

Monday, 20 January 2020

## Meeting of the Health and Wellbeing Board

**Tuesday, 28 January 2020**

**10.00 am**

**Churston Room, Town Hall, Castle Circus, Torquay, TQ1 3DR**

---

### **Members of the Board**

Councillor Jackie Stockman (Chairwoman), Cabinet Lead for Adults and Public Health  
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

### **Co-opted Members of the Board**

Matt Longman, Devon and Cornwall Police  
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  
Cheryl Ward, Department for Work and Pensions  
Dawn Butler, Torbay and South Devon NHS Foundation Trust  
Adel Jones, Torbay and South Devon NHS Foundation Trust



Download this agenda via the free modern.gov app on your [iPad](#), [Android Device](#) or [Blackberry Playbook](#). For information relating to this meeting or to request a copy in another format or language please contact:

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

Email: [governance.support@torbay.gov.uk](mailto:governance.support@torbay.gov.uk) - [www.torbay.gov.uk](http://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. **Minutes** (Pages 4 - 6)  
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 12 September 2019.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**  
**For reference:** Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**  
**For reference:** Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.  
  
(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**  
To consider any other items that the Chairman/woman decides are urgent.
5. **Addressing inequalities in outcomes for children**  
To undertake a deep dive into 'addressing inequalities in outcomes for children' and to consider the findings of a review undertaken by PeopleToo on the Early Help Strategy.
6. **Public Health Annual Report 2019 - Growing up in Torbay** (Pages 7 - 29)  
To note the Director of Public Health annual report.
7. **Highlight Report - Promoting Active Ageing** (Pages 30 - 40)  
To consider a report that cover four areas of work under the active ageing programme:

- Ageing Well Torbay
- Age-Friendly Torbay
- Enhanced Health in Care Homes
- Frailty and Falls

8. **Update on the STP Long Term Plan** (Verbal Report)

9. **Highlight Report - Thriving Lives Outcome Monitoring** (Pages 41 - 58)  
To consider a report that sets out a draft outcome framework for the Torbay Joint Health and Wellbeing Strategy.



## Minutes of the Health and Wellbeing Board

12 September 2019

**-: Present :-**

Pat Teague, Ian Ansell, Pat Harris, Caroline Dimond, Keith Perkin, Matt Fox, Councillor Jackie Stockman and Jon Brown

---

### **103. Apologies**

Apologies for absence were received from Keith Perkins, Tara Harris, Alison Hernandez, David Somerfield, Adel Jones, Cheryl Ward, Jo Williams and Alison Botham who was represented by Jon Brown.

### **104. Minutes**

The Minutes of the Board held on 31 July 2019 were confirmed as a correct record and signed by the Chairwoman.

### **105. Urgent items**

The Chairwoman shared an update provided by Keith Perkins from Devon and Cornwall Police in respect of domestic abuse. Members were informed that Keith had persuaded the Herald Express to run a series of articles on domestic abuse, the articles will seek public support to start a culture in Torbay where domestic abuse is seen as unacceptable. The first Torbay DASV Community Forum had also taken place with a further meeting being held solely to consider how to start a wide campaign or social movement in respect of domestic abuse. The 16 days of Action in November will also be an opportunity to recommunicate the messages that are printed in the Herald Express.

### **106. A Long Term Plan - Update**

The Board noted an update in respect of the engagement on the Devon NHS Long Term Plan. Members were advised that engagement commenced on 11 July and ended on 5 September. The key themes to emerge from the engagement were:

- Over 50% of respondents had a preference for face to face hospital appointment, whilst there was an appetite for technology more education, channel shift and reassurance was required;
- People were attending A&E because it is easier than accessing other services;

- Need more joined up communication between services, signposting and information;
- Community support and social interaction is critical to mental illness, support and recovery;
- People were willing to travel for care for up to an hour, and expect provision to be available in Devon and Cornwall.

Members were informed that a further iteration of the Long Term Plan would be circulated for final response shortly.

Resolved:

That the Board delegate approval of the final submission of the Long Term Plan to the Director of Public Health in consultation with the Chairwoman.

#### **107. Review of Thriving Lives - Torbay's Joint Health and Wellbeing Strategy**

The Board considered a report that detailed the progress made against the *Thriving Lives* priorities over the last year and a draft outcomes framework was also circulated for the Board's views.

Resolved:

- i) that the priorities within the Thriving Lives – Torbay's Joint Health and Wellbeing Strategy remain unchanged;
- ii) that the current areas of focus i.e. children and complex vulnerabilities also remain unchanged for 2019/2020;
- iii) that the Health and Wellbeing Board annual work programme reflects the emphasis on areas of focus and sponsor; and
- iv) that the proposed outcome framework is adopted as a draft that will be presented and amended within appropriate forums leading priority work. Upon discussion with the appropriate forums the final outcome framework be agreed at a future meeting of the Health and Wellbeing Board and subject to quarterly updates and annual oversight.

#### **108. Better Care Plan 2019/20**

The Board considered a report that detailed how the Better Care Fund for 2019/20 would be used. Members were advised that the schemes included in the Better Care Fund supported the prevention and early intervention strategies supporting the aims of the Thriving Lives – Torbay's Joint Health and Wellbeing Strategy.

Resolved:

That the Board:

- i) supported the commitment to transformative care learning from the initiatives and taking the momentum from successes to date to deliver improvements in patient experience of care (including quality and satisfaction), improvements across the health of populations, and reducing the per capita cost of health care and deliver the goals of the NHS Long Term Plan;
- ii) recognised and supported the pace of change required with the demographic, workforce and care demand drivers being faced; and
- iii) supported the proposals set out in Appendix 1 to the submitted report, that they be taken through due governance, to deliver a transformation in Torbay's care provision for the wellbeing of the population including those working and caring within it.

# Public Health Annual Report 2019

Growing up in Torbay





# Contents

Foreword .....	2
Our greatest achievements over the last 12 months .....	4
The impact of poverty and deprivation .....	6
Torbay health facts .....	8
Pregnancy and maternity .....	10
Parenting .....	12
Best start in life .....	14
Trauma .....	16
Immunisation .....	18
Healthy weight .....	20
Physical Activity .....	22
Oral health .....	24
Emotional health and wellbeing .....	26
Sexual and reproductive health .....	28
The new 0-19 contract .....	30
Link to the Torbay Children and Young People's Partnership Board .....	31
Summary of recommendations from this report for children and young people in 2020 ...	32
Review of progress from 'Torbay on the Move' .....	34
Review of the Director for Public Health's recommendations .....	38
Useful Links .....	42

# Foreword

In this year's annual report, I am focusing on Children and Young People. Children and Young People are our future and there can be no greater ask of society than to work together to support them to stay well and thrive, particularly in the early days and months of life. The future life chances and quality of life of our children and young people depends on many factors. These include the social conditions in which they live and the quality of life they have with families and at school. Their parents' or carer's wellbeing, physical and mental, also plays an important role.

We know also that differences or inequalities in the lives of our children and young people can lead to differences in the longer term and that this leads to differences in health and wellbeing that continue into adulthood. This has an impact on future aspirations, employment opportunities, income, standards of living and, in turn, the productivity and economy of Torbay.

In Section 1 of this report, I look at a range of issues that have an impact on the lives of our children and young people as they grow from conception and pregnancy through to their teenage years. I

consider issues such as emotional resilience, lifestyle, oral health and the impacts of trauma. I describe the very many examples of great work that are taking place in Torbay to address these issues and to enable children to grow up happy and well. You can read about examples of these success stories on page five. However, there is more that we can do and there are still far too many children who are vulnerable in Torbay. This report also, therefore, sets out some recommendations for the Council and its partners to consider to help enable our children and young people to thrive. I would hope to see that our collective effort, with a focus on promoting wellbeing and intervening early when problems arise, leads to a year on year decrease in the numbers of children being looked after by statutory services.

In Section 2 of this report I review the progress against targets set within my 2018 report on physical activity. I am pleased to feed back that thanks to the hard work of those involved with different projects, we are making great progress, with more people in Torbay becoming physically active and with more opportunities created for people, of all ages, to get active.

Finally, in Section 3 of this year's report, I have also reviewed the overall recommendations that I made in previous annual reports, and have refreshed those for 2020. These are a recap of recommendations from previous reports, an update on progress made and what future challenges remain. These all link to Thriving Lives, Torbay's Joint Health and Wellbeing strategy which is overseen by Torbay's Health and Wellbeing Board. You can find out more about Thriving Lives at <https://www.torbay.gov.uk/DemocraticServices/documents/s63507/Joint%20Health%20and%20Wellbeing%20Strategy%20Appendix%201.pdf>

Good health and wellbeing is influenced by many factors and importantly can only be achieved when communities themselves are at the centre of the action. I would like Torbay to come together as public, private, community and voluntary sectors to improve the health and wellbeing of our communities. It is only by working together in this way that we can enable true transformational change with and for our population.

**Caroline Dimond**  
**Director of Public Health**

# Some of our greatest achievements in the last 12 months to support children and young people

**Implemented the Run for your Life campaign.** In the Summer Term of 2019, 20 of our primary schools participated in the campaign, collectively travelling over 53,000 miles.

**Rolled out a new supervised tooth brushing scheme** in autumn 2019. This project is targeting 6,000 4-5 year olds in the most deprived areas of Devon, including Torbay and will greatly increase the amount of nurseries and primary schools engaging in activity to improve children's oral health.

**Secured funding to pilot a school-based family therapy self-harm intervention.**

**Secured funding to pilot a school-based mental health support team** that will support earlier than Children and Adolescent Mental Health Services (CAMHS).

**Undertook interviews and data analysis** to help children's services understand the needs of children and young people on the edge of care.

**Supported a campaign to increase flu vaccination in children.** As a result flu vaccination uptake in young children in Devon and Torbay increased significantly in 2018/19, helping to protect both them and the wider community.

**Brought the Beat the Street campaign to Torbay.** The proportion of children reporting being 'less active' (undertaking less than 30mins physical activity per day) decreased from 43% before the programme to 3% 12 months after.



**Designed and implemented a social marketing digital campaign** to help improve wellbeing and resilience, based on 5 Ways to Wellbeing.

**Commissioned an innovative 0-19 Integrated Service for children and families in April 2019.** It brings together a partnership between Torbay, South Devon and Torbay NHS Trust, Action for Children and The Children's Society to sustain well performing local services while improving outcomes for our most vulnerable families, ensuring the best start to life.



**Launched EMBRACE (Everybody Matters in Reducing Adverse Childhood Experiences).** Torbay's Trauma Informed Network is a community of practice across local partnerships, with 30 different organisations participating. The network has successfully passed recommendations through the Council to adopt a trauma informed approach across Torbay.

# The impact of poverty and deprivation

## Why does it matter?

The latest detailed figures on deprivation from 2019 showed parts of Torquay and Paignton in the top 10 poorest areas in England, with Torbay the most deprived authority in the South West.

Growing up in poverty damages children's health and wellbeing. A significant amount of evidence also links adverse childhood circumstances to poor child health outcomes which in turn can lead to poor health and decreased life chances in adulthood. Thus a child's journey through life is affected by many factors in their home and neighbourhood and this will result in ups and downs - a bit like in a game of snakes and ladder as the diagram on pages 8-9 shows.

## Key facts

- Torbay is the most deprived local authority in the South West for Income Deprivation Affecting Children. In 2019, 22% of children were classified as being affected by income deprivation.
- There are significant differences between wards in the deprivation rate affecting children. Approximately 30%

of children in central Torquay and Paignton (Tormohun and Roundham with Hyde) are affected by income deprivation which is almost triple the rate of more affluent wards within Torbay.

- The rate of children entering care and those starting a child protection plan from the most deprived areas of Torbay is approximately six times the rate of the least deprived areas (2017/18 - 2018/19).
- Torbay's relative position has slightly worsened between 2015 and 2019 in respect of Income Deprivation Affecting Children (2019 - 30th most deprived, 2015 - 39th most deprived local authority).

## What are we doing now?

Public Health is part of the Early Help Board, which seeks to offer targeted help for those children and families to help achieve outcomes such as ensuring children attend school regularly and to foster positive relationships and behaviours. Often the recipients of these services are from families suffering from significant levels of poverty.

Children in poverty are more likely to be obese, often due to consuming cheaply available processed foods which are high in fat, sugar and salt. To attempt to counteract this, Public Health delivers a number of activities and has created a healthy schools website: Torbay Healthy Learning. A failure to tackle these health and weight issues could lead to these children having poor health in adulthood with the resultant effects on employment and income that this can cause.

## What are we going to do in the future?

Public Health is part of Torbay Council's drive to 'Turn the Tide on Poverty'. The focus includes seeking to give every child the best start in life, and enabling children and young people to maximise their capabilities and have control over their lives. This will mean working ever more closely with young people and their families in our local communities to learn what will have a real impact on people's lives.

## Case study

Torbay Director of Public Health is working with the Torbay Council Overview and Scrutiny Board to review the work we lead to address poverty and inequality. To do this, officers of the council together with Councillors are looking at our work in the following 6 policy areas which will lead to recommendations for consideration early in 2020.

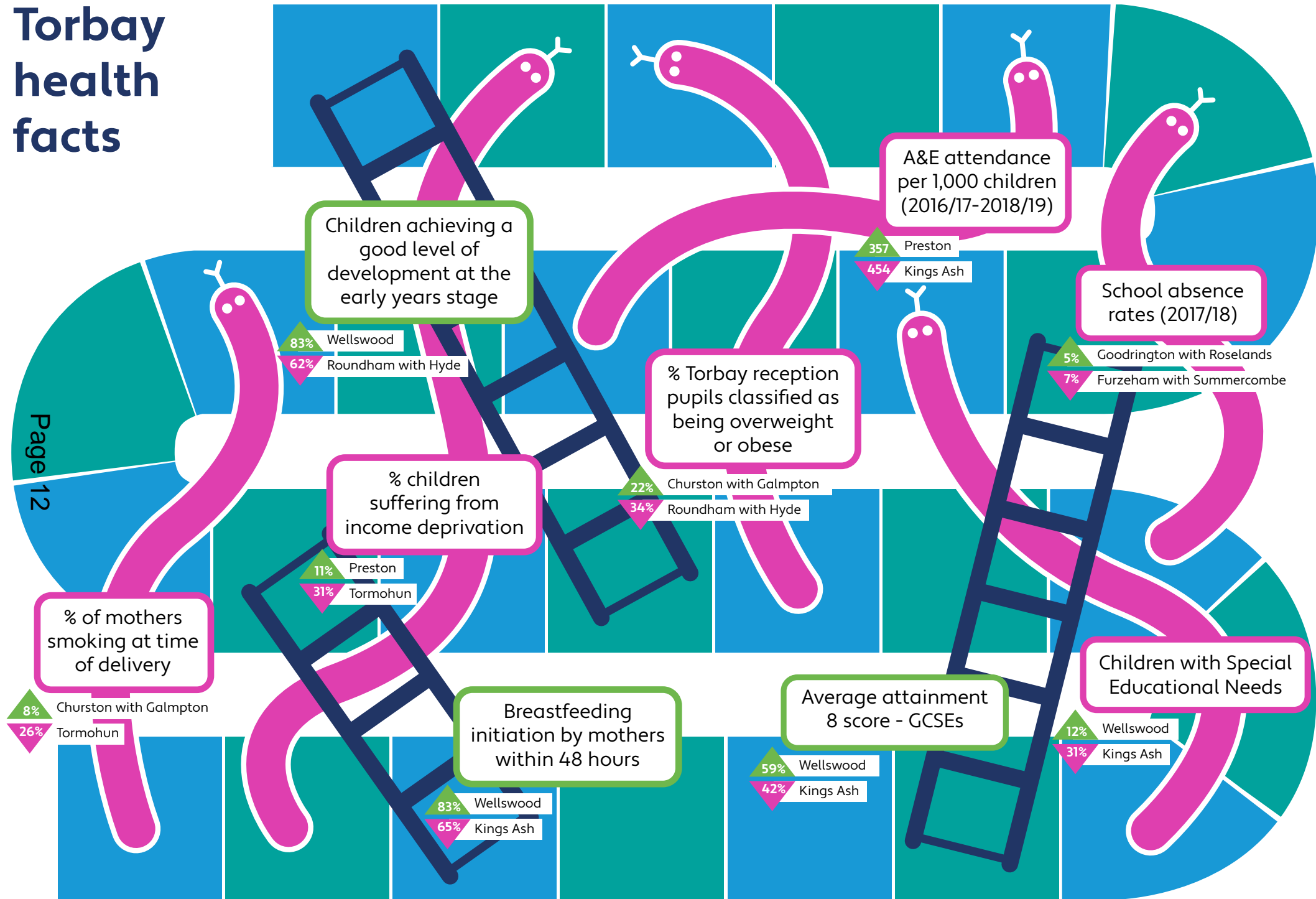
1. Give every child the best start in life.
2. Enable all children and young people and adults to maximise their capabilities and have control over their lives.
3. Create fair employment and good work for all.
4. Ensure healthy standards of living for all.
5. Create and develop healthy and sustainable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

## Recommendation

That Torbay Council continues to work with communities and our partners across the Bay to tackle the drivers of poverty and inequality at local level.

# Torbay health facts

Page 12



# Pregnancy and maternity

## Why does it matter?

Michael Marmot's review of health inequalities in 2010 stressed that "what happens in these early years, starting in the womb, has lifelong effects" on a person's health, wellbeing and life chances. Before conception, a parent's health can affect their child's health and development. Parents who are fit and healthy at the start of pregnancy tend to have healthier babies, Children are more likely to experience adverse experiences if their parents were also subject to abuse and trauma in childhood. The Early Intervention Foundation point out that "poor parental mental health may pose a risk to a child's healthy development, while good parental mental health may provide a protective factor against other negative child outcomes, such as behavioural problems or poor academic attainment."

## Key facts

- There is extensive evidence showing that smoking during pregnancy can have devastating consequences for mothers and their babies. 14.5% of women in Torbay smoke during pregnancy. This means that 1 in 7 babies born in Torbay will be at higher risk of premature

birth, low birth weight, still birth and sudden unexpected death in infancy. Smoking in pregnancy occurs across all parts of society but rates up to five times higher amongst our most disadvantaged groups than those of our least disadvantaged groups.

- There is a national target to reduce the prevalence of smoking in pregnancy to 6% or less by the end of 2022.
- Perinatal mental illness affects up to 20% of new and expectant mums. If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family.
- Proportionately more women in Torbay receive a drug and/or alcohol related intervention than the England or Devon population.

## What are we doing now?

We are committed to ensuring the women we care for have the safest possible pregnancy. We are working to implement the national initiative Better Births locally and are working with colleagues on the Local Maternity System to prioritise activity in key areas. These include:

- Infant Feeding – including peer supporters for breastfeeding in Children's Centres
- Smoking Cessation, Active Lifestyle & Healthy Weight
- Antenatal Education – health visitors, midwives and Children's Centres delivering in partnership
- Embedding UNICEF Baby Friendly principles and practice across the 0-19 partnership and supporting the wider system to establish best practice

## What are we going to do in the future?

Embed and sustain The Solihull Approach across our antenatal offer – in line with later support offered to parents to ensure consistency.

Develop our digital offer for all parents.

Work with education colleagues to promote health and healthy relationships as part of the Relationships and Sex Education and Personal, Social, Health and Economic curriculum in schools.

Continued focus on support to stop smoking and increasing breastfeeding.

Enhanced support for vulnerable mothers, particularly those known to our drug and/or alcohol misuse services.

## Case study

The Solihull Approach aims to increase emotional health and wellbeing through both practitioners and parents, via resources and training across the child and family workforce. It offers the following:

- Antenatal face to face group for parents delivered by midwives and children's centres 'understanding pregnancy, labour, birth and your baby'.
- Online antenatal course, designed to increase accessibility for fathers.
- Face to face groups for parents with postnatal depression or experiencing difficulties in their relationship with their baby.
- Online postnatal course.

By using the same evidence-based approach across maternity and our 0-19 services, consistent language and concepts will be used enabling greater clarity and better support for practitioners.

## Recommendation

Ensure our pregnancy and maternity services have a focus on parental health and wellbeing including a robust approach to emotional wellbeing and vulnerability.

# Parenting

## Why does it matter?

Alongside the joy, becoming a parent brings with it a range of challenges to your mental and physical health as well additional stress on your relationship, the rest of your family and your financial situations.

We know that the first 1000 days are very significant in a child's development and supporting adult capabilities at this time leads to long term better outcomes. Parenting continues to present challenges throughout a child's life, with particular stages putting on parents' resources such as the teenage years.

Life changes can happen to any of us at any time, putting additional pressure on a family, and can lead to arguments and conflict. There is strong evidence that conflict between parents – whether together or separated – can have a significant negative impact on children's mental health and long-term life-chances. Not all conflict is damaging, but where this is frequent, intense and poorly resolved it can harm children's outcomes.

## Key Facts

- Where a child lives with both parents in the same household, more than 1 in

10 (11%) of children have at least one parent who reports relationship distress.

- The core capabilities that adults use to manage life, work, and parenting effectively include, but are not limited to, planning, focus, self-control, awareness, and flexibility.
- The Children's Commissioner 2018 report found that:
  - over one million children aged 0–5, and almost 200,000 under the age of one, live with an adult who has experienced domestic violence or abuse.
  - just under two million children aged 0–5 live with an adult who has a mental health problem, including around 300,000 children under the age of 1.
  - over 600,000 children aged 0–5 live with an adult with a reported substance misuse issue, or who is dependent on drugs or alcohol, including over 100,000 children under the age of one.

## What are we doing now?

- Practitioners for 0-19 are involved in the training and delivery of the 'Reducing Parental Conflict' programme,

developed by the Department of Work and Pensions.

- Embedding the Solihull Approach across the 0-19 partnership. An evidence based programme of support included in the UK Department of Health's Healthy Child Programme.
- 0-19 practitioners are involved in the training and roll out of the CRAFT framework: an early intervention approach to addressing domestic/ family conflict, violence and abuse.
- Collaborating with "Imagine This" Children and Young People's voluntary sector infrastructure project to ensure we build on and sustain existing community resources.

## What are we going to do in the future?

- Embed the training and resources from Reducing Parental Conflict, CRAFT and Solihull into the 0-19 Integrated Service, ensuring consistency and common language and goals across the partnership.
- Develop and sustain our Family Hubs, increasing the services working from them and establishing the Hub at the heart of our 3 communities across Torbay.

## Case study

### CRAFT Framework

Commissioned through Torbay's Violence Against Women partnership with Devon the CRAFT Framework builds on existing competencies and approaches within the 0-19 Service.

CRAFT recognises that "individuals and families are unique. They do not exist in a vacuum. Understanding the history and context, as well as the beliefs, values and connections individuals have across a range of environments, within various settings is essential if we are to accurately understand the use of conflict, violence and abuse in families and the level of risk it poses."

Practitioners from across the 0-19 partnership are involved in the training roll out across Torbay to embed the approach.

### Recommendation

Embed and sustain the approach to healthy relationships across all areas of practice.

# Best start in life

## Why does it matter?

All children deserve the best possible start in life. The first 1000 days, from a child's conception to age two, is a critical period. During this time of heightened vulnerability, the foundations of a child's health and development (physical, cognitive, social and emotional, and behavioural development) are laid and a trajectory is established.

Research from Barnardo's has found that "When a baby's development falls behind the norm during the first year of life, for instance, it is much more likely that they will fall even further behind in subsequent years than catch up with those who have had a better start."

## Key Facts

- Breastfeeding gives babies the best start in life and can improve maternal health. Babies who are breastfed have lower risks of chest infections, lower risk of gastrointestinal illness and as they grow up they have a reduced risk of diabetes but less than 40% continue beyond 6-8 weeks.
- Toxic stress response can occur when a child experiences strong, frequent, and/or

prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

## What are we doing now?

Mobilising the new Integrated Service for 0-19 focused around family hubs in Children's Centres.

Delivering The Healthy Child Programme, the Department of Health's evidence-based programme of best practice, universally available to all children which aims to ensure that every child gets the good start they need to lay the foundations of a healthy life.

Working closely with partners across Devon in thematic areas such as Prevention, Speech, Language and Communication and Domestic Abuse and Sexual Violence to ensure consistency

and best practice is delivered across the life course at universal contact points.

Developing EMBRACE, Torbay's trauma-informed learning and development network, collaborating to improve outcomes for those children experiencing Adverse Childhood Experiences.

## What are we going to do in the future?

- Develop our common screening processes to ensure earlier more effective support for communication difficulties, reducing parental conflict and domestic abuse.
- Embed The Solihull Approach and UNICEF Baby Friendly standards across our 0-19 service to ensure consistency and shared language.
- Support our providers with an increased digital offer and integrated data systems.

## Recommendation

Continue to develop the universal offer focused on the first 1000 days of life with enhanced support for those affected by vulnerability.

## Case study

### Integrated Review

The redesign of the 0-19 service has identified the key contact point of 2.3 years as an area for enhanced focus. Using the model of the Integrated Review which works in partnership with Early Years providers to provide a team around the family we will deliver a relationship-focused support to support and develop family resilience and healthy relationships.



# Trauma

## Why does it matter?

Trauma is a widespread, harmful and costly public health problem. The need to address trauma is increasingly viewed as an important component of effective behavioural health service delivery. It is recognised that existing approaches to those who have experienced trauma can re-traumatise the individual thereby increasing the impact on the individual and the community.

Childhood adversity is now known to contribute to the majority of current public health priorities, with a greater number of traumas increasing the overall negative impact. This includes many physical and mental illnesses, social difficulties and harmful behaviours such as domestic violence. ACEs (Adverse Childhood Experiences) is the term first used in a US study of 17,000 adults that established the link between adverse experience and poor physical, mental health and social outcomes.

## Key Facts

- Compared to those with no ACEs, those with four or more ACEs are:
  - Twice as likely (currently) to binge drink and have a poor diet.

- Three times more likely to be a current smoker.
- Five times more likely to have had sex before they were 16.
- Six times more likely to have had, or caused, an unplanned teenage pregnancy.
- Seven times more likely to have been involved in violence in the previous year.
- Eleven times more likely to have used heroin/crack, or been incarcerated.
- The outcomes most strongly associated with multiple (for or more) ACEs also represent ACE risks for the next generation (e.g. violence, mental illness, and substance use).
- When children are exposed to negative experiences like neglect, mental illness in the household, trauma or abuse at a young age, the brain's ability to build circuits that allow different regions of the brain to communicate and process information can be impeded. If those circuits are weak, the development of executive function needed to regulate behavioural and impulse control, which allow children to focus and follow directions, can

be hindered.

## What are we doing now?

- EMBRACE (Everybody Matters in Reducing Adverse Childhood Experiences) Torbay's trauma informed network is a community of practice for all practitioners focussed on adopting the principles of a trauma informed approach across Torbay.
- Torbay's trauma informed approach has been adopted by the Council and an implementation plan is underway.
- The 0-19 Integrated Service is implementing a trauma informed approach in their redesign process of universal services to families and children.

## What are we going to do in the future?

- Develop the core training offer through our EMBRACE network to promote consistent language and understanding across Torbay.
- Develop specialist training offers focussing on developing an infrastructure around services to enable their own trauma-informed development.
- Link with local, national and international best practice to learn and develop our approach.

## Case study

EMBRACE learning event hosted in Torbay where speakers shared experience of implementing trauma informed system change. These include Torbay's Virtual School for Looked after Children, the early Psychosis Service and the School for Inspiring Talents - and independent school who use a trauma-informed approach with children with emotional and behavioural challenges.

## Recommendation

Establish and embed EMBRACE principles of a trauma-informed approach across Torbay.





# Immunisation

## Why does it matter?

According to the World Health Organisation, vaccinations and clean water have led to the greatest reduction in infectious diseases across the world. Vaccination is our best protection against infectious diseases such as measles, meningitis and flu.

Without high vaccination uptake across our whole population, then more vulnerable children are at risk of serious illness. Children die from these illnesses every year in the UK.

There is a new national strategy to eliminate measles and rubella in the UK. This means we need 95% uptake of vaccination across the whole country.

Flu vaccination is also important because it protects both the child and the wider community, as germs don't spread so easily.

## Key Facts

- MMR vaccination rates in five year olds have been improving but they are still lower than 95% coverage rate needed to be to keep measles at bay (93.9%).
- 77.4% of 13-14 year old girls received their Human Papillomavirus (HPV)

vaccination which protects against cervical and other cancers. This is below the England average.

- Annual flu vaccination in children aged 2-3 years is improving but still below the target rate. Uptake is lowest in our areas of high deprivation.
- Other childhood vaccination rates such as meningitis are fairly good, but we need to work to keep coverage high.

## What are we doing now?

Childhood vaccinations are usually given in GP surgeries and schools.

Local Authority Public Health teams work closely with Public Health England, Clinical Commissioning Groups and GP practices to promote awareness of the importance of vaccination and to make it as easy as possible for families to get their vaccinations at the right time. Practices have been developing action plans to improve uptake of key childhood vaccinations in their areas.

## What are we going to do in the future?

A new Torbay locality immunisation group is starting in January 2020 and will bring partners together to focus on increasing vaccination uptake.

The first priority of the group will be to implement the national strategy to eliminate measles and rubella, including the MMR catch up programme to vaccinate 10 and 11 years old children who missed out on the vaccine in their early years.

We will redouble our efforts to increase flu vaccination in all risk groups year on year.



## Case study

Following a campaign to increase flu vaccination in children, supported by local families and general practices, flu vaccination uptake in young children in Devon and Torbay increased significantly in 2018/19. We need to build on this in future years.

## Recommendation

Promote the benefits of vaccination and the importance of protecting our children from serious illnesses – we can all be ambassadors.

# Healthy weight

## Why does it matter?

Obesity can profoundly affect a child's physical health and emotional wellbeing. It is also linked to long term conditions such as metabolic, cardiovascular, orthopaedic and renal disorders.

Obesity is now often seen as a normal condition, but this is not the case. Also, many obese or overweight people are relatively young and not yet seeing the onset of related long term conditions such as diabetes.

## Page Facts

- In 4 reception aged children (4-5 years) in Torbay are overweight or obese.
- In Year 6 (10-11 years) children, just over 1 in 3 are overweight or obese. Although largely in line with national direction, the sheer numbers of children affected demands a strong response.

## What are we doing now?

Public Health delivers a number of activities including 12 week weight management programmes, controls on licences for fast food outlets in areas near schools, promotion of food standards for school meals and activity to increase physical activity in

schools such as Run for your life and Beat the Street and the creation of a healthy schools website Torbay Healthy Learning.

## What are we going to do in the future?

The sheer scale of the obesity issue means Public Health need to reach more people of all ages to educate and assist to achieve a healthy weight. This will not happen overnight and requires a societal change with communities, especially those in poorer areas, at the heart. Such as:

- Creating a new Torbay Healthy Weight Partnership to deliver against priority areas.
- Take full advantage of the community and natural resources of Torbay – exploring and creating opportunities for people of all ages to improve their diet and become more physically active.
- Access to and knowledge of healthy food combined with cooking skills and food awareness.
- Support for holiday hunger schemes – the stark reality being that many families in Torbay are reliant on school meals, with parents struggling

to feed their children during school holidays.

- Support for food bank and hot meal provision for families and vulnerable groups.
- Challenging social norms and a cultural belief that obesity is a normal physical condition.

## Recommendations

Utilise the momentum of the voluntary, education and commercial sectors to create a new Torbay Healthy Weight Partnership - generating new ideas and increasing population reach in Torbay.

Increase use and awareness of Torbay's natural environment to combat obesity.



## Case study

### 'Fun, Family and Fit' – a holiday hunger initiative

'Holiday hunger' refers to children who receive free school meals in term time but then cannot access nutritious meals in the school holidays – parents struggling to afford the extra food.

This project gives families the opportunity of a free nutritious meal and activities to entertain the children. Emphasis is on "working together" so families cook and share meals, partake in activities together along with the wider community.

Fun, Family and Fit delivers at three primary schools providing a nutritious meal, craft and wellbeing activities for the whole family. There are plans to expand this much needed scheme to other schools in Torbay, particularly those covering poorer areas.

# Physical Activity

## Why does it matter?

Physical activity is important for mental health as well as physical health. Whether we are younger or older, getting enough physical activity benefits us at any stage in our lives. Health in later life is hugely affected by our lifestyle decisions. For this reason, we need to make sure we give our children the best start in life and help them maintain healthy choices through their adolescence, into adulthood and beyond.

## Key Facts

- 19% of toddlers (aged 2-4) meet the recommended levels of activity.
- 1 in 3 children in Torbay don't meet the recommended levels of physical activity.
- Today's children may be the first generation to have a shorter life expectancy than their parents.

## What are we doing now?

Torbay Council is committed to supporting our children to become more physically active. This includes working with the early years settings, community groups and children's centres as well as schools and further education settings.

We support a range of initiatives from Beat the Street and Active Mums through to Family Fitness Sessions.

We also work in partnership with outside agencies to deliver physical activity campaigns and initiatives for our younger population. A highlight includes our Run for your Life Campaign delivered in partnership with Premier Education and the Golden Mile.

## What are we going to do in the future?

- We are committed to enhancing the quality and range of physical activity opportunities for children and young people, ensuring that the provision of physical activity for all children in Torbay is high quality, fun and child-focused.
- Following the successful delivery of Run for your Life in all of our Primary Schools in 2018 and 2019, we will look to develop a similar programme for our Early Years settings.
- We will continue to develop our Active Mums offer, connecting people and families with physical activity opportunities across the life-course.

- We will ensure that all schools in Torbay will have 'a whole school programme' to promote physical activity and that physical activity has a place on school development plans.

## Recommendation

Continue to increase levels of physical activity in our Torbay residents (including children and young people) over the next five years as well as using sport and physical activity to help address health inequalities, contribute positively to the economy and raise the profile of the area.



## Case study

### Active Mums

This includes a number of different activity sessions across the bay, which mothers and their young children can enjoy together.

Sessions include My Baby, Bike and Me, Pedal Mums, Pregnancy Yoga, Mum and Baby Yoga, Bounce Away and OneFitMama. These provide young children with an opportunity to develop their co-ordination skills and opportunities for mums to socialise, be active and support their child's development.

There are many competing priorities for new parents and making time to be active may not always be top of the list. Active Mums provides the opportunity for small increases in maternal activity levels, which will lead to benefits for mothers and children.

# Oral health

## Why does it matter?

Tooth decay can have serious consequences for children:

- Pain and infection through gum disease and abscesses. This can lead to difficulties with eating, speaking, and sleeping.
- Fillings and extractions.
- School attendance may be affected in order for children to attend dental appointments plus parents or carers having to take time off work.
- Children who experience tooth decay are much more likely to develop subsequent problems with their permanent teeth.

## Key Facts

- 1 in 3 children aged 5 in Torbay have had experience of tooth decay.
- A strong relationship exists between dental decay and social deprivation. Generally children from poorer families will suffer higher rates of tooth decay.

## What are we doing now?

We provide a suite of community based oral health promotion activities, such as the 'Brush Bus' – oral health education for children and school staff through supervised tooth brushing in 17 primary schools in Torbay.

We are also promoting outreach oral health and dental treatment for older people within selected Torbay care homes and domiciliary (at home) care settings.

## What are we going to do in the future?

- Work with NHS partners to deliver a number of key projects such as extended supervised tooth brushing and Dental First Steps, supported by oral health training of the wider professional workforce and the delivery of healthy weight and improved nutrition activity.
- Develop an oral health partnership vision for the future.

## Recommendations

Create a new Oral Health Vision for Torbay in order to raise awareness, promote activity and recruit partners to this important public health agenda.

Include oral health as a priority area for the new Torbay Healthy Weight Partnership – aligning with work streams around diet and nutrition.

## Case study

### Supervised Tooth brushing Scheme

A new 2 year project targeting 6,000 4-5 year olds (nurseries and reception year within primary schools) in the 50% most deprived areas of Devon starting in Autumn 2019. This project will greatly increase the amount of schools and pupils engaging in supervised tooth brushing, especially in those areas where children are at greater risk of poor oral health.

A key aspect of this important project will be the training of early years staff and support to help engagement with parents.

Key aims include:

- Reduced tooth decay.
- Fewer episodes of pain, infection and difficulty in eating and sleeping.
- Sustainable long term improvement in oral health.



# Emotional health and wellbeing



## Why does it matter?

Good mental health is the foundation of young people's emotional and intellectual growth, underpinning the development of confidence, independence and a sense of self-worth.

In the UK around 1 in 10 children and young people have problems with their mental health or emotional wellbeing at some stage. This can make it difficult for them to make and keep friends, manage at school and feel good about themselves.

Left unresolved, mental health problems can affect children and young people's social and educational development. This can have a lasting negative impact into adult life in terms of employment, relationships, and general wellbeing.

## Key Facts

4% of secondary children have a recognised social, emotional or mental health need

20% of 15 year olds have 3 or more risky behaviours such as smoking, drug taking, inactivity and/or poor diet.

5 out of 1000 children aged 10 to 17 within Torbay admitted to hospital as a result of self-harm during 2018/19.

Healthwatch Torbay asked children and young people about their experience of living in the Bay and what could be improved. They liked aspects of the environment and the local setting but wanted to see "less drugs", "less crime", "help for the homeless", "more police", "more shops, better buses and trains that we can afford", "more open spaces that we can play in", "more things to do", and "a council that listens".

## What are we doing now?

Supporting school staff to improve the health and wellbeing of children and young children by providing free guidance and resources via the Torbay Healthy Learning website. This is designed to influence PSHE and other education within schools.

Enabling school staff to access free Children's Mental Health First Aid training so they can better support secondary pupils.

## What are we going to do in the future?

Support colleagues with setting up a new Mental Health Support team which will work with a selection of local schools. The team will provide more preventative support for mental health issues which do not meet the level of need required by more specialist services such as Child and Adolescent Mental Health Services (CAMHS).

Co-design and pilot a family self-harm intervention in a local secondary school. Again this will support children and young people who do not meet the clinical level of need required by more specialist services such as CAMHS, helping to prevent problems worsening as children grow into adulthood.

Working with colleagues to improve our local Personal, Social, Health and Economic (PSHE) education offer in schools.

## Case study

Imagine This Torbay is working with children and young people across the Bay to co-design projects to improve their lives in five key areas, one of which is mental health and wellbeing. Imagine This will be an important partner for Public Health and other organisations seeking to learn more about what children and young people need and want, and to work with them on initiatives that will enhance their environment and also their wellbeing.

## Recommendation

- Maintain the focus on mental health promotion in schools.
- Better understand data and intelligence to enable us to improve support for children who self-harm or who are considering self-harm.
- Explore effective practices that promote a positive mental health service transition experience for young people.
- Listen to the voice of young people telling us what will help to promote their mental health and wellbeing, through initiatives such as Imagine This Torbay.

# Sexual and reproductive health

## Why does it matter?

Relationships and sex are a normal part of adolescent growth and development. Supporting young people to become young adults and safely navigate their way through this area of life is something that many trusted adults and services can support.

## Key Facts

- Most teenage conceptions in Torbay happen amongst 16-18 year olds, not under 16s.
- In 2018, Torbay C-Card scheme gave out over 4,000 condoms to under 24 year olds.
- Teenage conceptions have fallen by 42.7% in Torbay between 1998 and 2017. Torbay continues to have higher than average rates and there is still much work to do.

## What are we doing now?

- Funding a project which supports young people to safely access safer sex advice, information and free condoms. This is called the C-card scheme and is delivered by 33 different local organisations and services across Torbay.

- Torbay pharmacies offer Emergency Contraception free of charge to under 24 year olds. 83% of Torbay pharmacies deliver the scheme.
- Working across Council departments – including Children’s Services, Community Safety, Education and housing for young adults to support healthy relationships and emotional health and wellbeing.

## What are we going to do in the future?

1. Embed Public Health services within supported accommodation for young adults over the age of 16.
2. Expand Torbay Healthy Learning for education staff (formal and informal learning) to include 16-19 year olds.
3. Improve how all local people find the right service for them through the Devon Sexual Health website.



## Recommendations

To ensure that everyone working with Children and Young People is confident to address positive relationships as part of day to day working.

## Case study

A young male attended the young person’s walk-in clinic at Devon Sexual Health, Castle Circus with a support worker to register for C-Card and obtain condoms. During the consultation the young person was very worried about discussing his sexual history and incredibly anxious that he might have an infection due to some unprotected sexual encounters. The young male was given the time he needed to talk about his experiences, including the risks he had taken and discuss his concerns whilst registering for the C-Card.

The outcome was that as well as registering for C-Card the young person was able to access full sexual health screening and start vaccinations for Hepatitis and HPV. The young person has since received his results via his preferred contact route, along with information and advice around maintaining sexual health and now feels able to access the service with ease after being introduced to the health advising team.

## The new 0-19 contract

Following consultation with staff, parents/carers and children, Torbay commissioned an Integrated Service for 0-19 (25 for those with special educational needs and disabilities) bringing together public health nursing, Children's Centres and specialist young people's services. The new contract started in April 2019. The key principles informing the contract are:

1. We will use our resources to the benefit of children and young people.
2. We will use prevention and innovation to reduce the impact on children and families from key risks such as poverty, domestic abuse, alcohol/substance misuse and child exploitation.
3. We will take an integrated and joined up approach towards commissioning and delivery for children and families.

The provider partnership of Torbay and South Devon NHS Trust, Action for Children and The Children's Society have identified the following areas for redesign.

- Supporting system-wide breastfeeding through UNICEF Baby Friendly Initiative following successful Level 3 reaccreditation of our Health

Visiting team.

- Working collaboratively with maternity services and developing common screening systems for vulnerability.
- Embedding the Solihull Approach across the 0-19 service.
- Supporting children to become "School Ready" including focus on speech, language and communication needs, developing core emotional skills, building adult capabilities and healthy relationships.
- Continuing the core emotional skills and capabilities approach at transition to Secondary with a focus on our most vulnerable young people and families.
- Developing the support and interventions for children at risk of exploitation.
- Continuing the core emotional skills and capabilities approach Transition to adult services/employment/training/education with a focus on our most vulnerable young people and families.

Working collaboratively with commissioners, the 0-19 Integrated Service have an ambitious 5 year programme aimed at improving outcomes for our most vulnerable children, young people and families.

## Link to the Torbay Children and Young People's Partnership Board

Public Health is a member of the multi-agency Torbay Children and Young People's Partnership Board. The role of the Board is to bring together all agencies with a role in young people's care and education across the Bay, to make sure organisations are working collaboratively to improve children's lives and life chances. Members include health, social care, criminal justice, community and voluntary sector organisations, schools, and several council departments. Torbay Council recognises the critical importance of working together to focus on the needs of children.

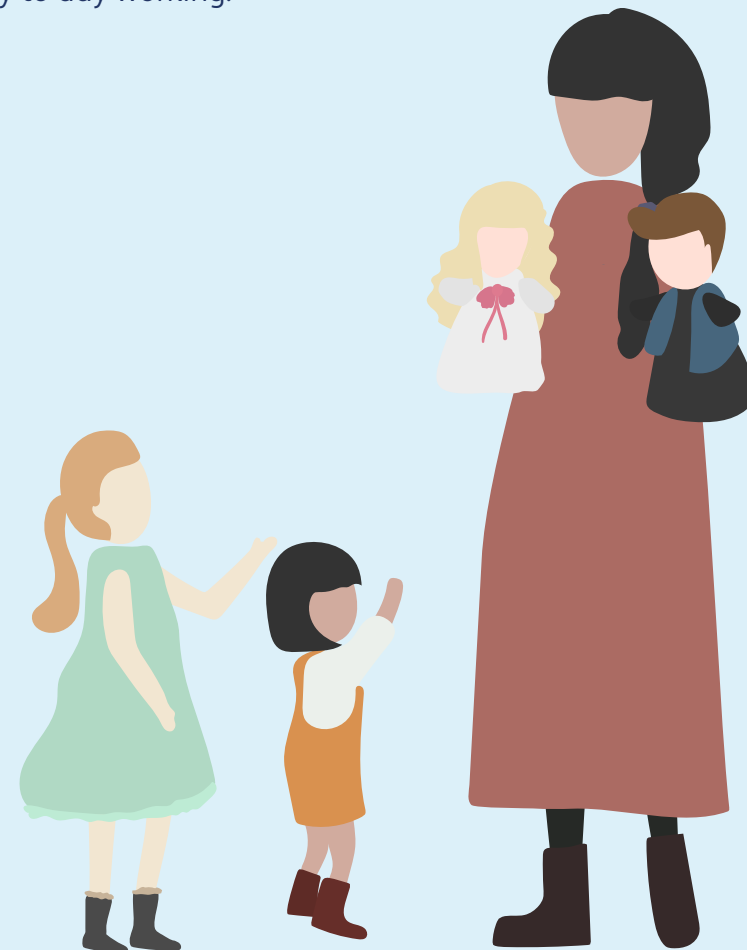
Public Health has supported the Partnership Board by looking at the data and evidence around children's services and scope for early intervention. We have also been working with academic, service and community partners to put together an exciting, community based research bid to investigate the causes of our high numbers of children in contact with social care services, and what needs to happen to start to reverse the trend.

# Summary of recommendations from this report for children and young people in 2020

- That Torbay Council continues to work with communities and our partners across the Bay to tackle the drivers of poverty and inequality at local level.
- Ensure our pregnancy and maternity services have a focus on parental health and wellbeing including a robust approach to emotional wellbeing and vulnerability and a focus on common screening.
- Continue to develop the universal offer focused on the first 1000 days of life with enhanced support for those affected by vulnerability.
- Establish and embed EMBRACE principles of a trauma-informed approach across Torbay.
- Utilise the momentum of the voluntary, education and commercial sectors to create a new Torbay Healthy Weight Partnership - generating new ideas and increasing population reach in Torbay.
- Increase use and awareness of Torbay's natural environment to combat obesity.
- To get a further uplift of 10% of our Torbay residents (including children and young people) more active over the next five years as well as using sport and physical activity to help address health inequalities, contribute positively to the economy and raise the profile of the area.
- Create a new Oral Health Vision for Torbay in order to raise awareness, promote activity and recruit partners to this important public health agenda.
- Maintain the focus on mental health promotion in schools.
- Better understand data and intelligence to enable us to improve support for children who self-harm or who are considering self-harm.
- Explore effective practices that promote a positive mental

health service transition experience for young people.

- Listen to the voice of young people telling us what will help to promote their mental health and wellbeing, through initiatives such as Imagine This Torbay.
- To ensure that everyone working with Children and Young People is confident to address positive relationships as part of day to day working.





# Review of progress from 'Torbay on the Move'

(Public Health Annual Report 2018)

The 2018 annual report focused on improving rates of physical activity. It recommended actions in six areas.

The following outlines our progress in each of these areas and how we will build on this success in 2020.

## Empowered Communities

In 2019 we placed greater emphasis on engaging and empowering our communities to develop physical activity projects. We have connected with key partners to facilitate the co-production of physical activity interventions in our communities. The most successful example of this is our Connecting Actively to Nature Programme and Active Mums.

We will continue to identify and connect with new community partners in 2020, supporting the ownership of funding bids to support the development of new and innovative physical activity interventions.

## Active Environments, Travel and Facilities

In 2019, we commenced work towards making Torbay a place designed to make it easier for people to move more. This means a built and natural environment that provides varied and easily accessible opportunities for physical activity and promotes habitual movement through daily living. We have brought key partners together to explore innovative ways of taking forward the active environments agenda. This includes the development of a Walking and Cycling Project Team that is reviewing the potential for public outdoor spaces to support physical activity and identify opportunities for growth eg facilities, access and connectivity to public transport and walking and cycling routes.

In 2020, our aim is to finalise the detail for our Playing Out programme. We will also continue to promote Torbay's natural environment as a place where

physical activity can take place and work with facility providers to identify underused space and resources during the day time that can be used for free/ subsidised activity, with particular emphasis on target groups.

## Active People and Families

In 2019, our aim was to make physical activity a normal part of daily life for people living in Torbay, whether that's through shopping, the commute, active recreation, playing sport or tasks of daily living. Our Beat the Street Campaign connected people, families and communities and provided a physical activity opportunity that was a part of daily life. We also developed focused interventions for those who are least active, on low incomes and those living in deprived areas. We have also started to develop our Torbay on the Move Strategy. This will include a Bay-wide brand that will help market our physical activity and sport offers.

In 2020, we will continue to develop Torbay on the Move and ensure that we connect with key strategy and delivery groups who are tasked with implementing change in specific communities across the life-course in Torbay. We will continue to co-produce physical activity programmes

with our residents, ensuring that we try to remove as many of the barriers to exercise as possible. We will continue to support our local delivery partners to develop new family offers, so that families can exercise together as well as continuing the promotion of active travel as part of daily living.

## Physical Activity as Medicine

In 2019, we supported the development of our GP Referral scheme; FitBay, including the addition of cycling as a referral centre. We have connected with the Perinatal Service who have helped to support the promotion and development of our Active Mums offer. We have also partnered Active Devon with the launch of the Sport England We are Undefeatable campaign which supports people with long-term conditions to achieve active lifestyles.

We will continue to champion physical activity as a treatment of non-communicable chronic disease in 2020, making sure that the benefits are well understood by primary and secondary care clinicians and commissioners of healthcare services. We will continue to support the development of the FitBay scheme as well as working with local partners

to optimise the Player Tackles Weight programme that has been highlighted as a successful weight loss activity programme here in Torbay. The development and implementation of social prescribing will also continue.

## Active Early Years and Schools

In 2019, we aimed to ensure that all Torbay children are provided with a positive experience of physical activity through the physical, social and educational environment of the school, as well as early years settings. With support from our network of PE Co-ordinators and School Games Organiser we have made sure that the provision of physical activity for all children in Torbay is high quality, fun and includes confidence building. At our Healthy Learning Conference focused on PE and School Sport, we have outlined core components of different programmes and models that are known to inspire and enable children to participate in physical activity both in and out of school and that contribute to a child's positive development. Through the Run for your Life campaign and School Games programme we have ensured that the whole of the school community is engaged. In 2019 we have also launched the Torbay Junior Parkrun as well as

ensuring that all children across Torbay have the opportunity to learn to ride a bike through the DfT Bikeability Scheme.

In 2020, we will continue to ensure that the whole of the school community is engaged in the development of physical activity as part of and outside of the curriculum as well as ensuring that every school implements whole school approaches to physical activity. This will include a commitment to deliver a minimum of two hours curriculum PE each week and ensuring that every child can swim before they leave primary school. We will help parents and carers to be active role models with advice on the importance of physical activity and practical ideas for indoors, outdoors and the home environment, this will include continued promotion of the Change4Life Wake Up Shake Up resources. We will also ensure that school travel plans aim to increase active travel by mapping safe walk/cycle routes and continue our Bikeability offer.

## Active Workplaces and an Active Workforce

This area focuses on the role workplaces play in the promotion of healthy living at an individual, group, community and population level in a wide range of settings across Torbay.

In 2019, we have continued to support and incentivise Torbay Council employers with discounts at each of our Leisure Centres and Swimming Pools across Torbay. We have also supported the development and delivery of the first Torbay Business Games with BigWave Media as well as supporting wider-Devon campaigns such as the Big Devon March.

In 2020, we will continue to support employers to create healthy workplace environments and policies, and provide support, to enable employees (and those seeking work) to move more as part of their working day to improve health and create wealth. We will continue to support and actively engage in Bay-wide and Devon-wide mass media workforce campaigns as well as the promotion of the Torbay Business Games.

<https://www.torbay.gov.uk/media/11833/public-health-annual-report.pdf>

# Review of the Director for Public Health's recommendations

In this section we review progress against recommendations from previous Annual Reports and describe what actions are planned over the next year to take these even further.

## 1. Shifting the focus to prevention

In 2019, prevention remained an areas of focus within the Devon-wide Sustainability and Transformation Partnership (STP) who identified £2m for primary prevention across Devon. This vital resource is being used to help us to achieve real strategic change in a range of areas, including emotional health and wellbeing in children and young people, early identification of cardiovascular disease, falls prevention, and support for people with complex needs.

In 2020, we need to ensure that prevention stays at the top of the agenda as Devon moves towards Integrated Care System (ICS) status. We will focus on delivering the funded programmes, expanding and developing social prescribing, and building resilience in local communities. In 2020 partners will also need to ensure they embed prevention systematically though all delivery

plans, and work collaboratively. This is essential if we are to see a shift of any scale to prevention and early intervention.

## 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 has gained greater momentum including work on social prescribing at Croft Hall.

In 2020, I would like to see a greater focus on helping communities in Torbay to become healthier places where local people can live, work and thrive. This is because better health and wellbeing is about being part of a vibrant and connected

community, with a high quality environment. To assist me in this work, I will be refreshing the Healthy Torbay framework and associated plans.

The implementation of social prescribing will continue, with the further embedding of Health & Wellbeing coordinators as well as Social Prescribing Link workers in GP Practices.

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

In 2019, there has been a much greater emphasis on the wellbeing of children and families especially in early life. There is 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 has been established to examine causes of vulnerability for children in Torbay. EMBRACE, a network to promote work on trauma-informed approaches and Adverse Childhood Experiences has been developed and meets regularly. Importantly the first meeting of the Children and Young Peoples Partnership also took place. The commissioning of the 0-19 Integrated Contract was completed and started April 2019.

In 2020, I would like in particular to see the planned work on adversity and trauma being developed with ALL partners. I would also like to see an increased focus on children and young people in general within partners' plans and work which focuses on early identification, relationships and parental wellbeing and working with communities with a focus on children at risk for vulnerability.

## 4. Enabling older citizens to age well

In 2019, Torbay Health & Wellbeing Board signed up to the Torbay Positive Ageing Charter and members agreed to work towards becoming a World Health Organisation 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 is part of a programme across Devon to extend evidence based initiatives to prevent falls and delay the onset or progression of symptoms of frailty. Strength and balance activities, fracture prevention pathways, social activities and keeping generally active and

connected as we age all help to keep us healthier for longer.

Adult Social Care has been developing a more preventative approach to care. 'Talking points' in the Bay will listen, advise and provide information to help link people up with community options or more formal support to improve their independence and wellbeing.

All partners have been working 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 need to bring together work across all sectors, in partnership with the community, including the Torbay Over Fifties Assembly (TOFA). There will be a continuing focus on falls and frailty, promoting good oral health, and, crucially, seeking 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. We also need to 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.

## 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 people can take to improve their own wellbeing and resilience.

In 2020, we will continue with our systematic approach to improving emotional health and resilience by working across the public and voluntary sector to deliver school-based interventions to support our children and young people earlier with their emotional health and wellbeing needs. We will be making a real effort within the council to improve the health and wellbeing of our staff by creating an open and de-stigmatising culture around mental health, improving opportunities for early identification of issues, and upskilling all staff better to support one another. We will also be engaging with partners

to influence the redesign of community adult mental health services so we can all work more effectively to support the needs of our people.

## 6. Breaking the cycle of vulnerability

In 2019, building on alliances being forged between providers, commissioners and people with lived experience of domestic abuse and sexual violence, drug and alcohol misuse, homelessness and mental health problems there has been further recognition of the needs of this group of people within system plans and the further roll out of a trauma-informed approach to health and care interactions.

In 2020, we will be developing the Torbay approach to better support people with these multiple and complex needs. Also, at a Devon-wide level we will be involved in the STP programme 'whole systems for whole people' that is identifying, growing and joining up the integrated models that are being developed across the patch. I would like to see this being pro-actively adopted by all partners.

# Useful Links

**Torbay Healthy Learning** [www.healthylearningtorbay.co.uk](http://www.healthylearningtorbay.co.uk)

**JSNA** [www.southdevonandtorbay.info](http://www.southdevonandtorbay.info)

**Public Health Outcomes Framework** <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework>

If you would like more information about any of the programmes that have been showcased in this report please visit [www.torbay.gov.uk/public-health](http://www.torbay.gov.uk/public-health) or email [publichealth@torbay.gov.uk](mailto:publichealth@torbay.gov.uk)

## Acknowledgements;

I would like to thank the following people for supporting me to develop this report: Special thanks to Gemma Hobson but also to Julia Chisnell, Bruce Bell, Kirsty Parker-Calland, Beth Hill, Angela Cappello, Sue Ford, Sarah Aston, Rachel Bell, Simon Baker, Mark Richards, Allan Macfadyen.

If you would like this document in another format or language please phone 01803 207331 or email [publichealth@torbay.gov.uk](mailto:publichealth@torbay.gov.uk)

**Title:** Highlight Report - Promoting Active Ageing

**Wards Affected:** All

**To:** Health and Wellbeing Board      **On:** 28 January 2020

**Contact:** Julia Chisnell, Consultant in Public Health

**Telephone:** 07584 175711

**Email:** [Julia.Chisnell@Torbay.gov.uk](mailto:Julia.Chisnell@Torbay.gov.uk)

**Contributing authors:** Jacquie Phare, Torbay & South Devon NHS Foundation Trust

Mark Richards, JCT

John Arcus and Simon Sherbersky, Torbay Community Development Trust

---

## Introduction

This report covers four key areas of work under the active ageing programme:

- Ageing Well Torbay
- Age-Friendly Torbay
- Enhanced Health in Care Homes
- Frailty and Falls.

A separate update is presented on each area below.

# (1) Ageing Well Torbay: progress & legacy planning

## 1 Background

1.1 Ageing Well Torbay is a six-year Big Lottery funded programme, designed to reduce social isolation and loneliness in people over 50 in Torbay. The aim is to learn better ways of reaching and overcoming isolation from people's experiences. The programme has four main objectives:

- To reconnect older people with friends, their communities and where they live by creating a sense of neighbourliness;
- To enable more older people to feel their lives have value and purpose, contributing their time, skills and knowledge to the wider community;
- To ensure more older people have high personal, learning and service aspirations for later life;
- To ensure more local residents value older people, and that ageing is celebrated and viewed more positively by all.

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

2.1 The programme is now entering its final year. Following five years of delivering Community Building (ABCD) in neighbourhoods, trusted relationships have been established with older people in every neighbourhood through a team of community builders fostering people-led change. Their work has been linked to a wider 'ecosystem' that includes social prescribing and collaboratively commissioned partner networks, who add considerable value and reach between all sectors in the bay. This approach has brought together 'siloed' organisations with surprising collaborative outcomes.

2.2 Programme high level outcomes to date are below. These are based on entry and follow-up questionnaires completed by isolated elderly people who have participated in the programme:

- *Loneliness* indicators 0.7 improvement compared with 0.3 improvement across the national programme
- *Social contact family and friends* 0.7 improvement compared with 0.4 improvement across the national programme
- *Social contact local area* 0.25 improvement (0.11 improvement nationally)
- *Social participation in organisations* 0.4 improvement (0.2 improvement nationally)
- *Social activities* 0.46 improvement (0.22 improvement nationally)
- *Wellbeing/mental health* 1.6 improvement (1.4 improvement nationally)
- *Health/quality of life* 0.06 improvement (0.02 improvement nationally)
- *Health self-indicated scale* 5.37 improvement (4.00 improvement nationally)
- *Volunteering* 0.5 improvement
- *Influencing local area decisions* 0.1 improvement.



<b>Ageing Well Torbay</b>			
<b>TORBAY Ecorys statistics summary, sample = 1299 isolated people, Female = 843, Male = 421, 31/12/2019</b>			
<b>ALL PROGRAMMES Ecorys statistics summary, sample = 33,382 isolated people, Female = 21,587, Male = 10,011, 31/12/2019</b>			
<b>Category</b>	<b>Entry Average</b>	<b>Follow-up Average</b>	<b>Points Improvement</b>
<b>Social Isolation and Loneliness De Jong</b>	<b>3.8 (3.2 ALL)*</b>	<b>3.1 (2.9 ALL)*</b>	<b>0.7 ↓ (0.3)*</b>
<b>Social Isolation and Loneliness UCLA</b>	<b>6.1 (5.5 ALL)*</b>	<b>5.4 (5.1 ALL)*</b>	<b>0.7 ↓ (0.4)*</b>
<b>Social Contact - children, family or friends</b>	<b>3.23 (3.29 ALL)*</b>	<b>3.48 (3.40 ALL)*</b>	<b>0.25 ↑ (0.11)*</b>
<b>Social Contact - local area, speak to non-family member</b>	<b>6.89 (6.66 ALL)*</b>	<b>7.07 (6.87 ALL)*</b>	<b>0.18 ↑ (0.21)*</b>
<b>Social Participation - membership of clubs, organisations and societies</b>	<b>1.1 (1.1 ALL)*</b>	<b>1.5 (1.3 ALL)*</b>	<b>0.4 ↑ (0.2)*</b>
<b>Social Participation - How often taking part in social activities compared to others of your age.</b>	<b>1.24 (1.48 ALL)*</b>	<b>1.7 (1.7 ALL)*</b>	<b>0.46 ↑ (0.22)*</b>
<b>Wellbeing - Mental health SWEMWBS (short version)</b>	<b>20.6 (21.4 ALL)*</b>	<b>22.2 (22.8 ALL)*</b>	<b>1.6 ↑ (1.4)*</b>
<b>Health - Quality of Life EQ-5D-3L (five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression)</b>	<b>0.48 (0.61 ALL)*</b>	<b>0.54 (0.63 ALL)*</b>	<b>0.06 ↑ (0.02)*</b>
<b>Health - EQ VAS (self-indicated - "worst possible" to "best possible" health)</b>	<b>61.94 (62.94 ALL)*</b>	<b>67.31 (66.94 ALL)*</b>	<b>5.37 ↑ (4.00)*</b>
<b>Volunteering</b>	<b>1</b>	<b>1.5</b>	<b>0.5 ↑</b>
<b>Influencing - personally influence decisions that affect your local area</b>	<b>2.4</b>	<b>2.5</b>	<b>0.1 ↑</b>
<b>Participants in AWT programme</b>	<b>8467</b>		
<b>Volunteers in AWT Programme</b>	<b>2016</b>		
<b>* ALL 14 Programmes</b>			

### 3. What are the blockages?

- 3.1 The main challenge for Ageing Well Torbay now is to secure legacy arrangements beyond the conclusion of the programme in 2021.

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

- 4.1 Planning is underway for legacy beyond March 2021. Details for each element of the Ageing Well programme are below:

- *Wellbeing Coordination 50+*: this will continue to be delivered by Age UK Torbay and will be fully funded by the NHS. Age UK Torbay and Citizens Advice will partner to deliver services to the under 50s.

- *FAIR (Financial Advice, Information and Resilience)*: Citizens Advice are fundraising to continue FAIR and planning to train other organisations in the collaborative model.
- *Torbay Together (Timebank) and Staying Put*: these will continue to develop collaborative and peer volunteering in Torbay.
- *Torbay Older age assemblies (TOFA)*: these are volunteer-led and will continue to grow in Brixham, Paignton and Torquay.
- Torbay Community Development Trust, through Ageing Well Torbay, is producing a range of learning documents.
- The Development Trust is seeking funding to continue to work across age groups and sectors to deliver strength based community development.
- *Community Builders*: all of the Ageing Well partners have acknowledged the valuable work of the Community Builders. This remains the most difficult area to transfer because the work is by necessity often subtle and 'under the radar', building trust with people who have lost trust, growing capacity, and developing connections. There is commitment among partners in the system to maintain the function beyond the life of the programme, and a number of options are currently under discussion with statutory partners.

## **(2) Age-Friendly Torbay**



### **1 Background**

- 1.1 Age-friendly is a global initiative to create a world in which everyone can live a long and healthy life. The Ageing Well programme board anticipate that Age-friendly Torbay could be a community banner to carry forward the work of Ageing Well Torbay and other community initiatives beyond March 2021.
- 1.2 The World Health Organisation leads on the global initiative, the 'WHO Global Network for Age-friendly Cities and Communities'. Age-friendly is not prescriptive, and there is no quality mark. There are 900+ Cities and Communities, 14 Network Affiliates, 41 Countries covering 230 Million People
- 1.3 In the UK the Age-friendly initiative is being led by the Centre for Ageing Better under Age-Friendly Communities.
- 1.4 Age-friendly involves agreement of a set of actions within a community – specific to the community's needs – aiming to support more people in later life to be in good health, financially secure, to have social connections and to feel their lives are meaningful and purposeful, at a pace and with resources that are available to the community. It is about adopting a particular 'lens' through which to view policies and services. It involves a multisector approach, with co-design, co-creation and meaningful involvement of older people at all stages. It is a life-course approach that focuses on reducing inequalities and supports inter-generational relations.

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

- 2.1 Torbay (the Council, NHS organisations and Torbay Community Development Trust) joined the UK Network for Age-friendly Communities in January 2019. There are currently 36 age-friendly communities in the UK.
- 2.2 The overarching aim of the Torbay programme is a society where everybody enjoys a good later life. By 2040, we want more people in later life to be in good health, financially secure, to have social connections and to feel their lives are meaningful and purposeful.

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

- 3.1 No specific blockages currently identified other than resourcing general support to the programme beyond the conclusion of Ageing Well. The Ageing Well team currently provide some support to the Torbay Over Fifties Assembly in organising events and workplans.

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

- 4.1 Torbay partners are now looking to join the global WHO Age-Friendly network. The aim is to achieve membership by September / October 2020, to be announced at the Autumn Ageing Well festival.
- 4.2 Progress and plans against the requirements are below:

- Submission of a letter from the Council / community leader – the leader of Torbay Council has submitted a letter.
- Submission of an application including:
  - Baseline data survey: collected for the Ageing Well Programme
  - A summary of existing age-friendly actions taken: a meeting has been scheduled for 21 January 2020. Representatives of the Council, NHS, Torbay Community Development Trust and Torbay Over Fifties Assembly will start to compile a summary of relevant work covering 2015 to 2019.
  - A three year action plan developed by steering committee: there are plans to establish a steering group, meeting monthly, to prepare the action plan.
  - A commitment to provide images and a story of one new initiative, at least once a year.
- Agreement of priorities: the eight WHO Age-friendly domains have been discussed through wide consultations with older people and they form the framework for the Torbay Over Fifties Assembly (TOFA) work. Priorities will be agreed from among these areas:
  - Health and community support services
  - Communication and information
  - Participation and employment
  - Social participation
  - Respect and inclusion
  - Housing
  - Transport
  - Environment: Outdoor spaces and buildings.

4.3 Partners hope that groups like TOFA and the community partnerships will work closely with the Council, NHS and other key community organisations to continue to develop Age-friendly initiatives in Torbay.

4.4 Council, NHS, TOFA and Torbay Community Development Trust representatives are being sought to form a steering group which would meet on a monthly basis. Torbay Community Development Trust are happy to coordinate this while Ageing Well Torbay continues. Other Health and Wellbeing Board members would be very welcome to be involved.

### **(3) Enhanced Health in Care Homes (EHCH) - implementation in Torbay**

#### **1 Background**

- 1.1 This briefing has been prepared to provide the Health and Wellbeing Board with an overview of the National Enhanced Health in Care Homes Framework (EHCH), and the partnership group recently established across the Torbay and South Devon system to support local implementation. It includes a brief update on work to improve oral health.
- 1.2 The health and wellbeing of people living in care homes is paramount, and approximately one in seven people aged 85 or over live permanently in a care home. Evidence suggests that the needs of people living in care homes are not always effectively identified, assessed and addressed. As a consequence this can result in unnecessary, unplanned and avoidable admissions to hospital for a variety of reasons.
- 1.3 The EHCH model published in September 2016 set out a Framework aimed at addressing the challenge through proactive, personalised care and support for individuals living in care homes or their local community who require support. The Framework was co-designed with six NHS-led vanguard sites in partnership with social care. The result was a suite of evidence based interventions that, when adopted within and around the care home in a co-ordinated approach, can maximise the benefit to the health and wellbeing of residents. The EHCH Framework forms part of both the NHS Long Term Plan and the General Practice Contract from April 2020.
- 1.4 The framework consists of four clinical elements and three enabler elements which are underpinned by nineteen sub elements (See table below). No one intervention will deliver sustainable change and it is through implementing and embedding all the elements of the framework that the greatest improvements can be achieved. This can only be successful through partners working in collaboration across the system.
- 1.5 The implementation of the framework aims to:
  - Ensure the provision of high quality care within care homes through collaborative working between staff in care providers and the health and social care system;
  - Ensure that, wherever possible, individuals who require support to live independently have access to the right care and the right health services in the place of their choosing;
  - Ensure that we make the best use of resources by reducing unnecessary conveyances to hospital, hospital admission, and bed days whilst ensuring the best care for residents.

Care model element	Sub-element
<b>Clinical elements</b>	
<b>1. Enhanced primary care support</b>	Access to consistent, named GP and wider primary care services
	Medicine reviews
	Hydration and nutrition support
	Access to out of hours/urgent care
<b>2. Multi-disciplinary team (MDT) support including coordinated health and social care</b>	Expert advice and support for those with the most complex needs
	Helping professionals, carers and those with support needs to navigate
<b>3. Reablement and rehabilitation to promote independence</b>	Aligned rehabilitation and reablement services
	Developing community assets to support resilience and independence
<b>4. High quality end-of-life care and dementia care</b>	End-of-life care
	Dementia care
<b>Enabler elements</b>	
<b>5. Joined-up commissioning and collaboration between health and social care</b>	Co-production with providers and networked care homes
	Shared contractual mechanisms
	Access to appropriate housing options
	Equality and health inequalities
<b>6. Workforce development</b>	Training and development for care staff
	Joint workforce planning
<b>7. Data, IT and technology</b>	Linked health and social care data sets
	Access to the care record and secure email
	Better use of technology

1.6 Oral health has a big impact on the quality of life for everyone, including those living in care homes or receiving domiciliary care. Good oral care helps keep people free from pain – especially important to those who have communication difficulties, who may find it difficult to alert others where it hurts. For those with chronic conditions, good oral care can help make sure they can take the medicines they need. Good oral health can also reduce the risk of malnutrition, as well as reducing the risk of acquiring aspiration pneumonia, particularly in residential settings. NICE Guidance NG48 (2016), recognises the importance of good oral care. The recommendations aim to maintain and improve the oral health of adults in care homes (with many applicable to domiciliary care settings). [Smiling Matters (2019)]

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

- 2.1 In July 2019 Torbay and South Devon NHS Foundation Trust (TSDFT) set up an EHCH Delivery Group. This group aimed to bring together partners working across on the system on specific elements of the EHCH framework under one umbrella. Members of the group include teams from Torbay and Devon Adult Social Care, Devon Partnership Trust, General Practice, NHS Devon Clinical Commissioning Group, Torbay Care Home board, Healthwatch and Torbay and South Devon NHS Foundation Trust. The aim of the group is to work in collaboration, and coordinate our approach to work in partnership with the care homes on achieving the aims of the EHCH care model.
- 2.2 The EHCH Delivery group has undertaken a comprehensive benchmarking exercise using the national EHCH bench marking tool to gain an appreciation and understanding of the work currently in progress across the local system.

Through the benchmarking exercise, areas for focus have been identified where work would be developed. In December 2019 the EHCH delivery group agreed on five key areas to work in partnership with the local care homes. These include:

- Personalisation in care homes;
- Systems and information sharing;
- Implementation of RESTORE2 (tool identifying if an individual's health is deteriorating and enable appropriate response);
- Education and training;
- Support for care homes from Health and Social Care partners.

2.3 With regard to oral health, Health and Local Authority sector partners have an ambition to improve oral health within care homes, domiciliary and supported living settings in Torbay. Our ageing population, significant numbers of providers, and recognition of the importance of good oral care on overall quality of life, provide momentum to this ambition.

2.4 Public Health recently sent a short seven question oral health survey to care home and domiciliary care providers, with returns due 22 January. Results will be presented and discussed at the provider forum on 28 January.

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

3.1 No specific blockages currently identified.

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

4.1 On 29 January 2020 an EHCH launch event is planned where the national EHCH care model framework will be shared with care home providers and other delegates. At the event local initiatives and work current will be shared and there will be an opportunity to co-design plans to take forward the five key areas outlined above.

4.2 The EHCH Delivery Group members will work in partnership to oversee the implementation of the EHCH care model. Five operational sub groups aligned to the five work streams outlined above will report into the Delivery Group where progress will be monitored and any challenges addressed. Each partner will have external reporting as required by respective organisations.

4.3 As we strive to provide high quality care across our health and social care system, implementing and embedding the EHCH care model will improve the health and wellbeing of residents and support our vision to provide person centred care closer to home.

4.4 Using the findings from the oral health survey, Public Health, in conjunction with the Peninsula Dental School and the Enhanced Health in Care Homes group, will develop a free training package that will help to overcome the day to day issues and barriers that providers face, and improve oral health for clients.

## **(4) Frailty and Falls – implementation of the Devon STP workstream**

### **1 Background**

1.1 The Frailty and Falls STP workstream sits within the STP Prevention programme and works across the whole of Devon to support implementation of evidence based interventions to prevent or delay the onset of falls, fractures and frailty.

1.2 Frailty is age-related but onset and deterioration may be delayed. It is related to deprivation and there is a 10-15 year difference in the onset of frailty across Devon. Frailty is the strongest predictor of health and care needs and costs.

1.3 The evidence tells us we should be doing a number of key things:

- Population level primary prevention: reducing smoking, increasing physical activity, reducing alcohol intake, promoting health diets, healthy weight and social engagement.
- Identifying and 'stratifying' people with falls and frailty risk, to guide what interventions will be most effective.
- Comprehensive geriatric assessment including falls risks.
- For people with severe frailty: full assessment of needs and wishes; shared care and support plans; high quality home care when needed; advance care planning for end of life care.
- For people with moderate frailty: proactive assessment and follow up; care planning; reducing inappropriate medications; falls prevention (eg. strength and balance training); carer support; home adaptations.
- For people with symptoms of mild frailty: primary prevention; support to self-manage their health conditions; falls prevention; strength and balance training; social activities.
- For everyone as they age: group based physical activities with strength and balance element; social interaction; cognitive stimulation; management of diet, weight, smoking and alcohol.

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

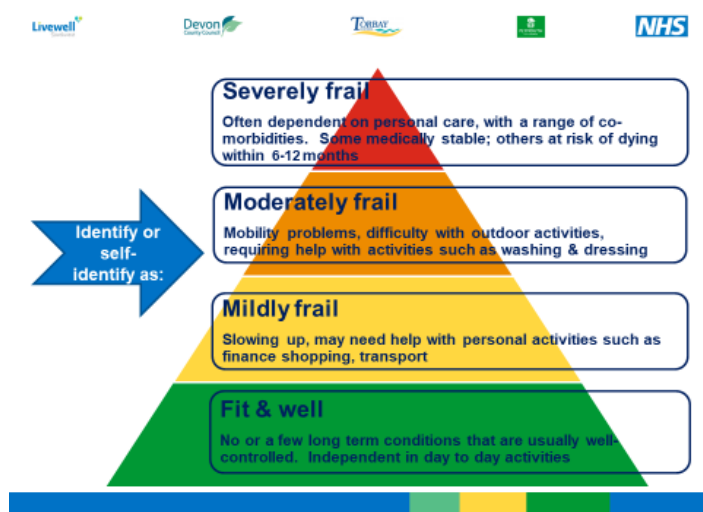
2.1 The vision of the Frailty and Falls STP programme is that '*people in Devon live into older age with high levels of health and wellbeing. They live independently as long as possible, in a dwelling of their own choice*'.

2.2 Key areas for delivery across Devon are:

- Identification of people living with frailty:
  - Individually by clinicians using the 'Rockwood Clinical Frailty Scale';
  - In cohorts in primary care using a practice based frailty identification system;



- By people themselves in the community via online resources, campaigns, community groups, lifestyle services.



- Implementation of cost-effective interventions:
  - Assessment and shared care plans;
  - Falls assessment and referral for strength and balance training;
  - Referral via fracture prevention pathway for those experiencing a first fragility fracture;
  - Information and support to self-care, social prescription for physical / social activities;
  - Information and support for primary prevention (weight, diet, smoking, alcohol).

### 3. What are the blockages?

3.1 Funding sources for expanded falls and frailty services are not all recurrent. Project and change management resources are at a premium.

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

4.1 The Frailty and Falls STP is working with localities to support expansion of preventative pathways for falls and frailty. Two key objectives are the roll out of the practice level identification system, and introduction of fracture prevention service pathways across Devon.

**Title:** Highlight Report – Thriving Lives outcome monitoring

**Wards Affected:** All

**To:** Health and Wellbeing Board      **On:** 28 January 2020

**Contact:** Julia Chisnell, Consultant in Public Health

**Telephone:** 07584 175711

**Email:** [Julia.Chisnell@Torbay.gov.uk](mailto:Julia.Chisnell@Torbay.gov.uk)

## Introduction

This paper sets out a draft outcome framework for the Torbay Joint Health and Wellbeing Strategy and seeks agreement to monitoring arrangements which will enable the Board to keep track of progress and initiate remedial action where necessary.

## 1 Background

1.1 Torbay's Joint Health and Wellbeing Strategy 2018 – 2020 'Thriving Lives' was published at the end of 2018. It represents a joint statement of intent by the Health and Wellbeing Board with an overarching aim of creating 'a healthy Torbay where people and communities can thrive'. There are seven priorities:

- Work together at scale to promote good health and wellbeing and prevent illness;
- Enable children to have the best start in life and address the inequalities in their outcomes
- Build emotional resilience in young people;
- Create places where people can live healthy and happy lives;
- Support those who are at risk of harm and living complex lives, addressing the underlying factors that increase vulnerability;
- Enable people to age well;
- Promote good mental health.

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

2.1 Members of the Public Health team, in collaboration with partners engaged in the different programme areas, have developed a group of proposed outcome measures for each priority area of the Strategy. Some of these are annual

indicators from the Public Health Outcomes Framework, national Children's or Social Care indicators; others are more local. These have been incorporated into a draft outcomes framework included below.

- 2.2 Some 'process' indicators have also been included, for example numbers trained, or taking part in physical activity. These will help to show progress towards the wider outcomes over time.
- 2.3 The more 'developmental' indicators are those being agreed with newer programmes such as the Over Fifties Assembly and the Imagine This youth partnership. These will be firmed up over the coming months in collaboration with members of the population engaged in these programmes.
- 2.3 The table at the end below shows progress to date against those indicators that are currently measurable. Where possible, national comparisons and trends are shown.

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

- 3.1 None identified.

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

- 4.1 It is proposed that progress against outcomes is reported to the Health and Wellbeing Board, and relevant partnership groups, on a regular basis.
- 4.2 Members are asked to confirm agreement to the outcome framework and the proposed monitoring arrangements.

## Thriving Lives, Torbay Joint Health & Wellbeing Strategy 2018-22: Draft Outcome Framework

Priority area	Goals	Actions	Proposed indicators		Partner forums
			Outcome measures	Process / development measures	
<b>1 Work together at scale to promote good health and wellbeing and prevent illness</b>	<ul style="list-style-type: none"> <li>➤ More people choosing and enabled to live healthy lifestyles and fewer people unwell</li> <li>➤ More people living independently in resilient communities</li> <li>➤ People being supported to have the knowledge, skills and confidence to self-care and better manage their health conditions</li> <li>➤ The health and care system ready and able to intervene early if necessary.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Promote:                             <ul style="list-style-type: none"> <li>○ MECC (Making Every Contact Count)</li> <li>○ Directories of service</li> <li>○ Social Marketing</li> <li>○ Community Grants</li> <li>○ Patient Activation</li> <li>○ Social prescribing</li> <li>○ Shared decision making</li> <li>○ HOPE (Helping Overcoming Problems Effectively)</li> </ul> </li> <li>➤ Improve access to:                             <ul style="list-style-type: none"> <li>○ lifestyle advice</li> <li>○ health and lifestyle screening</li> <li>○ lifestyle services</li> <li>○ early intervention when someone becomes ill</li> <li>○ prevention of falls and frailty</li> <li>○ mental health promotion</li> <li>○ prevention &amp; control of infection in the community and in care homes.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ Life expectancy gap</li> <li>➤ Mortality rate from preventable conditions</li> <li>➤ Adult smoking rate</li> <li>➤ Alcohol attributable admissions</li> </ul>	<ul style="list-style-type: none"> <li>➤ MECC training – coverage by sector</li> <li>➤ HOPE training – coverage</li> <li>➤ Prevention STP workstream KPIs &amp; outcomes</li> </ul>	<ul style="list-style-type: none"> <li>➤ Devon STP Prevention Working Group</li> <li>➤ Torbay &amp; South Devon Local Care Partnership</li> </ul>

<p><b>2 Enable children to have the best start in life and address inequalities in outcomes</b></p>	<ul style="list-style-type: none"> <li>➤ Children have the best start in life</li> <li>➤ Reduced impact on children and families from domestic abuse, alcohol/substance misuse and all forms of child exploitation</li> <li>➤ Improved education outcomes for all children and young people regardless of where in the Bay they live</li> <li>➤ Young people being healthy, making positive choices and influencing their own future.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Children &amp; Young People's Strategic Partnership &amp; Children &amp; Young People's Plan</li> <li>➤ Integrated service offer for 0-19 years</li> <li>➤ Focus on addressing the causes and effects of child poverty</li> <li>➤ Promote healthy lifestyles for all ages across the life course, focusing on children, young people &amp; families.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Child poverty</li> <li>➤ Early years good development</li> <li>➤ Gap between disadvantaged/non disadvantaged children achieving key stage 2 scores</li> <li>➤ Child weight</li> <li>➤ Children in need rate</li> <li>➤ Children in care / looked after rate</li> </ul>	<ul style="list-style-type: none"> <li>➤ Smoking in pregnancy</li> <li>➤ School ages &amp; stages composite scores</li> <li>➤ Proportion with statement of Special Education Needs support</li> <li>➤ Vaccination coverage (MMR, HPV)</li> <li>➤ Indicators from the <i>Imagine This Torbay</i> youth partnership (being agreed)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Torbay Children and Young People's Strategic Partnership Group</li> <li>➤ <i>Imagine This Torbay</i> youth partnership</li> </ul>
<p><b>3 Build emotional resilience in young people</b></p>	<p>More children and young people:</p> <ul style="list-style-type: none"> <li>➤ experiencing good emotional health and wellbeing</li> <li>➤ recovering from their emotional health and wellbeing needs</li> <li>➤ having better physical health and better emotional health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>➤ Torbay Healthy Learning website and social media platform</li> <li>➤ Coordinated personal health and sex education (PHSE) delivery, training and peer support</li> <li>➤ 0-19 years integrated service and the Child and Adolescent Mental Health Service</li> </ul>	<ul style="list-style-type: none"> <li>➤ Self-harm admission rates (10-24 years)</li> </ul>	<ul style="list-style-type: none"> <li>➤ Pupils with social, emotional and mental health needs</li> </ul>	<ul style="list-style-type: none"> <li>➤ Torbay Children and Young People's Strategic Partnership Group</li> <li>➤ Prevention STP Mental Health leads group</li> </ul>

	<ul style="list-style-type: none"> <li>➤ having a positive experience of care and support</li> <li>➤ having access to high quality support, as close to home as possible</li> <li>➤ More people having an understanding of emotional health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Co-design and co-produce with children and young people who are part of the wider system.</li> </ul>			
<b>4 Create places where people can live healthy and happy lives</b> <small>46</small>	<ul style="list-style-type: none"> <li>➤ Get more people moving</li> <li>➤ Encourage people to reach &amp; maintain a healthy weight</li> <li>➤ Promote people drinking sensibly and becoming smoke free</li> <li>➤ Enable people to be a part of their community and live fulfilled lives</li> <li>➤ Ensure our planning and housing systems promote health.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Extend Healthy Torbay programme</li> <li>➤ Community and voluntary sector wellbeing partnerships</li> <li>➤ Partnerships with Councillors and community builders in deprived areas</li> <li>➤ Healthy Weight Action Plan, infant feeding, and school-based holiday hunger</li> <li>➤ "Torbay on the Move", "Run for your Life"</li> <li>➤ Torbay Housing Partnership &amp; Housing Strategy Action Plan, fuel poverty.</li> <li>➤ Tobacco Alliance</li> </ul>	<ul style="list-style-type: none"> <li>➤ Thriving place index</li> <li>➤ Physically active adults</li> <li>➤ Overweight &amp; obese adults</li> </ul>	<ul style="list-style-type: none"> <li>➤ Park run for juniors &amp; adults</li> </ul>	<ul style="list-style-type: none"> <li>➤ Torbay Healthy Weight Forum</li> <li>➤ Torbay Physical Activity Steering Group</li> </ul>
<b>5 Support those who are at risk of harm and living complex lives, addressing</b>	<ul style="list-style-type: none"> <li>➤ Develop services for those most in need based on a "Housing First" approach</li> <li>➤ Redesign the system to have a more preventative strength-based approach</li> <li>➤ Focus on transition</li> </ul>	<ul style="list-style-type: none"> <li>➤ Service re-design</li> <li>➤ Integrated support offer involving those with lived experience</li> <li>➤ Rough sleeping and those on the edge of homelessness</li> </ul>	<ul style="list-style-type: none"> <li>➤ Homelessness rates</li> <li>➤ Successful drug treatment rates</li> </ul>	<ul style="list-style-type: none"> <li>➤ Domestic abuse, crimes &amp; incidents</li> <li>➤ Alcohol related hospital admissions</li> </ul>	<ul style="list-style-type: none"> <li>➤ Multiple Complex Needs Programme Board</li> </ul>

<p><b>the underlying factors</b></p>	<ul style="list-style-type: none"> <li>➤ Support young adults with complex needs to live independently</li> <li>➤ Quality workforce.</li> </ul>	<ul style="list-style-type: none"> <li>➤ People with complex learning disabilities and mental health needs closer to home</li> <li>➤ Integrate mental health and primary care into community settings</li> <li>➤ Holistic support for families with parental mental ill health and/or substance misuse.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Successful alcohol treatment rates</li> </ul>		<ul style="list-style-type: none"> <li>➤ Devon STP Multiple Complex Needs Group</li> </ul>
<p><b>6 Enable people to age well</b></p>	<ul style="list-style-type: none"> <li>➤ Enable isolated older people to feel (re)connected with friends, communities &amp; activities</li> <li>➤ Support older people to feel their lives have value and purpose as life changes, being able to contribute</li> <li>➤ High personal, learning and service aspirations for later life</li> <li>➤ Ageing is viewed positively &amp; older people are valued</li> <li>➤ Older people remain independent &amp; receive high quality strengths based support.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Review &amp; extend the benefits of the Ageing Well programme</li> <li>➤ More extra care and supported flexible accommodation</li> <li>➤ Shape the care home and care market &amp; provide more dementia and nursing provision</li> <li>➤ Test the technological solutions that enable people to stay at home and remain independent</li> <li>➤ Support the independent care workforce to be "Proud to Care" and design new roles</li> <li>➤ Creative housing solutions and changing care settings contribute to the regeneration and vision for our town centres.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Proportion (of individuals &amp; carers) reporting sufficient social contact</li> <li>➤ Portions feeling supported to self-manage conditions</li> <li>➤ Living in fuel poverty</li> <li>➤ Falls &amp; fractures rates</li> </ul>	<ul style="list-style-type: none"> <li>➤ Use of good end of life care practice &amp; training</li> <li>➤ Falls prevention coverage</li> <li>➤ Frailty proportions (severe, moderate, mild)</li> <li>➤ Oral health status</li> <li>➤ Vaccination coverage (flu, shingles)</li> <li>➤ Estimated dementia diagnosis rates</li> <li>➤ Indicators associated with Age-Friendly</li> </ul>	<ul style="list-style-type: none"> <li>➤ Ageing Well Programme Board</li> <li>➤ Torbay Over Fifties Assembly</li> </ul>

				Torbay (in time)	
<b>7 Promote good mental health</b>	<ul style="list-style-type: none"> <li>➤ Services are in the right place at the right time</li> <li>➤ Cohesive &amp; joint strategic approach to all-age mental health</li> <li>➤ Identify and acknowledge the wider determinants that affect mental health and wellbeing</li> <li>➤ Strong focus on preventing mental ill health</li> <li>➤ Support individual resilience.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Making Every Contact Count (MECC) and Making Every Contact Count in Mental Health (Connect 5) training in front-line services, community and voluntary sector</li> <li>➤ Menu of services within the statutory and voluntary sector supporting individuals with low level mental health to prevent escalation and crisis</li> <li>➤ 5 Ways to Wellbeing social marketing campaign</li> <li>➤ Public Mental Health Concordat action plan</li> <li>➤ Support organisations &amp; communities to address issues around mental ill health within their town or setting</li> <li>➤ Ensure the learning from local ways of working (such as the community-led work in Brixham) is shared and makes a sustainable real difference</li> <li>➤ Torbay multi-agency Suicide and Self-harm Prevention plan.</li> </ul>	<ul style="list-style-type: none"> <li>➤ Self-reported wellbeing / happiness score</li> <li>➤ Suicide rate</li> </ul>	<ul style="list-style-type: none"> <li>➤ Campaign &amp; training uptake / coverage &amp; impact</li> <li>➤</li> </ul>	<ul style="list-style-type: none"> <li>➤ Devon and Torbay Suicide Network</li> <li>➤ Devon STP MH leads group</li> </ul>



## Joint Health and Wellbeing Strategy Outcomes Table- Torbay, January 2020

Number	Measure	Time period	Type	Torbay	Similar areas <sup>1</sup>	Devon wide (STP <sup>2</sup> )	England	Trend of previous figures	RAG rating compared to England/goal <sup>3</sup>	Direction of travel since previous figure
<b>Prevention: Work together at scale to promote good health and wellbeing and prevent illness</b>										
1	Life expectancy gap in males	2015-17	Years	9.3	10.2	7.8	9.4		Middle quintile	
2	Life expectancy gap in females	2015-17	Years	6.3	8.3	5.7	7.4		Middle quintile	
3	Adult smoking rate	2018	%	16.0%	14.2%	15.5%	14.4%			
4	Alcohol related ill health- Hospital attributable admissions (broad)	2017/18	Per 100,000	2,248	2,486	2,039	2,224			
5	Mortality rate from preventable conditions	2016-18	Per 100,000	214.8	206.3	195.8	180.8			
<b>Enable children to have the best start in life and address the inequalities in their outcome</b>										
6	Smoking in pregnancy rate	2018/19	%	13.3%	13.9%	11.7%	10.6%			
7	Breastfeeding initiation	2016/17	%	72.0%	65.9%	70.5%	74.5%			
8	Child poverty	2016	%	21.2%	18.1%	15.4%	17.0%			
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%	83.5%	72.6%	84.1%			
10	Early years good development (at the end of reception)	2017/18	%	70.4%	71.6%	70.6%	71.5%			
11	Difference between school % of disadvantaged pupils and national % of other pupils achieving an expected score in reading, writing and maths (Key Stage 2)	2018	%	19%	South West- 23%	22%				
12	Pupils with statement of Special Educational Needs (SEN) support	2019	%	12.30%	13.11%	13.27%	11.90%			
13	Children overweight or obese in year 6 <sup>4</sup>	2018/19	%	35.2%	34.3%	29.3%	34.3%			
14	Children in Need rate	2019	Per 10,000	419.7	446.15	356.33	334.2			
15	Children in care/ looked after rate	2019	Per 10,000	142	104.07	90.33	65			
16	Population vaccination coverage- MMR for two doses (5 years old)	2018/19	%	93.3%	90.7%	92.4%	86.9%			

Number	Measure	Time period	Type	Torbay	Similar areas <sup>1</sup>	Devon wide (STP <sup>2</sup> )	England	Trend of previous figures	RAG rating compared to England/goal <sup>3</sup>	Direction of travel since previous figure
17	Population vaccination coverage- HPV vaccination coverage for two doses (females 13-14 years old)	2017/18	%	77.4%	87.5%	80.7%	83.8%			
Build emotional resilience in <b>young people</b>										
18	School pupils with social, emotional and mental health needs	2018	%	4.26%	2.63%	3.79%	2.39%			
19	Self harm rates- hospital admissions (10-24 years)	2017/18	Per 100,000	949.2	579.4	749.7	421.2			
Create <b>places</b> where people can live healthy and happy lives										
20	Physically active adults	2017/18	%	70.7%	64.7%	70.7%	66.3%			
21	Parkrun for adults- Number of participants	2018 (Whole yr)	Number	3,771				No trend		
22	Parkrun for juniors- Number of participants	2018 (From Nov)	Number	402				No trend		
23	Thriving place index- Scorecard results for local conditions	2019	Score 0-10	4.82		4.98		No trend	Medium	
24	Overweight or obese adults	2017/18	%	59.8%	65.3%	62.4%	62.0%			
Support those who are at risk of harm and living <b>complex lives</b> , addressing the underlying factors that increase vulnerability										
25	Domestic abuse crimes and incidents	2018/19	Number	3,712						
26	Homelessness rates (Households where relief duty ended) <sup>5</sup>	2018/19	Per 1,000 households	7.18				No trend		
27	Successful drug treatment rates	2017	%	7.5%	5.8%	7.0%	6.5%			
28	Successful alcohol treatment rates	2017	%	45.7%	37.4%	36.9%	38.9%			
29	Harmful alcohol use- Hospital admissions for alcohol related conditions (narrow)	2017/18	Per 100,000	788	735	677	632			
Enable people to <b>age well</b>										
30	Proportion of people who use services who reported that they had as much social contact as they would like	2018/19	%	51.8%	46.3%	46.7%	45.9%			
31	Proportion of carers who reported that they had as much social contact as they would like	2018/19	%	32.4%	34.5%	27.2%	32.5%			

Number	Measure	Time period	Type	Torbay	Similar areas <sup>1</sup>	Devon wide (STP <sup>2</sup> )	England	Trend of previous figures	RAG rating compared to England/goal <sup>3</sup>	Direction of travel since previous figure
32	Feel supported to manage own condition	2017/18	%	61.9%	60.9%	61.7%	59.6%	No trend		
33	Fuel poverty	2017	%	12.6%	11.6%	12.0%	10.9%		○	↑
34	Population vaccination coverage - Flu (at risk individuals)	2018/19	%	47.2%	49.5%	48.4%	48.0%		●	↓
35	Population vaccination coverage - Flu (aged 65+)	2018/19	%	71.5%	73.0%	72.2%	72.0%		●	↓
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	2017/18	Per 100,000	2,071	2,242	1,932	2,170		●	↑
38	Hip fractures in people aged 65 and over	2017/18	Per 100,000	560	To be added		578	To be added	●	
39	Dementia- estimated diagnosis rate (aged 65 and over)	2019	%	62.8%	70.4%	59.6%	68.7%		●	↔
Promote good <b>mental health</b>										
40	Self reported wellbeing- high happiness score	2015/16	%	74.1%	73.8%	75.6%	74.7%		Middle quintile	↑
41	Campaigning uptake/impact			Fig to be added						
42	Training numbers			Fig to be added						
43	Suicide rate	2016-18	Per 100,000	19.5	11.9	13.4	9.6		●	↑

<sup>1</sup>Similar areas - Amalgamation of statistical nearest neighbours

<sup>2</sup>Sustainability and Transformation Partnership

<sup>3</sup>RAG (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

○ No statistical significance calculated

<sup>4</sup>2017/18 value not published for data quality reasons

<sup>5</sup>The '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 has changed the criteria by which clients are entitled to assistance as well as the duties places on LAs to assist clients threatened with homelessness. Therefore there is no trend data. No national rates calculated, data is locally calculated

## Key

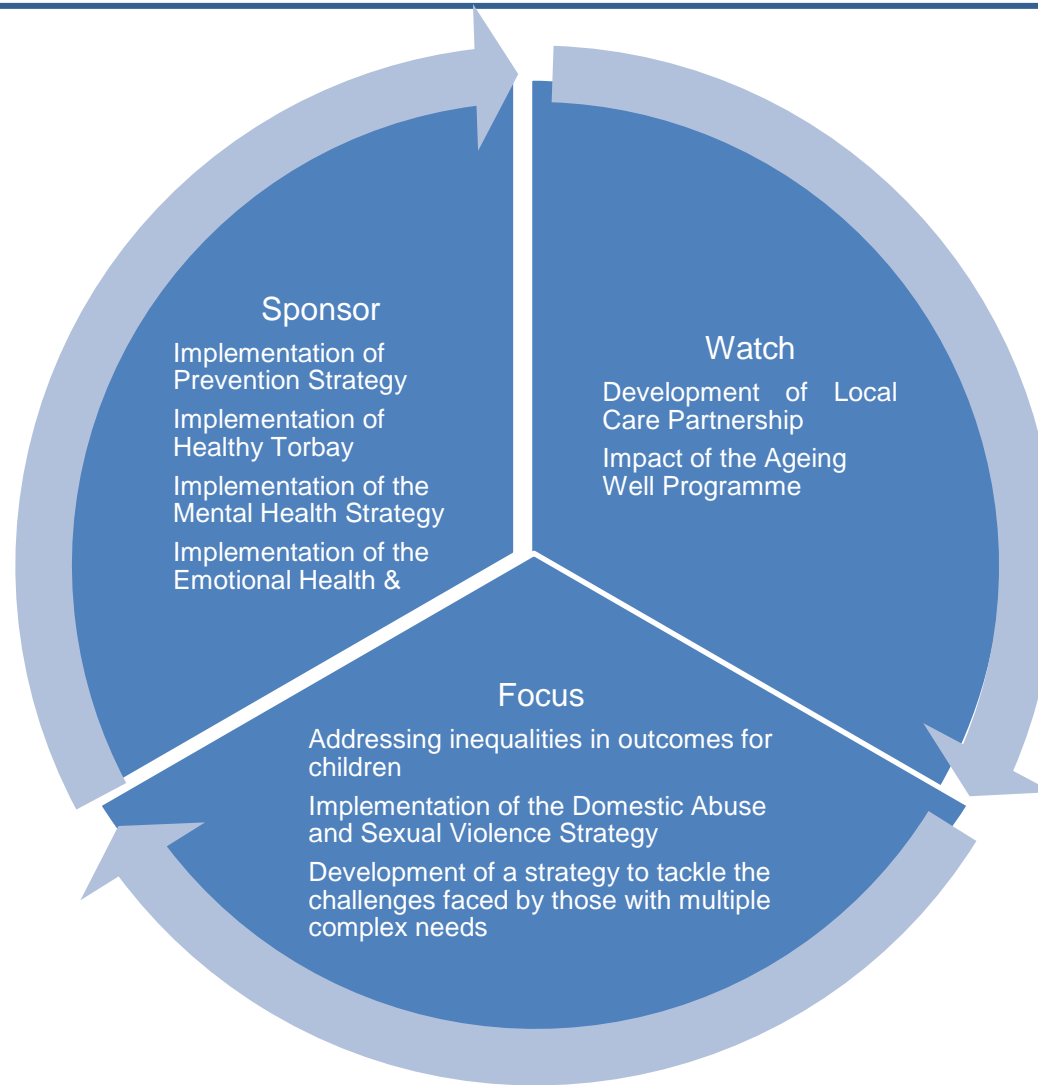
No.	Name of measure/ Benchmarking against goal
1	A02a- Inequality in life expectancy at birth (Male)
2	A02a- Inequality in life expectancy at birth (Female)
3	Smoking prevalence in adults- current smokers (APS)
4	9.01- Admission episodes for alcohol-related conditions (Broad) (Persons)
5	E03- Mortality rate from causes considered preventable
6	C06- Smoking status at time of delivery
7	2.02i- Breastfeeding initiation
8	1.01ii- Children in low income families (under 16s)
9	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)
12	Percentage of pupils with Statement of Needs (SEN) support (All schools)- as of 31 January of the year
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
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
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 parkrun (Saturday mornings)
22	2k Junior parkrun (Sunday mornings)
23	Thriving Places Index- Scorecard for local conditions
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

No.	Name of measure/ Benchmarking against goal
30	ASC Outcomes Framework 1i(1)- Proportion of people who use services who reported that they had as much social contact as they would like
31	ASC Outcomes Framework 1i(2)- Proportion of carers who reported they has 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- high happiness score: % of respondents
41	Campaign uptake/ impact
42	Training numbers
43	4.10- Suicide rate

The Health and Wellbeing Board agreed at its meeting in March 2018 that its Work Programme should be developed around the principles of areas to watch, areas to sponsor and areas of focus:

- **Areas to watch** – These are areas where the Board is interested but only needs to keep a watching brief on delivery, probably through oversight of key outcomes. The Board will trust that other organisations or partnerships are delivering the system priorities. Therefore performance monitoring reports will be presented twice a year to the Board.
- **Areas to sponsor** – These are areas that the Board will actively promote but leaves other organisations and partnerships to deliver, seeking assurance of outputs and outcomes from this work. The Board will encourage integration and partnership working to deliver the system priorities. There will normally be no more than four issues to sponsor each year. Therefore highlight reports will be presented twice a year with lead organisations being asked to identify any blockages within the system. This will enable the Board to discuss potential solutions building on its role to promote integration across the system.
- **Areas of focus** – These are areas where the Board will have a more direct involvement and debate to assure itself of the detail of delivery. The Board will be seeking a commitment to action from its partner members. There will normally be two areas of focus each year. Each partner organisation to identify specific issues of concern for inclusion within the Work Programme which will effectively be the Action Plan of the Joint Health and Wellbeing Strategy. These issues will then form the basis of meetings of the Board, enabling proactive debate, leading to solutions owned by the system.

In addition, it was agreed that the Work Programme should reflect the areas as in the diagram on the following page.



Date	Venue	Agenda Deadline	Item Name	Lead Officer(s)/ Organisation	Notes including decision/action being requested
28 Jan 2020 (Deferred from December)	Torquay Town hall	Report Deadline: 17 January  Agenda Publication: 20 January	Area of Focus (Deep Dive) – Addressing inequalities in outcomes for children	Director of Children’s Services	Progress against delivery of the CYPP and Early Help plan. What commitments are required from partners
			Director of Public Health Annual Report	Director of Public Health	To receive and note the content.
			Area of Watch (Highlight Report) – healthy ageing in Torbay:  <ul style="list-style-type: none"> <li>Ageing Well programme – outcomes &amp; legacy planning</li> <li>Age-friendly Torbay - opportunities and challenges</li> <li>Enhanced Health in Care Homes programme</li> <li>Homes for life</li> <li>Frailty and Falls STP programme</li> </ul>	Torbay Community Development Trust SD&T Foundation Trust JCT	What has been achieved in the past six months? What are the blockages? What is the planned activity for the next six months? What commitments are required from partners?
			Area of Watch (Highlight report)  Update on STP Long Term Plan and the development of Local care Partnerships (to include the prevention Chapter) <b>(verbal update)</b>	Directors of Adult Social Care & Public Health	To note the interim update.
			Other business  Thriving Lives (Torbay Joint Health and Wellbeing Strategy 2018-22) - Agreement of draft outcome framework - Proposal for reporting - Work Programme 2018/2019	Director of Public Health	Are the proposed outcome acceptable to the Board. Agreement on frequency and method of reporting on outcomes  Is the cycle of Deep Dives and Highlight Reports acceptable to the Board?



Date	Venue	Agenda Deadline	Item Name	Lead Officer(s)/ Organisation	Notes including decision/action being requested
19 March 2020	TBC – Partner organisation to offer to host – venue must be able to allow members of the public to attend	Email Report Authors: 3 February	Area to Sponsor (Highlight Report) - Implementation of the Mental Health Strategy including tackling the emotional health and well-being of children and young people	JCT, Julia Chisnell And CCG – Louise Arrow	What has been achieved in the past six months? What are the blockages? What is the planned activity for the next six months?
		Report Deadline 6 March	Area to Sponsor (Highlight Report) – Implementation of the Mental Health Strategy strand of the STP and development of the Community Mental Health Framework OR	CCG	What has been achieved in the past six months? What are the blockages? What is the planned activity for the next six months?
		Agenda Publication; 11 March	Annual Devon Cornwall and Isles of Scilly Health Protection Assurance Report 2018/19	Julia Chisnell	To note the report.
			Other business Area of Watch STP update including Implementation of the Local Care Partnership	STP partners and Jo Williams	Update on STP Long Term Plan and the development of Local care Partnerships (to include the prevention Chapter) <b>(verbal update)</b>
18 June 2020	Partner organisation to offer to host – venue must be able to allow members of the public to attend		Election of Chairman and Vice-Chairman		
		Email Report Authors: 4 May	Area of Focus (Deep Dive) – Development of a strategy to tackle the challenges faced by those with multiple complex needs	Bruce Bell	How are we tackling the challenges faced by those with multiple complex needs? What are the blockages? What commitments are required from partners?
		Report Deadline: 4 June	Area to Sponser (Highlight Report) Implementation of Healthy Torbay	Bruce Bell	What has been achieved in the past six months? What are the blockages? What is the planned activity for the next six months?
		Agenda Publication: 10 June			

Date	Venue	Agenda Deadline	Item Name	Lead Officer(s)/ Organisation	Notes including decision/action being requested
			Area of Focus (Highlight Report) - Addressing outcomes for Children – 6 month FU report	Director of Children's Services	What progress has been made since the Deep Dive in July 2018? What are the blockages? What commitments are required from partners?
			Area to Watch (Highlight Report) – Impact of the Ageing Well Programme – 6 month FU report	Community Development Trust	What outcomes have been achieved in the past six months?
			Thriving lives performance review	Caroline Dimond	For discussion
10 Sept 2020	TBC - Partner organisation to offer to host – venue must be able to allow members of the public to attend	Email report authors: 27 July  Report Deadline: 28 August  Agenda Publication: 2 September	Area to Focus (Deep Dive) – Implementation of the Domestic Abuse and Sexual Violence Strategy	Caroline Dimond / Tara Harris	What progress has been made in implementing the Strategy? What outcomes have been achieved? What are the blockages? What commitments are required from partners?
			Area of Focus (Highlight Report) – Development of a strategy to tackle the challenges faced by those with multiple complex needs – 6 month FU	Bruce Bell	What progress has been made since the Deep Dive in September 2018? What are the blockages? What commitments are required from partners?
			Area to Sponsor (Highlight Report) - Implementation of Prevention Strategy	Caroline Dimond	What has been achieved in the past six months? What are the blockages? What is the planned activity for the next six months? What further integration needs to be encouraged between partners?
			Thriving lives	Director of Public Health	

Date	Venue	Agenda Deadline	Item Name	Lead Officer(s)/ Organisation	Notes including decision/action being requested
			Review of achievements in 2018/2019 and identification of priorities for 2019/2020		
			Area of Focus (Highlight Report) – mental health and emotional health and well-being of Young people -6 month follow up report		What progress has been made since the Deep Dive in March 2019? What are the blockages? What commitments are required from partners?
17 December 2020	TBC	Email report authors: 9 November Report deadline: 4 December Agenda Publication 9 December	Director of Public Health Annual Report	Director of Public Health	
			Annual Devon Cornwall and Isles of Scilly Health Protection Assurance Report 2018/19	Julia Chisnell	
			Area of Watch – Development of the Integrated care System and the Integrated acer model	ICS	
			Area of Focus – 6 month update of the work to Tackle the challenges of those with MCN	Bruce Bell	
			Area of Focus- Health Torbay (6 month review)	Bruce bell	