to local teams would expand.

10th February saw the first of many meetings and collaborative work with the community and voluntary sector, which led to support from call centres, food banks and to those self-isolating or shielding at home.

By late February, cases began to spread beyond China to countries including Italy and France, mainly in returning travellers.



*By late February, cases began to spread to countries such as Italy and France.*



*We did not realise the impact the virus would have on the roles and responsibilities of local teams..*



# March '20

## Torbay's RED outbreak: Covid arrives in Torbay

Those who remember the start of the pandemic will remember the talk of the 3 stages: **Contain, Delay and Mitigate**. March in Torbay was focused on contain and in this respect was successful.

On 1st March 2020 we were alerted over the weekend to our first cases, in people returning from Italy, with the complexity of one of the individuals being the first paediatric case in the country. After an early start on Monday 2nd March, thanks to the efforts of our emergency planning team and from IT and buildings services, by lunchtime we had a fully functioning Incident Response Centre. This was isolated on a floor of our Tor Hill House building with rooms set up for meetings and spaces for our sub-group activity - called Cells - to meet. Our outbreak response had begun in earnest. Diaries were cleared and we worked together with our key partner, Public Health England (PHE) to try and contain the outbreak. I immediately dispatched two of my team to support the school connected to the cases involved, help with contact tracing to prevent spread, to consider particularly vulnerable students, and generally support the head with queries from parents and staff. People at this time were pretty frightened of this unknown virus and concerns rose in teachers and parents. The school appropriately closed while more was found out about the cases and deep cleans were carried out. However, as a result of the growing concern, these initial cases led to a domino effect, with other headteachers taking a decision to close their schools across the Bay. It took a lot of reassuring phone calls from our amazing Assistant Director of Education but by lunchtime, most had re-opened. This time was also the start of our mammoth effort on communications, supporting the messages

that needed to go out both around these cases but also to the general public and staff as we now increased our efforts to re-inforce in particular, hand hygiene. I did my first piece to camera for the Council website and for social media.

Throughout March we continued to work closely with our colleagues at PHE, in a rigorous effort to contain these early cases and other cases that emerged through contact with further returning travellers. By the end of that first week we had two schools and two GP surgery sites involved and unbeknown to us we had the most complex outbreak in the South-West, labelled as a RED area. I am pleased to report however that this particular outbreak was contained and later myself, alongside a colleague from PHE went back to the schools to reassure staff and patients and answer questions. Both schools re-opened and national media interest focused not on the outbreak but on the school's positive on-line teaching offer.

In March we wanted also to make sure we were prepared to support people's welfare needs. Thus, we set up links to our carers forum, looked at child welfare and linked to our community and voluntary sector (CVS) to support us with volunteering and building community cohesion. We also set up a number of sub-groups to focus on related needs. We were especially thinking about mental health, and considering how we would work with the CVS to identify and work with those who were vulnerable.

### Working groups

These are the working groups which myself and colleagues set up to help support local residents during this pandemic :

#### March 2020

1. Adult social care; care homes and care at home
2. Vulnerable adults; those living with homelessness, addiction and domestic and sexual violence

3. Children and young people
4. Communications
5. Infection control

#### April 2020

6. Mental health
7. PPE
8. Shielding the extremely vulnerable
9. Business and the economy
10. Excess deaths



### The Torbay Helpline

One incredible initiative starting in March but gaining strength throughout the year was the CVS supported Torbay Helpline. Run by the Community Development Trust, this became the "Go to" place for anyone needing help and support in the Bay. Volunteers who manned the helpline linked people to a variety of needs, signposting to the Food Alliance, bereavement support and mental health services and to Council resources as needed. This was all delivered by a truly dedicated team of call handlers where people were listened to and sympathetically supported with their practical and emotional needs. Volunteers also delivered food and medicine and addressed whatever other needs arose. As the poster below says "one call - that's all". Overall this amazing service in 2020 had taken 17,300 calls and 1212 people had offered to work as volunteers.

As the weeks went by the battle rhythm of emergency planning was in full force, with the layers of the Devon and Cornwall Local Resilience Forum (LRF): Strategic (Gold) and Tactical (Silver) meetings, to which we added later a local bronze (operational delivery) multi-agency meeting. Work centred on ensuring the hospital could cope, that people isolating were supported, and that the care home sector was ready. An important role for my team was infection control and ensuring the provision of PPE which was a constant challenge. When, in mid-March we were asked by the government to support the vulnerable to stay at home, we were immediately able to respond by setting up our Shielding Hub. At this time also I felt the time was right to advise the staff to work at home and this was swiftly followed by the government advice on 23rd March to move where possible to home working. We began lockdown 1.

Sadly, towards the end of the month, we also began to see our first deaths and a new area of work with the crematorium, funeral directors, the hospice and local faith leaders began to support the bereaved.



*Setting up Shielding Hub*



# April '20

## Delay and mitigation in lockdown

By April, the virus was now felt to be circulating widely in the community and as well as dealing with Covid cases and outbreaks, we now also needed to deal with the impacts of being in lockdown. These included the following:

### Mental health

I had always thought that people's emotional and mental health would be one of the most important areas of concern. Early on, we set up a mental health working cell, covering wellbeing, distress, suicide prevention and bereavement. We had so many people interested in this area we ended up with a Mental Health and Suicide Prevention Alliance which continues to flourish, working with new partners such as the Church and with the hospice. New relationships formed which will provide a legacy enabling us to work differently on mental wellbeing into the future.

### Wellbeing in lockdown and in those shielding

We also did a lot of work to promote general physical health and behaviour change, with messages going out through various media on physical activity, diet and hydration. This had a focus on vulnerable groups of all ages and on those shielding.

### Vulnerability and domestic violence

Another early sub-group was one specifically looking at the needs of those who were particularly vulnerable such as those facing homelessness, with substance misuse (drug and alcohol issues) or affected by domestic or sexual violence. We were already working together on a multiple complex needs alliance so relationships were good. The emphasis was on keeping people safe and enabling on-line services. Temporary accommodation was provided to those that needed it. One area of concern was the surprisingly low levels of reported domestic violence. Was there a hidden problem?

### Economy and poverty

The effects of Covid fall directly and indirectly on those who are the most disadvantaged. As people were furloughed or lost their jobs, both their immediate and longer term needs would be great. We learned later more about the enormity of the economic impact of the virus. This hit us in Torbay particularly badly. The Council supported businesses to access government assistance, but this only partially addressed the economic injury faced by the Bay.



## Access to health services

The hospital decreased routine work to make way for potential Covid cases so access became an issue. People were also scared of attending health settings, or didn't want to 'bother' an overworked NHS, and they stayed away. Fewer people came to Emergency Departments. Fewer people with strokes were admitted, and fewer with heart problems. This was worrying and no doubt led to significant health issues indirectly linked to the pandemic.



*The Public Health team worked with Torbay Hospital's Healthy Lifestyles team to create resources for those shielding. This included exercise and healthy eating booklets with recipe ideas.*



*Salvation Army helping with food parcels for people who were shielding.*

## Recovery

By mid April, I also personally began to think about recovery and what we could do now to monitor and then mitigate the impacts of Covid. Thus we worked to develop recovery plans within Public Health services, but also across the Council, driven by Public Health data and evidence. A particular focus was on inequalities as it became clear that the impact of Covid was going to be greatest on the lower paid and on the sickest. It was also going to be families, the young and those with insecure jobs that would suffer in the long-term, with economic injury through job losses, and poor mental health. Part 2 focuses on these impacts of Covid.

## Infection, prevention and control

In the meantime, we continued to deal with a myriad of direct virus related issues as the infection progressed and we worked hard to contain spread. Early on, the messages to staff, our partners and the wider community focused on hand washing and advising against close contact.



April '20 continued...

## Personal Protective equipment (PPE)

A huge amount of time, in April, went on advising and supporting PPE needs. It also went on sourcing PPE, due to lack of national supplies. Members of the Public Health team turned to friends, family, any contacts anywhere, to get what we needed. Not the normal work of a Public Health team! We were able to support groups like funeral directors and volunteer workers and carers who could not access PPE. We carried on doing this for many weeks until the PPE supply became better and government guidance came out.

## A focus on care homes

As the infection moved from hospital to care homes we worked alongside PHE, the NHS and Hospital colleagues and the Care Homes Quality Assurance and Improvement Team (QAIT), to support with advice and prevent spread. A proactive care homes meeting was set up to deal with infection control, outbreaks, tests and staffing issues. Working as a team, we managed to get on top of outbreaks and Torbay had one of the lowest Care Home infection rates in the country. This was followed by asymptomatic testing in prioritised homes and eventually all care home testing. Care homes in the Bay worked tirelessly to support and protect their residents, families and staff.

## Data, numbers and speculation

One important role we had was to support the council and our partners, in particular the NHS, to think about current and future demand. This informed planning for needs across the hospital, the care sector and the wider community. Our analytics lead worked closely with partners to model activity and trends. In the end the numbers we saw in Torbay were not as bad as we had feared, mainly due to the effectiveness of the lockdown. Access to data was to become an ongoing issue. Throughout the pandemic we often needed to rely, rather than data from national sources, on data feeds, directly from the hospital and care home teams. Fortunately, with excellent relationships, this was not a problem.



Huge efforts went into advising and supporting PPE needs.

# May '20

## The focus moves to testing

By May we were over our peak and cases started to tail off. The Government switched its public message from 'stay at home' to 'stay alert'. However a new responsibility for Public Health was to work with PHE to keep cases low and respond to outbreaks. This required an understanding of transmission patterns of the virus so we could seek out and find emerging cases and then trace contacts to stop the spread. Thus in May the national NHS Test and Trace system was set up and 50,000 contact tracers recruited to find cases, trace close contacts and ask them to self-isolate.

Over the months that followed, the NHS Test and Trace system became important, but its roll out was not without controversy. Data, testing capacity, and lengthy turnaround times undermined its effectiveness. A comprehensive national testing and tracing strategy, linking national and local capability and need, was never developed. This was compounded by a lack of laboratory capacity. Locally, we were forced to mitigate against this by prioritising testing across settings to match supply to need, and maximise the use of local hospital labs in response to long turnaround times for national testing. The lack of robust data to enable us to identify emerging outbreaks, frustrated us greatly over the months to come, compromising our ability to contain the virus at local level.

## Preparations to support schools reopening

- ✓ webinar
- ✓ action cards
- ✓ localised guidance
- ✓ covid signage
- ✓ school helpline

At this time, despite the lack of an overall testing strategy, we were asked to develop our own Local Outbreak Management plan to prevent and respond to outbreaks. We set up local Health Protection Boards to oversee the work. Life did not get any quieter despite the drop off in cases!

With schools returning after half term, we also did a lot of work to support teachers. Again local relationships were key. We wanted to make sure every head teacher knew how to make every school Covid secure, and what to do and who to contact if there was a case. We ran webinars, developed action cards and procedures, and set a response rota across education, public health and communications to deal with any emerging issues. This became invaluable and highly regarded by schools.



June '20

## Developing the Local Outbreak Management Plan (LOMP)

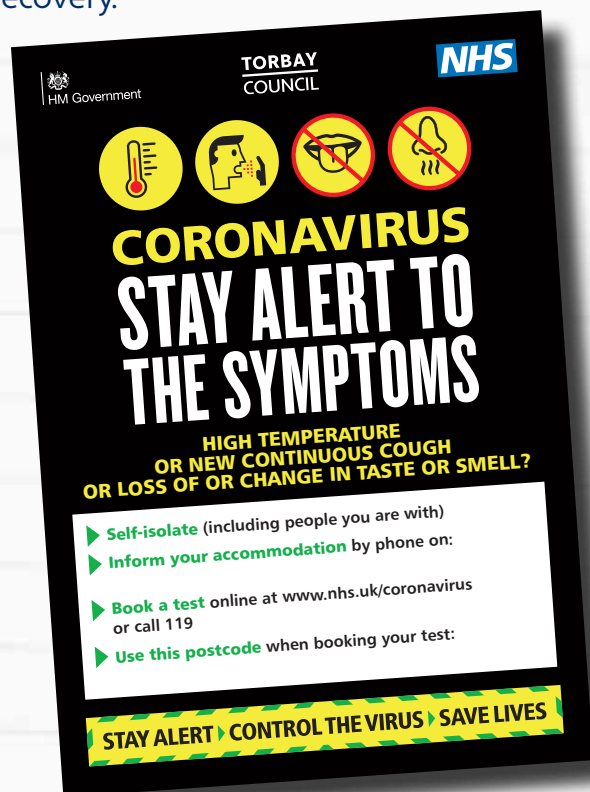
Cases remained low in Torbay and the focus this month was on setting up systems to prevent and respond to outbreaks. We worked with businesses, care homes, sheltered accommodation, domiciliary care, schools and high risk settings (including houses of multiple occupation, a homeless hostel, factories and large employers) and with tourism and hospitality settings.

We also focused on groups who would potentially be more vulnerable to the effects of Covid, including people who were shielding, or had underlying health conditions, those whose first language was not English, people with learning difficulties, older people, and those who were socially isolated. We mapped higher risk settings, developed resource packs for each setting type, and created capacity and capability to provide more intensive support. We recruited and seconded additional practitioners into the team, mobilised PPE provision, and set up support helplines. The increasingly close relationship between public and environmental health, as well as education, was vital to the success of the programme, enabling a far more effective relationship with business and education sectors than would otherwise have been possible. Through the increased liaison, training, webinars and regular attendance at meetings across educational, business and tourist settings a real feeling of partnership was developed which would build and gain strength in the coming months.



*Virtual training sessions were set up to assist the hospitality industry.*

It was also in June that we held a multi-agency meeting to come together across health, local authority, police and voluntary sector to begin to consider what the main impacts of Covid were and what our collective priorities should be in recovery.



*Posters and action cards were produced to help accommodation providers respond to outbreaks.*



July '20

## Preparing for potential local lockdown

In July, the numbers again remained low and there were no clusters or outbreaks. Elsewhere in the country, however, there were significant outbreaks and powers were brought in to enable local lockdowns if needed. PHE colleagues were sent north to support a large outbreak in Leicester.

Locally, in July our new oversight boards also began to meet.

## The Devon and Torbay Health Protection Board

This Board had oversight of the work in local areas, the co-ordination of testing, of PPE support and of reporting in to the LRF.



Safe spaces for shielding residents, thanks to Torbay Community Development Trust



## Torbay Local Outbreak Engagement Board (LOEB)

The LOEB began to meet fortnightly. For me, this was a really important Board bringing together leaders from our different sectors locally to support us in our efforts on outbreak prevention and also importantly to challenge us and to be the eyes and ears on the ground for any issues arising. It was to prove essential in our real team effort around communication and engagement.

## Test, Trace and Contain Cell

Within the Council an Operational Test, Trace and Contain Cell was also set up as the work expanded. The council was now asked to support people coming out of shielding. The Council contacted everyone and tried to give people confidence at this time. We designated safe areas for people who had been shielding to exercise, we ensured they had support with the Torbay Helpline, and we addressed food access and signposted to further mental health support. Our marathon of marathons continued.

# August '20

## Getting organised

As outbreaks around the country slowly began to rise again we tightened up our efforts in both prevention and in response, establishing processes for enforcement and local closures, should these be needed. We put increased effort into communication and engagement work, with updates and social media posts, and ran two Facebook live sessions to keep people informed and answer questions.

We began to develop specific messaging to address the increase in community transmission, with a range of social posts to remember the two metre rule. One of these went viral and made national news



when shared by actor John Cleese. At this time, as it was older teenagers where we were seeing a rise in cases, we also worked with South Devon College and its students to develop some brilliantly creative and compelling messages to influence their peers.

In the non-covid world I also, this month, began to re-connect with the system wide prevention work where we decided to focus down on three areas: Lifestyles, Mental Health and supporting people with multiple complex needs. It was in August too that I finally managed to take some leave, knowing that the autumn and winter would again be busy.

*So, six months in, what had we learnt?*

1. That it is key, as always, to build trust, relationships and strong collaborations
2. That effective testing and data management underpin any pandemic response and, when they are not working well, can weaken it
3. That good communication and engagement can promote positive behaviours, but confusing communications can undermine a positive response.



# September '20

## Testing times

Across August and into September, the numbers of confirmed cases began to creep up, mainly from returning travellers and their household contacts. Numbers remained small but there was a definite rise, and we needed to keep an eye on any increase.

In this context and at this crucial time, the capacity of the local mobile testing unit became a real issue. Nationally the demand for tests went up significantly for a number of reasons: a rise in outbreaks, national communications pushing people to get a test, people returning from holiday wanting a test, and schools and universities going back. Unfortunately, national planning assumptions had not taken all this into account and by the end of August, demand had outstripped supply. People could not get an appointment at a mobile unit, or a home test and we were receiving urgent requests for help with accessing tests.

To address this we therefore worked rapidly with local NHS partners on a new system to access tests. We sent out messages through our own routes to tell people how to do this and set up a system to prioritise various groups. Our local hospital came to our aid and we arranged to courier swabs to a number of teachers and children who urgently needed tests, until the national system was back up and running.

This testing issue resulted in two worrying scenarios. Firstly, the public sector was under strain. Care homes, already fragile, were having to ask staff to self-isolate at home as tests were taking so long to come back. These homes already had low staff numbers. Schools also were having



to ask teachers and other staff to isolate at home while they waited for a test. There were worries they would not be able to maintain their Covid secure practice and would have to send pupils home or even close. We urged the government through our MPs to try to get national prioritisation of certain groups: care workers, teachers and their household contacts.

Secondly and importantly, for us in public health, if we were not testing, it would not be possible to identify new cases and contain any consequent outbreaks. The result was that we needed to plan for a November rise and urgently build team capacity.

## The new app

On 24th September the national Covid App was launched. This was the second version of the app but unfortunately this one too had teething problems, you needed a newer type of phone to access the app, you could not upload a test result if tested at a hospital laboratory and it was not until November that you could get a code to access self-isolation payments.

# October '20

## Rising numbers, hard decisions

Concerns moved to the national test and trace system as it was still taking up to 4-5 days to get test results back and only 15% nationally were getting them within 24hrs.

Local authority teams stepped in to help contact cases who could not be reached and improve the success of contact tracing. Nationally fewer contacts than expected from research were being contacted for each positive case. I worried that contacts, and therefore sources of infection, were being missed.

As the numbers increased, there were pressures in the system to manage all the outbreaks and inevitably Public Health England had to manage the larger and more complex outbreaks often in other regions of the country which meant local Public health teams had to pick up more and more. Thus by the end of this month

in addition to other roles we were also managing almost all of the outbreaks in the Bay.

To support schools with cases and outbreaks, the Department of Education nationally also set up a helpline. Unfortunately, however, advice was not uniformly accurate and trust from the schools was soon lost. Schools turned instead to our dedicated Public Health and Education team. Although hard work, it has been very rewarding working with our impressive school teaching community. The partnership approach is of high quality, and three external reviews, and many letters of thanks, demonstrated its value in maintaining children's education in Torbay

This month, we also set up a process to check on the welfare of people identified as cases, focused particularly on people likely to be vulnerable and the over 80s referring on to the helpline where needed. We hoped this would help people cope and also encourage them to self-isolate.



*In October, I began regular video updates.*



# November '20

## New developments and trouble in Brixham

November brought several new developments - preparation for mass testing and mass vaccination and the introduction of local enhanced contact tracing. We also had a significant issue in one of the Towns in Torbay; Brixham. Here, case numbers shot up suddenly rising to over 600/100,00 and with this and outbreaks across the Bay, we were working really hard every day, including weekends to bring things under control. Staff resilience was becoming an issue but yet again with our schools, care homes and communities working together we got the cases down.

### Mass vaccination

Led by the NHS, the mass vaccination programme was a huge undertaking. As DPH, I tasked my team early on to consider take-up in groups who were less likely to access such services: the homeless, people on lower incomes, and people with drug and alcohol addiction. Staff across the Council also focused on the logistics of this huge undertaking such as traffic control and security. Relationships as ever were key.

### Mass asymptomatic testing

There was a big push this month for mass testing to find the 1 in 3 people with Covid who were asymptomatic i.e. had no obvious symptoms. This was important, as these people could unknowingly pass on the Covid virus. Known originally as the 'moonshot' programme, this was felt by some to be the innovation that would allow life to return to normal. DPHs were asked to attend webinars where the



*The mass vaccination programme began in November*

technology was described in exciting terms. It was successful in the lab but would this translate into success in the field?

The huge city-wide community testing pilot in Liverpool provided some insight into success. Here, the favoured test, a Lateral Flow Device (LFD) test, did indeed pick up some asymptomatic cases but reached only 20% population with a 60% accuracy with self-administration. To deliver such a programme was also a huge logistical undertaking. There were 2 battalions of the army and many public sector and voluntary works in support, including 2000 council staff. The key question was, did it make a real difference over time as its success depended on peoples' behaviour after the test. It did not pick up all positives, and if people who had a false (untrue) negative result changed their behaviour, this could lead to an increase in spread. I felt there was a risk that these tests if not carefully applied could do more harm than good.



# November '20 continued

Locally, we began to consider where we could use LFDs especially to see if we could use them to support care home visiting. Overall I felt that IF done well, IF done in high prevalence areas, IF people who were LFD positive changed their behaviour and IF people who were LFD negative did not, then it may be worth considering.

## Communications and engagement

Communications became for me one of the most important weapons in the fight against Covid. It was about ensuring we gave people the best possible chance of helping each other, and themselves, by really understanding the messages out there. It was also about putting out a positive message around what we can do to make a difference rather than a rule based one around what we shouldn't do. It was important that people trusted us.

COVID-19 Community Champions would help us keep residents, businesses and the community up-to-date with the best advice about COVID-19 to enable people to make informed choices. Equally they would help us by sharing issues and ideas, so we could tailor our messaging. We had our first orientation and training event on 26th November, attended by 56 people from all walks of life across the Bay. Over 134 signed up by the end November, including school and care staff, and this was only the beginning. From then on we ran fortnightly webinars, and had newsletters. It was a great success with numbers reaching over 200 by the end of the year.

Working with the media I was now doing weekly videos that went out on our website, on social media and YouTube.

We got a lot of positive feedback and I asked people to retweet the messages.

The videos were also shown at assemblies to the schools in the Bay. I tried to be honest about the challenges we all faced, to dispel some of the myths around Covid, and to address people's questions directly. I also regularly joined the Torbay Together partnerships meetings and went to Business

Breakfast Meetings to engage with a wider audience and did interviews on local TV and radio where I could.

**TORBAY.GOV.UK**

# COVID Champions

Are you aged over 16 years?  
Do you live or work in Torbay?  
Do you want to help stop the spread of Coronavirus?

**Volunteer now!**

### How does it work?

- ✓ You sign up to be a champion.
- 🔍 We give champions the latest local and national information about COVID-19
- 🔄 You share this information with people in your community, however you want
- 👍 You let us know what is and isn't working
- 🌱 You will play an important role in protecting Torbay and our communities

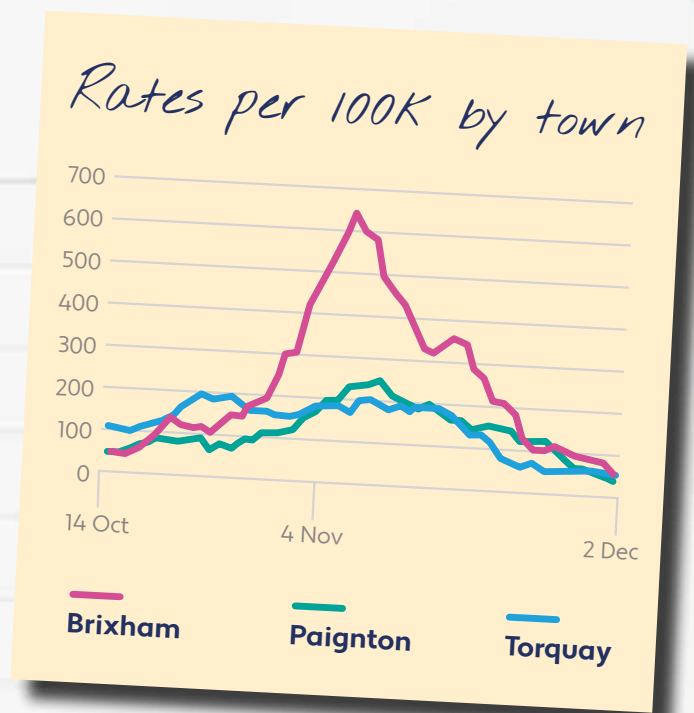
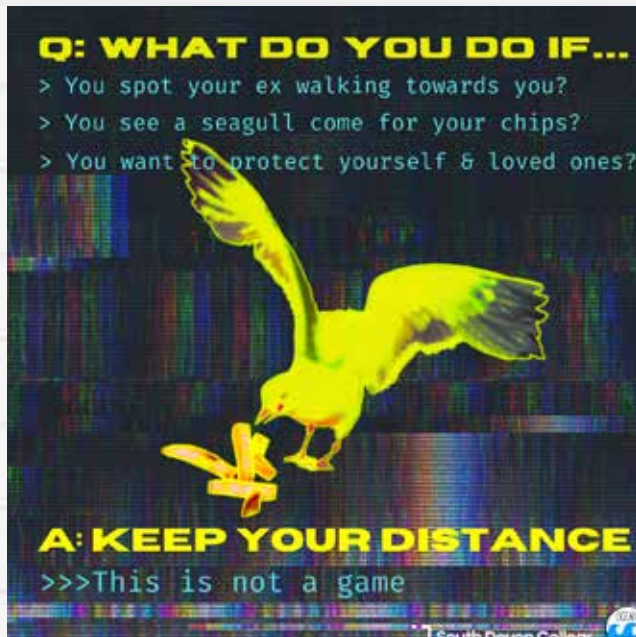
**Register to become a champion**  
[www.torbay.gov.uk/covid-champions](http://www.torbay.gov.uk/covid-champions)  
[champions@torbay.gov.uk](mailto:champions@torbay.gov.uk)

**Support and information**  
As a champion, you will receive support and information, to enable you to help your family, friends and colleagues stay safe.

Also in November we launched the COVID champions programme and invited people to take part. The idea was that

## By young people, for young people

South Devon College and Sound Communities worked with us to produce some great visuals by young people for young people. It highlighted to me that young people do care and were concerned about the safety of their friends, families and community.



### Brixham

It was during early November that we saw a really worrying upward trend in cases in Brixham. Over the course of 2-3 weeks rates tripled, with 1 in 3 of our cases coming from the town. We ended up with a rate of over 600/100,000 which gained us some national attention. We acted quickly, reviewed the data and got the covid response team together with local people in Brixham to try and work out what was going on. We then had community meetings to check out our findings and make a plan. Within a week our message was going out on all channels - TV, radio, websites and social media. It was clear that people thought it was either tourists or young people that were spreading the virus when in fact our data and intelligence from outbreaks showed that it was predominantly spread amongst working age adults, and linked to pubs screenings sports events. This message went out loud and clear. Together with the start of the second lockdown and some fast work by our enforcement colleagues this had a dramatic impact. As the diagram above shows, thankfully cases decreased as quickly as they had risen.



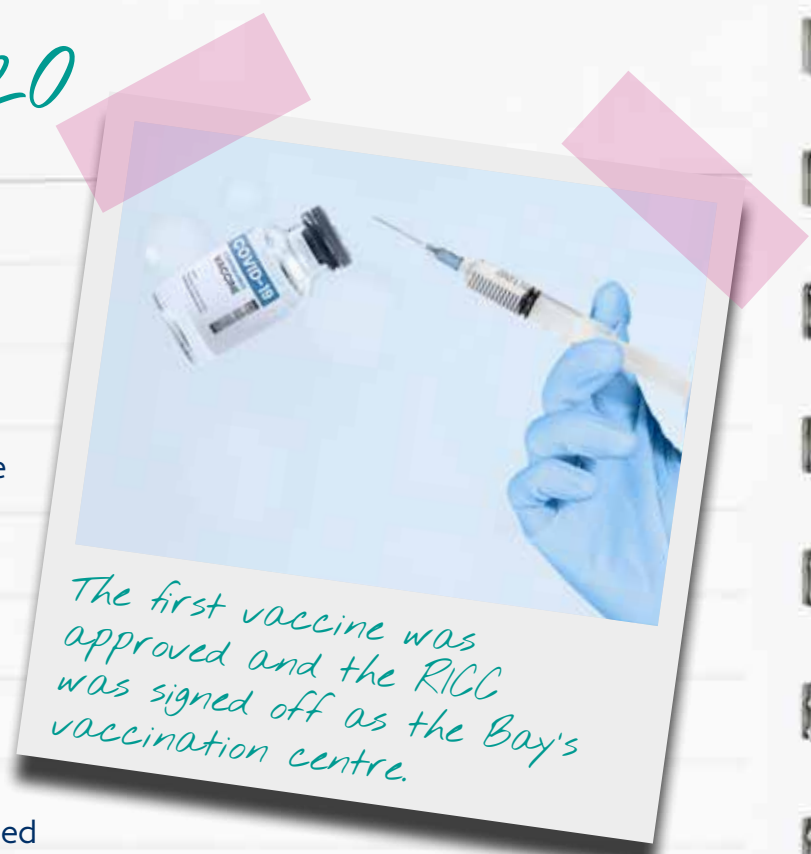
# December '20

## A pause between lockdowns

The impacts of the second lockdown became clear as we entered the beginning of December with numbers now down to less than 10 a day. These were all positive signs that, at that time, things were under control. There was, however, a concern that fewer people would get tested in the run up to Christmas, and that people would let their guard down and think the virus was taking a break.

During this time, Torbay's rates remained amazingly low. In fact from 23rd December for a week or so, we had the lowest rates in the country and remained the lowest in the South West. Why? Had our efforts on encouraging safe behaviour; the video messages and the Champions played a role? Was our ongoing outbreak management and control enabling us to prevent spread? Was the support from the voluntary sector and council to help people self-isolate making a real difference? Was the work in the hospital and care homes to prevent spread paying off? Or were fewer people getting tested and we were simply lucky! We had all worked so hard, the team of teams. I like to think our collective efforts had indeed played a part in keeping the virus in check here in Torbay.

Torbays overall final position can be seen also in the final statistics on deaths, grim as they are. Overall there were 107 COVID registered deaths of Torbay residents during 2020. This was 5.7% of all deaths during the year compared to 13.2% in England as a whole. For an area with relatively more older residents this was reassuring.



## Roll out of the vaccination programme

Also in December, led by the NHS, the first vaccine was approved and daily, often twice daily, meetings were held to ensure rapid roll out of the vaccination programme. On 7th December the Riveira International Conference Centre (RICC) in Torbay was signed off as a Wave 1 Primary Care network site to be the centre for vaccination in the Bay. Volunteers supported with transport and marshalling, working with the Community Development Trust (CDT) and the Council helped with the smooth running of the site.

## Locally enhanced contact tracing

DPHs throughout October and into November were encouraged to support contact tracing, following up those cases the national Track and Trace system could not reach. Initially it had limited impact as local teams received cases 3-4 days too late to identify contacts and prevent

transmission. However better access to Test and Trace data would allow us to identify links to settings, and possible outbreaks, as an earlier stage. We would also be able to offer a local contact point, and offer of support. We therefore decided to make steps to set up locally enhanced contact tracing

## Asymptomatic testing – benefits and harms

At the same time as vaccination got underway, we also began to line up our plans for the locally determined component of asymptomatic testing, working alongside colleagues across the Peninsular to get a common approach and ensuring as far as possible that roll out was well considered, safe and practicable. It was very important to be clear on the purpose of asymptomatic testing and what it would and would not offer. It was a test to find asymptomatic cases not a test to enable people to return to normal non covid safe behaviours. Would that be fully understood? Most importantly, we needed to be clear that testing did not prevent the need for other infection prevention measures including hygiene, distancing and, face coverings, and that regular testing did not yet avoid the requirement for self-isolation. Thus we directed LFD testing at this stage to targeted groups only.

## Schools

On 16th December, the government made an announcement that schools were going to introduce LFD testing for teachers and pupils from 4th January. This was two days before the end of term so was a big ask. The proposal was to test all teachers once a week and those in contact with a case of Covid at schools for seven days in a row instead of self-isolation. For us this would represent 3500 staff weekly

and around 1000 pupils a day. This was in conjunction with organising remote learning while the new school term start was staggered.

We were concerned about this sudden announcement on a number of fronts. Firstly we were concerned that false negatives in class contacts could lead to the potential for further spread and that close contacts should still be self-isolating as the new tests would not pick up all cases. Secondly, this programme was being rolled out before the results from the pilots were published and before a real assessment of the feasibility and logistics had been assessed. Thirdly and importantly, the timing of the announcement was going to put huge pressure on teachers at their busiest time of year, and on children and parents.

## A new variant

At this time we became aware that a new variant was circulating in the South East of the country and London. By the end of the month, this, together with a second new variant, was leading to exponential growth in numbers. Little was known about it at this time but what was clear was that its transmissibility was far greater meaning increases in cases, in hospital admissions, and inevitably in deaths. We were not out of the woods yet.



# Into 2021

## Covid challenges

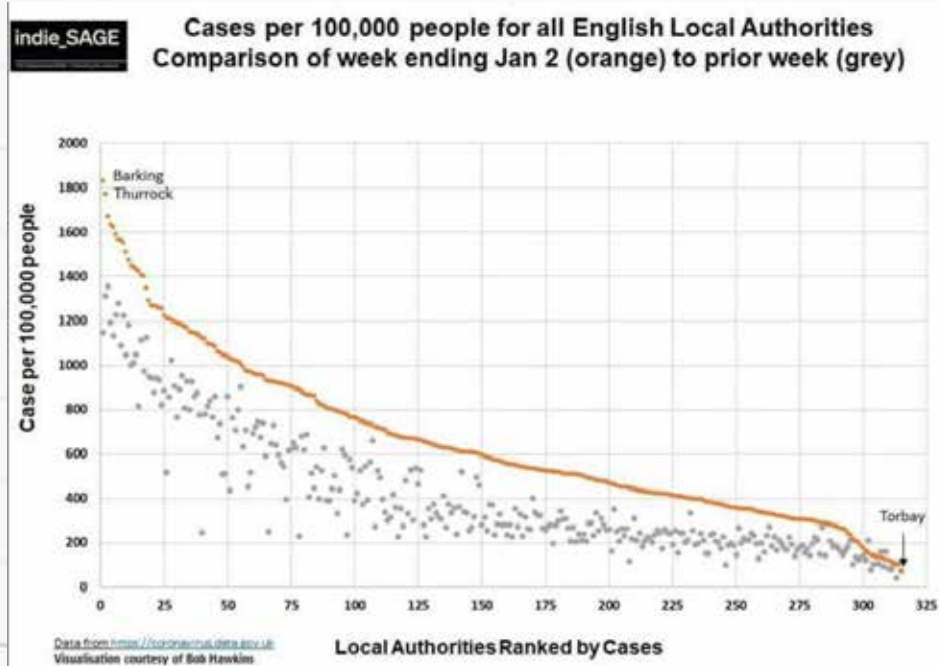
As we moved into the toughest months of winter at the beginning of 2021, there were increasing national concerns about the escalating numbers of cases linked to the new variant. The news was filled with images of hospitals under pressure and admissions to hospital exceeding those in the first wave. As the graph below shows however Torbay continued to have one of the lowest rates in the country. Our collective hard work together with the compliance to guidance within the population was still paying off. We knew however that rates, having been low and stable over Christmas would inevitably begin to rise. It was therefore with some relief when Lockdown 3 was announced on 5th January. This meant we had an opportunity to halt this rise and give our local NHS a chance.

As I write this in mid-January another major challenge for us locally is emerging. This is the call for us to introduce further community testing, this time for those unable to work at home in addition to the DPH led testing programme we were planning for. This was at the same time as

a plethora of confusing national testing programmes and a confusion that some groups could do home testing and others not. This looked like it could be one of the biggest asks of local Authority teams to date and one already being announced centrally with virtually no lead in time. The concerns again were the same; how could we ensure we maximised any potential benefits and minimise any potential harms. The new promised national testing strategy had still not been published and I remained concerned.

## Non-Covid Challenges

As we moved into 2021, many of us were desperate to move on and begin to tackle the wider Covid related challenges we all faced. How would we address the likely increase in frailty, the deficit in learning and development in our children, and the emotional needs of our young people? How could we address the massive economic injury and resulting poverty? When eventually the cases come down, we must urgently consider the wider impacts. The next two sections outline these wider impacts.





# Lessons Learnt

## Lesson 1:

We have an extraordinarily strong community. In the course of the pandemic our community and voluntary sectors manned a helpline and set up both a food alliance and a mental health alliance.

*"Never doubt that a small group of thoughtful, committed citizens can change the world: indeed, it's the only thing that ever has"*

Margaret Mead - Anthropologist

*"None of us is as smart as all of us."*

Ken Blanchard

## Lesson 2:

We are a small team within public health but are part of a strong and agile team together with partners across the council, PHE, the NHS and the third sector.

## Lesson 3:

Keep decision making and delivery as close to communities as possible and resource this early and well. Local can be, and often is, better and cheaper than national.

*"It always seems impossible until it is done"*

Nelson Mandela

# We are stronger together

## Part 2: The impacts of Covid-19

As I write this, in January 2021, we are still in the midst of Covid and have a long winter to still get through. However, now we have maybe not an end but certainly a way of coping with Covid in sight, and a vaccination programme underway which should be a game changer for the most vulnerable in our population. Thus there is hope that 2021 will be a better year.

As we think of a time beyond Covid and dust ourselves down, it is not only the immediate impacts of the virus we will be facing into the future but the impacts on health - physical but especially emotional - and on the economy and poverty, that we will be struggling to address for many many years to come.

The following diagram outlines this impact over time.

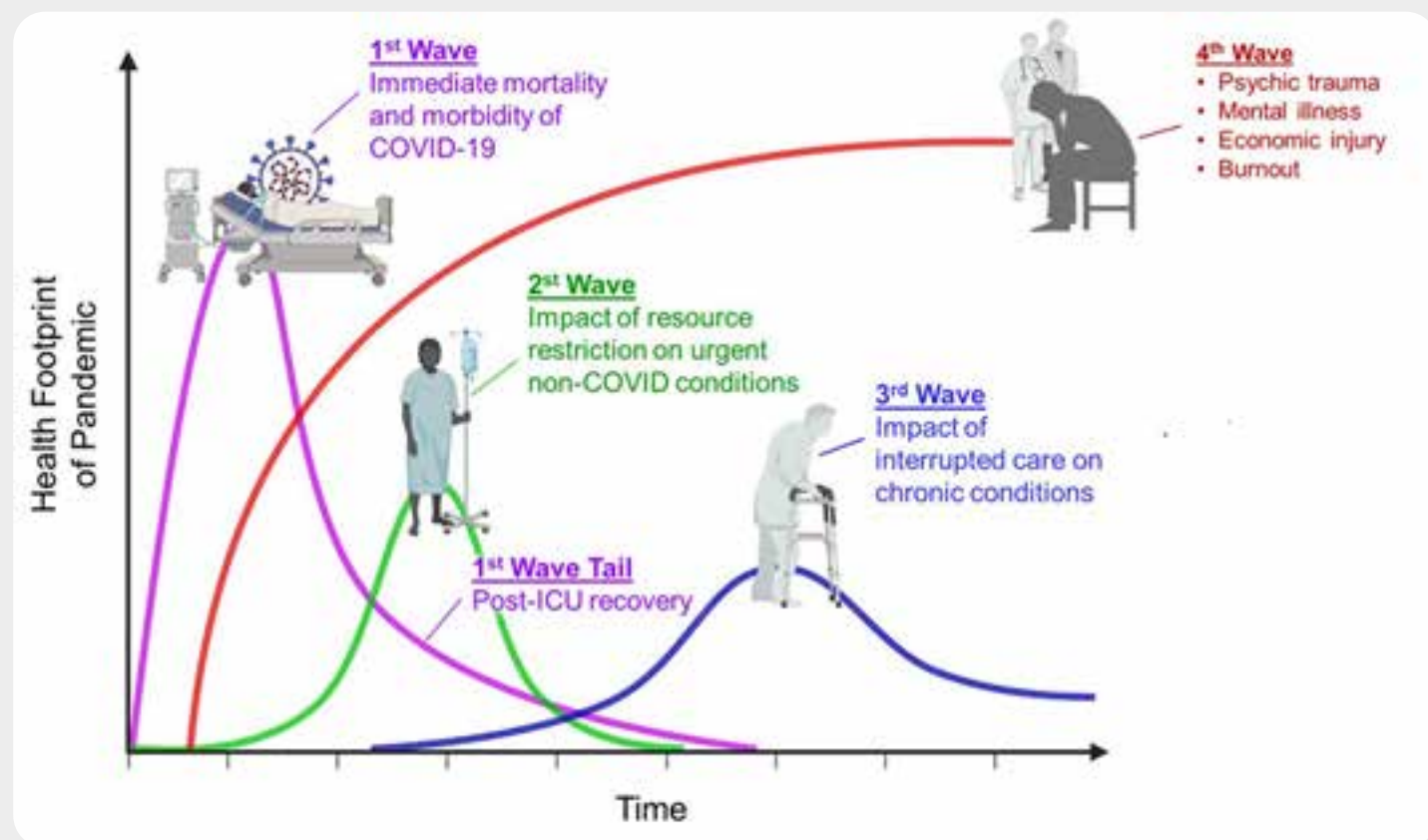
**1st Wave** – signified the immediate mortality and morbidity of covid

**2nd Wave** – signifies the wider impact from restrictions in access to urgent care – especially problematic in the first and early waves

**3rd Wave** – signifies the impact of interruption to normal care including rehabilitation

**4th Wave** – signifies the longer term and continued impact of the long pandemic – compounded and new emotional health issues, huge and enduring economic impact, concerns re trauma and issues such as domestic abuse and burnout in staff.

### Impact of the pandemic over time

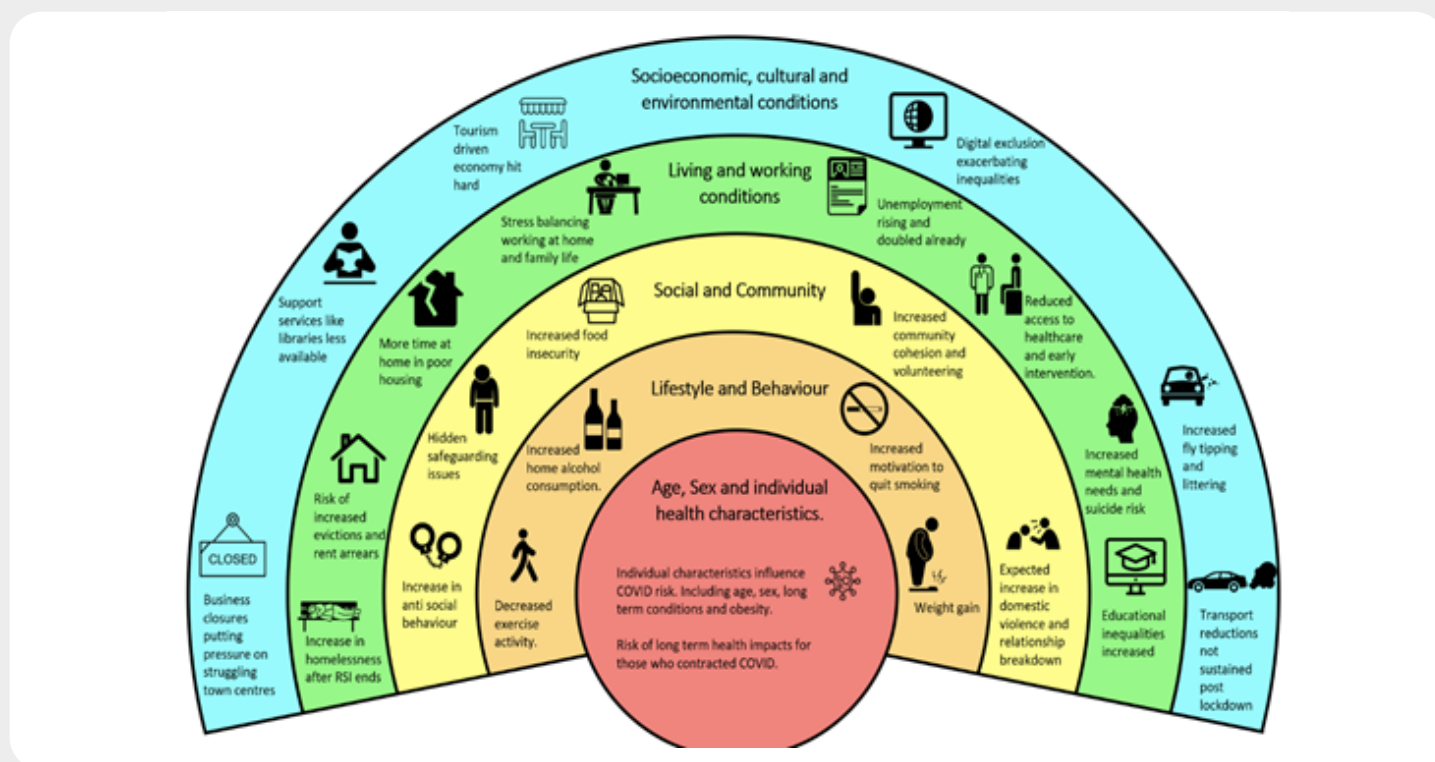


Of particular impact for me is the effect in Torbay of our weak low wage economy and our fragile care sector. This will affect all ages. However the impacts on the young will be felt for a long time, as family poverty and debt and gaps in attainment with education will be significant barriers to future growth, and to emotional health, well into the future.

Using the trusted Dalgren and Whitehead framework, the following also serves to provide more detail on the wider impact across the following domains:

- Socioeconomic, cultural and environmental conditions
- Living and working conditions
- Social and community
- Lifestyle and behaviour
- Age, sex and individual health characteristics

Each strand of the rainbow contains examples of the impact of Covid-19 on our population.



I do not intend here to consider how all of these areas will be addressed. This is for further review and action in 2021 within the Recovery workstreams to be implemented over the coming months. I have included them here for two reasons

1. To remind us how widespread these outcomes have been, and
2. To remind us that NOT ALL IMPACTS ARE NEGATIVE. Covid also brought with it real opportunities for change, and new ways of working, such as the formation of the Torbay Food Alliance, the increase in climate friendly active travel, and the absolutely incredible response from the voluntary and community sectors increasing civic participation.

The following provides further insight into each of these areas.



## Economy



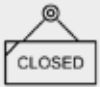
Predictions that economic impact this will hit resort towns like Torbay particularly hard. Businesses that rely on close human interaction and crowds such as pubs, restaurants, nightclubs, hotels will be particularly badly hit.



Digital inequalities may exacerbate impacts related to social isolation.



The closure of libraries and support services left the most vulnerable with less support. Services not being provided because of the pandemic included Respite Breaks, Social Events, Support Group meetings, Day Centres, Community Cafes, Complementary Therapies, Mobility Equipment Hire, Visits to Homes, Churches and Faith Activities, Environmental and Green Space Projects, Pet Welfare and Care, etc.



Business closures put additional pressures on struggling town centres. More are predicted to close once government pandemic financial support ceases.

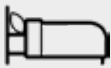
## Environmental



Transport reductions have not been sustained post lockdown and public transport usage has reduced while people are nervous about shared transport, but positively more people are walking.

Increased fly-tipping across the Bay, following the closure of recycling centres, as well as increased littering with increased outdoor recreation.

## Living and working conditions



155 clients accommodated under the Covid rough sleepers initiative and many will face homelessness again when it ends.



As the eviction ban ends and families face rent arrears, there are likely to be more families threatened with losing their homes.



Increased time at home during lockdown may exacerbate the health impacts of poor quality housing (eg poor air quality, excess cold/damp, overcrowding)



Reduced access to healthcare, exacerbating existing conditions and leading to increases in waiting lists.

## Social and community



The lockdown has exacerbated food insecurity and food need. Torbay Food Alliance is a partnership between 12 foodbanks, who together provided the equivalent of 130,000 meals in the first three months. The number of adults who are food insecure is estimated to have quadrupled. Local food banks have experienced a rapid increase in demand and reduced volunteer numbers.

## Social and community (cont.)



Civic participation - positive impact as many people have volunteered to help during the pandemic, for instance delivering food parcels and supporting neighbours. Torbay Help Hub on Facebook has 16,195 members. Volunteering and fundraising has declined with many regular volunteers aged over 70 and self-isolating. Rowcroft reports they have lost £1.5 million in donations over 3 months. There are opportunities for future working together such as the potential to maintain 'meals on wheels' service.



Crime levels dropped as people stayed at home but rapid increase in complaints about anti-social behaviour. Q1 20/21 recorded crime in Torbay fell by 17% compared to Q1 19/20. Q1 20/21 anti-social behaviour rose by 37% compared to Q1 19/20.



Calls to national domestic abuse helplines rising rapidly and local website hits are up over 100%

## Lifestyle and behaviour



National research suggests increased motivation among smokers to quit and to stay smoke free.



Increased drinking in some groups with declines in others. National survey found that those who drink least are drinking less and heavier drinkers are drinking more. Pre Covid Torbay had significantly higher rates of alcohol specific hospital admissions for both adults and children.



Further increases in obesity. 60% of Torbay adults overweight or obese (2018/19). Supermarket sales show biscuit and convenience food consumption increased during lockdown.



Time spent outdoors has increased. However levels of physical activity have declined in the least active.

## Age, sex and individual health characteristics

Increasing health inequalities



Variation in COVID19 risks based on age, sex and pre-existing conditions (particularly diabetes, obesity and COPD). In Torbay 20% of the population are aged over 70. An estimated 7.5% Torbay 17+ have diabetes (2018/19), 18% of Torbay adults have hypertension and 60% of adults are overweight or obese, South West 61%, England 62%

There is also increasing evidence that people who experience mild to moderate Covid-19 disease may experience a prolonged illness with frequent relapses.

# Part 3: Recommendations for 2021

## Review of the Director for Public Health’s recommendations from 2019

In this section I review progress against recommendations from the previous Annual Reports and describe what actions are planned over the next year to take these even further. Here because of the pause on normal activities as a result of Covid-19 we reflect on progress across both 2019 and 2020 and look forward into 2021.

### 1. Shifting the focus to prevention

In 2019, prevention remained an areas of focus within the Devon-wide Sustainability and Transformation Partnership (STP). The STP identified £2m for primary prevention across Devon and this was used to begin to bring greater focus to a range of areas including suicide prevention, emotional health and wellbeing in children and young people, falls prevention and community infection control. The aim of 2020 was then to ensure that prevention stayed at the top of the agenda as Devon moved towards Integrated Care System (ICS) status with a focus on delivering the funded programmes, expanding and developing social prescribing, and building resilience in local communities in line with the principles of place-based planning as illustrated in figure 1 below. Most importantly we hoped for further tangible commitments to prevention across all sectors.

In 2020 it was challenging to keep this work moving forward as Public Health professionals and also the prevention programme manager were diverted to deal with Covid. The STP architecture that oversaw the programmes was also dismantled which meant that, though programmes were continuing, the STP prevention group did not start meeting again until August.

Figure 1





2020 however did bring a new NHS focus to Health inequalities, a welcome development and new opportunity to embed some of our prevention programmes more centrally.

In 2021 with new leadership of the STP, a new framework for developing Integrated Care systems (ICSs) and the formation of Local Care Partnerships (LCPs), we have a real opportunity to ensure the prevention work is taken forward. Early commitments are needed to reinvigorate programmes previously agreed to be embedded in day to day NHS provision such as early intervention to prevent falls and frailty, the prevention of long-term conditions (work on atrial fibrillation, hypertension and diabetes) and social prescribing.

From the last years experience we also know that, as well as age, that Covid disproportionately affected those who were overweight and obese and smokers. Thus a shift to prevention, especially one focused on lifestyle and behaviours is an essential policy move if we are to protect ourselves against future pandemics. We have known for some time in Torbay, that smoking, poor diet, exercise, alcohol and lack of social connection are the main drivers of illness and death and that not tackling them results in un-necessary demand and spending in the health sector. Now we can add the need also to focus on these areas as protection against the human costs of any future pandemic.

## **2. Creating happy, healthy places and addressing deprivation and inequalities**

In 2019, we continued to promote healthy eating and increase in physical activity and to address the underlying causes of obesity as well as undertaking further work to promote health within planning decisions. The work with neighbourhoods and GP practices gained greater momentum including work on social prescribing at Croft Hall.

A significant opportunity arose in 2019 to develop a framework to tackle poverty and inequalities within Council programme. I personally led this work, using the Marmot framework to review the council's work with partners against the 6 policy areas within the framework:

1. Give every child the best start in life
2. Enable all children and young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standards of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role of ill health prevention

This work was led initially by the overview and scrutiny board and was called 'Turning the Tide on Poverty'. It is now overseen by the anti-poverty group reporting into the Cabinet of the Council. A placed based model was used and consideration given to actions across 3 areas, civic (regulations), services and community as figure one , opposite, shows.

These areas of work are embedded in the Council's Corporate plan and progress overseen by Cabinet. Actions include improving the quality of housing, building aspiration in young people and working to promote inclusive growth and wealth creation. Throughout there is a focus on helping communities in Torbay to become healthier places where local people can live, work and thrive

supported by an active community and voluntary sector. One example of this work is the 'Talking points' programme set up by adult social care in the Bay to listen, advise and provide information to help link people up with community assets to improve their independence and wellbeing.

In 2021 as well as continuing to embedding the work on Turning the Tide within the Council and continuing to monitor performance against it, I would also like to consider how this could link to the Health Inequality work in the NHS. There may be opportunities to align the two with the evolving Local Care Partnership. This way of working will be especially important during 2021 also as we pick up the work with our local Primary Care Networks (groups of GP practices).

I would like to see all partners in Torbay and in wider Devon adopting this way of working as we come together as public, community and voluntary sector and statutory partners to improve the health and wellbeing of the communities we serve. It is only by working together in this way that we can enable true transformational change.

### **3. Giving children and young people a good start in life.**

In 2019 there was a much greater emphasis on the wellbeing of children and families especially in early life with a focus on understanding and addressing the drivers of our high numbers of looked after children and on supporting the emotional resilience of all children by working in schools and early years settings. A multidisciplinary research group was established to examine causes of vulnerability for children in Torbay and EMBRACE, a network to promote work on trauma informed approaches and Adverse Childhood Experiences was developed. Importantly the first meeting of the Children and Young Peoples partnership also took place. Within Public Health, the commissioning of the 0-19 Integrated Contract was completed and started April 2019.

This and children were the subject of the 2019 DPH Annual Report, where I called for;

- work on adversity and trauma to be developed with ALL partners
- an increased focus on children and young people in general within partner's plans
- work focuses on early identification, relationships and parental well-being
- working with communities with a focus on early help especially children at risk from vulnerability.

In 2020, the progress against this was outlined in the December presentation on Early Help to the Torbay Health & Wellbeing Board (HWBB) and the re-formation, after a pause of the Children and Young Peoples Strategic partnership. We also gained agreement to fund a programme manager from the prevention monies to support the trauma informed network to progress and the HWBB re-confirmed its commitment to focus on children and on in particular economic injury and the impact on emotional health. Again the 2019 Annual report provides recommendations

In 2021 I would like to see this work move from the planning to the delivery phase and in particular, I would also like to see this work better embedded in the NHS and in the Integrated Care system.

### **4. Enabling older citizens to age well**

In 2019 Torbay HWBB signed up to the Torbay Positive Ageing Charter and in 2020, members agreed to work towards becoming a WHO Age-Friendly Community. In an Age-Friendly Community all services, community groups, businesses and residents work together to improve

their physical and social environment, for example housing, outdoor space, volunteering, and employment opportunities.

Torbay also was part of a programme across Devon to extend evidence based initiatives to prevent falls and delay the onset or progression of symptoms of frailty such as strength and balance activities. Partners also worked together under the 'enhanced health in care homes' initiative, focusing on shared health and care plans, promoting resilience and independence, falls prevention, good nutrition and hydration, and high quality end of life care.

In 2020 we had planned to bring together work across all sectors, in partnership with the community, including the Torbay Over Fifties Assembly (TOFA) aligned to the work to become an age friendly area. However with a busy year for both social care and the CVS, this is now planned for early 2021. Within this there will be a continuing focus on falls and frailty, on promoting good oral health, and, crucially on continuing the work of Ageing Well Torbay to tackle social isolation. We need to develop ways of making the positive legacy of Ageing Well Torbay sustainable beyond the life of the programme and ensure our plans and policies take account of the views of older people, and consider how we can put more emphasis on the role of wider issues such as housing, transport, debt, and support through bereavement.

With this in mind at the December HWBB we had a presentation on a programme to Live Longer Better from the Optimal Ageing Programme. This inspired members of the current Torbay and South Devon Healthy Ageing and Frailty partnership to think about a new name; Living Longer Stronger is the current favorite. This would inject new energy and a more preventative focus to the work.

## **5. Focus on emotional health and resilience across all programmes**

In 2019, a key focus has been signaling our system-wide commitment to the public mental health agenda by becoming a signatory of the Prevention Concordat for Better Mental Health, upskilling the public and voluntary sector workforce to have more confidence in having conversations about mental wellbeing with the public and creating greater awareness of simple steps that residents can take to improve their own wellbeing and resilience.

In 2020 we continued with our systematic approach to improving emotional health and resilience by working to deliver school-based interventions to support our children and young people earlier with their emotional health and wellbeing needs though much of this needed to be adapted to an on-line offer during Covid. We also continued to work with colleagues within Human Resources to improve the health and wellbeing of staff and creating an open and de-stigmatising culture around mental health, improving opportunities for early identification of issues, and upskilling staff better to support one another. We also began to engage with partners to influence the redesign of community adult mental health services though again sadly this work was interrupted by Covid.

Covid brought with it both challenges and opportunities for mental health and we worked initially to ensure a response was available for people who were struggling with emotional issues and also with actual or potential bereavement. As well as new service offers we also brought together a range of people from across Torbay to develop a Mental Health alliance where we agreed to support each other and refer between each other to meet needs.



In 2021 we plan to further embed this work with partners building on the relationships and trust formed during Covid to ensure a legacy of joined up working and a solid offer at community level.

## 6. Breaking the cycle of vulnerability

In 2019 and in 2020 we further built on the alliance model being forged between providers, commissioners and people with lived experience of domestic abuse and sexual violence, drug and alcohol misuse and homelessness. Though the timetable to develop the Multiple and Complex Needs alliance was extended due to Covid, the process to procure this important service is now on track for 2021.

I am also delighted to say that we plan to join up with Mental Health in a subsequent phase to this programme, which will significantly strengthen its impact. Work also is on-going at a Devon-wide level to embed the STP programme 'whole systems for whole people' into the system inequality workstream.

## Recommendations for 2021 priorities

1. I would like to see a strong focus on work to address Health inequalities. Within the council, this is through the Tackling the Tide on poverty work and within the NHS through the Health Inequalities Executive group. This work needs to also take into account the impacts of Covid as evidenced in the latest Marmot review "Buiding back Fairer" and the analysis on the impacts of Covid that the Public Health team have done. I challenge senior leaders to consider during 2021 how we can bring our efforts on inequalities together utilising this new evidence base to generate a system wide approach within both the Local Care Partnership and within Torbay's Primary Care Networks (PCNs) as well as within all Council departments.
2. We need to urgently move the focus to prevention, and in particular primary preventing looking at behaviours / lifestyle and the determinants of health. Not doing so will continue to burden the health and care sector with increasing demand from preventable illness and also risk lives with any future pandemic.
3. To continue but at pace to embed the asset based community development (ABCD) approach to build a healthier society co-creating with communities and building on the powerful CVS response to Covid. To do this, we need to make it easier for our community and voluntary sector to engage in our commissioning.
4. Work to ensure more services recognise the importance of relationships and the impact of trauma and complexity.
5. Work to enable people to Live Longer Better working with communities and the older person's forum.
6. Increase and embed a focus on young people and their aspirations and their emotional and economic health as outlined in the 2019 DPH annual report and as identified as a Covid related priority.
7. That we continue to develop our mental health alliance work and to ensure a relentless focus on mental health putting people with lived experience and the many assets in the community are at the forefront of this.

## Endnote and some thanks

My tenure as Director of Public Health for Torbay is coming to end in 2021 and I will be handing on the baton. I deferred my retirement, which should have been in August, to a time when I felt we would be over the worst and at a time when I felt someone with fresh energy and ideas could take on the challenges ahead. I have been DPH since 2014 and a Public Health Doctor since 1997 so stopping will be a big wrench. However nothing I have achieved in the last year and over the years preceding would have been possible without my amazing team and it is them I will miss the most. They have been unfailing in their support and have worked incredibly hard in this marathon of marathons. Often Local Authority workers get forgotten in the role calls for thanks but let me be clear: these officers have been working over and above their hours for years and this last year has seen them working incredibly long days for many many months. Not once has anyone complained or said no. This is within an environment where the asks of us locally from government have grown exponentially and beyond what we could ever have imagined. Last minute asks, changes and often poorly thought through policy have been a constant companion. Despite this, whatever has been asked of us we have delivered.

I want to especially thank, Julia Chisnell, my Health Protection consultant who went from spending approximately 30 minutes a week on communicable disease and screening and vaccinations to running the Covid response team as well as amazingly not dropping the important work on mental health. I could not have done this without. Next is the whole totally amazing and talented public health team – every single one of them – whether supporting Covid or keeping the Public Health programmes afloat and diligently working through recovery programmes for all our services, I am so proud of all of them and what they have achieved. My thanks go to each and every one of them. Next is all the equally amazing people that I have got to know and respect from across the council; our lovely supportive and professional Chief Executive, Anne-Marie Bond, my peers, especially Tara Harris, Assistant Director of Community and Customer Services and her team who have been beside me every step of the way, Rachel Williams, Assistant Director of Education, Learning and Skills and her team who worked so closely to support schools, the communications team who have guided me on so many occasions and Jo Williams, Director of Adult Social Care.

Finally and most importantly, are all those from the amazing community and voluntary sector. Incredibly, every time we have asked if they can help, they have stepped up quickly, providing both their time and resources. We have had a helpline open 6 days a week throughout this year, people delivering food and medicine, volunteers with the vaccination programme, the food alliance delivering hot and cold food and the mental health alliance supporting people through this crisis. Joining in with the efforts were colleagues and friends from the Church, the business sector and the schools and college. What an amazing legacy. We were most definitely Stronger Together.

*Never doubt that a small group of thoughtful, committed citizens can change the world: indeed, it's the only thing that ever has"*

Margaret Mead – Anthropologist





**Title:** Highlight Report – Multiple Complex Needs

**Wards Affected:** All

**To:** Health and Wellbeing Board      **On:** 18/03/2021

**Contact:** Bruce Bell

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## 1. What has been achieved in the past six months?

1.1 The Multiple Complex Needs (MCN) tender launch event was held on Tuesday 10<sup>th</sup> November 2020, with 44 individuals from over 20 organisations in attendance.

1.2 The Multiple Complex Needs tender was launched on Wednesday 4<sup>th</sup> November 2020, with an intended submission date of Friday 30<sup>th</sup> April 2020

1.3 An emerging issues paper has been written and considered within Torbay Council regarding the opportunity and options for including mental health within the MCN Alliance. Following discussion with the MCN Alliance Sponsors the intention is to commission and procure an emotional, wellbeing and resilience provision in parallel with the MCN Alliance procurement with a view to integrating into the Alliance at the point for the Alliance forming or a specified point thereafter.

1.4 Programme Manager and Independent Chair role descriptions have been developed which will support and facilitate the establishment and development of the Alliance post-award. This will support the effective mobilisation of the contract, including the development and implementation of the stakeholder strategy and communication plans. These roles will be integral to ensuring strategic links are effective – particularly concerning other areas of related work such as the Community Mental Health Framework rollout.

1.5 A bid was submitted to the Changing Futures Fund which was seeking projects that aim to make a difference at person, service and system level and drive lasting system change. The focus had to be on people experiencing three of the issues of homelessness, substance use, mental health issues, domestic abuse, and contact with criminal justice system.

1.6 While this bid was unsuccessful, it afforded the opportunity to engage in further discussions with strategic partners in the voluntary sector, mental health and the police. This has formed the start of strategic discussions exploring wider, collaborative approaches to MCN alongside the MCN Alliance procurement.

## **2. What are the blockages?**

2.1 Covid-19 has impacted upon the capacity and ability for the market to submit bids within the intended timelines. Two extensions to submission dates have been given following letters requesting further time. This has been due to the uncertainty around the impact of COVID-19 on services, the current lockdown duration and the recovery process – all of which have been detrimental to developing bids.

2.2 Due to the importance of this project and the wish to enable the submission of a good level of high quality bids, Torbay Council have extended the submission deadline to 31 January 2022. This will, however, significantly delay the operationalisation of the Alliance and the new delivery model.

2.3 It has, however, afforded the time to reappraise Mental Health support within the context of the Alliance and its procurement and system approaches in the short-to medium-term in better supporting people with complex lives.

## **3. What is the planned activity for the next six months?**

3.1 In lieu of the extension of the MCN tender submission date and subsequent processed before a new Alliance led service commences at the end of January 2023, the focus for the next six months is on [1] the planning for the Alliance mobilisation post-award; [2] the development of a mental health offer and procurement alongside the Alliance for integration post-award; [3] the development of a strategic partnership approach to the MCN agenda; [4] further development of the existing systems during the interim period.

3.2 Consideration of and planning for the impacts of the new Domestic Abuse Act Safe Accommodation Duties that will be incumbent upon the Authority, in relation to the domestic abuse element of the MCN tender. The procurement team have advised these can be accommodated without compromising the tender process.