

Wednesday, 09 December 2020

Meeting of the Health and Wellbeing Board

Thursday, 17 December 2020

2.00 pm

Zoom Meeting - Virtual (meeting joining details can be found below)

<https://us02web.zoom.us/j/83325006965?pwd=Z1pCbWVQU3JYVlJnK3pBSlI2NmDaUT09>

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Members of the Board

Councillor Jackie Stockman, Chairwoman

Pat Harris, Healthwatch Torbay

Caroline Dimond, Director of Public Health

Dr Liz Thomas, NHS England

Matt Fox, NHS Devon Clinical Commissioning Group

Jo Williams, Director of Adults Services

Nancy Meehan, Deputy Director Children

Co-opted Members of the Board

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

Tanny Stobart, Community Development Trust

Nikki Leaper, Devon and Cornwall Police

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Lisa Antrobus, Town Hall, Castle Circus, Torquay, TQ1 3DR

Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

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. **Matters Arising** (Pages 4 - 7)
To discuss any matters arising from the Meeting of the Health and Wellbeing Board held on 10 September 2020.
5. **Enabling Children to have the Best Start in Life - Early Help**
To receive a presentation from Mark Gray of Peopletoo.
6. **Ageing Well - Living Longer Better** (Pages 8 - 11)
To receive a presentation from Sir Muir Gray, Director of the Optimal Ageing Programme for Living Longer Better.
7. **Joint Health and Wellbeing Strategy - Outcomes** (Pages 12 - 16)
To consider a report on the above.

8. **Forward Plan**

To discuss items for future meetings of the Health and Wellbeing Board.

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.

Joining a meeting

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.

If you have joined the meeting via telephone, your telephone number will appear on screen and will be displayed for all to see until the Host has confirmed your name and then they will rename your telephone number to either public or press.

Meeting Etiquette - things to consider when attending a virtual meeting

- 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.

Minutes of the Health and Wellbeing Board

10 September 2020

-: Present :-

Pat Teague, Tara Harris, Tanny Stobart, Pat Harris, Matt Fox, Councillor Jackie Stockman (Chairwoman), Adel Jones, Julia Chisnell, Lee Tozer and Ceri Woszczyk

123. Apologies

Apologies for absence were received from Liz Thomas, Alison Hernandez, Jo Williams, David Somerfield, Matt Longman, Caroline Dimond who was represented by Julia Chisnell and Nancy Meehan who was represented by Ceri Woszczyk.

124. Updates on focus areas from June meeting:

The Board received presentations on three 'areas of focus'; addressing the economic impact of Covid-19 on young people in Torbay, improving digital access and tackling inequality and improving public mental health.

Addressing the economic impact of Covid-19 on young people in Torbay:

Tanny Stobart gave a presentation and asked the board to consider how they could support the work being undertaken to address the economic impact of Covid-19 upon young people.

Tanny highlighted the following:

- That data shows families were under increased pressure, particularly vulnerable groups such as:
 - Young people at risk of suffering harm;
 - Children in care; and
 - Young people at risk of falling behind in education.
- Year 11's – a group at particular risk of falling behind, without the structure they would usually have been given at this point in the year.
- There was growing evidence that economic consequences of the Covid19 pandemic would have a greater negative impact upon young people.

Tanny informed the Board that there were a number of initiatives being developed to help address the economic impact upon young people such as the Covid Neet Prevention Board established by Torbay Council, the Board was also informed of three youth projects established by the Department for Work Pensions (DWP),

working with young people to give them mentoring support and to get them into employment. Lee Tozer, representing DWP added if any of the board members would like to become a part of Kickstart to contact him for further details.

Adel Jones thanked Tanny for the report and highlighted that this needs to be a priority and focus for the board moving forward.

The Board resolved by consensus:

- i) to continue to monitor the data on the size and scope of the challenge;
- ii) to support development of initiatives that bring together voluntary sector organisations, charities, the public and private sectors to find ways to collectively tackle the issues facing the most vulnerable families and young people; and
- iii) support the development of the Torbay Post Covid NEET Prevention Board.

Improving digital access and tackling inequality:

Katy Heard gave a presentation to the Board on improving digital access in Torbay. Katy explained that for this area of work the definition of digital exclusion had been agreed as follows:

For someone to be digitally excluded all features must be present. The person:

- ▶ Wants to engage digitally but is unable to do so.
- ▶ Lacks one (or more) of the following: skills, means, and confidence to access digital routes.
- ▶ Wants to digitally access key activities of daily living that are important to them. Including but not limited to banking/shopping, universal credit, social clubs, physical and mental health, social care services, social media etc.
- ▶ Is socially isolated or disadvantaged physically and/or mentally without digital solutions.

Katy advised the Board that there were some significant challenges to improving digital access such as identifying the size of the issue of digital exclusion, identifying the priorities for those that are most excluded and community engagement which was difficult due to the current situation.

Once all of the above had been completed, the digital exclusion working group would then determine their priorities and work streams. The voluntary sector partners were on board with the need to improve digital access and had already mapped out most of the face to face support systems already in place. They will focus on promoting the value of digital access, encouraging those residents who will not want to have access or feel they do not need digital access to try accessing services via digital means.

Improving public mental health:

Julia Chisnell and Cindy Willcocks gave a presentation to the Board on improving public mental health. They informed Members that the Torbay mental health response and resilience cell had met during early months of Covid-19. The system (voluntary and statutory) put in place a range of additional support for people experiencing forms of mental distress. Whilst some developments were delayed because of the pandemic the response highlighted the gaps and real enthusiasm to work together to address such gaps.

Cindy advised that since the last Board meeting she had been appointed the Public Health Mental Health lead and confirmed the engagement with voluntary and statutory sectors will continue with a desire to keep the momentum going. Key priorities have been identified and a Mental Health Network has been formed to establish an action plan.

The network will not just focus on the mental health element, but will focus on the continuum of mental health this includes self-harm and suicide prevention.

In response to questions from the Board, Cindy confirmed that children and young people's mental health would be covered by the network, with the Head of School Improvement and other members assisting with this particular group.

125. What our data is telling us:

Simon Baker, Public Health Analyst gave a presentation (attached to these minutes) to the Board on the current local and national trends and impacts in relation to Covid-19 and the outcomes of the Joint Strategic Needs Assessment (JSNA).

The Board paid particular attention to the findings of the JSNA recognising the need for decisive and strong leadership if Torbay is to address the inequalities within its communities. Adel Jones confirmed she would be challenging the ICO to do things differently to help improve the outcomes for those groups identified in the JSNA with the Chairwoman and Tara Harris agreeing to discuss the challenge with the Interim Chief Executive of Torbay Council. The Board did conclude that action rather than talking about action was required to deliver improvements in the outcomes for those groups most in need.

126. Planning for Winter: Covid-19 and flu

The Board received a presentation from Julia Chisnell, Consultant in Public, she advised Members that winter was expected to bring pressure as a result of Covid-19 combining with the usual flu season. Julia explained that in relation to Covid-19 settings based prevention and responses had been prepared with action cards having been developed. Testing capacity and capability was key in being able to monitor cases and trends.

With regards to flu vaccination, Julia advised that the vaccination programme had been expanded and the covering groups were now eligible for flu vaccination highlighting that those susceptible to flu are susceptible to Covid-19;

- 2-11 years
- 6m to 64 years in a risk group (risk = up to 47x higher)
- 65+
- Pregnant
- Care residents & carers
- Frontline health & care workers

Plus:

- Household contacts of those who were shielding or immuno-compromised
- 50-64 years from November (*if sufficient vaccine is available*).

Board Members were requested to encourage those within their communities to have a flu vaccination.

127. Forward Plan Review

The Board noted that the next meeting of the Health and Wellbeing Board on 17 December 2020 would focus on:

- Enabling children to have the best start in life – early help
- Ageing Well – Living Longer Better.

LIVING LONGER BETTER IN TORBAY

DESIGNING THE SYSTEM, DEVELOPING THE NETWORK AND TRANSFORMING CULTURE

This paper sets out the rationale and system design concept for the national 'Living Longer Better' initiative

Population ageing is a complex challenge and cannot be met exclusively by reorganising the structure of public services. Bureaucracies are essential for linear tasks such as the fair and open employment of staff or the delivery of a specific service to high levels of quality and efficiency but population ageing, both absolute and relative, is a non-linear and complex challenge and therefore requires three other organisational developments namely:

- [The design of a system](#): a system being a set of activities with a common aim and set of objectives focused on agreed outcomes
- [The development of networks](#), each responsible for and to a defined population for the delivery of the objectives, taking into account local history and geography
- [A cultural revolution](#) which is based on the assumption that older people themselves can always improve their wellbeing - physical, cognitive and emotional by taking personal responsibility.

SYSTEM DESIGN

The aim of the system is to help individuals live longer better and to reduce the need for health and social care. (Appendix A) For a population to participate fully in the programme it is recommended that it adopts the system specification (Appendix B) including its objectives and the related criteria to measure progress to:

- prevent and mitigate isolation
- increase physical ability and fitness and increase healthspan
- promote knowledge and understanding about living longer better among older people and the wider population to counteract the detrimental effects of ageism
- involve older people from all ethnic and cultural groups in the leadership and management of transformation
- create an environment in which people can fulfil their potential
- enable strengthening of purpose
- support carers better
- minimise and mitigate the effects of deprivation
- reduce the risk of and delay or prevent dementia
- prevent and minimise the effects of disease and multimorbidity
- reduce the risk of a bad death

The system specification has been submitted to the National Institute for Health Protection

LIVING LONGER BETTER IN TORBAY

NETWORK DEVELOPMENT

Network populations could be determined by the boundary of a jurisdiction such as a County Council or a NHS body, either an Integrated Care System or one of the constituent Integrated Care Providers, which are usually based on long standing communities of practice and involve specialists in geriatrics and psychogeriatrics. Other key organisations such as AgeUK and the Sport England Active-Partnerships usually relate to one of these boundaries and the Primary Care Networks can relate to both types of population and involve social prescribing link workers who are network builders.

A Network needs to be developed to pursue the objectives with each of the key local organisations, including local businesses and relevant 3rd sector organisations, nominating at least one person in the second or third level of their leadership to devote a day or two a week to the Network. There is a need for one person to be given lead responsibility for developing the Network and the Director of Public Health has the skills in their team but if they are still too occupied with Covid control another service could take the lead and the Sport England Active Partnerships have the right culture to lead work on Living Longer Better, working on the principle that everyone can improve their ability, health and wellbeing with the right motivation and support. Librarians as experienced knowledge managers have an important role because the Network is an organisation that depends on sapiential authority, that is authority based on knowledge derived from research ie evidence, knowledge from data analysis and knowledge from experience.

Each Network will produce an annual report using the agreed criteria both for the population served and for sharing with and learning from other networks in the national 'Living Longer Better' community of practice.

THE CULTURAL REVOLUTION

The Network will provide the local leadership to transform the culture from one in which it is assumed that health problems are due to 'ageing' and therefore need to be overcome by the provision of 'care' to one in which it is assumed that people of any age can take personal responsibility for increasing their physical, cognitive and emotional wellbeing and capability .

The Care Act of 2014 provides the legal basis for this requiring local authorities not only to provide support but also to be active in "*promoting individual physical and mental health and emotional well-being*" and in

"Preventing needs for care and support

(1)A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will—(a)contribute towards preventing or delaying the development by adults in its area of needs for care and support....

(c)reduce the needs for care and support of adults in its area"

LIVING LONGER BETTER IN TORBAY

This is a radical change from the principles of the National Assistance Act (194*) which assumed that although younger people with disabilities needed education to overcome their disabilities, people affected by “age, infirmity or other circumstances” simply needed “care and attention”

The means of changing culture and therefore the key task of leadership includes:

- adopting a common language, not only to ensure that people use terms such as ageing or dementia with the same meaning but also to change the way people think. Indeed anthropological experts in neurolinguistics are agreed that a new language creates a new social reality. (Appendix C) For example, it has been suggested that the term that should best describe the approach adopted people working with older people, either as professionals or volunteers should be coaching rather than caring with the aim of coaching being “always to close the gap between potential and performance”
- introducing a learning programme (Appendix D) developed in partnership with Learning With Experts, using their technology which ensures that all learning online is in groups being based on the principles of the Fourth Education Revolution, for
 - a wide range of professionals and volunteers perhaps 1000 people in a typical population of half a million
 - people over 60 reached partly through GP information systems and partly by the wide range of volunteers and professionals
- Without reducing the commitment to increase face to face contacts for isolated people promoting and enabling digital inclusion of all older people with technology that would allow them to engage in groups for learning , enjoyment or social missions ref
- Supporting all older people in initiatives to increase their contribution to society even more to reinforce a sense of purpose particularly by encouraging inter-generational projects

NATIONAL ENDORSEMENT

There is explicit endorsement from Public Health England, in a letter from the Medical Director

The Local Governments Association’s Community Wellbeing Board gave this method full support

This is entirely consistent with Sections 1 and 2 of Part 1 of the Care Act 2014

There is no formal endorsement yet by NHS E&I but it is consistent with the current reorganisation with its emphasis on ICSs and ICPs and Primary Care Networks. This plan has been submitted to Health Education England for consideration.

The Centre for Ageing Better has offered to run a development workshop for the first phase of networks

LIVING LONGER BETTER IN TORBAY

AgeUk and the U3A have been kept informed during the development of the project

SUPPORT FOR NETWORK DEVELOPMENT IN THE FIRST YEAR

The development project for each Network is a year long project in which the Optimal Ageing Programme, with its partner Digiatics would

- Make presentations as required to key organisations notably the Local Authorities and the NHS
- Help develop the Networks by supporting each Network development team, a set of people of between 10 to 15, and the person appointed to be the 'reticulant' the link worker who would be working full time on the project
- Run workshops for the Network development team on system and network, theory and practice and culture change
- Provide resources eg
 - a glossary,
 - a powerpoint with notes on LLB that could be used by the Network members in speaking to older people or to professional groups
 - access to [The Optimal Ageing Programme website](#) designed for older people
 - access to the [Optimal Ageing Programme Library](#), key sources and evidence about Living Longer Better
- Provide and help interpret and adopt the system specification
- Provide a thousand licences for learning that could be used for older people and for the professionals and volunteers providing support
- Develop a community of practice for the populations involved to enjoy action learning.

Digiatics would work with General Practices or Primary Care Networks to promote digital inclusion and the delivery of learning and support through the GP information systems. This includes information for people long term conditions and multimorbidity developed by the Richmond Group of Charities delivered at the time of diagnosis or a change in treatment

Resources for each network supported

The Network will need a person focused on its development and effectiveness working full time on this task. The type of person currently acting as a social prescribing linkworker would be ideal and if it is not possible for one of the key organisations cannot assign a person to this role, sometimes called the role of reticulant, a budget of £40K will be required for the host organisation

The Optimal Ageing Programme will need resources for learning resources , £25K for 1000 licences, and £14,400 for providing the development support for one year

Digiatics is seeking resources for other sources but there will be resources required to develop the GP information systems to deliver knowledge , learning and support digitally to everyone over the age of 60

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Joint Health and Wellbeing Strategy Outcomes Table- Torbay, November 2020

Number	Measure	Time period	Type	Torbay	Similar areas ¹	Devon wide (STP ²)	England	Trend of previous figures	RAG rating compared to England/goal ³	Direction of travel since previous figure	
Prevention: Work together at scale to promote good health and wellbeing and prevent illness											
1	Life expectancy gap in males	2016-18	Years	10.5	10.7	8.4	9.5				
2	Life expectancy gap in females	2016-18	Years	8.1	8.5	6	7.5				
3	Adult smoking rate	2019	%	15.0%	14.4%	15.7%	13.9%				
4	Alcohol related ill health- Hospital attributable admissions (broad)	2018/19	Per 100,000	2,396	2,688	2,070	2,367				
5	Mortality rate from preventable conditions ⁴	2017-19	Per 100,000	169.5	168.1	150.9	142.2				
Enable children to have the best start in life and address the inequalities in their outcome											
6	Smoking in pregnancy rate- at time of delivery	2019/20	%	11.6%	15.6%	11.6%	10.4%				
Page 12	7	Baby's first feed breastmilk	2018/19	%	73.3%	64.4%	73.1%	67.4%			
	8	Children in relative low income families	2018/19 (provisional)	%	17%	20%	15%	UK- 18%			
	9	Children who score at or above the expected level in all 5 areas at 2 - 2.5 years (Ages and Stages Questionnaire)	2018/19	%	87.2%	84.1%	72.6%	84.1%			
10	Early years good development (at the end of reception)	2018/19	%	70.8%	70.8%	71.4%	71.8%				
11	Difference between school % of disadvantaged pupils and national % of other pupils achieving an expected score in reading, writing and maths (Key Stage 2)	2019	%	17% lower	South West- 25% lower	23% lower	N/A				
12	Pupils with statement of Special Educational Needs (SEN) support	2020	%	12.10%	13.38%	13.61%	12.10%				
13	Children overweight or obese in year 6 ⁵	2018/19	%	35.2%	34.6%	29.3%	34.3%				
14	Children in Need rate	2019	Per 10,000	419.7	451.7	356.3	334.2				
15	Children in care/ looked after rate	2019	Per 10,000	142	106.8	90.33	65				
16	Population vaccination coverage- MMR for two doses (5 years old)	2019/20	%	93.4%	91.3%	93.2%	86.8%				

Agenda Item 7

Number	Measure	Time period	Type	Torbay	Similar areas ¹	Devon wide (STP ²)	England	Trend of previous figures	RAG rating compared to England/goal ³	Direction of travel since previous figure
17	Population vaccination coverage- HPV vaccination coverage for two doses (females 13-14 years old)	2018/19	%	83.9%	85.9%	88.1%	83.9%			
Build emotional resilience in young people										
18	School pupils with social, emotional and mental health needs	2019	%	3.95%	3.01%	3.92%	2.52%			
19	Self harm rates- hospital admissions (10-24 years)	2018/19	Per 100,000	784.6	565.2	678.3	444			
Create places where people can live healthy and happy lives										
20	Physically active adults	2018/19	%	69.8%	66.3%	70.5%	67.2%			
21	Parkrun for adults- Number of participants	2019	Number	4,975						
22	Parkrun for juniors- Number of participants	2019	Number	605				No trend- previous year is from Nov18		
23	Thriving place index- Scorecard results for local conditions	2020	Score 0-10	4.58	4.69	4.87			Medium	
24	Overweight or obese adults	2018/19	%	59.8%	65.4%	63.4%	62.3%			
Support those who are at risk of harm and living complex lives , addressing the underlying factors that increase vulnerability										
25	Domestic abuse crimes and incidents	2019/20	Number	3,645						
26	Homelessness rates (New relief duty cases) ⁶	2019/20	Per 1,000 households	12.7						
27	Successful drug treatment rates	2018	%	5.0%	5.2%	5.2%	5.8%			
28	Successful alcohol treatment rates	2018	%	33.6%	36.8%	30.6%	37.6%			
29	Harmful alcohol use- Hospital admissions for alcohol related conditions (narrow)	2018/19	Per 100,000	808	798	677	664			
Enable people to age well										
30	Proportion of people who use services who reported that they had as much social contact as they would like	2019/20	%	50.8%	Not published yet					
31	Proportion of carers who reported that they had as much social contact as they would like (biennial survey, next one moved to 2020/21)	2018/19	%	32.4%	34.5%	27.2%	32.5%			

Number	Measure	Time period	Type	Torbay	Similar areas ¹	Devon wide (STP ²)	England	Trend of previous figures	RAG rating compared to England/goal ³	Direction of travel since previous figure
32	Feel supported to manage own condition	2018/19	%	58.6%	59.7%	59.2%	58.4%			
33	Fuel poverty	2018	%	10.0%	10.1%	10.6%	10.3%			
34	Population vaccination coverage - Flu (at risk individuals)	2019/20	%	44.8%	46.3%	44.5%	44.9%			
35	Population vaccination coverage - Flu (aged 65+)	2019/20	%	71.5%	73.1%	72.6%	72.4%			
36	Population vaccination coverage - Shingles vaccination coverage (70 years old)	2017/18	%	42.7%	43.9%	46.8%	44.4%			
37	Emergency hospital admissions due to falls in people aged 65 and over	2018/19	Per 100,000	1,915	2,253	1,947	2,198			
38	Hip fractures in people aged 65 and over	2018/19	Per 100,000	517	594	552	558			
39	Dementia- estimated diagnosis rate (aged 65 and over)	2020	%	61.7%	67.8%	59.4%	67.4%			

Promote good **mental health**

40	Self reported wellbeing- low happiness score	2018/19	%	8.4%	8.6%	8.0%	7.8%			
41	Campaigning uptake/impact			Fig to be added						
42	Training numbers			Fig to be added						
43	Suicide rate	2017-19	Per 100,000	19	12.6	14.2	10.1			

¹Amalgamation of values for similar areas - The children and young people's sections use the National Foundation for Educational Research (NFER) Children's Services Statistical Neighbours for Torbay. The rest of the table uses the Chartered Institute of Public Finance and Accounting (CIPFA) statistical nearest neighbours for Torbay.

²Sustainability and Transformation Partnership

³RAG (Red, amber, green) rating:

- Torbay value is statistically significantly worse than the England value/ worse compared to the goal
- Torbay value is not statistically significantly different to the England value/ similar compared to the goal
- Torbay value is statistically significantly better than the England value/ better compared to the goal

⁴New 2019 methodology is used for this indicator

⁵2017/18 value not published for data quality reasons

⁶The 'relief duty' requires Local Authorities (LAs) to help people who are homeless to secure accommodation. The duty applies when the LA is satisfied that the applicant is both homeless and eligible for assistance. The introduction of the Homelessness Reduction Act 2017 has changed the criteria by which clients are entitled to assistance as well as the duties placed on LAs to assist clients threatened with homelessness, with data from April 2018. Rates are locally calculated using Office for National Statistics household projections

Key

No.	Name of measure/ Benchmarking against goal
1	A02a- Inequality in life expectancy at birth (Male)
2	A02a- Inequality in life expectancy at birth (Female)
3	Smoking prevalence in adults- current smokers (Annual Population Survey)
4	9.01- Admission episodes for alcohol-related conditions (Broad) (Persons)
5	E03- Mortality rate from causes considered preventable (2019 definition)
6	C06- Smoking status at time of delivery
7	C05a- Baby's first feed breastmilk
8	Children aged under 16 living in relative low income families- Department for Work and Pensions and HM Revenue and Customs
9	C08a- Percentage of children at or above expected level of development in all five areas of development at 2-2½ years- Ages and Stages Questionnaire (ASQ-3)
10	B02a- School Readiness: the percentage of children achieving a good level of development at the end of reception
11	Difference between school % of disadvantaged pupils and national % of other pupils achieving an expected score in reading, writing and maths (Key Stage 2)- Department for Education
12	Percentage of pupils with Statement of Needs (SEN) support (All schools)- as of 31 January of the year- Department for Education
13	C09b- Year 6: Prevalence of overweight (including obesity)
14	Children in need: Rate per 10,000 children aged <18- data as of 31 March of the year- Department for Education
15	Children in care: Children looked after at 31 March (rate per 10,000 population aged under 18 years)- data as of 31 March of the year- Department for Education
16	D04c- Population vaccination coverage- MMR for two doses (5 years old). Benchmarking against goal- <90%= red, 90%-95%= yellow, ≥95%= green
17	D04f- Population vaccination coverage- HPV vaccination coverage for two doses (females 13-14 years old). Benchmarking against goal- <80%= red, 80%-90%= amber, ≥90%= green
18	School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (School age)
19	Hospital admissions as a result of self-harm (10-24 years)
20	Percentage of physically active adults
21	5k Torbay adult parkrun (Saturday mornings)
22	2k Junior parkrun (Sunday mornings)
23	Thriving Places Index- Scorecard for local conditions- https://www.thrivingplacesindex.org/
24	C16- Percentage of adults (aged 18+) classified as overweight or obese
25	Domestic abuse crimes and incidents
26	Homelessness rates: New homeless cases at Relief stage
27	C19a- Successful completion of drug treatment- opiate users
28	C19c- Successful completion of alcohol treatment
29	C21- Admission episodes for alcohol-related conditions- narrow

No.	Name of measure/ Benchmarking against goal
30	Adult Social Care Outcomes Framework 1i(1)- Proportion of people who use services who reported that they had as much social contact as they would like
31	Adult Social Care Outcomes Framework 1i(2)- Proportion of carers who reported they had as much social contact as they would like
32	NHS Outcomes Framework 2.1- Feel supported to manage own condition
33	B17 Fuel poverty
34	D05 - Population vaccination coverage - Flu (at risk individuals). Benchmarking against goal- <55%=red, ≥55%= green
35	D06a - Population vaccination coverage - Flu (aged 65+). Benchmarking against goal- <75%= red, ≥75%= green
36	D06c- Population vaccination coverage - Shingles vaccination coverage (70 years old). Benchmarking against goal- <50%= red, 50%-60%= amber, ≥60%= green
37	2.24i-Emergency hospital admissions due to falls in people aged 65 and over
38	E13- Hip fractures in people aged 65 and over
39	Estimated dementia diagnosis rate (aged 65 and over). Benchmarking against goal- <66.7%(significantly)= red, similar to 66.7%= amber, ≥66.7%(significantly)= green- as in March of the year
40	Self-reported well-being- low happiness score: % of respondents
41	Campaign uptake/ impact
42	Training numbers
43	4.10- Suicide rate