TORBAY Health & Wellbeing BOARD

Working together for a healthier Torbay

Tuesday, 04 February 2014

Meeting of the Health and Wellbeing Board

Wednesday, 12 February 2014

3.00 pm

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

Members of the Board

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

Co-Optee's (Non-Voting)
Paula Vasco-Knight, South Devon Healthcare NHS Foundation Trust
Tony Hogg, Police & Crime Commissioner

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
01803 207064
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TORBAY COUNCIL

NHS

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 1 - 5)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 3 December 2014 and note the actions set out in Appendix 1.

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. Update Report - Adult Social Services (Pages 6 - 8)
To receive an update on the current position of Adult Social Services.

6. Update Report - Clinical Commissioning Group (Pages 9 - 12)
To receive an update on the current position of the Clinical Commissioning Group.

7. Update Report - Public Health (Pages 13 - 25)
To receive an update on the current position of Public Health.

8. **Update Report - Healthwatch Torbay** (Pages 26 - 33)
To receive an update on the current position of Healthwatch Torbay.

9. **Update Report - Children's Services** (Pages 34 - 39)
To receive an update on the current position of Children's Services.

10. **Update Report - Police & Crime Commissioner** (Pages 40 - 44)
To receive an update on the current position of the Police & Crime Commissioner.

11. **Update Report - Integrated Care for South Devon and Torbay** (Pages 45 - 63)
To receive an update on the current position of the Integrated Care Organisation.

12. **Joined Up Commissioning - Integrated Planning (Better Care Fund) and South Devon & Torbay Clinical Commissioning Group Strategic Plan 2014-2019** (Pages 64 - 151)
To consider a report provides an update on the Better Care Fund and in addition sets out the Clinical Commissioning Group Strategic Plan for 2014-19.

13. **Winterbourne View Update** (Pages 152 - 155)
To note the report.

14. **Low Alcohol Drink Initiative**
To receive a briefing from John Hamblin, Shekinah Mission, on a low alcohol drink initiative which will be launched in Torbay.

15. **The Time to Change Pledge - challenging stigma and discrimination around mental health** (Pages 156 - 160)
To consider a report that asks the Health and Wellbeing Board to sign up to the Time to Change pledge.

16. **Council Budget and the Challenges to the Health and Social Care System**
Discussion Topic: In light of significant budget reductions what can the Health and Wellbeing Board do to lessen the impact of these changes on the health and social care system?

TORBAY Health & Wellbeing BOARD

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Minutes of the Health and Wellbeing Board

3 December 2013

-: Present :-

Councillor Bobbie Davies, Siobhan Grady, Doug Haines, Pat Harris, Tony Hogg, Councillor Chris Lewis (Chairman), Graham Lockerbie, Councillor Mike Morey, Councillor Christine Scouler, Caroline Taylor and Richard Williams

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43. Apologies

Apologies for absence were received from Councillor Pritchard, Paula Vasco-Knight, Sam Barrell who was represented by Siobhan Grady and Caroline Dimond who was represented by Doug Haines.

44. Minutes

The minutes of the meeting of the Health and Wellbeing Board held on 19 September 2013 were confirmed as a correct record and signed by the Chairman.

45. Appointment of Vice-Chairman/woman

Caroline Dimond was appointed Vice-Chairman for the remainder of the 2013/2014 Municipal Year.

46. Update Report - Adult Social Services

The Board noted the update on adult services and were advised that due to a decrease in funding to social care and preventative services, discussions were being held in order to raise income through other systems.

The Board further noted that the acquisition process of Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) continued. The expected timetable of completion and establishment of the Integrated Care Organisation (ICO) had been moved back from April 2014 to July 2014.

47. Update Report - Clinical Commissioning Group

Members noted the update from South Devon and Torbay Clinical Commissioning Group. Members were advised that a series of engagement events regarding the future of their community health and social care services have been held across the five commissioning localities.

Members were also advised that the Clinical Commissioning Group's Integrated Plan 2013-2016 was being updated in light of planning guidance from NHS England. Members were requested to forward any comments to Jo Turl (jo.turl@nhs.net) by the middle of January 2014 after which the Clinical Commissioning Group will approve the final version of the Plan.

48. Pioneer Status

The Board received an update on the bid to become a pioneer site. Members were advised that as a pioneer site, progress could be made to implement plans to offer people joined up care across the whole spectrum of services, including mental health and GP services. There would also be a move towards seven day services with patients being in the place that is best for them. Mental health services will be as good and as easy to access as other health services with care being coordinated so that people only have to tell their story once.

Members were advised that there remained some minor issues to overcome such as free flow of data and finance, there was national support for a joined up system and permission to find local solutions to the issues.

By consensus the Board resolved that:

i) the Health and Wellbeing Board notes the success of the bid for Pioneer status;

ii) that the Health and Wellbeing Board provide oversight and challenge to the integrated programme of Pioneer work; and

iii) that the Joint Health and Wellbeing Strategy be reviewed to ensure that it aligns to the delivery of the Pioneer programme.

49. Integration Plan (Integrated Transformation Fund)

The Board considered a report that outlined a plan which was being developed as part of the requirements of the Integration Transformation Fund (ITF). Following the success of the health and social care community being approved as a Pioneer site, partners have developed the Integration Plan which would deliver the priorities set out to achieve whole system change through the ICO and progress the projects as set out in the original Pioneer bid.

Members were advised that ITF does not come into full effect until 2015/16, however there was an expectation that clinical commissioning groups and local authorities build momentum in 2014/15, using the additional £200 million due to be transferred to local government from the NHS to support transformation. Whilst the ITF is a significant amount of money, the health and social care community in Torbay is already committed to providing excellent joined up services and therefore, the opportunities of ITF could apply equally to the whole ICO. This would result in a overall pooled budget of £3.8 billion.

By consensus the Board resolved that:

i) the draft Integration Plan be reviewed and that the Board discuss and comment on its further development;

ii) the final Integration Plan be presented to the Health and Wellbeing Board in line with national expectations; and

iii) the principle of a 'single pooled' arrangement for revenue and capital aspects of the Integrated Transformation Fund, in line with the local work to date on an Integrated Care Organisation and our pioneer plans for improving the outcomes of the health and well being of our community, be endorsed.

50. Health Protection Committee

Members considered a report that sought to establish a Health Protection Committee covering Devon, Plymouth and Torbay.

By consensus the Board resolved:

That, subject to the agreement of Devon and Plymouth's Health and Wellbeing Boards, the establishment of the Health Protection Committee working to the proposed terms of reference in Appendix 1 to the submitted report be approved.

51. Update Report - Public Health

The Board noted the update on Public Health in particular the plans for the 2014/15 Joint Strategic Needs Assessment (JSNA). The JSNA would be produced under the auspices of i-Bay in order to reflect a greater wealth of intelligence and knowledge data.

52. Update Report - Healthwatch

The Board noted the update on Healthwatch in particular the issues Healthwatch were experiencing with various methods of engagement and their levels of influence as a result.

53. Update Report - Children's Services

Members noted the update on Children Services and were advised that subject to the Department for Education agreeing, it was hoped Children Services would no longer be in intervention.

54. Update Report - Police & Crime Commissioner

The Police & Crime Commissioner (PCC) welcomed the invitation to join the Health and Wellbeing Board (HWB) and recognised the cross over that his role had with the work of the HWB. The PCC expressed the view that the HWB had a well established health and social care focus however felt that the wellbeing element of the HWB needed further development.

The PCC advised the Board that he had been involved in a peer review of Cornwall's Health and Wellbeing Board, the review identified a number of strengths and weaknesses and may be of use when reviewing the impact of Torbay's Health and Wellbeing Board.

55. Report from the Child Poverty Commission

The Board received a report of Torbay's Child Poverty Commission. Michelle Kennedy, Chairman of the Child Poverty Commission, informed members that the Child Poverty Commission was set up to look at how Torbay is performing on the targets set out in its Child's Poverty Strategy. The Child Poverty Commission have taken evidence, challenged assumptions and put in place mechanisms to ensure that the recommendations in their report do not just gather dust, but that they were implemented, monitored and that those responsible can be held to account.

Michelle advised that the Commission heard a range of evidence over a period of 10 months during which a number of common themes emerged, these themes included:

- Greater focus and work with families in poverty to build pathways to work;
- Stronger shared leadership and partnership working from the Council and partners on this agenda, including championing and developing the talent and skills of parents and young people in poverty;
- Building stronger links between parents, education and business
- Supporting a housing strategy that will provide decent standards, safe long-term housing tenure and stability for those that need it most;
- Building on the good practice of models such as Hele's Angels and other neighbourhoods based models;
- Ensuring that services build child poverty outcomes into their budgeting, commissioning and delivery frameworks.

Michelle advised that the Child Poverty Commission would like the recommendations to be adopted and for the Health and Wellbeing Board take ownership of an action plan. Members were advised that the action plan was currently being compiled and would be formally presented to Council in February 2014.

By consensus the Board resolved that:

i) the Health and Wellbeing Board be responsible for overseeing the implementation of the action plan, once approved by Council in February 2014; and

ii) the Child Poverty Commission be recalled on an annual basis to review progress and hold the Health and Wellbeing Board to account.

TORBAY Health & Wellbeing BOARD

Working together for a healthier Torbay

AGENDA	ACTION	LEAD ORGANISATION	LEAD MANAGER	UPDATE	STATUS	FURTHER ACTIONS REQUIRED/WHEN
44	Requirement for Winterbourne Action Plan as per Lamb letter requirements	CCG	Siobhan Grady	Framework of Action Plan included with papers.	RED	Action Plan indicates that there is still much work to do.
47	CCG Integrated Plan –	CCG	Sam Barrell	Included in Agenda	GREEN	Implementation process to be monitored
48	Review of Joint Health and Wellbeing Strategy to become aligned to Pioneer programme	HWBB	All	To develop in light of HWBB review	RED	Need to identify priorities from HWBB members and
49	Integrated Plan (Integrated Transformation Fund) update to HWBB	SDHFT	Caroline Taylor/Sam Barrell	Agenda item	GREEN	Implementation process to be monitored
50	Agreement of Devon and Plymouth HWBBs to set up Joint Health Protection Committee	TC (for Torbay Health Protection)	Linda Churm	Agreed	GREEN	
54	Peer Review of Cornwall HWBB-obtain report	TC	Gerry Cadogan	Report still in draft and confidential to Cornwall/Isle of Scilly HWBB until approved	RED	Contact Cornwall/Isle of Scilly DPH
55	Child Poverty Commission Action Plan after Feb 2014	TC	Richard Williams	25 recommendations in report. No update received on progress in various organisations in Bay.	AMBER	Implementation is multi-agency. Action plan developed?

TORBAY Health & Wellbeing BOARD
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Title:	Update Report - Adult Services
Wards Affected:	All
To:	Health and Wellbeing Board **On:** 12 February 2014
Contact:	Caroline Taylor (Director Adult Social Services)
Telephone:	(01803) 207116
Email:	caroline.taylor@torbay.gov.uk

1. Achievements since last meeting

1.1

- The third quarter of the financial year has indicated that the commissioning of adults services from Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) has been progressing in line with the ASA. This continues to be a positive achievement given the demand pressures on the services for adults.

- Consultation has taken place on fees made to care homes and other providers of services. A decision has been made and communicated to providers.

- Given the required reductions in costs of services, we hosted a provider meeting in early October for dialogue as to how local suppliers can re-shape their services and businesses.

- The tender process for Domiciliary Care (Living Well At Home) is progressing according to schedule with a short list of 6 organisations under evaluation. The new contracts will start from 1 April 2014 and will develop an outcomes based system in partnership with the Trust.

- The process of acquisition of TSDHCT positively with the expected timetable for completion and the start of the ICO in August/September 2014.

- Progress continues to be made on lottery support to combat social isolation by working with voluntary sector.

- Potential development of health and care spin off businesses with NHS partners, academic science network and TDA (economic development) for clinical trials continues to be explored.

- Community Services Engagement-joint work with CCG on rethinking future of community services in Torbay and South Devon has concluded and results reported to Councillors. Public views appear to support some of the national government thinking on providing care at home or in home like settings and a desire for further integrated care around the individual and self care.

- The pioneer bid to government to help support the transformation of health and social care has been successful as reported and we are now working through the implementation processes and setting performance outcomes.

- Detailed proposals for decommissioning services have been consulted on as part of the Mayoral system and consultation with CCG and providers has taken place to mitigate risk where this is possible and is elsewhere on this agenda.

- The £3.8 billion pooled budget for health and adult social care is being developed in more detail. The money has been renamed the 'Better Care Fund' (BCF). There is a more detailed note on approaches to this on this agenda.

- The Peer review of adult social care is delayed as the Councillor representative of the peer team had other priorities to attend to. It is being re-scheduled for June 14.

- In order to review the workforce and to shape capacity and skill mix for the future, a 'live working week' was carried out across all social care staff during the week beginning 13 January. When analysed, this will provide information about the complexity and type of work undertaken by each staff member, as well as time taken on each task.

- The Commissioning Strategy for People with a Learning Disability has been completed and is ready for consultation subject to agreement with CCG and the Council.

2. Challenges for the next three months

2.1

- The need to focus on delivery whilst the acquisition process goes through its determination is a continued risk to our local system.

- The future reductions to services are being consulted on and need to be managed through a winter period which will stretch our capacity

- The number of Safeguarding Adults referrals have continued to increase considerably and performance is under pressure. Front line teams have been able to achieve the target for arranging initial strategy meetings within the required 5 working days but it is proving harder to hold case conferences within 20 days. This is due to capacity of both Trust staff and key attendees from other organisations. Individuals are not put at risk due to the delay as action to address their safety will be put in place from the Strategy Meeting.

3. Action required by partners

- Work to develop the pioneer bid as a programme to report to HWBB and to encompass system wide changes is underway.

- Continued engagement of role of voluntary and community sector for joined up role of health and care in financially sustainable way. Specific work on lottery bid to combat social isolation as well as engagement in broader solutions.

- Develop joint plans for the use of the BCF fund with CCG in readiness for April 2014 sign off and risk share as part of new ICO.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report –South Devon and Torbay Clinical Commissioning Group
Wards Affected:	All
To:	Health and Wellbeing Board **On:** 12 February 2014
Contact:	Dr Sam Barrell, Chief Clinical Officer
Telephone:	01803 652 451
Email:	mollybishop@nhs.net (PA)

1. Achievements since last meeting

1.1 Pioneer Bid / Transformation

Our Pioneer aims are progressing well, and plans for the forthcoming years are as follows:-

- Year one – the formation of two community hubs (at least in outline form), with plans for a further three to be underway with a particular emphasis on the life course model.
- Year one and two – significant progress on the Joined-Up IT Strategy (to support hubs) and the joining-up of health information exchange across organisations and progress towards 7 day services.
- Year two – with transition complete, all further work plans across the economy to be re-aligned to transformation and integration.
- Years two onwards – development and delivery of three further hubs.
- Year five – Joined-Up IT Strategy to be fully implemented, 7 day services implemented and person centred community hubs with an emphasis on:-
  - Self-care and prevention
  - Decreasing inequalities in health and care
  - Improving population based health and care outcomes

The creation of an Integrated Care Organisation (ICO) locally is a great enabler for Pioneer, and the ICO will certainly work to support the delivery of the Pioneer vision. Teams of staff are currently working together to ensure that service-change projects are not duplicated as the Pioneer project progresses.

At the beginning of December, members of the Pioneer Board started the journey by attending the 'Integrated Care and Support Pioneers Inaugural Workshop', which:-

- Introduced pioneers

- Detailed partner organisations (including Monitor, Directors of Adult Social Services, Care Quality Commission, Department of Health, Public Health England, Local Government Association, NHS England, NICE, NHS IQ, Think Local Act Personal, and National Voices)
- Clarified shared expectations of, and commitments to the programme
- Detailed how the support programme will work
- Initiated the open learning community for developing and sharing knowledge and solutions

Pioneer sites will be required to report good outcomes in integration and the expectation is that metrics and measurements will be set nationally.

1.2 Acquisition

During last year, conditional support was given to the Full Business Case for the acquisition of Torbay and Southern Devon Health and Care NHS Trust by South Devon Healthcare NHS Foundation Trust (Torbay Hospital) to create a single Integrated Care Organisation (ICO).

Monitor (the Foundation Trust sector regulator) is required to assess the case from the Foundation Trust perspective, and following a self-assessment, the Office of Fair Trading may be required to formally assess the competition aspects.

The CCG is a member of work-stream and committee groups established to manage the merger, the governance arrangements, and to ensure that the system integrates in line with our whole system aspirations.

The assumed ‘go-live combined ICO’ date is likely to be this autumn.

1.3 Engagement Events

The themes that emerged following the engagement events that the organisation hosted in the last 4 months of last year included:-

- Need for better communication – between providers and to patients – including directory of services for patients, so people know who to contact for what & when
- Education, prevention & self-care. People want to know more about their condition, what it is, how to manage it.
- Accessibility of services is important – opening hours, public transport, buildings that are fit for purpose. Includes access to information, linking to theme of communication
- Reliability of services, consistency – knowing who will come to see them and when. Continuity of care, relationship building with carers important to make people feel safe
- Make more use of voluntary services to help people live at home, using support already in community, "neighbourliness"

These themes and the detailed notes taken at the events will be analysed further to inform our plans and priorities.

1.4 Strategic Public Involvement Group (SPIG)

The SPIG continues to:-

- Support the CCG to be community focused at all stages of commissioning
- Represent and share feedback from patients, carers, the public, the voluntary sector and Healthwatch (Devon and Torbay) to ensure that experiences influence commissioning decisions

During its first 12 months, SPIG has:-

- Developed its understanding of:-
    - Health and care commissioning
    - The shifting balance between primary and secondary care
- Debated a range of commissioning areas including self-care, mental health, carer support and urgent care
- Implemented a schedule for the CCG to share plans with SPIG members, allowing important issues to be raised within the community
- Continued to share one-way patient feedback to the CCG
- Ensured patient representatives are involved on key redesign boards

Chris Peach has been Chair of the group since its inception, however he has recently been appointed as a Non-Executive Director of Patient and Public Involvement to the CCG's Governing Body, where he ensures the voice of the public is heard and the interests of patients and the community remain at the heart of CCG work.

1.5 Localities Commissioning Groups

The development of Community Hubs based around our 5 localities forms a fundamental part of our vision of future commissioning and service provision. Our aim is that the Joined-Up concept is reflected at the locality level with health, social care, and community and voluntary groups all working together to achieve the overarching CCG commissioning intentions but adapted to local provision. We envisage that patient and public involvement is a key part of this; one move in this direction which has just occurred is that the Practice Patient Participation Groups have opted to link themselves together at a locality level rather than across the whole CCG footprint, recognising that this enables them to have a greater say in the way services are organised locally.

2. Challenges for the next three months

2.1 Challenge Fund

GP surgeries have until 14 February 2014 to apply for part of the NHS England £50m 'Challenge Fund' aimed at piloting appointment access improvements. At least 9 pilot sits across the country will explore ways to extend access to GP services to better meet local patient needs, including:-

- Longer opening hours, including weekends

- Access to various GP surgeries within their local area
- Appointments via telephone, email, webcam and instant messaging
- Online patient registration
- Tele-care and healthy living apps

2.2 Acquisition process

2.3 Ensuring good progress on pioneer implementation

3. Action required by partners

Please see separate papers relating to the CCG Integration Plan and the Better Care Fund.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Public Health		
Wards Affected:	All		
To: HWBB	Health and Wellbeing Board	**On:**	12 February 2014
Contact:	Dr Caroline Dimond		
Telephone:	01803 207344		
Email:	Caroline.dimond@torbay.gcsx.gov.uk		

1. Achievements since last meeting

1.1 Joint Strategic Needs Assessment (JSNA).

I-bay, Torbay's intelligence network, has re-formed and met in December in order to jointly progress work on the JSNA. As noted in the previous report, under the auspices of iBay, data will be collected across 3 domains: Qualitative and community involvement, community assets, and quantitative and multi-agency data. Data will be available in web-form where tools will be available to all sectors and partners which can be used to generate relevant needs and locality based data.

The December meeting saw a good representation of different organisations; including representatives from Devon and Cornwall Constabulary, Devon and Somerset Fire and Rescue, South Devon College, Torbay CDT, Health Watch, South Devon and Torbay CCG and Local Authority departments.

The terms of reference is being written for the group, and a copy will be presented at the next HWBB for information. One of the main outcomes for i-bay is to include information about the wider determinants of health within JSNA for the HWBB.

i-bay are next meeting on the 12th Feb with a focus to support the Fulfilling Lives Ageing Better bid (Big Lottery Fund), exploring different organisational perspectives and information around social isolation.

1.2 Partnership work.

We are working to embed / align Public Health programmes in those of our partners. Thus:

- We now have a specific section on prevention in the CCG Strategic plan which we will be delivering in partnership.
- We are working to embed prevention in the integration plan.
- We are working with colleagues from the ICO on priority Workstream 3 areas in particular on Drug and alcohol treatment pathways. We hope this work will help embed a model of screening and intervention linked to risky behaviours

within both acute and community services and link to both Torbay and Devons lifestyle services.

- We continue to have conversations with Council colleagues with the aim of embedding initiatives and ways of working which promote well-being. Most recently we met with planning colleagues and we plan also to link to the work on developing a sports strategy
- We plan to have a series of conversation around the options of closer working with Adult Social Care, Children Services and Community Safety to agree strategic direction and priorities in conjunction with our partners.

1.3 Public Health Business plan.

We have developed a business plan for 2014 / 2015 outlining our own priorities for 2014/15 and a refreshed team management structure. This is still in the process of being finalised but a DRAFT plan is attached in appendix 1. A 5 year plan will be developed in due course. A performance framework report will follow,

1.4 NHS Core offer

The Public Health team have now completed the first three quarters of work under the Memorandum of Understanding to support the CCG through the core offer. A Quarter 3 report has been submitted. Public Health staff continue to be well embedded within the CCG. In Quarter 4 a survey is planned to anonymously seek feedback to assess the quality of the core offer work to date.

2. Challenges for the next three months

As noted under section 1.2 above, we will be looking at increasing the inter-departmental and also inter-organisational work we do in the coming months, increasing the amount of matrix working we do. We will align workstreams wherever possible and look at options for further joint commissioning.

Public Health Business plan: 2014-2015.

1. What is Public Health?

"Public Health is the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organized efforts of society" Reference: The UK'. Public health is about the health of the population; the public.

The overall aim is to:

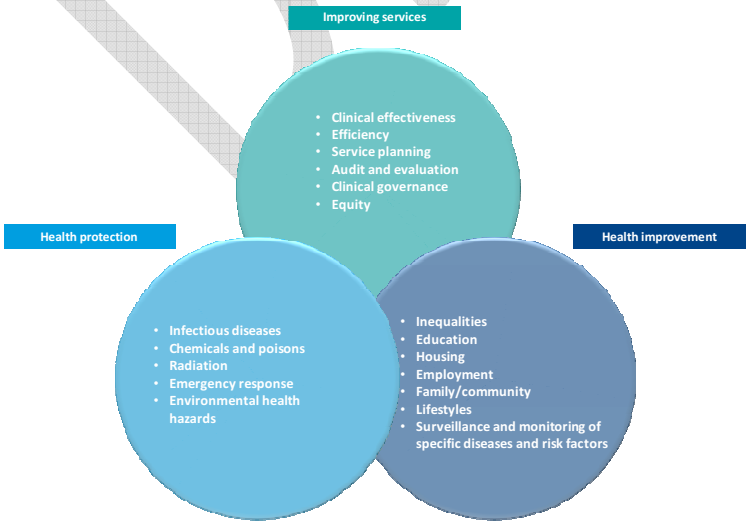
- Increase healthy life expectancy across our population
- Reduce differences in life expectancy and healthy life expectancy between communities in Torbay

2. How does the Public Health team work to deliver these aims?

The Public Health team role is to understand and describe the factors that affect people's health and with partners, promote and also deliver action across the life course to promote health and well-being in ways that reduce inequalities in health.

We do this by working across three *areas or domains:*

1. Health improvement
2. Health protection
3. Improving services



- **Health Improvement** sets to improve the population's health through health promotion and disease prevention. It includes understanding the wider determinants of health, such as education, housing, employment and lifestyles risk factors such as smoking and alcohol misuse.

- **Health Protection** includes planning and responding to communicable diseases, environmental hazards and emergency responses.

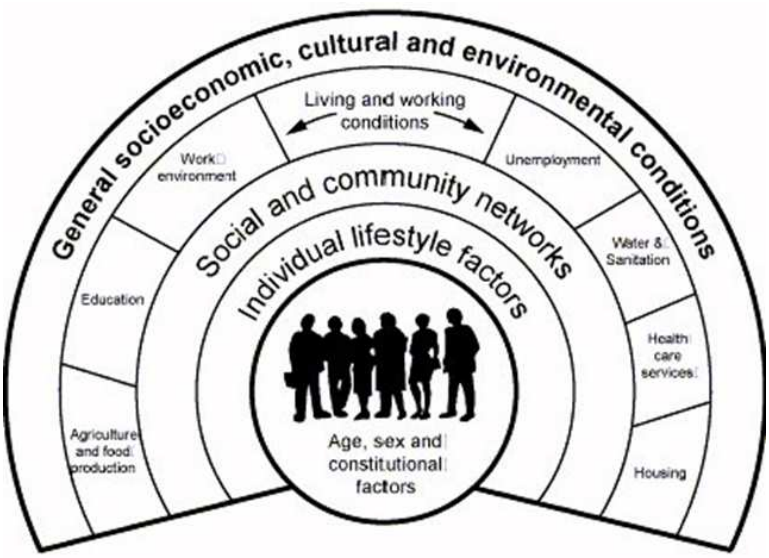
- **Improving services** focuses on how the quality of health services can be improved through evidence based practice and planning. It includes ensuring that the provision is cost effective and equitable, available to everyone. This is achieved by working in *two different ways*

I. By directly commissioning services to prevent disease and promote health
II. By working with others to influence and support programmes to improve health and well-being and reduce inequalities

The Public Health team works in partnership to influence across the whole system and from cradle to grave. We also work also to promote action in those factors that determine health and well-being -the determinants of health. These determinants are illustrated in the following diagram. Some things about individuals are outside our influence, such as date of birth, gender and hereditary factors. However, there are other factors that can be influenced, such as the conditions in which we live and work, the ability to earn an income and the wider environment surrounding us. These collective factors are known as 'social determinants of health..

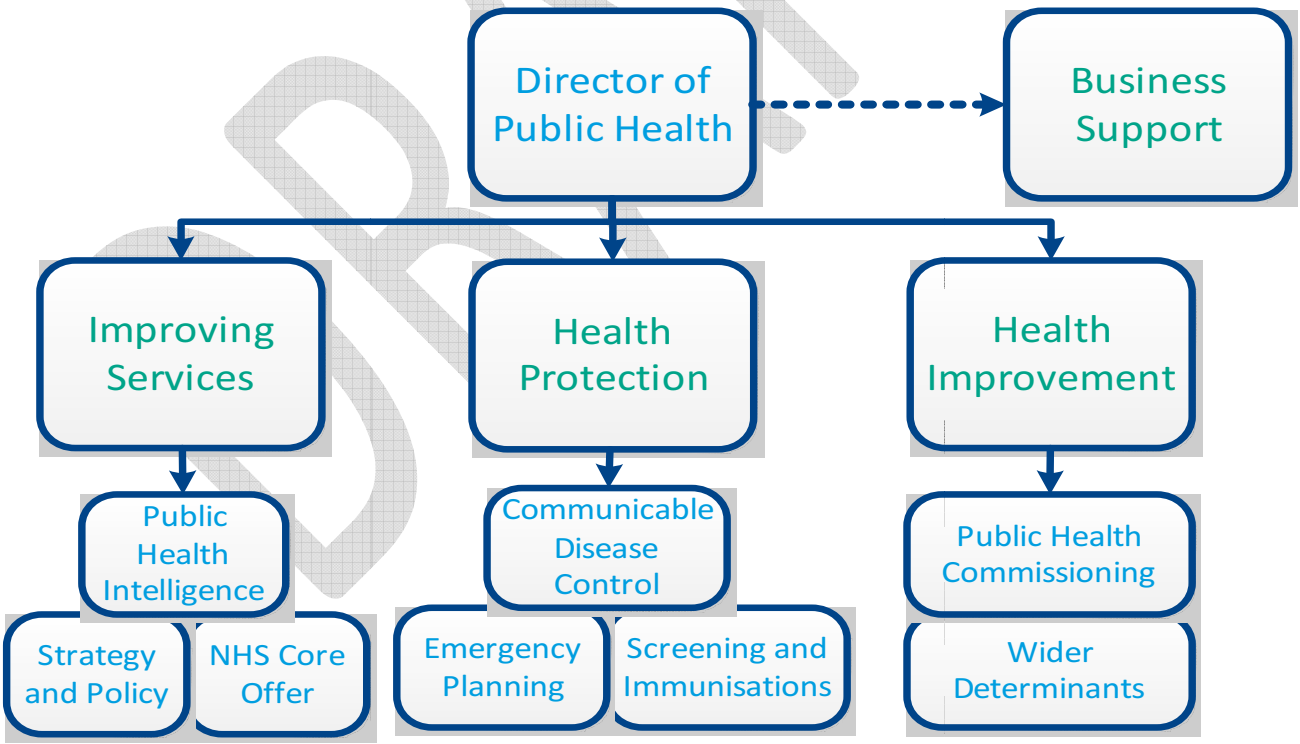
These different layers are shown below:

- individual lifestyle factors such as smoking habits, diet and physical activity have the potential to promote or damage health;
- social and community network interactions with friends, relatives and mutual support within a community can sustain people's health;
- wider influences on health include living and working conditions, food supplies, access to essential goods and services, and the overall economic, cultural and environmental conditions prevalent in society as a whole.



Source: Dalhgren and Whitehead (1991)

This work is reflected in the Public Health Team Structure;



3.Work across the three Domains.

The following gives more detail of the work within the 3 Public Health domains.

3.1 Health improvement;

Our directly commissioned services include;

- Sexual health services

Sexual health services in Torbay cover the provision of services and advice on contraception and sexual health – the latter including sexually transmitted infections (STIs including HIV). The provision of such services is complex with a wide range of providers, including general practice, pharmacies, acute hospitals, community services/health centres and the voluntary sector. In Torbay these services are based on need and include sexual and reproductive health services and activities aimed at targeting persistent risk-taking behaviour (such as unprotected sex), reducing the number of unplanned pregnancies and the overall number of young people who become pregnant - we are also aware that over half of all conceptions to under 18 year olds in Toray end in abortion and are not lifestyle choices.

- NHS Health checks assessment

This service is directly commissioned by the Public Health Team and we review and monitor uptake of checks undertaken on a quarterly basis. Training is arranged for all staff undertaking Health Checks. There is some concern over practices who decide that that are not able to deliver the service to their community..

- Child measurement programme

Every year we commission the weighing of children in order to monitor the number of children who are over-weight or obese. This helps the targeting of services to address these issues

- Drug and alcohol services

In Torbay we commission a full range of services for drug and alcohol users from early engagement and harm reduction interventions such as needle exchange services through to complex, high intensity prescribing and psychosocial services including residential rehabilitation and inpatient detoxification. We also commission a number of wrap around services alongside our statutory partners to ensure pathways into long term stable recovery are effective as possible. These include services for carers of those affected by substance misuse; a volunteering, employment and training pathway for those ready to continue their reintegration in to society; and targeted and hospital based alcohol workers to minimise the burden on secondary care services.

- Smoking cessation

There are a range of smoking services available for those wishing to give up smoking in Torbay. Services are available through GP surgeries, a range of pharmacies as well as through the specialist stop smoking service. A range of quitting options are available including behavioural support, nicotine replacement therapy (patches etc) and prescribed medication for those struggling to quit.

- Obesity, and physical activity promotion

As overweight and obesity represent probably the most widespread threat to health and wellbeing in this country (HM Government, 2011), it is important that we systematically look at all the elements that influence behaviours around food and exercise. Therefore we will be reviewing the current Lifestyles provision that we commission, to ensure that we bring together the activities relating to healthy weights and healthy lifestyles that occur within the Local Authority, and across the Bay.

- Public Health services for children and young people.

We work with both Health Visiting and School Nursing to ensure that a universal service is provided proportionally to need and deprivation. This will aid prevention and early detection of risk factors alongside ensuring children and young people are safe. The outcomes for children and young people are to maximise their life chances whatever their start in life.

We also have a programme of work looking in particular at risk taking behaviours of young people and am working with schools and partners to address this.

We also work in partnership with others on:

- Behavioural and lifestyle campaigns to prevent cancer and Long Term Conditions
- Local initiatives to prevent seasonal mortality
- Local initiatives on workplace health and promote health in other settings
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks
- Building community cohesion and combating social isolation etc
- Mental Health Resilience in terms of the prevention of mental health problems, suicide and self-harm, and challenging the stigma around mental health.

Improving the determinants of Health.

Moving to the Local Authority has given us a unique opportunity to work alongside colleagues in the Local Authority to promote action on the determinants of health such as housing, transport, planning and recreational services. We have already worked alongside colleagues from children's services, from leisure services and from planning. We have strong links to community services and work alongside them on work around community safety and community resilience. We hope to strengthen this work in the coming year.

3.2 Health Protection

The work on health protection includes: prevention and control of infectious diseases; oversight of immunisation and screening, support to tackle health-care associated infections (HCAIs) and emergency planning and response (including severe weather and environmental hazards).

This work is overseen by a Pan-Devon Health Protection Forum which meets on a quarterly basis both to review and for assurance purposes.

This covers a) Communicable disease control b) Health care Associated infections (HCAIs)c) emergency planning. d)) Screening and immunisations

- **Communicable disease control and HCAIS**

Though the first response to communicable disease is with Public Health England, we work in partnership with them around local issues and would lead with them in any outbreaks. We work with colleagues in the NHS on the control of hospital acquired infections

- **Emergency planning**

The Public Health element of Emergency Planning is addressed by Resilience, relating to the response that would occur in partnership with other statutory and voluntary agencies should an unexpected event arise locally or regionally. This could be a major road accident and fire with several casualties, or a flood whereby vulnerable people need to be relocated to another area for their safety.

The other element relates to the occurrence of a pandemic, such as influenza. In this case, we would again need to work with partner agencies, as widespread illness will impact on school closures, care homes, admissions to hospital, and indeed the health of hospital and community staff themselves.

- **Screening and immunisations**

Our role is mainly one of assurance that a) the uptake of immunisations and screening for all ages is as high as possible and if not how we can achieve an increased uptake rate; by local

or national campaigns b) The delivery of immunisation and screening runs smoothly in GP practices and by school nursing teams. c) Staff are trained as per minimum standards in order to deliver a seamless service to the general public d) The introduction of any new immunisations or screening programmes are run appropriately and staff are aware of the need.

3.3. Improving services

- **Strategy and Policy - how we work with partners**

We aim to work as much as possible in partnership using a whole systems approach to whatever we do. We aim to integrate our work with that of others wherever possible. We aim to play a key role in strategy development in Torbay. We directly support the Health and Wellbeing Board (HWBB), and the DPH is Vice Chair. Other strategic bodies that we are members of include the following;

- CCG Governing Body and Clinical Commissioning Committee
- Joined – up Cabinet / Pioneer Board
- Community Safety Partnership
- Senior Leadership Team of Torbay Council
- Joint Commissioning group for Torbay
- Health Protection Forum for Devon

We lead on the development and delivery of the Joint Health and Wellbeing Strategy. We also lead on the development, delivery and monitoring of key Public Health related strategies such as the Sexual Health Strategy, and play a key role in the development of partnership strategies such as the Children's and Young People's Plan, the Integration and Better Care Fund Plan, the Mental Health and Wellbeing plan and the Pioneer Plan.

- **Public Health Core Offer**

We have a responsibility to provide Public Health advice to the NHS through what is known as the Core Offer, and work with the CCG to support their work as laid out in the CCG Strategic Framework. Team members advise on a number of the CCG's strategic committees and on re-design boards and Clinical Pathway groups. We provide data and analysis around needs, advise on the evaluation of services and on the evidence base around effectiveness and cost-effectiveness. We produce quarterly reports on our work with the NHS

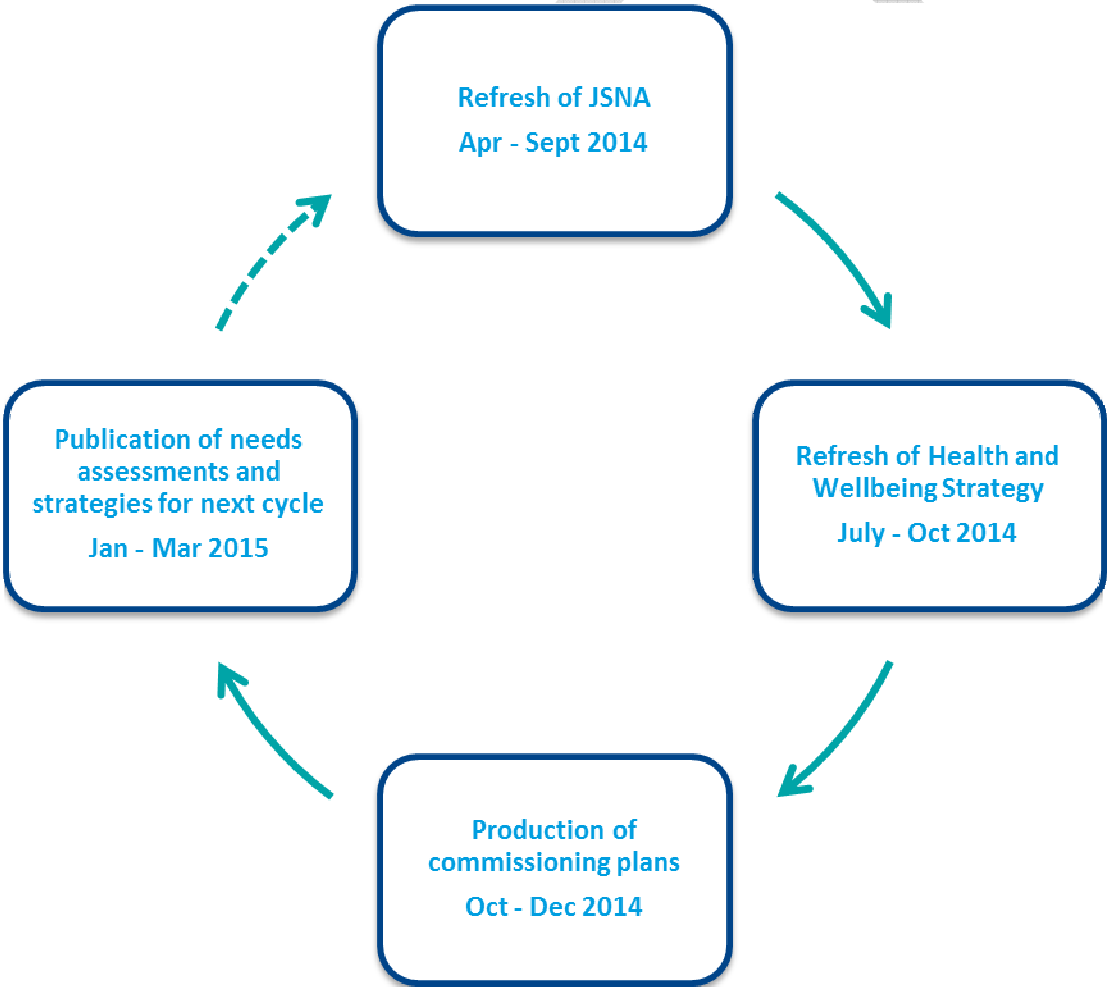
We also contribute to discussions on the strategic direction of the care system and sit on the CCG Governing Body, on the Pioneer / Joined –up Board and on relevant ICO boards.

- **Knowledge and intelligence function.**

Needs assessment and analysis of priorities

Much of our work is informed by our knowledge and intelligence function. We lead the production of the Joint Strategic Needs Assessment (JSNA) which in turn informs the Joint Health and Wellbeing Strategy and commissioning intentions of both the Local Authority and NHS Clinical Commissioning Group as well as influencing the work of other partners from the public, private and community/voluntary sectors

The purpose of JSNA is to identify need both over the short term (three to five years) and longer term (five to ten years). JSNA identifies "the big picture" in terms of the health and wellbeing needs and inequalities of a local population. It provides an evidence base for commissioners to commission services according to the needs of the population as shown below.



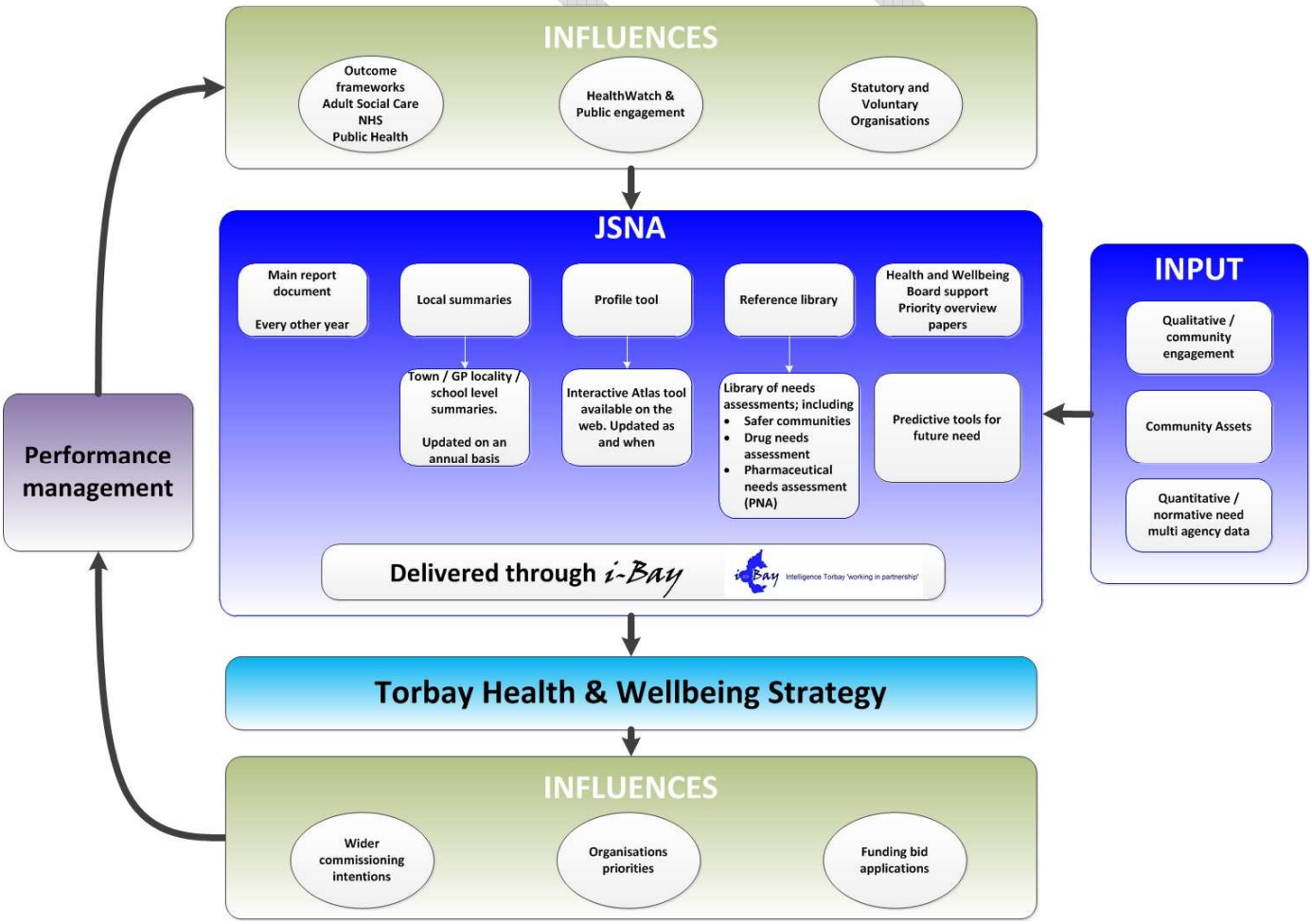
The 2014/15 JSNA will be produced under the auspices of i-Bay in order to reflect a greater wealth of intelligence and knowledge data. Data will also be collected across 3 domains:

- Qualitative and community involvement,
- community assets,
- and quantitative and multi-agency data.

Data will be available in web-form where tools will be available to all sectors and partners which can be used to generate relevant needs and locality based data.

JSNA is a continually evolving process. Part of the process includes a reflective element that identifies information opportunities.

The framework for JSNA in Torbay is presented below



Evidence.

Another key function of the team is to provide evidence of effectiveness and cost-effectiveness. This is both for our own commissioned services but also for our partners. For example we support colleagues in the community and voluntary sectors with evidence for bids and colleagues in the Public Sector with evidence for service re-design.

4.Priorities for 2014/15.

Using a process of prioritisation process that included assessment of needs and inequalities, current performance, partners priorities and feasibility we have identified priorities for work in 2014/2015. These are particular areas in addition to the work detailed above

SIX PRIORITY AREAS:

Early years and developing well

1. Increase the focus of work on **Children and Young People** and develop stronger partnership working. Focus on:
    a. The Hele-Watcombe Preventative Community Partnership and development of the Public Health Nursing role
    b. Review of current plans in relation to the CMOs report
    c. Risk-taking in Young People
    d. Work on prevention and early intervention in partnership with Children's services

Living and working well

2. Review of **Health Improvement** programmes with a focus on;
    a. The Lifestyle team review –
    b. Engaging partners in commissioning for prevention within the integration plan
    c. Engaging in social marketing opportunities

3. **Mental Health Public Health**. Working with Devon team where appropriate and with Council and CCG colleagues. Focus on;
    a. Developing an action plan to build mental health resilience
    b. Working with CCG on the development of a suicide and self-harm action plan.

4. **Health Checks**. Focus on how these can be used to tackle Health Inequalities and use data around estimates and demand to increase access and take-up.

5. **Tackling the Determinants of Health**
    a. Raise awareness of role of Torbay Council in Public Health and tackling Health Inequalities
    b. Use example of obesity to develop a multi-agency strategy
    c. Review potential actions around Debt, Food Poverty and Winter fuel poverty.

Ageing well

6. Support work around the Ageing well agenda by
    - Supporting Community Development Trust to develop the work on social isolation
    - Carers – support work to develop the role of Carer Support Workers to carry out carer assessments.

Enhanced by **Four Supporting areas**

1. Development of the JSNA and iBay

2. Performance / Business management

3. Workforce skills and management structure review

4. Support to the Community and Voluntary Sector and the Community Development Trust and Healthwatch

Review of any work needed will also be explored in the following areas;

1. Falls prevention pathways
2. Unintended injuries in the 15-24 year olds
3. Dental Public Health
4. Offender Health

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Healthwatch Torbay
Wards Affected:	All
To:	Health and Wellbeing Board **On:** 12 February 2014
Contact:	Pat Harris
Telephone:	01803 402751
Email:	Pat.harris@healthwatchtorbay.org.uk www.healthwatchtorbay.org.uk

1. Achievements since last meeting

1.1 **Community research volunteers** - Following discussions with Portsmouth Healthwatch we have managed to negotiate their trainer to provide a community research training programme to our staff and some of our volunteers. The aim of this training package is to enable our Healthwatch Champions to undertake research within their own community setting and be able to deliver information to Healthwatch Torbay about local issues. The training is designed to empower emerging Healthwatch networks with the relevant skills and expertise to conduct their own research projects and to outline how local community research can be conducted. Healthwatch needs to be in a position to gather community intelligence and evidenced based research from within local communities. This will be key in building up a supported community voice on issues affecting health and social care and will add credibility to the organisation.

The training will:

- How to plan your own research project
- Gathering information / data
- Presenting your findings, linked to the research template produced by the University

This is due to take place on the 5th February with volunteers attending a pilot of the programme.

1.2 **Achieve Integrated Public Engagement for less** - We are hosting an event on February 19th for invited key stakeholders to demonstrate the opportunity of working in partnership via an innovative new way of monitoring patient and public feedback.

Healthwatch Torbay is the independent watchdog for health & social care in Torbay, and one of its role is to monitor feedback, issues and opinions for services, including doctors, dentists hospitals & care homes.

New regulations in the 2012 Health & Social Care Act mean that the NHS needs to be far more patient-centred. Healthwatch Torbay sees that they can play a vital role in this.

The opportunity of developing a comprehensive platform and feedback centre for Torbay's Health & Social Care partners to manage patient experience is going to require a significant behavioural shift in the way that current health & social care services are reviewed.

Using this platform will provide Healthwatch the opportunity to collect data via multiple channels and devices which can be monitored effortlessly and allow healthwatch to reported on local services. As an independent consumer champion it will highlight poor services and acknowledge good ones. But much more essentially be join up health and social care feedback.

With the implementation of the Pioneer Bid in integrating health & social care services, there is no current accessible tool that integrates patient feedback from all partners. In developing a Local Rate and Review Service will ensure local people have the opportunity to feed back about health and social care services collectively.

This system will help Healthwatch Torbay to moderate information about local services more effectively using a "Trip Advisor" style developing , confidence, for local people so that it becomes the 'norm' for patients to feedback about the care and support they have received and have a clear mechanism to do this .

There is also opportunity for partners in health & social care to access up-to-date information, monitor services more closely and ultimately improve the quality of service in their organisation. . We hope that you will take the opportunity to attend our event on the 19th February at Paignton Library 9-30 - 12-30 to learn more and the unique opportunity this has.

1.3 **Southwest Citizens Assembly and Senate Council** - On April 1st 2013 NHS England Established 12 Strategic Clinical Networks (SCN) and Senate Teams. NHS describes the Clinical Senate as the body that "brings together a range of professionals to take an overview of health and healthcare for local populations and provides a source of a Strategic, independent advice and leadership on how services should be designed to provide the best care and outcomes for patients." The Southwest Vision is that the Senate will serve as the collective conscience of health and social care in the quest to develop high quality and sustainable health for the population of the Southwest.

The Senate Council will be the 'Steering Group' of the senate, led by the senate Chair and consisting of core membership of senior health and social care leaders, clinical experts and patient and public representatives. As far as possible, the selection of the Senate Council members will be geographically and professionally distributed. The Senate Council will take and overview of the strategic direction and the business of the Senate.

The Citizens Assembly will provide a strong patient and public voice to support the work of the clinical senate. A core membership of representatives will be nominated initially from Local Healthwatch organisations, of which there are 13 across the Southwest. There are future plans to develop the structure of the Citizens Assembly, but the vision is that that Citizens Assembly is an integral part of the infrastructure of the Senate enabling it to deliver its advice to commissioners with the full involvement patient members. The Citizens Assembly will debate issues of Strategic importance and look at wide areas of concerns to patients and Public across the Southwest England.

Applications were invited form local Healthwatches for a chair for the Citizens Assembly. Following a series of interviews, Christine Teller from Healthwatch Bristol was appointed as the chair for the Citizens Assembly. Four nominations are still to be identified from the Citizens Assembly which will commence in March 2014. Healthwatch Torbay's Pat Harris (CEO) and Patrick Canavan (Chair) are the representatives from Healthwatch Torbay. The first meeting took place on the 28th Jan 2014. Elle Devine, Senate manager, will be visiting all local areas in the Southwest meeting up with HWBB, CCG, Local Authority to advise of the work of the Senate and involvement of the local Healthwatch.

1.4 Hea**lthwatch England –** New research shows a shocking 1 in 3 of people report experiencing of knowing someone who has experienced abuse, neglect or malpractice whilst being cared for.

More than half of health and social service users who have experienced poor care in the last three years didn't report it because they didn't trust the system to act .

An overwhelming 94 per cent of people think the nation's health and social care services need improvement

These results from Healthwatch England demonstrate that the public has serious concerns about the way they are being treated and cared for. Yet on the surface satisfaction levels are high with almost three quarters of people stating that they receive good quality care. Healthwatch England believes this paper-thin veneer of satisfaction is stopping everyone from getting to grips with the widespread failures across our health and social care services.

Healthwatch England have presented eight consumer rights to help people to stand up for themselves and drive improvements in our care homes, hospitals and GP surgeries

Over the next twelve months Healthwatch England will be collecting evidence from the 152 networks of local Healthwatch on whether these rights are being respected and will be reporting on the findings to **Parliament.**

Healthwatch Torbay will also be testing these rights out locally over the coming months.

The eight core consumer rights covered are

- **The right to essential services**: we all the right to a set of basic and essential treatment and care services at a defined standard
- **The right to access** ;; we all have the right to access services on an equal basis with others, when we need them and in a way that works with families
- **The right to a safe, dignified and quality service:** we all the right to high quality safe services that treat us with dignity, compassion and respect
- **The right to information and education:** we all the right to information and education and how to take care of ourselves and what we are entitled to in the health and social care services
- **The right to Choose:** we all the right to choose from a high quality of service **s,** products and providers within the health and social care
- **The right to be listened to**: we all have the right to have our concerns and views listened to and acted upon. We have the right to be supported in taking action if we are not satisfied with the services we have received
- **The right to be involved:** we are equal partners in determining our own health and wellbeing. We have the right to be involved in decisions that affect our lives and those affecting services in our local community
- **The right to live in in a healthy environment :** we all have the right to live an environment that promotes health and well being

1.5 **Mock Assessments for Community Hospitals** - Following the Francis report and its recommendations "walk in my shoes", Healthwatch Torbay and Healthwatch Devon have been asked to participate in a pilot scheme to visit patients on community hospital wards with key directors to ask patients about their experience direct. Our first visit will take place on the 11th February at Teignmouth Hospital.

1.6 **Consultation on Measure Up** - Following a discussion with James Drummond from the Carers Service, a review is needed on the next 2 year plan to provide Carers services. It has been requested for Healthwatch Torbay to undertake a survey involving carers on how existing services have measured up and to form the next strategy for 2015-17 for carers. A request has been put forward for James Drummond to attend the next HWBB meeting to discuss the proposals for the next measure up strategy.

1.7 **Dementia Project –** Our Dementia Guide Booklet for Care Homes has been produced and distributed to initially 30 care homes in the Torbay area (5 in Brixham, 10 in Paignton and 15 in Torquay), with a covering letter encouraging them to get 95% of their staff to read the information and answer a short questionnaire. Once they have undertaken this the TDAA will award the Care Home with a Purple Angel Award. Five volunteers have been identified to undertake follow up calls to Care Homes that do not respond. Following the initial pilot the booklet will be sent to all care homes in the Torbay area and could be developed to be sent to GP surgeries/dentists etc. The final report for the Dementia project should be completed by March/April 14.

On Saturday 8th February six Healthwatch Torbay volunteers/staff members are working in partnership with Torbay Dementia Action Alliance (TDAA) volunteers to approach businesses in the Brixham Town Centre with a view to speaking with shop owners and explain why it is so important to have an understanding of the emotional needs and behaviours of an individual with dementia. Hopefully this will encourage many businesses to sign up to the purple angel award scheme in the Brixham area.

1.8 **Cost of Wasted Medication –** Healthwatch Torbay received nearly 350 completed questionnaires on the Cost of Wasted Medication in Torbay Survey and a draft report was published last week. This has gone out to the South Devon and Torbay CCG for feedback and has been very well received. They are keen to discuss joint-working opportunities to discuss its recommendations and how they can be achieved.

Subject to further amends and analysis, initial findings from the draft report suggest people in Torbay are not aware of the issue with wasted medication – with a significant majority of people ordering every item on their repeat prescription stating that they need every item - there are still those that do so for other reasons, including: Out of routine; Out of fear they are going to lose an item; Reluctance to make a GP appointment and due to different items running out at different times (all are being ordered to avoid missing out).

In addition, there seems to be a lack of public awareness as to why certain medications are on their repeat prescriptions and of the side effects of medication. Also, many state they are not being offered regular health checks by a health professional. Recommendations include providing patients with more options during the repeat prescription process (e.g. a bi-monthly prescription) and conducting a wasted medication awareness campaign targeted at patients. The full report will be published online in February.

1.9 **GP Appointment Systems -** Other feedback in the above report highlighted a growing concern with the complexity of GP appointment systems, a view echoed in the data gathered from our September consultation caravan events. During these events, over 200 people spoken to in Torquay, Paignton & Brixham town centres; 25% of them commenting directly on having difficulty booking a GP appointment, and many of them raising the need for weekend GP appointments or 7 day surgeries. This view is mirrored amongst other feedback we have received via online, over the phone, or in person.

1.10 **New Children's Steering Committee -** Healthwatch Torbay is developing a young people's steering/project committee to develop a core group of service users to oversee the Young People work it undertakes and to have a more inclusive decision-making process. Further meetings will identify suitable candidates to be invited to join the steering group, and to identify a clear work programme for the coming year.

1.11 **Emotional Health & Wellbeing Report** - Following a Presentation given to the CCG and the distribution of the report to Public Health "Stigma of Mental Health" attendees, there are still concerns that there seems to be a lack of clarity as to who is actioning the recommendations from this report. We are

hoping to re-launch it to the media at a special 'Time For Change' event at Paignton library in February, which also hopes to raise awareness of mental health issues for young people.

1.15 **LOOK OUT – YOUNG INSPECTORS ABOUT -** The on-going recruitment, training, support and delivery of Young Inspectors has seen second training completed. Four of the Young Inspectors have been trained as peer-trainers to add to our twelve existing Young Inspectors. We await the Youth Service to complete processes re Accreditation (ASDAN). They have already delivered three Inspections – two pilots (evaluation requested by sites Inspected) and one non-pilot delivered to a youth project with a report in progress. All promotional materials are designed by group ready for distribution. Communications are in progress with reference to a delivery of Inspection in Torbay Hospital.

1.16 **Torbay Youth Power** - The on-going development of Healthwatch Torbay's Youth Forum Torbay Youth Power (TYP) has seen the group create a DVD highlighting Young People's Mental Health Stigma which has been shown at the Mental Health Stigma Conference (Public Health) and is available to view on the Young People section of our website. TYP are also having six weekly consultations at Torbay Studio School, with negotiations underway for work with South Devon College Health & Social Care students for next quarter.

1.17 **Disability Council -** To engage with Children with Disabilities/SEN and build relationships, focus groups were delivered for the Council for Disabled Children (CDC). A report has been completed by the CDC which the Healthwatch Torbay Youth Coordinator will present to SEND working parties.

1.18 **Bullying Kite-Marking** - A project proposal and terms of reference has been written for a funding bid for a Bullying Kite-Marking Project aimed at all schools/youth projects in Torbay. This will build on the development of Healthwatch Torbay's Mental Health/Bullying work with young people and help build relationships with a new partner in the Police Constabulary.

1.19 **Young People perceptions of Social Norms work** - Torbay Youth Power (TYP) is to run base-line consultations via an online Survey Monkey (on the TYP website & Facebook), Devon Studio School and possibly at South Devon College, of young people's perceptions of Social Norms with reference to Sexual Health/Drugs & Alcohol/Obesity, etc. There is the possibility of consultations with other schools as and when they engage.

1.20 **Complaints Leaflet –** Healthwatch Torbay have met with the CCG to identify a 6 Cs (recommendation from the Francis Report) leaflet, which highlights what good care looks like and what individuals should expect from services they receive. A draft copy is being produced with the main focus of Healthwatch Torbay as the point of contact for making complaints.

1.21 **Recent Patient Feedback -** Feedback received in the past month include problems: getting a referral to hospital pain clinic; with the time taken to get treatment on NHS through privatisation; the sudden withdrawal of funding to self-help groups (bi-polar group); lack of home visit by GPs; lack of

communication between hospital departments and family; GPs Slow to diagnosis and crisis team aftercare giving no warning of hospital discharge and not enough home support.

1.22 **Requests for Information** – In the past month we have received a formal request for information from the CCG for feedback from patients and Carers regarding GP services (information provided will be used to evidence patient experience to the Primary Care Redesign Board to influence their plan for the coming year), from the CQC for patient feedback on Torbay Hospital (related to outcomes of food and nutrition, equipment and complaints, and we are currently collating issues/complaints feedback to be submitted to Joint Complaints team meeting members (Inc. PALs at Hospital, PALs at CCG, SEAP, Complaints Manager Trust).

2. Challenges for the next three months

2.1 **Information and Advice Strategy –** The New Care reform Bill **c**urrently going through Parliament states that Information and advice is a critical factor in helping people find the care and support they need. The Government support recommendation's that local authorities have a consolidated duty in this area and that Information and Advice should be available to all that need it. Clause 4 in the bill states Information and advice should be available to all people in the local authority's area regardless of whether they have needs for care and support, or whether any needs they do have met the eligibility criteria. The information and advice service should, where it is reasonable, also cover care and support services that, while physically provided outside the authority's area are usually available to its local population. This duty would also include the requirement that local authorities must seek to ensure that people should be able to access an independent financial advice on the range of financial options relating to their care and support needs.

Healthwatch Torbay has a formal sign posting and information role. There are growing concerns that there is no clear information and advice strategy for Torbay and no clear on who is leading on this from the local authority and how this duty will be met.. . Several attempts over the past few months in meetings with John Bryant, CDT and other voluntary sector partners have failed to move this forward.

2.2 **Collaborative working** – As discussed in 1.4 above, we are hoping to work together with partners to develop an innovative new way of monitoring patient and public feedback. The necessary significant behavioural shift will prove difficult, but ultimately rewarding.

3 Action required by partners

3.1 **Collaborative working** - As discussed above and in 1.4, we are hosting an event on February 19th for invited key stakeholders to demonstrate the opportunity of working in partnership via an innovative new way of monitoring patient and public feedback. We would like to see support for an integrated feedback centre for health & social care services in Torbay and would like partner organisations to consider the possibility of joining with Healthwatch

Torbay to ensure that we can achieve the best outcome to make sure that this feedback centre is effective. By achieving this a lot more can be done for a lot less. We would appreciate attendance at our event in February to discuss further.

3.2 **Communication and Engagement –** The main reason for the existence of Local healthwatch is to draw on the experience and views of patients and the public to improve health and care services. On the commissioning side, it is important, therefore, to find ways of feeding in this experience and these views across the commissioning cycle. Healthwatch would like to ensure that they are involved in discussions and development in commissioning in the early stages of services in order they fulfil their public engagement duties. Healthwatch Torbay are developing their priorities for public engagement this year and it makes sense for this to be aligned with other statutory bodies public engagement strategy's, to share some strands of engagement whilst also allowing Local Healthwatch to operate completely independently when it wishes to do so.

Healthwatch would like its work plan to reflect, to some extent the priorities identified in the health and wellbeing strategy and in the CCGs and local authorities commissioning plans. Healthwatch can use its own intelligence networks to feed into the direction of travel of these plans and influence future developments.

Healthwatch Torbay request that there is opportunity to develop a more formalised arrangement with partners by an agreed Mou or as partnership agreement to include a common understanding on how healthwatch will engage including responding to proposed substantial variations in services.

Title:	Update Report – Children's Services		
Wards Affected:	All Wards		
To:	Health and Wellbeing Board	**On:**	12th February 2014
Contact:	Richard Williams		
Telephone:	8401		
Email:	Richard.williams@torbay.gov.uk		

1. Achievements since the last meeting

1.1 Following the previous HWBB Children's Services was subject to a full service review by the DfE. As a consequence of the review Children's Services has now been formally removed from the status of intervention. At the time of writing the formal letter from the Minister is awaited.

1.2 The formal letter will include reference to the Adoption Service that still remains in intervention. This has been challenged by the Council as the rationale for the judgement is based on data that is 12 months old and references averages over the past three years. The improvements made in the last year cannot therefore be considered (over 20 children adopted, all within the recommended timescales). This has been recognised by the Dfe but as yet no resolution found.

1.3 The consequence of no longer being in intervention and having achieved an adequate judgement from Ofsted in the spring of 2013 is that the infrastructure of a 'failing' authority can be dismantled and replaced with one fit for an 'improving' authority. This may seem a play on words but it will bring about a fundamental cultural shift both internally in the day to day management of safeguarding and externally in how partners perceive and work with the service.

1.4 In preparation for this Children's Services has been restructured to consolidate the operational delivery of the service and to develop a new commissioning team (jointly with Adults) that will shape future direction and form new partnerships/opportunities. The HR stages of this process have now been completed and full delivery under the new structures will be in place for April 1st 2014. Unfortunately due to the budget reduction process this has been

accomplished with a loss of 10% of the workforce, although the statutory safeguarding service has been protected.

1.5 In parallel with the positive developments in Children's Safeguarding the Schools side of the service continues to face an ongoing and fast moving change agenda. This provides the challenge of maintaining high quality learning and achievement alongside new governance arrangements with the growth of academies, new SEN legislation, increasing behavioural issues in schools and rising expectations from both parents and the regulator. The next report to the HWBB will focus on these developments amongst others that impact on the future education of children and young people.

2 Challenges for the next three months

2.1 The inspection framework for children's safeguarding is constantly changing and we have already started the preparation for the next inspection that **will** occur in the next two years. It is an unannounced inspection and will last for four weeks, the details of this are contained in appendix 1, including the results of the first round of inspections under the new framework. This framework does provide the key elements of a good service and the preparation is therefore based upon what should be delivered and is not wasted or misdirected effort.

2.2 Unfortunately the inspection will largely focus on the LA. However effective safeguarding is a partnership process and Torbay still has a journey to take to secure this (a new inspection process will be in operation from 2015 that will be partnership focused). The newly shaped TSCB will be a driving force to secure this with the newly formed TSCB Executive taking the lead and within Children's Services we will create the capacity at a senior management level to support this work. The success of this should not be judged on the outcome of an inspection but consistently good outcomes for children and young people.

2.3 Stepping down from the statutory arena there is a number of services and processes that on occasions create confusion for clients and duplication for agencies. The component parts of a good preventative framework and an effective early help approach are still in existence despite the budget reductions that have taken place. However the landscape is very different with many of the services previously provided by the LA now being withdrawn. As with all negatives there is a positive that can be found through a little creative and lateral thinking. The advent of the Troubled Families initiative has a number of largely unhelpful elements but the basic premise of more effective working through partnership is at its heart, and this is essentially the essence of a preventative and early help framework. To move this forward at the pace required a new "Torbay Partnership for Families" will be formed with the first meeting in mid February. At the core of the discussion will be Troubled Families but within a context of a broader prevention and early help framework.

2.4 To drive the partnership changes that are referred to in the previous two paragraphs the TSCB has requested that a short term task and finish group at senior management level is set up, reporting to the Executive and subsequently through the minutes to the HWWB. One of the key tasks of this group will be to remove the organisational and individual agency barriers that prevent effective partnership working. The DCS will set this group up and invites will be sent out in the near future. It will be important that this work informs and does not duplicate the broader concepts of integration that are being discussed.

2.5 Children and Young People are at the centre of the work of the work of children's services and there is a plethora of consultations and processes in place to gain their views. However there needs to be a clearer pathway developed that draws the information together, a mechanism that feeds it into the decision making forums and a feedback mechanism to the children and young people themselves. In consultation with Healthwatch and the wider CDT this will be set up for the beginning of April. It is proposed to produce the first annual report at this point but this will be determined through discussions.

2.6 The budget in Children's Services continues to provide an ongoing challenge with demand running beyond the available resources. A project has been developed to provide a new business plan for the service, based upon a shift in emphasis to in-house targeted provision. In practice this will lead to parenting assessments being completed in- house, therapeutic support being based alongside in- house foster carers, targeted work with children under 5, intensive work with young people with behavioural issues, offending or leaving care to provide a few examples. The implications for children and young people will be to improve outcomes; the implications for the LA budget will be to reduce costs but also with a potential parallel impact on the wider public purse. As with the previous developments in this report progress and success will be most likely with the real involvement of all partners.

3 Action Required by Partners

The active engagement of all partners in the developments noted within this report.

4 Appendices

Appendix 1: Ofsted's new inspection regime

Framework and evaluation schedule for the inspections of services for children in need of help and protection, children looked after and care leavers
And Review of Local Safeguarding Children Boards

What it covers?

The new inspection looks at the support and help provided to all children across the whole child's journey i.e. it will take in everything from early help through to children in care and care leavers. This framework will be the most comprehensive inspection of children services ever undertaken by Ofsted. The inspection will include looking for evidence across nearly 100 separate criteria and closely review the practice on over 100+ cases and the operation of our Fostering and Adoption agencies. All authorities will be inspected under this framework over the next 3 years.

The outcome of the inspection will be assessed via what is:

- recorded on our systems,
- reported by workers
- said by children, parents and carers
- observed by inspectors

Apart from members of the safeguarding board little time will be given to set piece meetings with senior staff. Leadership and governance will be looked at but mainly through the evidence trail of documents and reports linked to the Corporate Parenting Group, Health and Wellbeing board etc. Leadership grip and impact will also be assessed through the feedback from staff during the inspectors many discussions with them.

The Judgement

Ofsted has raised the bar (the early outcomes from the first 5 inspections evidence this). All authorities and the local Safeguarding Board will be assessed against a definition of 'good'. Local Authorities, in line with schools, will now be judged as –

- outstanding
- good
- requires improvement
- inadequate

What happens if you are not judged as 'good'?

Anything less than a 'good' will trigger ongoing input from Ofsted. An inadequate judgement will result in

- Monthly monitoring by the DFE intervention team and Ofsted. In a change from the past Ofsted will remain engaged with authorities post inspection and will audit cases alongside the authority and scrutinise their improvement progress.
- An automatic re-inspection within 12- 18 months. This timescale should be potentially treated as the maximum time given to turn around performance.

A ‘requires improvement’ judgement will put the authority on the Ofsted radar and the authority will be required to engage in seminars and receive support from the regional Ofsted team. The full extent of this support and interaction has yet to be fully fleshed out, but like schools, being a ‘requires improvement’ authority may mean visits from the inspectors to monitor progress.

The inspection process

- The inspection will be unannounced - we find out on a Tuesday morning.
- The inspection will last a total of 4 weeks.
- It will look at over 100 open cases or 10%+ of active cases.
- The inspection will be delivered by at least 7 inspectors.
- The authority will have to produce a formal inspection action plan in response to any Ofsted recommendations

When does it start?

- The first 5 authorities have already been inspected and the next 6 have started. The unpublished outcomes from the first 5 are 1 Good, 3 Requires improvement, 1 Inadequate

  Inadequate
  1 authority that was previously judged as inadequate in 2011

  Requires improvement
  1 authority that was previously judged as Good in 2009
  1 authority that was previously judged as Adequate 2010
  1 authority that was previously judged as Good in 2010

  Good
  1 authority that was previously judged as Good in 2011

This pattern generally fits with the profile of authority judgements established in the framework that Torbay was inspected under. The previous regime was focused on the bottom third authorities but this clearly established a higher bar for good.
Previous framework outcomes:-

	Overall Effectiveness
Outstanding	0
Good	4
Adequate (requires improvement)	29
Inadequate	17

Total	50

Partners

The impact and effectiveness of Partnership will be examined throughout the inspection and will be thoroughly explored in the TSCB review part of the framework. Any concerns or significant issues found by Ofsted concerning partners will be passed on to the relevant inspection agencies for them to take these forward.

This is not the only inspection

The new inspection framework is not the only inspection. Children Services will also be subject to the following other inspections:

- Inspection of the local authority's school improvement functions
- Children Centre inspections
- Themed inspections by other inspectorates i.e. HMI inspection of Youth Justice.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Police and Crime Commissioner		
Wards Affected:	All		
To:	Health and Welllbeing Board	**On:**	12 February 2014
Contact:	Ian Ansell		
Telephone:			
Email:	ian.ansell@devonandcornwall.pnn.police.uk		

1. Achievements since last meeting

1.1 *Police and Crime Plan 2014-2017 – refresh*

The Police and Crime Commissioner (the Commissioner) has been reviewing the Police and Crime Plan published last year to take account of experience gained in the first year and to reflect emerging threats and issues. A draft refresh of the Police and Crime Plan 2014-2017 has been prepared and views are currently being sought from partners, including this Board, on the priorities and activities that have been identified. Views are sought by 14th February 2014.

The draft Police and Crime Plan sets out the Commissioner's six priorities and the identified actions that he proposes to take to deliver against them. It also sets out clearly what the Commissioner expects of the Chief Constable and the activities he will be looking to take forward with partners.

The overall vision that underpins the revised Police and Crime Plan is to ensure that Devon and Cornwall and the Isles of Scilly continues to be a safe place to live, work and visit. To keep crime levels low; to improve confidence in policing; to support the economy; and to encourage people to work together to make our communities safer.

Six priority areas of activity have been identified.

To make our area a safer place to live, work and visit – reducing the likelihood that people will become victims of crime. The overriding objective is to keep crime levels low. The Plan reinforces the Commissioner's commitment to neighbourhood policing and his pledge to keep police officer numbers above 3000 for the duration of this Plan. Specific actions are identified in the Plan to address particular crimes, such as violent crime, sexual assault and domestic abuse – in addition to the wider policing mission.

To reduce alcohol related crime and the harm it causes. Alcohol related crime and harm is a significant concern within our area. It places significant costs on our public

services and affects our communities and individuals in many different ways. We need to create an environment where consumption of alcohol is undertaken responsibly and with recognition of the impact that alcohol can have on others and the community at large and where tolerance is low for those who engage in crime as a result of excessive drinking. The actions and activities set out in the draft Plan are focused on achieving this. The police, local authorities, partner agencies, businesses, communities and the third sector all have a role to play in reducing the harm that alcohol related crime has on our society and we will be looking to work closely with them to deliver this Plan.

To make every penny count in protecting policing for the long term. To drive for further efficiency, work to secure more central funding and actively explore all avenues to deliver the significant savings we require to sustain our services. The funding landscape for policing over the coming years is challenging. Significant efficiency savings have already been made in our area but further action is needed to ensure that over the longer term we are able to deliver a high quality police service for our communities. Alongside ongoing work to explore the scope for a possible Strategic Alliance between Devon and Cornwall and Dorset, a comprehensive project will be launched to identify how we can avoid a structural deficit from 2017/18. It will explore the scope for collaboration and partnership, how we might increase policing income as well as the capacity for further efficiency savings. All options will be considered and inevitably we could face some tough choices but it is right that this work is progressed to protect policing over the longer term.

To promote an effective criminal justice system that delivers high quality services for victims, witnesses and society. It is essential that all stages of the criminal justice system function well and that each of the key agencies work together in an efficient and effective way. It must support the successful prosecution of offences, with robust and well run cases. It must provide an appropriate range of mechanisms for dealing with offences – including the use of out of court settlements, asset recovery mechanisms and restorative justice where appropriate. Finally it must deliver a reduction in reoffending through the provision of high quality and robust rehabilitation services. The Commissioner has a statutory duty to work with criminal justice bodies to provide an efficient and effective criminal justice system for the police area and the Plan identifies a range of actions that will be taken forward by the Commissioner and the police service, working closely with partners. The most significant issue on the horizon for the coming year is the planned reform of rehabilitation services and we will need to work closely with all partners to ensure that the new arrangements being put in place meet our local needs.

To deliver a high quality victim support service across our area. It is vital that timely information, support and care is delivered to all victims of crime and that the services provided meet their needs and that the new Victims Code is effectively implemented within our area. From April 2015 the Commissioner will take direct responsibility for the commissioning of victims services across the peninsula and we will be working closely with partners and with the Commissioner's Victims Advisor to ensure that we have a coherent and comprehensive approach that meets the needs of all kinds of victims.

To encourage and enable citizens and communities to play their part in fighting crime and keeping their communities safe. A stronger emphasis is placed in the refreshed Plan on the need to stop crime from occurring and on the role that citizens, businesses and communities can play in helping us to achieve this. We will be working closely with the police service and partners to engage these groups more closely in work to prevent crime and to improve community safety. A review of the role of volunteering within the wider policing family will be carried out to support delivery of this priority.

It is intended that a refreshed Police and Crime Plan will be in place by the end of March 2014. To support this timeframe views on the draft Plan are requested by 14 February 2014.

1.2 Addressing the harm caused by alcohol related crime

As part of the Commissioner's wider agenda to reduce the harm caused by alcohol related crime a retailers summit has been arranged for March 2014. All major supermarkets and convenience store chains active in Devon and Cornwall have been invited to attend the summit to discuss the particular problems being experienced in our area, including our higher than expected levels of violent crime and to explore how we can work with retailers to address these issues. Among the issues that the Commissioner wants to discuss are changes to drinking patterns and the easy availability of low cost and super strength alcohol and the considerable impact this makes on 'pre-loading'. Responses from retailers has been good.

1.3 Mental Health

An oral update will be provided at the meeting by Ian Ansell on recent development on mental health matters.

1.4 PCC's Small Grants Scheme

The Commissioner's Small Grants Scheme was launched to provide funding to projects which support delivery of the Police and Crime Plan. The maximum available award is £5,000. The application process for the first tranche of applications closed on 31st October 2013 and 171 applications were received. 25 applicants were successful – with a total of £98,318 awarded to a range of projects relating to the priorities of the Police and Crime Plan. Applicants were informed of the outcome of their applications in December 2013.

55 applications sought to address more than one of the Police and Crime Plan priorities. The highest number was concerned with Youth, the second with Reducing Reoffending. The third biggest number of applications related to CCTV. The process of selection included representatives from Devon and Cornwall infrastructure organisations. It took over two days to moderate and mark applications. The process was reviewed by the Commissioning and Scrutiny Board. The full list of awards is set out below.

In terms of distribution: 48% of successful applications were focused on Devon; 24% were Devon and Cornwall wide (including Torbay and Plymouth); 8% were focused on

Cornwall; 4% were focused on Torbay, 8% were focused on Plymouth; and the remaining 8% were focused on Devon and Torbay.

Applicants were notified of the outcome of their application in December 2013. Unsuccessful applicants were provided with a list of alternative funders and grant bodies. More detailed feedback has been provided by the OPCC on request from 64 applicants.

The second round of the PCC's Small Grants Scheme is now open and will close on the 31st of May (to be awarded in July 2014). The application form has been amended to include an equality and diversity question.

Sum of Amount		
Area covered	**Organisation**	**Total**
Cornwall focus	**Cube Theatre**	**1900**
	WRSAC	**3360**
Cornwall Total		**5260**
Devon focus	**Community Housing Aid**	**3484**
	Devon People First	**4840**
	Exeter Community Initiatives	**5000**
	Grow 4 Good	**2789.02**
	Njenni Enterprise	**2700**
	North Devon Homes Ltd	**3000**
	R.O.C	**4989.75**
	SAFE	**5000**
	Step Up Devon	**4850**
	Street Pastors	**750**
	Tarka child contact centre	**1200**
	Young Devon	**4941**
Devon Total		**43543.77**
Devon and Cornwall wide focus (including Plymouth and Torbay)	**Circles SW**	**4999**

	Crimestoppers	**1058**
	Living Options	**5000**
	R J workings	**5000**
	S W C C	**4757.5**
	Safe South West	**4450**
Devon and Cornwall Total		**25264.5**
Plymouth focus	**Devon and Cornwall Furniture Reuse Project**	**5000**
	Whizz Kids	**5000**
Plymouth Total		**10000**
Torbay focus	**Great Parks Community Centre**	**5000**
Torbay Total		**5000**
Devon & Torbay focus	**Mencap (Exeter)**	**4250**
	SOS Global	**5000**
Devon & Torbay Total		**9250**
Grand Total		**98,318.27**

2. Challenges for the next three months

2.1 Key challenges for the next three months include the finalisation of the Police and Crime Plan 2014-2017 refresh and its associated budget and the commencement of key projects to support that Plan: including work on the development of a Financial Roadmap to ensure a balanced budget from 2017/18 and driving forward work on alcohol.

3. Action required by partners

3.1 To review the draft Police and Crime Plan and provide any feedback or views that you may have. We would also ask you to consider how we can work together in delivering against this Plan and the specific 'asks' identified in the draft Plan that are relevant to you. Finally to seek your assistance in driving forward progress against the final Plan and in helping us to identify and remove any barriers to effective delivery.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Integrated Care Organisation		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	12 February 2014
Contact:	Chris Winfield		
Telephone:	07984 409151		
Email:	chriswinfield@nhs.net		

1. Purpose

1.1 To update Members on progress of the creation of the Integrated Care Organisation (Appendix 1).

2. Recommendation

2.1 That Members note the report

Appendices

Appendix 1 – Integrated Care for South Devon and Torbay

Background Papers:
The following documents/files were used to compile this report:
None

South Devon Healthcare NHS
NHS Foundation Trust

Torbay and Southern Devon NHS
Health and Care
NHS Trust

Integrated Care for South Devon and Torbay

Health and Well-Being Board

12th February 2014

To gether we care

Overview

- Background and current focus
- Final business case
- Overview of the ICO and critical success factors
- Care model and the integrated care pathway
  - Improving care for the frail and elderly
  - Integration of drug, alcohol and substance misuse services
  - Childrens' services and young people in transition
- Risk share agreement
- Timeline

Background

- Torbay and South Devon is a community with higher than average health needs due to an elderly population and significant localised deprivation and lifestyle issues

- The two merging provider organisations (hospital and care trust) have a strong history of joint working in the local community, alongside well-recognised success from integration of health and social care services

- In early 2012 the care trust decided that it would not apply to become a foundation trust (FT) due to an unsustainable financial position. The organisation agreed with the Trust Development Authority (TDA) to commence a divestment process

- South Devon Hospital has been chosen as the preferred bidder for the services and is in the process of working with the care trust and other partners to develop a final business case (FBC) for the integration

Purpose of the final business case (FBC)

- To support the hospital's decision to acquire the care trust, and to inform the regulatory assessment (carried out by Monitor) for continuity of service and governance purposes

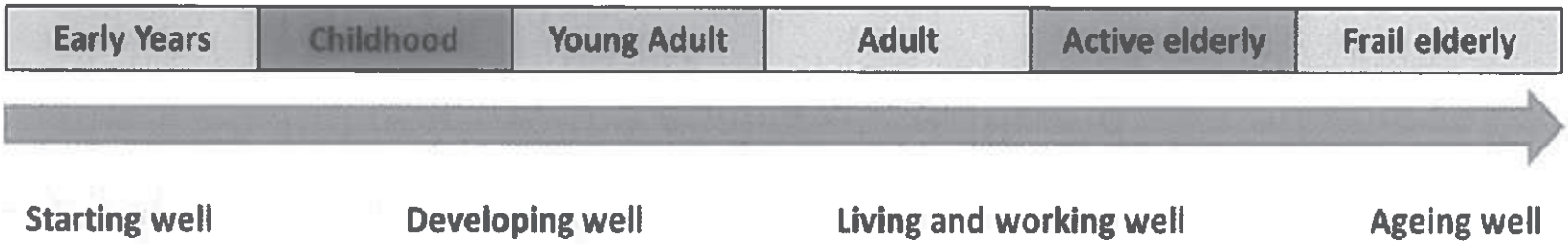
- Primarily aimed at hospital board, hospital governors and Monitor

- Indirectly aimed at the Trust Development Authority (TDA) in support of the care trust's divestment business case

- To be read alongside the draft integration plan:
  - FBC focuses on "Why and What"
  - Integration plan describes "How, Who and When"

The Integrated Care Organisation (ICO)

- A single organisation will be responsible for acute, community and adult social care services in the local area
- Such an organisation will remove the organisational barriers that hinder the development of integrated ('Joined Up') care
- Integrated care means more care closer to home; greater efficiency; better quality; and a focus on the needs of the individual



Critical success factors for integration

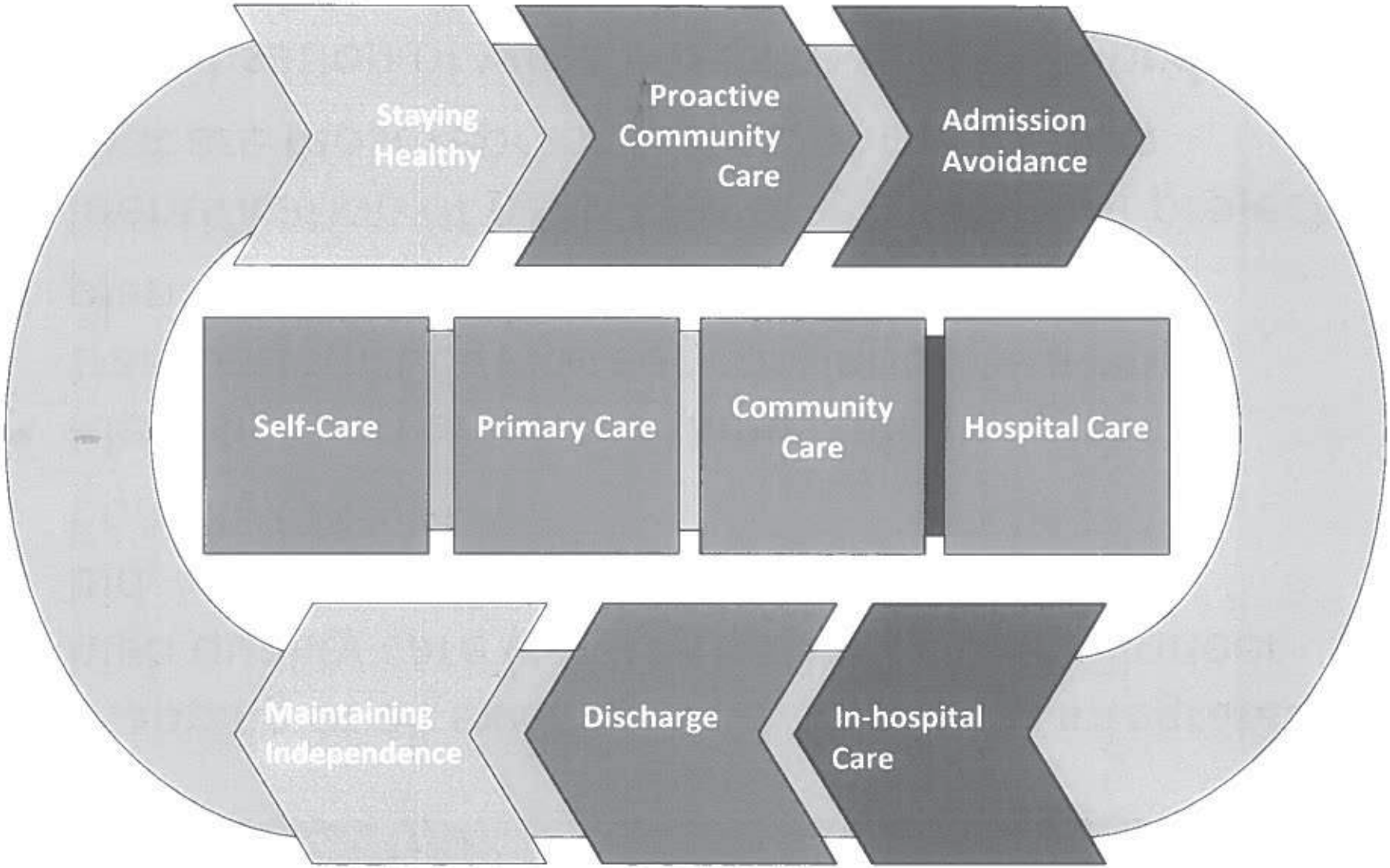
The ICO must:

- maintain and improve the quality of health and care outcomes delivered for the community it serves, reflecting the changing nature of the community's needs;
- meet all statutory performance targets;
- provide services in the most appropriate locations, as close to patients homes as possible;
- develop an appropriately skilled and dedicated workforce;
- reduce interfaces between fragmented services, particularly between health and social care; and
- manage increasing demand within a restricted cost base, with greater flexibility to invest resources for the benefit of the community;
- ensure that service users and commissioners are fully engaged with existing services and future service developments.

Care model progress to date

- Mapping of all existing work to deliver integrated, high quality care (ref ICO business case, Pioneer bid, work already in place through re-design boards, CPGs)
- Identification of where things fall along the transaction/ICO/Pioneer continuum – a single plan
- Identification of headlines or groupings of project that are most representative of the change
- Prioritisation of what needs to be developed for transaction, without losing sight of bigger picture

The integrated care pathway



Improving care for the frail and elderly

'Hospitals are bad places for old, frail people' Sir David Nicholson Jan 2013

'The NHS must be custom - tuned to needs of the older frail' Roy Lilley Kings Fund 2013

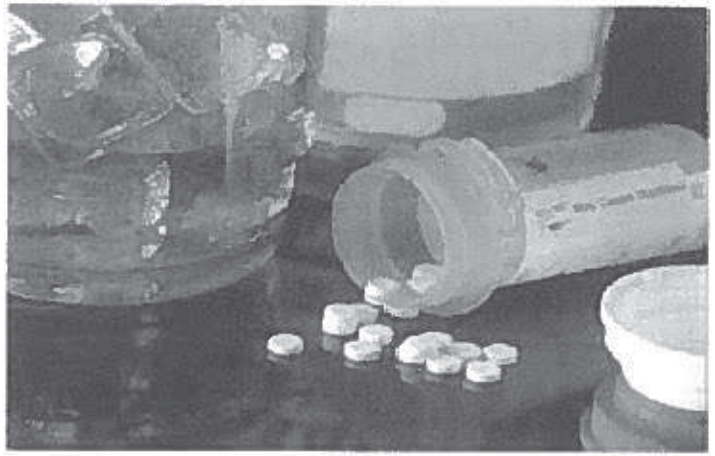
'Only admit older people who have evidence of life threatening illness or need surgery' Kings Fund 2012

Specific initiatives for the frail and elderly

- Develop - system wide Frailty Index
- Develop - Multi-agency Frail Elderly Pathway
- Dedicated Elderly Care MDT staff in A&E
- Early holistic assessment
- Greater numbers assessed and returned to community without admission
- Fewer Medical Outliers as in-patients
- Beds - not trolleys
- Immediate access to diagnostics
- Improved access to liaison psychiatry
- Newton Abbot Hospital as centre of excellence for elderly
- Increasing capacity to support people at home – rapid access; 24 hr nursing and domiciliary care; therapy support

Integration of drug, alcohol and substance misuse services

Drug, Alcohol and Substance Misuse all have a strong influence on current and future health



Currently hospital and community services separate and more support is needed in A&E and directing those with dependencies into community treatment programmes

Torbay has a worse rate of alcohol-related hospital admissions than the national average

Specific initiatives

- Access to improved screening and referral pathways to community treatment programmes
- Promotion of self care – Health Summit Planned for Torbay & South Devon
- Aim is to reduce hospital admissions
- Liaison Psychiatry and Support Services accessible within the acute and community hospital settings
- Integration of the Lifestyle teams where possible
- Potential development of a Lifestyle Preventative Healthcare Centre at hospital 'front door'

Childrens' services and young people in transition

'Want to lead their own healthcare and participate in care planning where possible'

Increase in demand for CAMHS services

Sometimes attendance is difficult due to education & work commitments. Lifestyles may be chaotic

'Looked after children' (those in Local Authority Care) can become lost in the system and may lose support that they have had in children's services and often don't have family support'

Specific initiatives for young people

- Integration of acute and community teams into shared service
- Transitions occur across the 'life course' but SDHCT just recruited a Transitions Specialist Nurse
- Review and development of care pathways for Children and Young People, emphasis given to management of the acutely ill child
- Council and NHS developing a new Children's Plan
- Review and development of CAMHS services
- Enhanced Autism Assessment Service
- Improved access to Neurodevelopment Assessment

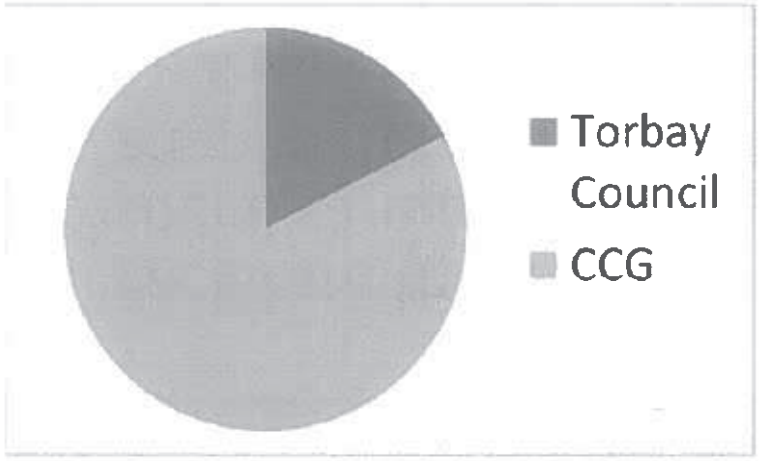
Community-wide risk-share agreement

- Facilitate the development of integrated health and social care and the improvement of services, by better aligning financial incentives with:
  - A shift away from incentivising activity volume growth (in acute services)
  - A shift towards incentivising improved overall system capacity and the use of alternatives to acute admission (developing community based care)
- Simplify and ease contractual processes and negotiations, to make time for more productive and developmental activities
- Deliver the agreed volume and quality of services in a tight financial environment without resorting to 'cuts'

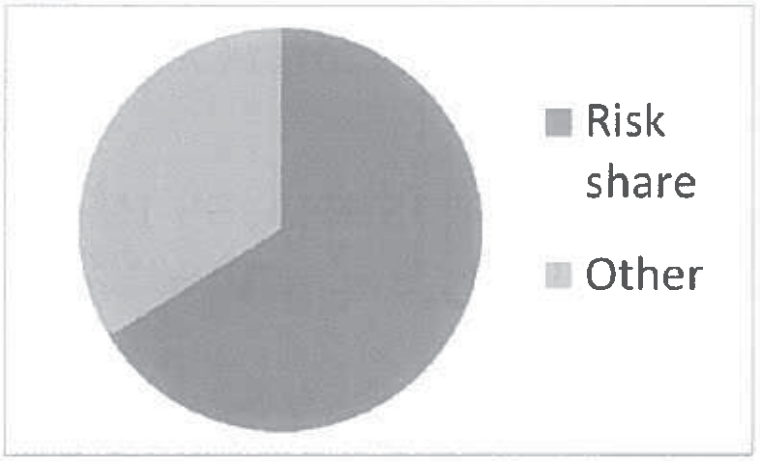
Risk share baseline financial position

- The integrated care organisation would have an income of around £375m per annum, of which -
  - £43m is from Torbay Council
  - £205m is from South Devon & Torbay CCG
  - £127m is from other sources

Risk share spend: £248m



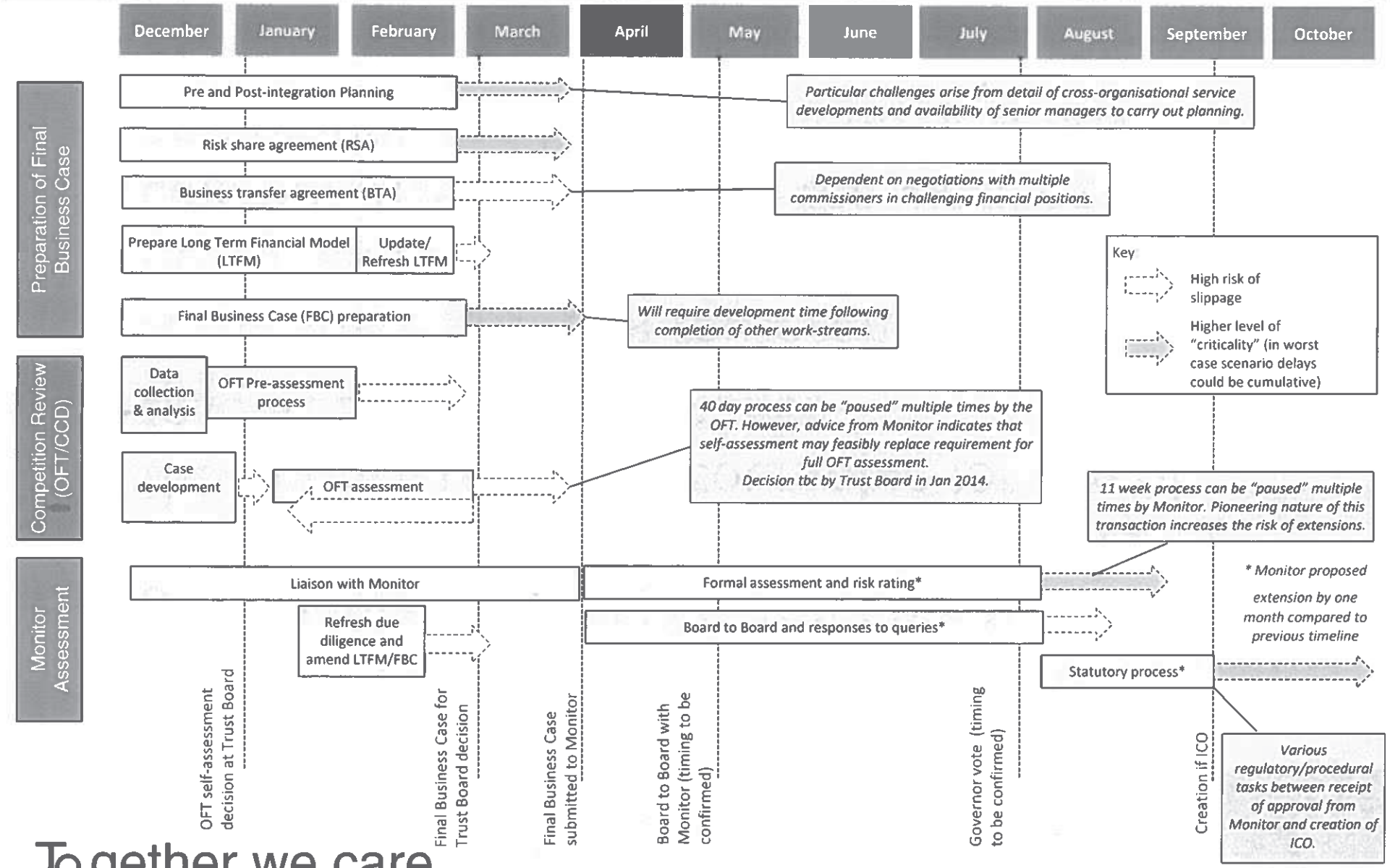
ICO total income: £375m



Risk-share governance

- The risk share agreement is subject to normal governance process; i.e. the boards of NHS organisations and the elected leadership of the Council remain accountable for use of resources and performance
- A risk share group of representatives of local health and social care organisations will work collaboratively to oversee the working of the agreement and to recommend how any underspend is employed/invested

Transaction timeline (as at Jan 2014)



TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Joined Up Commissioning – Integrated Planning (Better Care Fund); South Devon & Torbay Clinical Commissioning Group Strategic Plan 2014-2019
Wards Affected:	All
To:	Health and Wellbeing Board **On:** 12 February 2014
Contact:	Siobhan Grady/Solveig Sansom CCG/Fran Mason Torbay Council/ Jo Turl CCG
Telephone:	01803 652533
Email:	Siobhan.grady@nhs.net

1. Purpose

Present to the board an update on the Better Care Fund (formally Integrated Transformation Fund) which will deliver the priorities set out to achieve whole system change through the Integrated Care Organisation and progress the projects as set out in the original Pioneer bid.

In addition the CCG Strategic Plan 2014-19 is presented for Board comment and support.

2. Recommendation

That the Health and Wellbeing Board:

i) notes and supports the current template return for the Better Care Fund and supporting Integration Next Steps summary;

ii) notes and supports the preferred local metric (set out below); and

iii) notes and supports the South Devon & Torbay CCG Strategic Plan.

3. Better Care Fund

Formerly called the Integration Transformation Fund which was announced in June 2013 has now been renamed the Better Care Fund. The primary concern is transforming local services so people are provided with better integrated care and support. As previously reported to the Board in December the original aims have not changed. However, along with the name change, in December a number of templates were released along with announcement of conditions, budget value and a set of performance metrics required for the Fund.

The deadline for first draft is February 14th with final submission 4 April 2014 as part of the CCG's Strategic Commissioning Plan.

4. Joint Commissioning and Integration

Whilst the Integrated Care Organisation (ICO) is a key part of the wider Pioneer plan, it is important for us to continue to develop services to work in a more joined up way across other organisations, e.g. GP services, mental health, etc. This is where our integration programme will find the flexibility to deliver. It will need time, and as a Pioneer site we will be asking for time, so that over a five year timescale we can reap the benefits of this flexibility, and achieve the goals set out in our Pioneer programme.

It is important to note that the BCF is NOT new money but a recycling of existing resources to maximum impact. The agreed minimum value of the pooled budget in 2014/15 is £5.2m and in 2015/16 is £11.7m. Commissioners are working on planning assumptions that the commitment to the budget for the Integrated Care Organisation is more likely in the region of £240m subject to a pooled arrangements. It is worth setting out the performance metrics of the Better Care Fund: :

- Avoidable emergency admissions
- Delayed transfers of care
- Admissions to residential and care homes
- Effectiveness of reablement
- Patient/ service user experience
- + one additional locally selected metric. A simple baseline assessment of local performance in addition to assessment of demographic needs and organisational priorities has been undertaken and it is proposed that the local indicator selected is '*Estimated diagnosis rate for people with dementia.'*

The BCF in 2015/16 will be dependent on performance achieved in 2014/15.

5. Risks

5.1 Acknowledgement that both CCGs and Local authority are experiencing significant financial pressures with budget reductions, increasing prescribing and referrals to acute care. Therefore it is critical that the CCG and local authority work jointly on the plan and deployment of the funding as it is likely that money will need to be redirected from NHS services and savings found in existing services to release funding to be directed to the pooled budget.

6. South Devon and Torbay CCG Strategic Plan

The CCG Strategic Plan is a refresh of last year's Integrated Plan. It has previously been shared with H&WBB members for comment. This final draft has been to the CCGs Governing Body for review and will be formally signed off in March. The plan, which came to the H&WBB last year for support, has been updated to include the feedback from the recent series of engagement events undertaken by the CCG along with local patient participation groups. The plan has now been extended to 2019 and priorities within the first two years have been directly influenced by feedback from the engagement events. The plan also encompasses all of the requirements set out in the 'Everyone Counts' planning guidance for CCGs.

7. Appendices

Appendix 1 – Better Care Fund Planning Template – Part 1

Appendix 2 – Better Care Fund for Integration – Next Steps

Better Care Fund planning template – Part 1

Please note, there are two parts to the template. Part 2 is in Excel and contains metrics and finance. Both parts must be completed as part of your Better Care Fund Submission.

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**Torbay Council**
Clinical Commissioning Groups	**South Devon and Torbay**
Boundary Differences	**The CCG boundary includes all of Torbay Local Authority**
Date agreed at Health and Well-Being Board:	**February 12th 2014**
Date submitted:	**<dd/mm/yyyy>**
Minimum required value of ITF pooled budget: 2014/15	**£5.2m**
2015/16	**£11.7m**
Total agreed value of pooled budget: 2014/15	**£5.2m**
2015/16	**£11.7m**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	South Devon and Torbay CCG
By	Simon Tapley
Position	Director of Commissioning
Date	<date>

Signed on behalf of the Council	Torbay Council

By	Caroline Taylor
Position	Director of Adult Social Care
Date	<date>

Signed on behalf of the Health and Wellbeing Board	Torbay HWB
By Chair of Health and Wellbeing Board	Chris Lewis
Date	<date>

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

Our plan reflects a number of existing programmes, the development of which have included health and care providers as active participants, including our voluntary and community sector. Providers will also be engaged in the development of our ongoing and future plans.

A key strategic planning and design framework agreed between commissioners and providers has allowed a number of key groups to consider plans for the Better Care Fund. This has included an evaluation tool being developed and completed for existing services and pilot projects in order to inform decision for on going service provision and movement of allocation across the integrated health and social care system.

We have a long history of including our providers in service planning and reviews, and have a number of multi-disciplinary Clinical Pathway Groups, which in turn feed into senior level multi-disciplinary Service Redesign Boards. In addition to this, the Social Care Programme Board for Torbay provides the senior management forum for oversight of the Annual Strategic Agreement through which the Council delegates commissioning and delivery of Adult Social Care to the NHS.

The previous Integrated Transformation Fund has been discussed with the Health and Wellbeing Board and plans for it's further development in to the Better Care Fund and links with Pioneer and Integrated Care Organisation are proposed regular agenda items.

As the first cohort of Integration Pioneers, both commissioners and providers have formed a programme board - including the community provider (Torbay and Southern Devon Health and Care NHS Trust), the acute hospital (South Devon Healthcare Trust), our mental health provider (Devon Partnership Trust), Council-provided Children Services along with Virgin Healthcare, South West Ambulance Service, the voluntary sector (Torbay Community Development Trust) and Rowcroft hospice – which will oversee our programme of integration and pooled funds. Given the opportunities that the Better Care Fund presents this is seen as integral to the planning and implementation of our plans as integration Pioneers and the priorities for the Integrated Care Organisation which will increase our ability to deliver better care through pooled funding of almost £240M.

This plan recognises the importance of early help and prevention and the role of adult social care services in keeping people independent at home, as well as the vital contribution of local communities and the voluntary sector in reducing loneliness and

isolation by providing both formal and informal support to frail and vulnerable people. These services make a positive difference by reducing reliance on bed based care and supporting reablement and recovery through outcomes based care and support

Torbay & South Devon Health and Care NHS Trust is an integrated health and adult social care provider and has been instrumental in the completion and submission of this template, although it is worth reinforcing that the Better Care Fund sits within the Pioneer governance and Health and Wellbeing Board arrangements.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

We have undertaken an extensive public engagement process for our community services, taking three months and including 21 public events across the CCG footprint plus additional meetings with staff, district councils, the voluntary sector and local groups.

Now that there is a new commissioning organisation with clinical leadership, there is a great opportunity for taking a fresh look at how mental health and support services work in our area. The experience of people who use mental health services, their families and carers should directly influence the commissioning process, so our new team have embarked on a rolling programme of engagement events and individual engagement to collect feedback.

The events – held across our geography – have been attended by more than 200 people so far and are inclusive of patients, carers, GPs and provider staff. Areas of focus have included:

1. General focus on adult mental health (June 2013)
2. Urgent care, inpatients and community services (August 2014)
3. General focus on adult mental health (December 2014)
4. Time to talk, about reducing the stigma of mental health (February 2014)
5. Dementia (March 2014)

Further events aimed at reducing the stigma of mental health are being arranged to coincide with national Time to Talk Day in February as well as one in March for older people's mental health.

The core messages from all of these events have been instrumental in the development of this plan and our vision for integrated care and support, and we will continue to engage and consult with the public as we begin to implement it.

We recognise that a "one size fits all" approach will not work, and for this reason each of the CCG five localities has developed a steering group made up of local people. These groups initially helped to inform and run the full engagement process, but will continue to meet and act as expert reference groups as our plans are implemented and further developed.

Our local Healthwatch are represented on each of the steering groups and were wholly involved in the engagement process.

e) Related documentation
Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Pioneer application June 2013	The vision for whole system integrated care in South Devon and Torbay Sallie to expand synopsis
Better Care Fund Plan December 2013	Siobhan / Sallie?
CCG Strategic Commissioning Plan 2014-2019	This sets out the ambitions and intentions for the CCG which is consistent with identifying priorities which have a focus on integrated planning and delivery in order to deliver on the challenges faced by health and social care.
Torbay Council strategic plan	**Corporate plan**
South Devon and Torbay CCG Engagement report	The report analysing the feedback from our extensive community services engagement process
South Devon and Torbay Joint Strategic Needs Assessment (JSNA)	Joint local authority and CCG assessments of the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities.
Joint Health & Wellbeing Strategy 2012/3 – 2014/15 (JHWS)	Agreed set of priorities for Torbay covering the lifecourse with three underlying principles of 'First & Most'; 'Early intervention'; 'Integrated and Joined up approach'.
Living Well at Home	
An Overview of Dementia	Analysis of dementia prevalence and predictive modelling provided by Public Health.

2) VISION AND SCHEMES

a) Vision for health and care services
Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

Our vision for whole system integrated care and support is articulated in our application for Pioneer status. With our local communities, we are resolved to make a major difference to the quality of life of our population, to support people to be as well and independent as they can be,

and to provide care with compassion when they cannot. To do this, we need to join up with each other to make our care seamless and put more power in the hands of those who need our care and support.

In the Torbay of the future, Mrs Smith or her daughter will make a single call for any health or care service. Her GP will be integrated into a community hub, where she can find not just health and social care but personalised support for her mental health and general wellbeing needs, too, all organised with her single named care coordinator. Thanks to information-sharing across all parts of the system, whenever Mrs Smith receives care for one condition it automatically and electronically triggers others that are needed, for support or prevention. Acute hospital interventions are included, but it's a long time since Mrs Smith has been to hospital; hand-held diagnostics come to her in her home, her GP can monitor her vital signs remotely and the last time she did need intravenous treatment she chose to have it in her own home. Together with her family and key health worker, Mrs Smith has planned her end of life care, and has chosen hospice care in her own home. For now, volunteers from the 'neighbourhood connector' scheme have made sure handrails are fitted in her home, and they help her with her garden.

Mrs Smith's 15 year-old grandson Robert won't lose his CAMHS support at his next birthday; his named key worker will be on hand and work closely with the community-hub-based GP and adult mental health services so that he can transfer smoothly. Robert will take control of planning his care, in a way that works for him. He now benefits from peer support, so he is learning ways to manage his emotions, complementing his psychological therapy from the all-age depression and anxiety service. Carer support for his mother is automatically triggered; this means help with her housing difficulties, too. Moreover, Robert is getting support to find a vocational course that will interest him.

As an Integrated Care Organisation from August 2014 with pooled resources overall pressures on our hospitals and health spend will have reduced, as we shift from high-cost reactive to lower-cost preventative services, supporting greater self-management and community based care. Our social care spend will be going further, as new joint commissioning arrangements deliver better value and improved care at home reducing the need for high-cost nursing and care home placements.

To increase independence at home we will have delivered further extra care housing units, re-commissioned community equipment services and community care and support will be focused on meeting individual outcomes to re-able people quickly and keep them independent and well at home.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

The core principles of our vision for integrated care and support are:

- People will be empowered to direct their care and support, and to receive the care they need in their homes or local community.
- Key services will be available when and where they are needed, seven days a week
- Joined up IT and data sharing across the entire health and care system with a workforce
- Promoting self-care, prevention, early help and personalised care

The CCG strategic plan sets out the detail along with the key outcomes and indicators for each of its high level priorities in line with the vision for integrated care and support. This also demonstrates the number of workstreams in place to make it happen within the context of the challenge of a flat cash environment: prevention, primary care, community, urgent care, mental health, long-term conditions, learning disability, planned care, medicines, joint commissioning and children's services.

In conjunction with these ambitions and in alignment with the 'Everyone Counts: Planning for Patients 2014/14 to 2018/19' planning guidance we will be working towards achieving improvements in the following seven ambitions and three key measures:

- **Additional Years of Life**
- **Quality of Life for people with Long-term Conditions**
- **Eliminating avoidable deaths in hospital**
- **Positive experience of care outside hospital**
- **Positive experience of hospital care**
- **Avoiding hospital through Integrated Care**
- **Older people living independently**
- **Reducing health inequalities**
- **Improving health (via prevention)**
- **Parity of esteem**

At this stage of the BCF process our health, social care and public health teams have undertaken a baseline analysis of the suggested metrics. In considering the population demographics, priorities set out in the Pioneer and Integrated Care Organisation the proposed local indicator is '*Estimated diagnosis rate for people with dementia*.'

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

The refresh of the CCG strategic commissioning plan is currently being drafted, supported by information from the JSNA and the close link between CCG and public health specialists, who are seen as an integral part of the CCG commissioning and performance team. This ensures the alignment and focus of priorities between health and local authority plans including our developing children and young peoples plan, joint commissioning strategies for dementia, carers, learning disability, mental health and housing related support. The key priorities for each area, developed by multi-disciplinary

redesign boards, and with timescales, are detailed in section 4.2 of the CCG integrated plan.

The Joint Strategic Needs Assessment has developed from one of a reference publication into an interactive tool, available to partners to manipulate and interrogate the data to service need. In addition there has been a number of segmented and condition specific in depth profiles at a geographical ward and neighbourhood level such as Learning Disability, Suicides and Alcohol. In recognising the value that sharing and interpretation of information across partner agencies brings in supporting the commissioning and planning of services there has been a joint information intelligence virtual team established ('iBay') with organisations signed up including health, council, education and police.

The BCF fits with the existing priorities set out in the Health and Wellbeing strategy which takes the life course approach and identifies priorities such as those supporting a system of self-care for people with long term conditions, promoting independence and mental health.

To set out opportunities and encourage a diverse market we are developing a market position statement for Torbay with the first phase focussing on adult social care. The statement provides an analysis of how well current service supply will meet future demand. It will provide clear messages to the market on the vision for integrated care services in Torbay over 7 days a week, reducing reliance on bed based care. It will outline how provision needs to change to stimulate a diverse and vibrant market in Torbay, increasing choice and innovation in services, supporting the vision of reablement and early help to support people manage their conditions through early help and a focus on personal outcomes and choice.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

Our local provider of community services, Torbay & Southern Devon Health and Care NHS will be acquired by South Devon Healthcare NHS Foundation Trust to form the Integrated Care Organisation, which will provide acute, community and social care services. Through the acquisition and by pooling almost £240m of funding, we expect to see a transfer of resources from inpatient beds to care provided in people's homes, which is of high quality and value for money for our population. To deliver this we expect to see a shift in the current workforce configuration to more community based teams, delivering seven day a week services.

Provider Landscape

Our vision is to have excellent, joined up care for all. We believe that services should be based on populations in local communities and centred on the individual's needs within those communities. We also believe that services should be built on the public's needs not organisational imperatives, which serves as a mantra for the formation of our

Community Hubs. Community Hubs will be centres of well-being where our population can receive co-ordinated support in relation to prevention, self-care, social care and medical support from primary and community care.

We wish to promote well-being and independence and will require all providers to move away from an institutional bed based model of care to a delivery system that is flexible and responsive to the changing needs of our populations. We have been told, through our Locality Engagement events, that people want care closer to home with a single-point of access. Therefore, over the next five years we will expect to see a reduction in inpatient beds. This is also in line with the evidence we have already collected from three consecutive acuity audits that all clearly state that with additional personal care services 30 - 40% of patients cared for in a community hospital bed could be at home.

Our local provider of community services, Torbay & Southern Devon Health and Care NHS will be acquired by South Devon Healthcare NHS Foundation Trust to form the Integrated Care Organisation, which will provide acute, community and social care services. Through the acquisition we expect to see a transfer of resources from inpatient beds to care provided in people's homes, which is of high quality and value for money for our population. To deliver this we expect to see a shift in the current workforce configuration to more community based teams, delivering seven day a week services.

We are working with the Acute Trust on detailed infrastructure (hospital estate and IT but also the location of services) and workforce plans. A Joined up workforce and integrated IT, which enables multiple professionals to share patient records and treatment plans, are vital in achieving a better quality of service for our patients in the most cost effective way. We are also working with providers of mental health services in our CCG to ensure that mental health professionals, as well as other agencies, are an integral part of our community based teams, which will be co-ordinated through our Community Hubs.

We are also working with independent and voluntary sector providers to stimulate a vibrant and diverse market for services in Torbay.

Key Risks

The aim of our risk management process is to provide a systematic and consistent framework through which our priorities are pursued. This involves identifying risks, threats and opportunities for achieving these objectives and taking steps to mitigate the risks and threats. An integrated approach will be taken so that lessons learned in one area of risk can be quickly spread to another area of risk.

Some of the specific risks currently highlighted are as follows:

Overall our ambulance service provider delivers a high quality service with good response times. However, over the last year our provider has achieved 72% against the new Red 1 target, which requires 75% of ambulances to respond to presenting conditions that may be immediately life threatening, within 8 minutes. For our local area our provider has achieved 79.5% however, this is a particularly challenging target for the provider as a whole, who covers a very large geographically dispersed area from Cornwall & the Isles of Scilly to South Gloucestershire. To ensure this target is achieved in 2014/15 we have asked our provider to produce an action plan and recovery trajectory, which will show delivery of the target next year through a combination of advanced triage

and additional defibrillators.

We have a very stretching target for reducing the incidence of Clostridium Difficile next year. We plan to tackle this by focusing on prevention and working closely with our local providers and local authority.

Referral to Treatment times are improving and we are currently on track to achieve the trajectory we set at the beginning of 2013/14. However, we are managing a complex set of interdependencies relating to market supply, demand and technological advances, which mean that this will need close monitoring into 2014/15. This will be undertaken through our contract review meetings with our providers.

The creation of the Better Care Fund (BCF) will create a pooled fund for joint use by NHS and Local Authority commissioners. The monies to create this pooled fund are already being spent on existing, joined up services in the community. The CCG commitment to considering the pooled fund as the total sum within the Integrated Care Organisation is supported by a risk share agreement and as such takes steps to mitigate against destabilisation of health and care services.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

Governance structures for integration have a firm grounding in the existing health and social care pooled arrangements, and there is intent to strengthen this through the creation of the Integrated Care Organisation (ICO) in the future and it's part within delivering the Pioneer Programme. The Health and Wellbeing Board has a key role in integration and provides the strategic oversight with responsibility for sign off of relevant plans.

Existing structures such as the JoinedUp Health and Care Cabinet have provided a forum where agreements have been brokered around risk-sharing, changes to financial flows and other significant 'unblocking' changes to the way in which care is delivered in South Devon and Torbay. Along with the Joint Commissioning Partnership Group for Torbay which has helped to develop a shared set of commissioning strategies and intent for further service developments across the health and social care system including mental health and children services.

Governance arrangements will continue to be strengthened making sure that the ICO and Pioneer remain the focus of integration with a reporting line to the Health and Wellbeing board.

NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

We have been working closely with our partners, in particular the Health and Wellbeing Boards of Torbay and Devon providing local leadership to deliver a sustainable health and care system. The Health & Wellbeing Boards have been integral to developing this plan and bringing together the alignment of priorities, across partner organisations, for the benefit of our communities. Through our community being awarded Pioneer status, and the national support which comes with this, we will continue to build on this work to deliver the significant changes which are needed.

The National Voices narrative, built around the key statement *'I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me'* has been adopted across organisations, and complements the success of the model of Mrs Smith as a representative user of adult social care and health services. Creation of an Integrated Care Organisation in South Devon and Torbay and implementation of the Pioneer Plan will extend this model to young people and families, with even closer working with communities through creating community hubs where services will be linked together with a single point of access, so that care takes a whole person approach to meeting need and promoting independence in the community outside hospital and closer to home.

There is a strong commitment of a wide range of partners and organisations to this programme of works and our success to date is now being built upon to drive integration to a new level, including further structural integration and extended organisational care pathways between social care services and the local acute trust. We will use the opportunities of the better care fund and pioneer status to pool budgets and increase joint commissioning across all our health and care providers and ensure there is diverse range of care and support services available.

Please explain how local social care services will be protected within your plans.

Links within this document refer to our integrated plan which demonstrates our commitment to local services. Torbay already has an excellent track record of integrating health and social care services, as evidenced by the impact of local social care services on reduced lengths of stay and bed numbers.

Additionally, there has been an investment in excess of £300,000 in a Community Development Trust to support the development and coordination of the third sector in Torbay, and to access funding streams and grants through a collaborative approach across organisations and partners. This will leverage both skills and resources which is evidenced in one current initiative - Fulfilling Lives: Better Ageing.

We will continue to review the pooling arrangements for the BCF alongside the wider pooled budget for the Integrated Care Organisation, to consider whether additional resources will be invested within this pooled fund in order to work towards our shared vision.

b) 7 day services to support discharge
Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

We are committed to providing seven-day health and social care services, supporting patients being discharged and preventing unnecessary admissions at weekends. We have pilots underway which will ensure we will see a continued roll out of six/seven day services across key services, as informed by those pilots and through on-going evaluation, with fully joined-up services across the health and care system providing continuity of care and support seven days a week.

People with urgent but non-life threatening needs will be provided with highly responsive, effective and personalised services, outside of hospital wherever possible. These services will wherever possible be configured to deliver care on a consistent seven day a week basis as close to people's homes as possible, thereby minimising disruption and inconvenience for patients and their families.

As previously mentioned our local provider of community services, Torbay & Southern Devon Health and Care NHS will be acquired by South Devon Healthcare NHS Foundation Trust to form the Integrated Care Organisation, which will provide acute, community and social care services. Through the acquisition we expect to see a transfer of resources from inpatient beds to care provided in people's homes, which is of high quality and value for money for our population. To deliver this we will see a shift in the current workforce configuration to more community based teams, delivering seven day a week services.

Our integrated business plan includes working towards fully joined up 7 day provision of which Primary Care is identified as being a key element. Key to delivering this will be continuing the work which is underway to develop General Practice Federations so that care will be able to be provided to a population rather than to the registered Practice list. This will enable a federation of Practices to work together to provide different care models, including extension of existing services into periods of the week during which access to General Practice is currently restricted. As part of this collaborative approach we will be seeking to optimise the current workforce capacity by continuing our pursuit of technology based solutions that complement traditional face to face consultations, so that not only is access extended in terms of timings but also in terms of styles. To allow federated working and also improve quality of patient interactions with other health and social care providers we are working to extend the ability to share patient records (where consent to do so exists) across providers, thus delivering better informed consultations and improved outcomes.

c) Data sharing
Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

All our health and social care services use the NHS number as the primary identifier.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Our joint IT strategy is based on international interoperability standards.

All CCG staff use NHS Mail (nhs.net) which is recognised as secure.
In the event that an intended recipient in another organisation does not have a secure email address (e.g. gcsx.gsi.uk) the CCG use Secure Send.

CCG staff work with data held on a secure drive (hosted by the South Devon Health Informatics Service) with role-based access granted for each of the work area folders – e.g. staff working in Finance cannot see the Safeguarding data.

Further info required.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

The CCG enters into service agreements using the NHS Standard Contract. In the event that this is found to be lacking in IG / Confidentiality requirements, an additional bespoke clause will be inserted for signature by the contracted party.
The CCG enters into data sharing agreements to ensure the secure and legal processing of personal data.
The CCG published its IG Toolkit (version 11) on 30 September 2013 at level 2 for all requirements. The supporting evidence has been audited by Audit South West and also by the HSCIC.
The CCG has been granted Accredited Safe Haven (ASH) status in order to process personal data for specified purposes; this has been authorised by the Secretary of State and agreed by the Confidentiality Advisory Group (CAG) who ensure that the Caldicott2 guidelines are adhered to.
The CCG delivers face-to-face Information Governance training for all staff, which includes the caldicott2 guidelines.

Further info required.

d) Joint assessment and accountable lead professional
Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to

risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

We use a risk stratification tool, the Devon Predictive Model, to identify patients at risk of hospital admission in the next 12 months. The top 0.5% of our population are then pro-actively case-managed on our monthly community virtual wards. Virtual ward meetings are held in every practice, every month. The virtual ward teams use the predictive tool to objectively identify patients who are then pro-actively and holistically case-managed by a multi-disciplinary team, including primary care, community and rehab teams, palliative care, mental health, social care and the voluntary sector. Each patient is allocated a named case-manager who then co-ordinates their care and support. Each of our 37 GP practices are signed up to the National Risk Stratification DES, and we have added some additional requirements to this locally – including monthly meetings (not quarterly as per the DES) and recording the case management details on the out of hours system.

We also have a Frequent User Panel, which looks at our top 10 frequent users of A&E every month. This panel includes representation similar to that of the virtual wards, but also includes the ambulance service, the fire service and the police.

Recognising the importance and value of risk stratification in terms of improving and personalising care to prevent avoidable hospital admissions we have agreed a local variation to the Quality Outcome Framework for quarter 4 of 13/14. Local Practices will be bringing forward planned 14/15 initiatives regarding named clinicians for their over 75 population, improving telephone access for vulnerable patients, and up-skilling in terms of managing frailty. By committing to planning and initiating change during 13/14 we are locally accelerating delivery of the changes planned nationally to take place during 14/15.

3) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
Shifting of resources to fund new joint interventions and schemes will destabilise current service providers, particularly in the acute sector.	High	Our plans have been developed in partnership with our providers as part of our integration programme, allowing for a holistic view of impact across the provider landscape We will continue to actively engage and involve providers in all key strategic decisions during this process to manage change effectively.
Operational pressures will restrict the ability of our workforce to deliver the required investment and associated projects to make the vision of care outlined in our BCF submission a reality.	Medium	Contingency planning is undertaken as part of the business plan and implementation phase.
Improvements in the quality of care and in preventative services will fail to translate into the required reductions in acute and nursing / care home activity by 2015/16, impacting the overall funding available to support core services and future schemes.	High	We have modelled our assumptions using a range of available data, including that based on previous performance and national guidance. We will continue to test and refine these assumptions as part of our ongoing review and evaluation process
The introduction of the Care Bill, currently going through Parliament and expected to receive Royal Assent in 2014, will result in a significant increase in the cost of care provision from April 2016 onwards that is not fully quantifiable currently and will impact the sustainability of current social care funding and plans.	High	We will remain well-informed of policy and legislative developments and will continue to refine our assumptions around this as part of our planning process and as more of our plans begin to deliver. We believe there will be potential benefits that come out of this process, as well as potential risks.
Progress of implementation and ability to effect change is hampered by inability to reach agreement between organisations due to Geographical boundaries of local authorities and CCG	Medium	Joint commissioning forums in place between senior and director level managers . Early and continuing discussion of BCF, ICO and Pioneer is on agendas

Better Care Fund for Integration

Next Steps

Our statement of intent as a pioneer for integrated care:

"With our local communities, we are resolved to make a major difference to the quality of life of our population, to break – permanently – the cycle of disadvantage which curtails the opportunities of one generation after another, to support people to be as well and independent and fulfilled as they can be, and to care with compassion when they cannot. To do this, we need to join up with each other to make our care seamless and put more power in the hands of those who need our care and support."

Introduction

Integrated, or well-coordinated, health and social care is well established across our area. This gives us a good foundation to build on, but it is no more than a starting point. Our ambitions for joined-up care reach far beyond this.

We envisage a wholly new system of health and care, in which the whole spectrum of health and care organisations join up to work side by side with our community organisations to help bring about the changes that communities themselves identify as most important to them.

In Torbay, integrated health and care has brought real improvements, especially for older people. But important challenges remain for young people and families. The seamless, multi-disciplinary working that enabled coordinated health and social care for adults to flourish must now be extended across the whole community, to families with troubles and to those with fewer life chances. We will shift the emphasis towards wellbeing, prevention and early intervention. In all this, we will work jointly across all organisations to review our current services and to deliver effective, high-impact changes.

Community hubs, that include mental health professionals and GPs as well as health and care staff, will be central to our JoinedUp work in our integration pioneer programme - ensuring that care is easy to get, that it meets whole-person needs and is coordinated around each individual, with the person themselves in control. The hubs will be created in partnership with communities.

Overwhelmingly, care will be outside hospital and closer to home. We see a reformed and vibrant primary care model integrated with the wider community, and a smaller acute hospital offering highly specialist care, not routine care for those with long-term conditions. Vital parts of this system will offer seven-day services, so that care on a Sunday is as good as care on a Monday, and people are in the place that is best for them.

To achieve this, as statutory organisations we will come together behind an agreed purpose and defined goals, with common assent as to how our *combined* resources can best be apportioned to help us achieve those goals, regardless of organisational boundaries. The underlying principles across the system will be a new flexibility, and “more for less”.

In taking a whole community approach we also need to consider the resources that reside in primary care, in providers such as the mental health trust, and in our communities, which have strengths and assets we need to embrace.

The Better Care Fund announced by Government provides an opportunity to think widely about how we jointly commission integrated services to maximise the benefits and get best value for each Torbay pound. The value of the Fund in the first year is £11.4million, a significant sum that is already committed to providing excellent joined-up services. But with an Integrated Care Organisation combining acute and community health and social care services, we will have opportunities on an altogether different scale. Our planning assumptions indicate that the commitment to the budget for the new Integrated Care Organisation in Torbay is more likely to be in the region of £240million. This illustrates the scope for transformational change, with flexible, responsive, efficient integrated services across the whole landscape of care. And this is where our JoinedUp integration programme under the pioneer scheme will find the flexibility to deliver. It will need time, and as a pioneer site we will be asking for that time, so that over a five year timescale we can reap the benefits and achieve our goals.

"Our case manager is marvellous, caring, kind and helpful. She is knowledgeable and I am able to talk to her about any concerns. If I didn't have Angela, I would have no-one else to turn to."

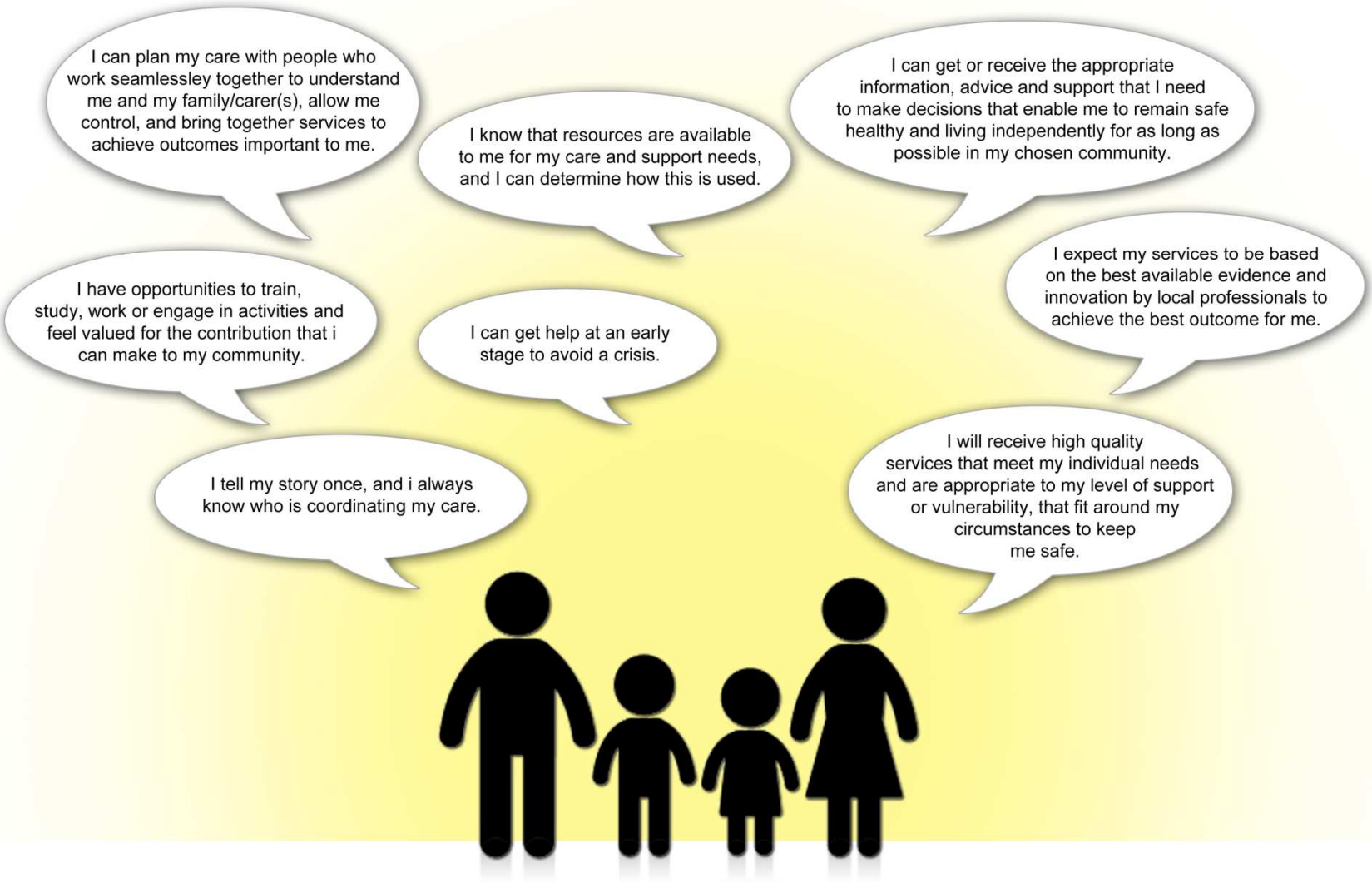
Our joint commissioning principles

Our principles for joint commissioning are based on the "I" statements set out in the National Voices narrative and Think Local Act personal, which have provided a clear definition, for use nationwide, of what integrated care means for the individual:

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

These principles reflect the important shift in emphasis from services that are centred on those using them, to services that are driven by those using them.

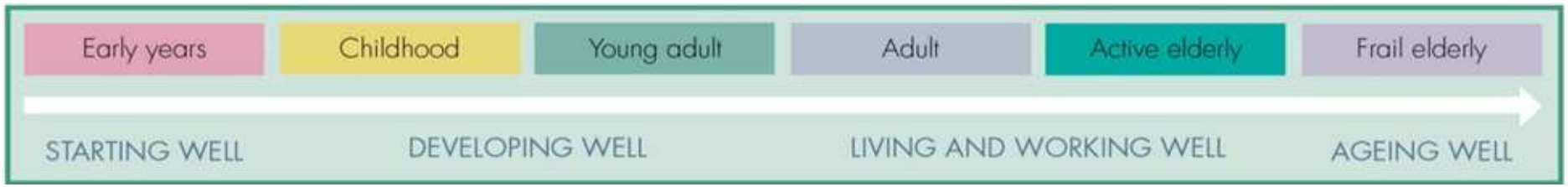
Engagement on services will be based on co-production, with feedback gathered as the engagement goes along and action taken in response. Our JoinedUp programme under pioneer will use the work done by the Picker Institute on measuring patient experience, from the perspective of the 'I' statements set out below.


I can plan my care with people who work seamlessley together to understand me and my family/carer(s), allow me control, and bring together services to achieve outcomes important to me.
I know that resources are available to me for my care and support needs, and I can determine how this is used.
I can get or receive the appropriate information, advice and support that I need to make decisions that enable me to remain safe healthy and living independently for as long as possible in my chosen community.
I have opportunities to train, study, work or engage in activities and feel valued for the contribution that i can make to my community.
I can get help at an early stage to avoid a crisis.
I expect my services to be based on the best available evidence and innovation by local professionals to achieve the best outcome for me.
I tell my story once, and i always know who is coordinating my care.
I will receive high quality services that meet my individual needs and are appropriate to my level of support or vulnerability, that fit around my circumstances to keep me safe.

Integrated commissioning

Collaborative strategic commissioning will be through a programme of joint strategies which together translate into whole system change. Pivotal to the commissioning activity is the engagement of local people. To date there has been large scale engagement on mental health services and on community health and social care services.

Our commissioning activity follows the life course of our population, with prevention, early help and personalised care the themes running through every stage of care, at an individual, family and community level.



There have already been some examples of successful integrated commissioning, between the two Devon CCGs such as in the Devon Partnership NHS Trust contract for mental health services, and between CCG and Local Authority, such as in the learning disability and carers' services. Our intention is to further develop these arrangements, using the opportunities for pooled budgets under the Better Care Fund.

In considering efficiencies in our resources we have agreed with our partners a number of key strategies setting out the needs of the population we serve, and a set of commissioning intentions supported by localised implementation plans. A number of these strategies cover not only Torbay but the wider geography of Devon and Plymouth with commissioners working jointly supported by shared public health intelligence.

Historically, commissioning has started with needs and is based on a Joint Strategic Needs Assessment. This year, we are taking a more community-based approach that identifies, too, the existing strengths and "assets" that we have in our communities.

Commissioning Strategies

STRATEGY	HWBB REVIEW	PROPOSED PUBLICATION	AREA COVERED
Autism: We have completed a self-assessment and identified a number of priorities. These will be worked into a joint plan setting out organisational commissioning intent and service improvement for people with autism and their families.	2014/15	2014/15	Torbay Council S Devon & Torbay CCG Devon County Council Plymouth city council NEW Devon CCG
Carers: 'Measure Up' Carers Strategy for Torbay will be refreshed in 2014.	2014/15	2015	Torbay Council S Devon & Torbay CCG
Children and Young People & Families Plan: This sets out the strategic direction recognising a number of strands including Early Help	January – February 2014	April 2014	Torbay Council S Devon & Torbay CCG
Community Services ???			
Dementia : A high level strategy supported through local delivery plans to reflect any local differences.	December 2013	January 2014	Torbay Council S Devon & Torbay CCG Devon County Council Plymouth city council NEW Devon CCG
Learning Disability: The Learning Disability strategy is being refreshed. It will provide a high-level outline of our strategic commissioning intentions, but line up with more localised delivery plans that reflect differing needs in local populations.	January 2014	February 2014	Torbay Council S Devon & Torbay CCG Devon County Council Plymouth City Council NEW Devon CCG
Maternity: A single strategy will cover the whole peninsula. Given the scale and scope of the work, localised plans will be developed at pace.	June – September 2014	October 2014	Torbay Council S Devon & Torbay CCG Devon County Council Plymouth City Council NEW Devon CCG Kernow CCG Cornwall County Council
Mental Health: Following the Joint strategic needs assessment and programme of community engagement, a new joint health and social care strategy for the period of 2013-2016 is being developed.	January – February 2014	April 2014	Torbay Council S Devon & Torbay CCG Devon County Council

			Plymouth city council NEW Devon CCG
Prevention: A strategy on Prevention will be drawn up which reflects the emphasis on prevention requested from the engagement events, within Pioneer and within the integration plans. This will include proposals for a new model for delivery of the work on lifestyles which is now out for consultation and a consideration on work to address the determinants of health.	March – May 2014	September 2014	Torbay Council S Devon and Torbay CCG Will need to consider links to Devon CC
Veterans and Armed Forces Families: An action plan has been developed consistent with the approach of partners in Devon and Cornwall which identifies a number of service project areas including mental health			Torbay Council S Devon & Torbay CCG NEW Devon CCG Devon County Council Plymouth city council

Integrated health and care services

The core principles of our vision for integrated care and support are:

- People directing their care and support, and receiving the care they need in their homes or local community, without having to struggle
- Crucial services available when and where they are needed, seven days a week.
- Joined up IT and data sharing across the whole health and care system, to make care seamless and safer.

Prevention:

Care pathways will be broadened and lengthened, so that there is a greater emphasis on prevention and positive health promotion throughout all plans, supported by the core integrated prevention model. Initially we will focus on alcohol and smoking as these are identified as first priorities within the Joint Strategic Needs Assessment. Weight, obesity, mental health resilience and other

priorities will follow, as the integrated prevention model becomes embedded. Critical in this will be the current review of the lifestyles teams' work and its links to programmes within the acute and community sectors, to the criminal justice sector, to departments within the council and to the community and voluntary sector. This service will get greater scope and reach through the use of self-help initiatives and collaboration with volunteers and health trainers.

Early help:

We know that providing early help gives people support in managing their own conditions. Early intervention that meets whole-person needs also helps people stay well, independent, and as healthy as possible, at the same time as avoiding acute, emergency and crisis interventions. We will take a 'whole family' approach to this work.

Personalised care:

There is a clear message to our providers that for integrated services over 7 days a week, reducing reliance on bed based care and unplanned hospital admissions and increasing opportunities for supporting people to become or remain independent in the community. There will be a focus on personal outcomes and choice and thereby a commitment to stimulate a diverse and vibrant market increasing choice and innovation in service, supporting the vision of reablement and early help to support people.

Children and young people:

The newly-formed Children and Young People Redesign Board provides the strategic engagement of commissioners and providers to deliver a refreshed Children and young people plan which will be supported by a specific programme of work including SEND implementation; responsive services to the needs of children of all ages recognising the importance of emotional and mental health. We see community hubs as a key commissioning opportunity for strengthening and releasing capacity within the community. In the first year there will be a focus on a 0-25 years hub in Torquay promoting integrated workforce across models of prevention, early help and safeguarding supported by information flows, shared systems and joined up ways of working.

Adults:

The Integrated Care Organisation bringing together community and acute services is set to deliver the system change within the health and care sector. Quality of provision is at the heart, with a skilled and competent workforce to drive change. This will have a focus on promoting independence, for example, dementia friendly communities and memory clinics; falls prevention; support for carers and active volunteering. We will develop the market for residential and domiciliary care as part of the broader personalisation agenda. This includes extending personal budgets and more creative solutions to meet the needs of the growing numbers of people with complex health care needs.

Communities:

The Community Development Trust is a key driver in the commissioning framework. Along with the other voluntary and community groups, the Development Trust will create an environment for self- support and self- reliance, with improvements in long term health and wellbeing. We know that targeted support for families and vulnerable groups is effective and want to continue with this approach in tackling some of the underlying health and social inequalities that they experience. Following an initial scoping of the impact of welfare reform we want to be in a position where collectively organisations can support communities as well as ensuring that our commissioning plans can meet expectation.

Pioneer and the JoinedUp programme

The JoinedUp (Pioneer) Board has committed to planning and delivering two community hubs as a priority in year one (by end 2014). Hubs will be the prime means through which we achieve our ultimate goal of care for people (Mrs Smith and Robert) closer to their home, when they need it and delivered seamlessly. For this we will need to ensure that all parts of the system are working towards the creation of the hub model, which will offer networked care as well as physically coordinated resource in our five localities. The two hubs to be operational in 2014 will be in Newton Abbot and Torquay, and these will form the focus for our Pioneer site in year one. The Board has also agreed that children's services improvement must be integral to these plans, although the precise detail of this has not yet been agreed.

and wellbeing

Pioneer objectives

The gamut of projects which formed our Pioneer bid is ambitious and far-reaching. The JoinedUp Board has therefore placed over-arching strategic objectives into five major areas of focus and these will guide the specific work plans underpinning the hub development ever the next 5 years. They are:

1. Inequalities across children and young people's care will be reduced
2. Mental health will be mainstreamed as part of overall wellbeing and health
3. Frail elderly care pathways - structural problems resolved and patient experience improved
4. 7-day services available for all through a 'central or broad front door'
5. Community resilience and enhanced social fabric will form the basis of health

There is a performance element to the BCF and as part of the bigger programme of change brought about by Pioneer an integrated health, social care and public health framework ‘dashboard’ is being devised which will support the health and wellbeing board and ‘Joined Up’ board in their responsibility for delivering change within the local health and social care economy.

Delayed transfers of care; avoidable emergency admissions; effectiveness of re-ablement; admissions to residential and nursing care and patient and service user experience.

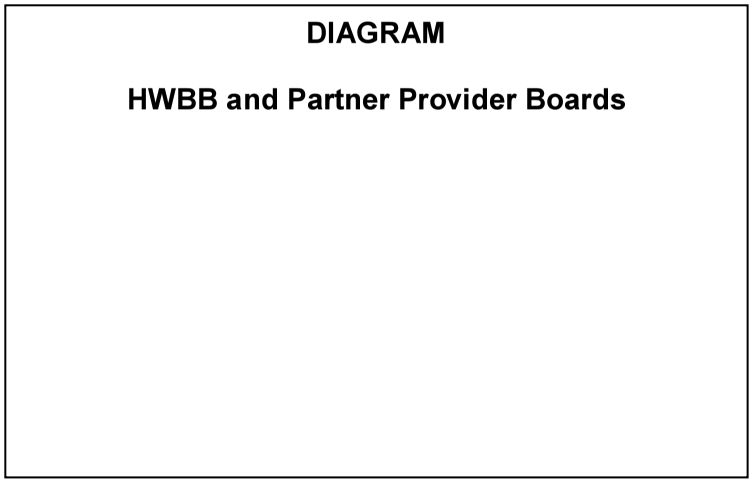
GOVERNANCE STRUCTURE

Governance structures for integration have a firm grounding in the existing health and social care pooled arrangements, and there is intent to strengthen this through the creation of the Integrated Care Organisation (ICO) in the future.

The Health and Wellbeing Board has a key role in integration and provides the strategic oversight with responsibility for sign off of relevant plans.

Existing structures such as the JoinedUp Health and Care Cabinet have provided a forum where agreements have been brokered around risk-sharing, changes to financial flows and other significant 'unblocking' changes to the way in which care is delivered in South Devon and Torbay. Along with the Joint commissioning Partnership Group for Torbay which is helped to develop a shared set of commissioning strategies and intent for further service developments across the health and social care system including mental health and children services.

Governance arrangements will continue to be strengthened making sure that the ICO and Pioneer remain the focus of integration with a reporting line to the Health and Wellbeing Board.



NHS
South Devon and Torbay
Clinical Commissioning Group

South Devon and Torbay Clinical Commissioning Group

Strategic Plan 2014 - 2019

Excellent, joined up care for everyone.

Contents

This is an update of our 2013-16 integrated plan. We have taken a fresh look at it because, one year on, we see a shifting landscape in health and care, with new national initiatives, new local ambitions and – importantly – a deeper understanding of what our communities want from us.

Our vision, to see excellent joined-up services for everyone, remains unchanged. And we stand by our determination to improve healthcare for our population while ensuring the long-term sustainability of our health and care services. But we are taking a longer view, up to 2019.

During the year, South Devon and Torbay Clinical Commissioning Group (CCG) and its partners in the health, care and voluntary sectors made a joint bid to become a pioneer site for integrated care. Out of 100 entries, we became one of 14 successful sites nationwide. This has given new impetus to our drive to join up services across the whole system, so that people can get the care and support they need, easily, wherever possible in one place, and without a struggle. This JoinedUp integration programme is a key part of our overall plan.

Over the last year we have visited towns and villages across our area, holding meetings to ask people what they most want from their community health and social care services, their mental health care, and services for people with learning disabilities. We have done this alongside our local Patient Participation Groups, local councillors and local people with a particular interest in health and care. Using the intelligence gained from this patient and public feedback, as well as the Joint Strategic Needs Assessment, we have set out our vision for the next five years and detailed priority work areas for the next two years. Involving patients and the public in key commissioning decisions is crucial, especially when we face the combined challenges of the overall economic situation and an increasingly elderly population with increasingly complex needs.

We have been working closely with our partners, in particular the Health and Wellbeing Boards of Torbay and Devon which provide local leadership in the delivery of a sustainable health and care system. The Health and Wellbeing Boards have been integral to the way this plan has been developed, ensuring that the priorities of all partner organisations are in step with one another. Through our community being awarded Pioneer status, and the national support which comes with this, we believe we can continue to build on this work to deliver the significant changes which are needed.

We know the next few years will be demanding, particularly as our budgets are recurrently over-committed, meaning we are spending more on healthcare than we've got available. We also understand our health and care system needs to change if we are to be able to deliver excellent services for future generations.

The people we have talked to have told us they value joined up care which provides care closer to home, continuity of care and access to services through a central contact point. We have also been told that care and treatment for mental health illnesses is an important component of overall well-being. We see new 'community hubs' being a central contact

point for overall wellbeing, providing a single point at which people can get what they need for prevention, self-care, social care, mental health and clinical services.

We see a new Integrated Care Organisation bringing together hospital and community services as the next major step towards achieving a joined up system. This will come about through South Devon Healthcare NHS Foundation Trust acquiring Torbay and Southern Devon Health and Care NHS Trust. The new integrated organisation will be able to deliver the scale of efficiency savings we all need to make sure services are sustainable for the future. A start in this direction is provided by the Better Care Fund (a single pooled budget to support health and social care services to work more closely together).

We will also work with our Public Health and Local Authority colleagues to promote prevention and personal responsibility, particularly relating to alcohol, smoking and healthy eating and lifestyles. It is vital that together we reduce health inequalities, and support people affected by disadvantage, unemployment and low incomes.

To be the best clinical commissioners we must keep our focus unremittingly on our patients and our population, and ensure the services we commission not only represent value for money but offer the best outcomes for each individual. We will continue to work towards and achieve the outcomes set out in the CCG Outcomes Indicator Set and the ambitions outlines in the 'Everyone Counts: Planning for Patients 2014/15 to 2018/19' guidance.

There will be some challenges along the way, but we believe we are in a strong position to achieve our vision, particularly given the dedication demonstrated by our staff. We look forward to taking the next steps towards delivering excellent, joined up care for everyone in South Devon and Torbay.

Dr Sam Barrell

Dr Derek Greatorex

1 About us

1.1 Who we are and what we do

South Devon and Torbay CCG is a Clinical Commissioning Group representing all of the local GP practices. Following authorisation on 1 April 2013, South Devon and Torbay CCG has become a formal NHS body responsible for buying and developing services for local patients.

We are led by senior GPs committed to putting the patient first, and we are among the few CCGs which have chosen to have a doctor as their leader rather than a manager. We are responsible for planning, designing and commissioning (buying) health services for our local population, working with partner organisations across a range of sectors to improve people's health, quality of life and wellbeing.

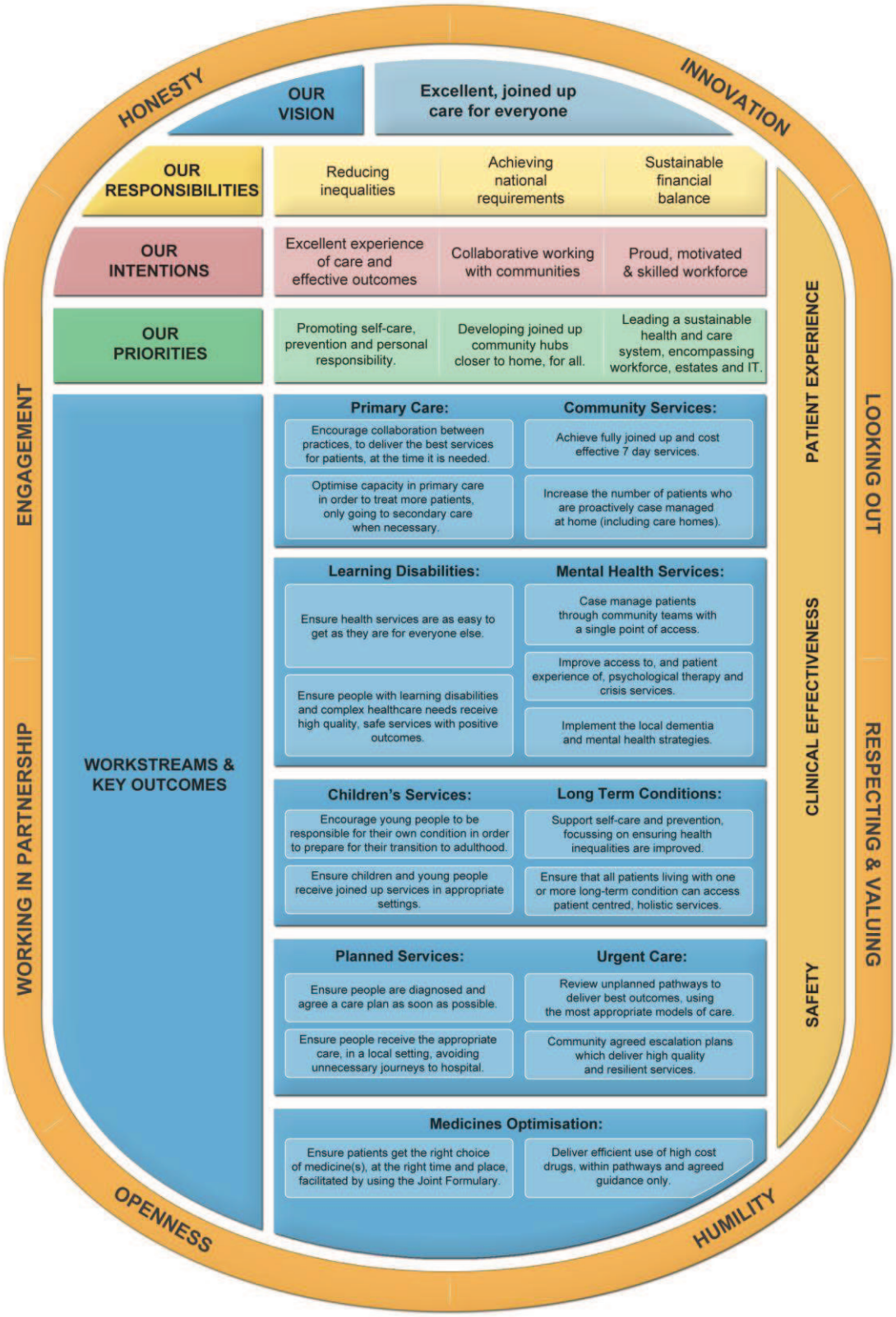
Locality Commissioning Groups

Our Governing Body has established a set of five groups known as the Locality Commissioning Groups (LCGs) – Coastal, Moor to Sea, Newton Abbot, Torquay and Paignton & Brixham. They are led by GPs and comprise representatives from the practices, including practice managers and patients. Through these groups, local commissioning can reflect local needs, which we know will be different in Widecombe-in-the-moor and Newton Abbot, and different again in Torquay.

The Locality Commissioning Groups will support the development of our CCG as a membership organisation, and enable local engagement with the public and GP member practices. Through them, local health needs, priorities and gaps in service provision are considered in the commissioning process. The localities are represented at the Clinical Commissioning Committee by their clinical and managerial leads. They are also responsible for the delivery, in partnership with other colleagues, of the Plan on a Page – our one-page summary of our overall plan.

1.2 Our Priorities – 'Plan on a Page'

So that we can develop and deliver our vision for the next five years we have needed to refresh our priorities which are informed through engagement with our stakeholders and through other information. The result can be seen in our 'Plan on a Page':



In order to develop the 'Plan on a Page' we have completed an extensive piece of information gathering and engagement, described as follows.

Qualitative:

During 2013/14, and carrying on into 2014/15, we have undertaken widespread engagement with many of our key stakeholders. We have held engagement events in each of our localities (on average one a fortnight) on community services and several engagement events on Mental Illness services and Learning Disability services.

The priorities of the Health & Wellbeing Boards of Torbay and Devon have informed our own priorities and we have asked all of our redesign boards, which sit across our nine work streams to feed back their views on our strategic direction and priorities over the next five years. These redesign boards have representation from our provider organisations, clinicians, public and local government,

In 2013/14 we introduced a system for collecting and analysing patient feedback and quality information from various different sources, including Patient Opinion, the Friends & Family test, local hospital surveys and feedback from professionals.

Quantitative:

During 2013/14 we developed the South Devon & Torbay Joint Strategic Needs Assessment (JSNA), by incorporating additional assessments of needs where we had identified gaps, for example in the areas of alcohol, mental health, carers, care homes and dementia. We have supplemented this with other intelligence and benchmarking from the NHS England Commissioning for Value Pack, CCG Outcomes Indicators, Dr Foster, Public Health England Profiles, NHS England Primary Care Tool and others.

Bringing the Plan together:

Qualitative and quantitative information was amalgamated and reviewed by our redesign boards, Clinical Commissioning Committee and Governing Body at several stages. This has resulted in the production of our 'Plan on a Page' which sets out our vision, responsibilities, intentions and commissioning priorities for our health community over the next five years. The work streams which will deliver the key outcomes sit underneath and underpin the delivery of our plan. Quality – good, safe services that mean a good experience for those using them - runs through all of our plans. Our values and behaviour are important to defining our organisation and how we will go about achieving our priorities. They encompass our whole plan.

1.3 What we have done so far

Improving Outcomes & Key Indicators

We have continued to improve outcomes for patients and to achieve well against the NHS Outcomes Framework indicators. In particular:

- We have statistically lower levels of mortality for cardiovascular disease.
- We have statistically lower levels of emergency admissions for chronic conditions that can be looked after in primary care, such as. asthma.
- We have good Patient Reported Outcomes Measures for elective procedures such as groin hernias and knee replacements.
- Friends & Family scores for acute hospital services are high.

We have also maintained or improved performance against the NHS Constitution Operational Standards. In particular:

- Referral to treatment waiting times continue to reduce
- Diagnostic waiting times continue to be achieved.
- All cancer waiting times indicators continue to be achieved.
- Accident & Emergency national waiting times continue to be achieved.

The proportion of people under adult mental health illness specialties on a Care Programme Approach who are followed-up within 7 days of discharge continues to be achieved.

Current year-to-date performance of all of the CCG's key measures, including the CCG Outcomes Framework and the Seven Ambitions, can be seen at Appendix 1.

Service Improvements

We have commissioned and led a number of service improvements this year, which have brought benefits to the quality and consistency of services across South Devon and Torbay.

In primary care, we have supported three 'access improvement' schemes to help increase capacity in primary care and these are now underway in 22 practices. They are Doctor First, Productive General Practice and Urgent Access in Primary Care. An assessment/comparison of their value has been undertaken. It is too early to be certain of the benefits these schemes have delivered, and they will be reviewed again in July 2014.

In the community, the Virtual Ward is established in all localities, ensuring close case management of those most at risk of being admitted to hospital. We are re-examining the risk stratification to reflect the top 0.5% of the CCG population (as opposed to practice population). Other developments in the Virtual Ward include the identification of patients further down the risk list to ensure coordinated access to services, the inclusion of targeted alcohol workers, and plans to include dementia link workers.

Our South Devon and Torbay health and care community has been successful in its bid to become a Pioneer site for integrated care. As one of 14 pioneer areas nationwide, we will

benefit from national and international support as we forge ahead with joined-up work across our whole community, to make a real difference for our population.

In urgent care, the 111 service has been implemented, in hours, under clinical leadership. The out-of-hours transfer to 111 is planned for March 2014, with the agreement of the local Urgent & Emergency Care Network. .

In Mental Health, we have been engaging people with lived experience of mental health problems and mental health staff in a major redesign of the service, focusing on caring for patients in primary care with support from joined-up mental health community teams. We are listening to what people want and implementing the changes as we go along – for instance, we will have piloted a crisis house in Torbay, as an alternative to inpatient admission, because that is what people have said they need.

The four-year strategy for psychological therapy and crisis service (including for children) is now approved.

The new Torbay dementia advisor service was formally launched on 3 September and is being provided by the Alzheimer's Society.

In planned care, patients being referred for suspected gastroenterology or colorectal cancer are now being pre-tested at their GP practice. This means they can then be booked straight into hospital for the appropriate test, therefore reducing their waiting time.

Financial Stability

This has been a difficult year in terms of budgets being continuously moved between the new commissioning organisations, and some unplanned overspends in some areas. . However, we have still been able to reduce our recurrent over-commitments in spending while maintaining headroom flexibility.

2 Our Community

2.1 Local Context

Our CCG extends from the South Devon coastline to the open moorland of Dartmoor (see Fig. 3). The CCG covers some 350 square miles and takes in a GP-registered population of around 288,000.

Our area proves a popular retirement destination, with a noticeably higher proportion of older people resident in the area (shown in the population pyramid overleaf). With this comes an impact on the health and social care services that need to be provided. This includes the management of complex and multiple long-term conditions, a higher number of injuries resulting from trips and falls, and the treatment of age-related diseases. We also need to balance this with ensuring the health and social care needs of the rest of the population are also met.

South Devon and Torbay is a popular tourist destination, attracting both day and longer-staying visitors. In the peak of the summer, there are estimated to be up to an extra 75,000 to 100,000 people visiting the area.

Fig 3. South Devon & Torbay CCG footprint, source: 2012/13 JSNA.

Using our JSNA enables us to understand our population and health needs in the forthcoming years.

2.1.1 Population

The area as magnet for people who are retiring can be seen in the population pyramid (see Fig. 4). The current average age in the South Devon and Torbay population is around 44.2 years, compared with an England average of around 39.5 years.

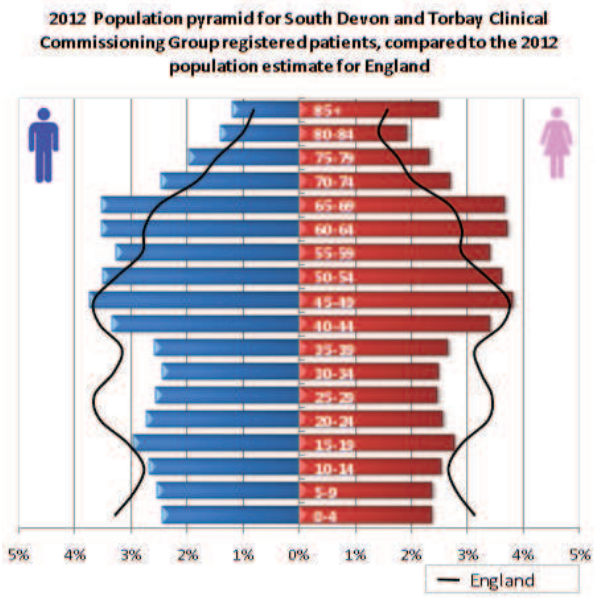


Fig. 4 Population Pyramid, source: 2012 GP registered list, 2011 interim subnational population projections (ONS)

The Office for National Statistics predicts a total population of around 300,000 registered with GPs in 2021 (see Fig. 5). Projections for the South Devon area show a noticeable increase in the over 85 population between 2012 and 2021.

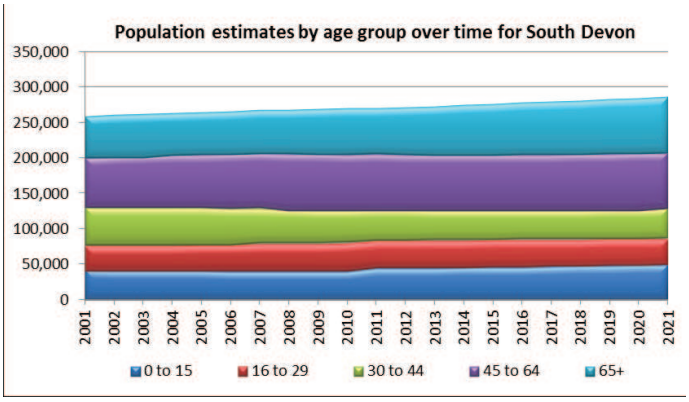


Fig. 5, Registered population projections, source: 2011 interim subnational population projections (ONS) modelled on 2010 LSOA population estimates (ONS), 2001 to 2009 Mid-Year Estimates, ONS.

2.1.2 Deprivation

Within the South Devon and Torbay area, there are pockets of severe deprivation, mainly in the urban areas such as Paignton and Torquay. The residents in these areas tend to experience noticeable inequalities, including lower life expectancy and higher rates of premature mortality. This is in part due to the higher prevalence of certain behaviours such as excess drinking and smoking. Other inequalities, including housing, employment and educational attainment also exist within these communities.

The areas in red in the following map (see Fig. 6) are among the top 10% most deprived in England, while areas in dark blue are within the 10% to 20% most deprived in England. In contrast, the yellow areas are among the least deprived in England.

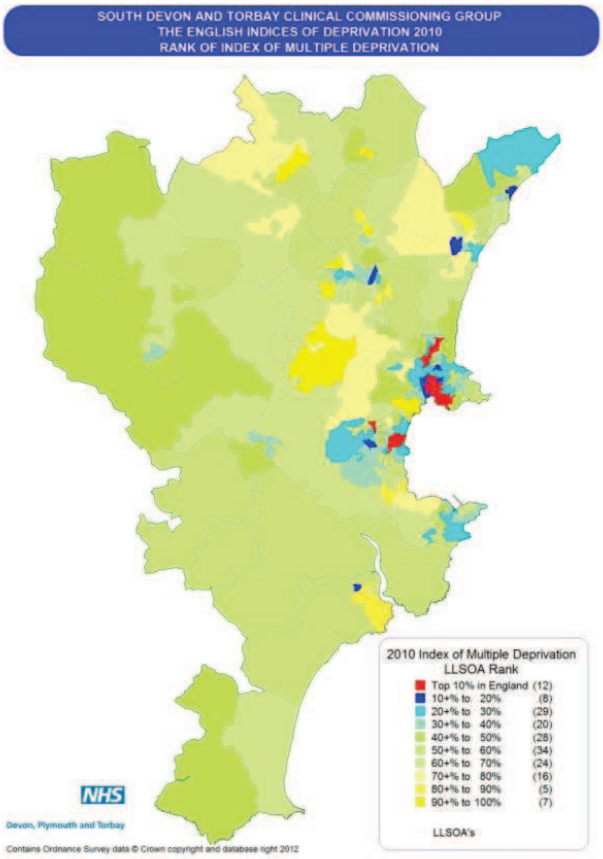


Fig. 6 2010 Index of multiple deprivation, source: Department for Communities and Local Government

2.1.3 Life Expectancy

Overall, life expectancy is high within the CCG area, with a large number of communities experiencing significantly higher life expectancy than the England average (see Fig. 7). However, there are pockets where life expectancy is significantly lower than the average; these are mostly communities within Newton Abbot, Paignton, Teignmouth and Torquay.

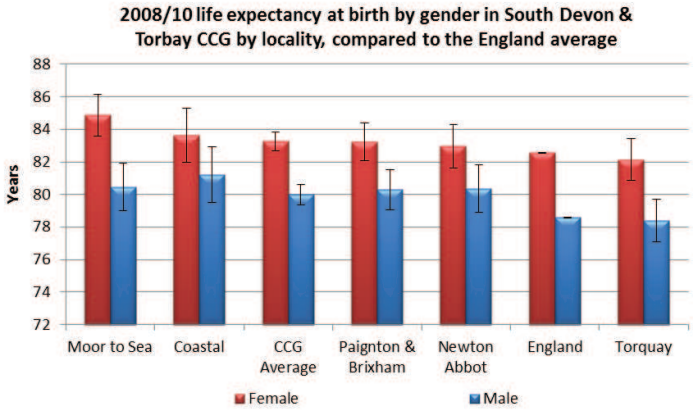


Fig. 7 Life Expectancy at Birth, source: PCMD, GP registered list, Information centre

There is a well-evidenced relationship between poorer communities (in terms of income) and poorer health outcomes. People in our more deprived communities do tend to die earlier than those in the least deprived; they also tend to live longer with poorer health, such as disabilities or morbidities.

Nationally, in the more deprived communities there is a gap of some 17 years between the number of years people live, and the number of those years they live without a disability. Within the South Devon and Torbay CCG area, data suggests that females in the most deprived communities live for around 20 years of their life with a disability. The gap is smaller, around 14 years, for those in our least deprived communities.

2.2 Our Stakeholders and partners

The Public

Our most important stakeholders are the public, our patients and their carers. Our Localities have been working closely this year with our local Patient Participation Groups in each area. Through this joint working we have, as already set out, run a series of Locality Engagement events in every town and the surrounding villages, to seek the views of our local population on health and care services and how they would them designed to be fit for the future.

We have gathered a wealth of information and views from these events, and this has been combined with our Joint Strategic Needs Assessment to help us and our partners to describe our plan for services in the next five years.

Our Partners

Strong partnership working is vital to delivering good quality services and tackling the wider factors that determine or contribute to ill health.

Our CCG works with both Torbay Local Authority and Devon County Council, with community organisations, the voluntary sector, NHS England, our health and care provider organisations and neighbouring CCGs to achieve the improvements we want, and to address the wider inequalities in people's health.

As set out at 2.1, our JoinedUp Health and Care Cabinet has been involved in developing this approach and will continue to be a driving force across the community to ensure we can work as one to achieve the outcomes and goals we have set as our priorities.

Our CCG is actively engaged with the Health and Wellbeing Boards in Torbay and Devon, having a seat on each. This means we have been involved in the development of the health and wellbeing strategies and the boards' priority-setting for preventive health – helping ensure these dovetail with our own priorities. The boards enable a joined-up approach across the NHS, Adult Social Services and Children's Services to tackling the health needs of our local communities.

We continue to maintain the strong relationship we have with colleagues in Public Health, who have moved to the two local authorities. This relationship will aid the joint commissioning of services, and ensure we can benefit from the expertise of our public health colleagues through the 'Core Offer'.

The NHS here has a long tradition of engaging with and commissioning services from the community and voluntary sector. We have built positive relationships with community and voluntary sector leaders and their organisations, and recognise both their knowledge and skills, and the trust that the people who use their services have in them.

We also work with Healthwatch Devon and Healthwatch Torbay - the patient voice in health and social care. Patient Participation Groups are becoming more established, and our Locality Commissioning Groups are building relationships with them and other groups. At a local level, we are playing a part in neighbourhood planning and community partnerships.

We are working alongside NHS England and the Area Team for Devon Cornwall and the Isles of Scilly, particularly on primary care services, and with the Specialist Commissioning Group to ensure patients have access to more specialist services when they are needed.

2.3 Transforming the Care Delivery System

We believe services should be based on local communities and centred on the needs of individuals within those communities. We also believe that services should be built on the public's needs not organisational imperatives; this is a mantra as our Community Hubs take shape. Community Hubs will be centres of wellbeing where our population can receive co-ordinated support for prevention, self-care, social care, mental health and medical support from primary and community care. They will have strong links with community organisations.

We promote wellbeing and independence and will require all our providers of healthcare to move away from an institutional bed-based model of care to a delivery system that is flexible and responsive to the changing needs of our populations. We have been told, through our locality engagement events, that people want care closer to home with a single point of access to services. Over the next five years we will expect to see a reduction in inpatient beds. Three consecutive acuity audits have shown that with additional personal care services 30 - 40% of patients cared for in a community hospital bed could be at home.

The Integrated Care Organisation will provide acute, community and social care services, and through this we expect to see resources shift from inpatient beds to high quality, value-for-money care provided in people's homes. We expect to see a shift in the current workforce configuration to more community-based teams, delivering seven-days-a-week services.

We are working with the acute trust on detailed infrastructure (hospital estate and IT but also the location of services) and workforce plans. A joined-up workforce and integrated IT which enables multiple professionals to share patient records and treatment plans are vital in achieving a better quality of service for our patients in the most cost effective way. We are also working with providers of mental health services in our CCG to ensure that mental health professionals, as well as other agencies, are an integral part of our community based teams, to be co-ordinated through our community hubs.

3 Focused on Quality

A place at the centre for Quality

The NHS defines quality as effectiveness, safety and excellent patient experience. Quality, along with prevention, productivity and innovation, is key to the commissioning of sustainable services for our community. Quality is also a key driver for minimising health inequalities, promoting equality and diversity and raising the life chances and wellbeing of our population.

We expect quality to be central to all of our commissioned services, whoever provides them. As commissioners we have a duty to promote continually improving quality in primary care, and to enable the best, most effective use of secondary and tertiary (more specialist) care.

By ensuring that the quality of care is good, we will ensure that the outcomes for patients are the best. It means we check how patients feel about their treatment or care.

We will continue to include values based operating principles in our contracts. These will be reviewed and updated to ensure they include learning from the above named reports. The Operating Principles we will include cover:

- Healthcare associated infections
- Care and compassion – the 6 Cs
- Equality and diversity
- Safeguarding children and young people
- Safeguarding adults
- Placed people
- Nutrition and hydration
- Francis suite of recommendations
- Medicines' security and management
- Eliminating mixed sex accommodation

3.1 Safety

We will work over the next five years on projects that support providers to tackle issues of patient safety across the health community, through:

Improving Patient Safety

- Becoming active and innovative members of our local Patient Safety Improvement Collaborative, supporting both local and regional initiatives to improve care safety
- As part of our work to care for vulnerable and older people, working in partnership with acute and community providers and residential and nursing care homes on initiatives to prevent pressure ulceration.
- Supporting providers in primary, secondary and emergency care to care for children with possible septicaemia in a timely and effective way, using recognised best practice.
- Ensuring that the quality of care provided for vulnerable adults is closely monitored and that people with Learning Disabilities, autism, challenging behaviour and complex needs have their emotional, health and wellbeing needs met at all times.

- Enhancing our existing processes to ensure that we have robust systems in place to satisfy ourselves that commissioned providers are effectively recognising, reporting and learning from patient safety incidents and are implementing patient safety alerts in a timely way.
- Continuing to promote the use of the Safety Thermometer for an increasing number of providers, and report outcomes on the Integrated Quality and Performance dashboard.

Healthcare Associated Infections (HCAIs)

- Pursing the aspiration for zero tolerance of HCAIs, we will systematically review local objective setting across the organisations from which we commission services. This will include the review of surveillance data to monitor progress against nationally set trajectories for specific organisms and other agreed indicators.
- Continuing to work with providers and the public to reduce the incidence of Clostridium *difficile* and to ensure excellent antibiotic stewardship, as well as supporting the goal of zero tolerance to MRSA.
- Working with providers to raise awareness of and prevention strategies for E.Coli and MSSA.
- Being active members of the Health Protection sub-committee of the Health and Wellbeing Boards in Devon, Plymouth and Torbay and we will jointly chair a pan-Devon HCAI prevention group reporting to that sub-committee.

Early Warning and Quality Assurance

- Continuing to be members of and contribute to the Devon and Cornwall Quality Surveillance Group, informing NHS England, CQC and other agencies of identified risks or quality issues.
- Ensuring that all contract review meetings are focussed on the provision of high quality and safe, effective care.
- Working with providers of care in the community to develop a 'guild' or forum for the promotion of quality improvement in care, such as in care homes, nursing homes and domiciliary care provision.

Safeguarding

Ensuring that vulnerable people are safeguarded is a vital part of the role of the CCG. We will continue to maintain a focus on the safety of vulnerable adults, children and young people and will enhance our Safeguarding Adults team in 2014. We will commission services that promote and protect individual human rights, independence and well-being. We will secure assurance that any child, young person or adult thought to be at risk, stays safe. We will secure assurance that they are effectively safeguarded against abuse, neglect, discrimination, embarrassment, or poor, compassionless treatment. We want all patients to be treated with dignity and respect and to enjoy the best possible quality of life.

As a CCG we will gain assurance that the services we commission safeguard both adults and children. Statutory duties under sections 11 and 13 of the Children Act 2004 apply to CCGs and include the duties to safeguard and promote the welfare of children, and to have an active membership role in Local Safeguarding Children's Boards. It is known that for looked-after children, outcomes and access to healthcare are often worse than for other children and the CCG has a duty to work with local authorities to provide support and services to children in need, which we will do by:

- Continuing to work in active partnership with two local authorities through Safeguarding Children Boards and Local Safeguarding Adult Boards and we will contribute to multi-agency agendas such as the Multi-Agency Public Protection (MAPPA); Multi Agency Risk Assessment Conferences (MARAC) and the Domestic Violence and Prevent agenda
- Working with neighbouring commissioners to develop a supporting 'Health Forum' as a health focussed sub group of the LSCBs in Devon, Plymouth and Torbay (the CCGs will co-chair)
- Chairing the multi–agency adult safeguarding investigations and meetings and ensure that all relevant health providers work together to produce Serious Case Reviews, Investigations or Independent management reviews.
- Focussing on a proactive approach to commissioning and contracting of individual placements. Contracts will include the Safeguarding Operating principles and we will run in depth reviews of safeguarding processes for all providers.
- Ensuring that the voice of individuals is heard.
- Continuing to support the development of the 'Frequent Users' joint partnership which will identify individuals who are high users of services and who may be at risk, or in need of safeguarding.
- Designing ways to ensure that people who live and work in South Devon and Torbay know what signs and indicators of abuse to look out for and who to contact for advice.
- Supporting national initiatives that safeguard vulnerable people including:
    - The PREVENT agenda
    - Preventing child sexual exploitation
    - Preventing female genital mutilation
    - Combating sexual violence
    - Combating domestic abuse
- Developing and monitoring the dissemination and evaluation of outcomes of all domestic homicide reviews, serious case review action plans and Serious Incident investigations (SIRIs).
- Providing training, support and supervision for named professionals across the health community.

Higher standards – Safer Care

Winterbourne Review

We will work with the Devon and Torbay Health and Wellbeing Boards and with providers to ensure the recommendations made in 'Transforming Care: A national response to Winterbourne View Hospital' are implemented. We will ensure a dramatic reduction in hospital placements for people with learning disabilities and autism, and people in NHS-funded care who have a mental health condition or challenging behaviours.

The Francis Report - Quality Drivers

The Francis Report is arguably the most influential publication in recent years on the state and quality of care in the NHS. As well as reporting on the substandard provision of care in Mid Staffordshire, the report examined the role of commissioners in the failings of patient care. Our CCG is determined to learn from the failings in Mid Staffordshire and will continue to ensure that the many

recommendations of the Francis report are progressed. We will work with providers to ensure that these and other recommendations from the reports by Berwick and Keogh are acted upon where relevant by all providers of care. We will focus particularly on quality and safety issues for frail, elderly people and for children with possible septicaemia.

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3.2 Patient Experience

Over the past year we have worked on listening, responding and improving care by using insights gained from patient feedback. We are determined over the next five years to glean more from patients and their families about their experiences, to influence our commissioning decision making and to continue our work on improving the quality of services. Over the next five years we will:

Complaints and concerns

- Take complaints management back in-house and develop resource within the CCG to respond effectively to complaints, concerns and other feedback from patients.
- Acknowledge when mistakes happen, apologising, explaining what went wrong and putting things right quickly and effectively.
- Publish on our website the types of complaints and concerns received by our organisation, and what we have done in response.

Gathering experience from people who use our services

- Promote, support and monitor the widespread use of the Friends and Family Test (FFT), and develop ways of using this to monitor the quality of commissioned pathways. The FFT will feature on our integrated Quality and Performance Dashboard and will be reported to our Governing Body.
- Work with providers to ensure that the most vulnerable people, whether young or old, are able to provide us with feedback and insight.
- Continue to improve and promote the use of the Yellow Card Scheme which is an electronic system in place for GPs to report to the CCG any quality issues or concerns they and their patients have identified in all care settings. We plan to roll out the scheme to other healthcare professionals.
- Develop an e-newsletter to provide feedback to people who have used the Yellow Card Scheme (or could be encouraged to).
- Form stronger relationships with Healthwatch Devon and Healthwatch Torbay to ensure that what they learn from members of the community is heard by the CCG.

Compassion in Practice

We are committed fully to the vision of the 6 Cs – we believe that kindness, care and compassion are vital to quality care. We recognise that the elderly patient is particularly vulnerable and should be treated at all times, by all staff, with respect, with dignity and with kindness, big and small.

We have put an Operating Principle within all contracts and we will evaluate the progress all providers have made every year, with an in-depth multi provider review. We are supporting the local Compassion in Practice Actions implementation plan by working with partners and the local Area Team. By supporting these plans we will:

- Help people to stay independent, maximising wellbeing and improving their health outcomes
- Work with people to ensure a positive experience of care is provided
- Ensure providers deliver high quality care that has positive health impacts
- Support the development of strong local leadership
- Ensure that there are the right staff with the right skills in the right place to deliver the best quality care and patient experience.

Staff satisfaction

There is good evidence to show that satisfied, motivated and happy staff will deliver better care and outcomes for patients. Over the next five years we will:

- Put a new Operating Principle in contracts that ensures providers listen to the experience of their staff and promote a positive staff experience,
- Benchmark providers staff satisfaction levels and report results in our integrated Quality and Performance Dashboard, and address any low levels at contract review, supporting the provider on an improvement trajectory,
- Promote the use of the Staff Friends and Family test to help us consider the quality of services.

3.3 Clinical Effectiveness

Quality Dashboard

Our CCG will continue to develop the integrated Quality and Performance dashboard. One of the key roles of commissioners is to specify the quality standards to be achieved for individual services by developing quality dashboards incorporating measures of clinical outcome, patient experience and service effectiveness and efficiency. These will enable commissioners and the public to see and understand any variation, and also any evidence of actions being taken where improvements are identified as being required.

NICE Quality Standards

The Health and Social Care Act 2012 set out a new role for the National Institute for Health and Care Excellence (NICE) in producing quality standards for health and social care. These will be published in addition to the clinical guidelines that NICE also provides, which describe best practice for an entire clinical pathway. The quality standards provide sentinel markers which are statements of what high quality care and services will look like. Over 20 have already been published and it

is expected that up to 180 will be available by 2017. Our CCG plans for health improvement by using the various metrics, measures and benchmarking outcomes that are provided by NICE quality standards, and the CCG Outcomes Indicator Set that NICE standards feed into.

NICE Technology Appraisals

We will continue the arrangement with Northern, Eastern and Western Devon CCG to provide strategic level clinical effectiveness leadership and work to include horizon scanning, impact analysis of published guidance indicating local relevance, local impact and costing assumptions for our CCG, as well as dissemination of published guidelines.

4 Commissioning Priorities

4.1 Overview

As set out in our Plan on a Page and developed in conjunction with our stakeholders, through our engagement events, and with our partners, the following high-level commissioning priorities have been agreed for the next five years:

- **Promoting self-care, prevention and personal responsibility.**
- **Developing joined-up patient-centred community hubs (including mental health), closer to home.**
- **Leading a sustainable health and care system, encompassing workforce, estates and IT.**

A description of how we will achieve these high-level priorities, in each of our work streams: prevention, primary care, community, urgent care, mental health, long-term conditions, learning disability, planned care, medicines, joint commissioning and children's services, and in the context of a flat-cash environment, is described in detail, along with the key outcomes and indictors we will use to measure success, in section 4.2

In conjunction with these ambitions and in line with he 'Everyone Counts: Planning for Patients 2014/14 to 2018/19' planning guidance, we will be working towards achieving improvements in the following seven ambitions and three key measures:

- **Additional Years of Life**
- **Quality of Life for people with Long-term Conditions**
- **Eliminating avoidable deaths in hospital**
- **Positive experience of care outside hospital**
- **Positive experience of hospital care**
- **Avoiding hospital through Integrated Care**
- **Older people living independently**

- **Reducing health inequalities**
- **Improving health (via prevention)**
- **Parity of esteem**

A description of how these ambitions and the CCG Outcomes Indicators will be delivered through our work streams is at Appendices X & X. It will be the responsibility of the Quality Committee and the Clinical Commissioning Committee (through its redesign boards) to monitor progress against these indicators, which will form a core part of the Integrated Quality & Performance Dashboard (along with other key indicators from the CCG Outcomes Framework and NHS Constitution).

4.2 Work streams & key outcomes

Following the engagement process and defining the three high-level commissioning priorities the Redesigns Boards were asked to define their strategic vision for their services over the next five years, based on information packs containing the relevant qualitative and quantitative information, and in particular what they will achieve over the next two years to work towards delivering the three commissioning priorities. They are described as follows:

4.2.1 Prevention

What we know

We are recurrently overcommitted on our healthcare spending at this time. We know from the JSNA that we already have a higher than average number of older people. We know that in some of our localities we have pockets of severe deprivation, and significantly higher than average rates of harmful alcohol use and smoking. We also know that, if nothing changes, with future population projections and people living longer but with more complex needs, we will not be able to afford the healthcare that our population will need. A vital way to preserve our health and care system for future generations is for people to change their behaviour and take more responsibility for their own wellbeing.

The strategic vision for the services in five years' time

There has been a further shift in the work to prevent ill health with increased integration and a focus on prevention within all of our partners' plans. This has enabled health promotion work to have greater scope and reach. Identifying and addressing lifestyle issues are integral to the work of front-line workers.

This is particularly the case with mental health where resilience is key to both on-going mental ill-health but also to physical health. The resilience of the community and community cohesion is seen as equally important as individual resilience and this is addressed within our plans.

A programme of work will be delivered with key Council-led departments to promote health and consider wellbeing as an important outcome.

What will change in the next 2 years?

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
Whole systems lifestyle work	• Joined up offer around lifestyles agreed and being delivered in initial key areas of alcohol and smoking. • This is supported by a programme of innovative social marketing.	• Increase in health checks, especially in certain defined groups. • Reduction in alcohol related hospital admissions. • Reduction in smoking-related disease and admissions. • Reduction in smoking in pregnancy.
Work with Children and Young people	• Integrated approach to health promotion and early intervention agreed, with a focus on the early years and on teenagers.	• Increase in breast-feeding rates. • Improvement in school readiness. • Decrease in teenage pregnancy levels. • Decrease in smoking rates.
Work on the determinants of Health	• Agreed process to embed consideration of health and well-being outcomes in plans as they develop.	• Reduction in health inequalities.
Mental Health resilience	• Integrated programme of work agreed across public, private and voluntary and community sectors to build individual	• Reduction in self-harm.

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
	and community resilience.	

Key Outcomes

As well as the key outcome measures the following indicators in the 2014/15 CCG Outcomes Indicator Set will be addressed through this work stream:

- Potential years of life lost from causes considered amenable to healthcare: adults, children and young people (NHS OF 1a i & ii)
- Antenatal assessment < 13 weeks
- Maternal smoking at delivery
- Breastfeeding prevalence at 6-8 weeks

4.2.2 Primary Care

What we know

The 'case for change' in primary care was made widely in 2013 including nationally in the "Call to Action" by NHS England and it has emerged as a key theme from our Locality engagement events. There is both a recognition of primary care services facing increasing pressure and the desire of general practice to transform services to meet challenges including:

- An ageing population, co-morbidity and increasing patient expectations which have all resulted in large increase in consultation especially for older patients.
- An increasing pressure on NHS financial resources, which will intensify from 2015/16.
- A perception of growing dissatisfaction with access, although nationally 76% of patients rate their overall experience of making an appointment as good – however, there is significant variation by CCG and across practices.
- Inequalities in access and quality, including national variation in GPs and nurses per head of population.
- Workforce pressures including recruitment and retention problems for GPs and practice nurses.

Most recently, NHS England has expressed a desire to 'co-commission' primary care with CCGs to bring commissioning back closer to practices and ensure that services commissioned meet local needs. Locally, this is moving forward quickly with proposals for a Devon and Cornwall local variation to the Quality and Outcomes Framework (QOF) from January 2014. This will be followed by other local changes designed to ensure that the services commissioned from primary care reflect local needs and issues.

The role of general practice in the urgent and emergency care system features heavily in the report by Sir Bruce Keogh into urgent and emergency care, placing an emphasis on prompt access to GP services through the 111 telephone service, seven day services and more rapid response to patient concerns through the use of telephone consultation.

The strategic vision for the services in five years' time

There will be greater collaboration between practices which are sustainable in the long-term and provide consistently high quality services. Some services that were previously provided in hospital will be available locally and community services will be attached to smaller numbers of practices. There will be fully-functioning GP practice provider networks across the CCG, within the same areas as our localities. They will deliver cost-effective primary medical services and a wider range of services, while still being accessible for local contact. A wide range of these services will be available from primary care seven days a week, 8am to 8pm.

There will be increased capacity in primary care, including more GPs and nurses being trained. Workforce plans will include clear and realistic projections for the numbers of GPs and practice nurses needed. Practice nurses will have a greater role and contribution, improving access to services for patients with urgent and long term conditions. Community pharmacy will be increasingly used for urgent minor complaints, as part of an integrated urgent and emergency care system, reducing the pressure on general practice and A&E.

What will change in the next 2 years?

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
Provide support to practices to collaborate on the provision of primary medical services *and* additional services for which they may become providers and reduce the barriers to providing joined up care, with practices able to provide services to others patients, utilising clinical shared records.	• Agreement on financial support in place. • Barriers to providing care to other practices patients removed, including access to shared records.	• Improved accessibility and patient satisfaction.
Support collaboration between practices to provide 7 day services, to avoid A&E attendance and admissions.	• GP medical services are available across a locality 7 days a week, 8-8, utilising a range of provision opportunities. • Primary care estate improves, with fewer purpose built sites, and with capacity for additional services.	• Reduction in A&E attendances.
Continually optimise access to primary care, including all practices offering non face to face forms of consultation.	• All practices offer telephone consultations or other alternatives including e-mail, Skype etc within set ring back and contact times.	• Improved patient satisfaction.
Working alongside acute and community specialists, optimise care for patients in residential and nursing homes, including care plans and pro-active follow up.	• Improved quality of life for care home residents.	• Reduction in avoidable admissions from care homes.

Key Outcomes

As well as the key outcome measures the following indicators in the 2014/15 CCG Outcomes Indicator Set will be addressed through this work stream:

- Patient experience of GP out of hours services (NHS OF 4a ii)
- Patient experience of GP services (NHS OF 4a i)
- Access to GP services (NHS OF 4.4i)

4.2.3 Community Services

What we know

The over 85 population is expected to increase from 3.9% in 2012 to 4.8% in 2021 in South Devon & Torbay, more than the national average. Older people, on average, cost the most per head for hospital care, given the complex set of chronic conditions that can be seen. From our Joint Strategic Needs Assessment we can see the rates of unplanned hospitalisation for chronic conditions that can often be managed in primary care. These are highest in the Torquay locality. We need to identify and work with these patients to ensure they are being managed without the need for secondary care. The number of people with co-morbidities is expected to rise by a third in the next ten years. To address this we need to develop care plans that treat the person as a whole, not by each condition they have.

Fewer people fit neatly into the defined disease pathways, but rather need complex case-management of multiple health, social and mental health needs, with case management by a key worker with support from specialist advice. This model of care requires much larger, more complex teams which are centred around an individual. Feedback from our extensive locality engagement process tells us that people would like better communication, including a single point of access, co-ordination, education about self-care and prevention, better accessibility, reliability and consistency of services.

Over the last ten years a growing body of national and international evidence has emerged, that links poorer outcomes, including a higher risk of death, for patients admitted to hospital at the weekend. The lack of availability of community-based services such as primary care and social care, and reduced co-ordination between services, contribute to this risk. Length of stay in hospital is another indicator as to whether the wider health and social care system is organised effectively - matching capacity to demand and supporting the flow of patients along their pathway. These systems are less good at weekends. Similarly, at weekends, important collaboration and multi-disciplinary planning between the hospital, community health services and social care becomes increasingly difficult, with a negative impact on re-admission rates.

In 2014/15 £1.1 billion is being made available to Local Authorities to support health and social care services to work more closely together in local areas. By 2015/16 the Better Care Fund (BCF) will be a single pooled budget of £3.8 billion. NHS England and the Local Government Association's aim is for a health and social care system that is truly seamless so that people receive the right care, at the right time in the right place. As part of the process for accessing BCF funding, CCGs and local authorities will have to demonstrate that they are meeting a number of national conditions. These include seven day health and social care services to support patients being discharged and to prevent unnecessary admissions at weekends.

There are 220 care homes in our CCG, home to around 3900 older people, although these numbers are falling as more people are cared for in their own homes. Care home residents make up 1% of our population, but 6% of our emergency admissions, and these admissions cost around £4 million a year, making this a focus area for our CCG.

The strategic vision for the services in five years' time

We will see a continued roll out of six/seven day services across key community services, as identified in 2014/15 and through ongoing evaluation, with fully joined-up services across health and care providing continuity of care and support seven days a week.

Community hubs will be a focal point in each of the localities, operating according to the needs of each community. Key partners will be fully engaged with the hubs: the primary care network, social care, the Integrated Care Organisation, the voluntary sector, mental health, and the hospice, as well as the people within each community. The development of the hubs will be informed by continual engagement.

We will see a continued reduction in the number of older people placed in long-term care, and a continued reduction in the number of avoidable emergency admissions from care homes. Each person in a care home will have dedicated support from a GP practice linked to the home, and every patient admitted to a care home will be offered a Treatment Escalation Plan where appropriate, to ensure their end of life care preferences are discussed and recorded.

What will change in the next 2 years?

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
Full evaluation of the effectiveness of weekend working, leading to the roll-out of 6-7 day services.	• Completion of nursing review to determine skill mix for integrated service. • Key community services to enable 6-7 day delivery are identified, tested and costed by end 14/15. • Identified key community services operating at least 6 days a week by end 15/16.	• Reduced pressures in the system on Mondays and Fridays e.g. more bed availability and fewer delayed discharges.
Development of Community Hubs, with our Pioneer Partners, based on Single Point of Access.	• Two community hubs in place in 14/15, a further three in 15/16.	• Reduction in emergency admissions and long-term placements. • Reduction in inequalities. • Increase in people feeling supported to manage their conditions.
Build on existing work with care homes to provide training, education and proactive care from GPs within Localities..	• All homes to have link GP practice(s) covering the majority of their patients with dedicated support by end 15/16.	• Reduction in emergency admissions from care homes.

4.2.4 Unplanned Care

What we know

Our locality engagement events have told us that patients want better access to urgent care, locally where appropriate. The numbers of people using hospital-based unplanned care services is rising each year and demand for A&E and minor injury unit services has been increasing for over a decade. We need to reduce unnecessary A&E attendances and admissions to hospital to ensure that health and social care resources are put to best use.

Emergency admissions in South Devon and Torbay are generally lower than expected (source: Dr Foster), even though we have seen a sharp rise in line with national trends throughout 2012. Emergency admissions for injuries and poisonings (relating to both prescribed medication and recreational drug use) are markedly higher than we would expect for our population and significantly higher in the over 75 age group. Fracture of the neck of femur (hip) and lower limbs are also significantly higher than we might expect.

The strategic vision for the services in five years' time

People with urgent but non-life threatening needs will be provided with highly responsive, effective and personalised services, outside hospital wherever possible. These services should where possible be configured to deliver care on a consistent seven day a week basis as close to people's homes as possible, minimising disruption and inconvenience for patients and their families. For those people who encounter serious or life threatening situations we must ensure they are treated in centres with the best possible expertise, in the most suitable facilities, so as to maximise the likelihood of an optimal recovery. By doing this we expect to relieve reliance and therefore pressures on our hospital and bed-based emergency services.

What will change in the next 2 years?

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
Review unplanned pathways, particularly for vulnerable patient cohorts, identifying and addressing change opportunities, being mindful of delivering outcome rather than model.	• Some services will be provided over seven days in hospital and community. • The redesign of MIU services, ensuring consistency of services across units. • An evidence based public awareness campaign which diverts patients away from A&E as appropriate. • Adapted pathways to reflect greater reliance on originating clinician.	• Reduction in emergency admissions. • Reduction in A&E attendances.
Develop escalation plans which are agreed by all members of the Urgent and Emergency Care Network as reflecting the optimal system deliverable and deemed realistic in terms of expectations, processes and protocols.	• Signed escalation plans. • The development of the Emergency Department team, in line with the Keogh review recommendations.	• Continued achievement of the relevant operating standards e.g. 4hr wait.

Key Outcomes

As well as the key outcome measures the following indicators in the 2014/15 CCG Outcomes Indicator Set will be addressed through this work stream:

- Hip fracture: incidence
- Emergency admissions for acute conditions that should not usually require hospital admission (NHS OF 3a)
- Emergency readmissions within 30 days of discharge from hospital (NHS OF 3b)
- Hip fracture: formal hip fracture programme, timely surgery, and multifactorial risk assessment
- Emergency admissions for alcohol related liver disease
- Alcohol admissions and readmissions

4.2.5 Long Term Conditions

What we know

At our locality engagement events people told us that they want to have a single point of access for all their health and social care, as they often have more than one issue they need support with. In England, 15.4 million people (over a quarter of the population) have a long term condition, and an increasing number of these have multiple conditions (the number with three or more is expected to increase from 1.9 million in 2008 to 2.9 million in 2018). People with long-term conditions use a significant proportion of health care services (50% of all GP appointments and 70% of days spent in hospital beds), and their care absorbs 70% of hospital and primary care budgets in England.

Our CCG has a higher proportion of older people compared with the national average. This proportion is expected to increase over the coming years. An ageing population places increased demand on both health and social care services. A greater number of people are expected to suffer from multiple long-term conditions such as dementia, hypertension, chronic obstructive pulmonary disease and diabetes.

The strategic vision for the services in five years' time

Patients will be offered an individualised approach to self-care, and benefit from support to manage their condition alongside their dedicated health and social care team. Programmes such as cardiac rehabilitation and pulmonary rehabilitation will support patients to self-care alongside more generic programmes that focus on the overall health and wellbeing of patients and are linked seamlessly with health care services, through a single point of access. Patients will feel more confident to self-manage and take responsibility for their own health care, but will also be fully supported to access healthcare advice when required.

All patients can expect to be treated in line with national standards, with enhanced levels of preventive services and initiatives targeted at where they are most needed. Patients can expect to achieve the same outcomes and access to services, wherever they live. Specific work will focus on improving cancer survival where the CCG appears to be an outlier.

Patients identified via a frailty/multi morbidity register will be offered access to an enhanced level of community based services as close to their home as possible. Services will put the patient at the centre of the pathway of care, providing a holistic approach to the management of their condition(s) and access to a service which provides specialist support in an outreach environment. Access for patients should be in a domiciliary setting when necessary but we will also provide support in an inpatient and outpatient setting. Signposting to other supporting services will be made available to patients.

What will change in the next 2 years?

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
To develop a frailty index to identify patients that will benefit from enhanced multi-morbidity management.	• Service will be in place to support these patients (in 1 Locality). • All practices in the CCG are able to identify patients suitable for a frailty register.	
To develop a supported self-care service which works in collaboration with other services to support people to proactively take a role in the management of their condition.	• By end 15/16 all patients who would benefit from self-care interventions are offered them. • There will be an increase in the proportion of primary care health professionals who have received training in self-care techniques and support.	
To ensure that all Long Term Condition services (including Cancer) across health and social care provide cost effective high quality services and health promotion, which deliver better than average survival rates.	• Complete systematic review of all mortality rates for Long Term Conditions to understand priority areas. • Complete review of all commissioned services to ensure that all KPI's and Outcome indicators are met.	• Continued achievement of the relevant CCG Outcomes Indicators.

Key Outcomes

As well as the key outcome measures the following indicators in the 2014/15 CCG Outcomes Indicator Set will be addressed through this work stream:

- Health-related quality of life for people with long-term conditions (NHS OF 2)
- People feeling supported to manage their condition (NHS OF 2.1)
- People with COPD & Medical Research Council Dyspnoea scale ≤3 referred to pulmonary rehabilitation programme
- People with diabetes who have received nine care processes
- People with diabetes diagnosed less than one year referred to structured education
- Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults) (NHS OF 2.3.i)
- Complications associated with diabetes including emergency admission for diabetic ketoacidosis and lower limb amputation
- Under 75 mortality from cardiovascular disease (NHS OF 1.1)
- Cardiac rehabilitation completion
- Myocardial infarction, stroke & stage 5 kidney disease in people with diabetes
- Mortality within 30 days of hospital admission for stroke
- Under 75 mortality from cancer (NHS OF 1.4)
- One year survival from all cancers (NHS OF 1.4i)
- One year survival from breast, lung & colorectal cancers (NHS OF 1.4 iii)
- Cancer: diagnosis via emergency routes
- Cancer: record of stage at diagnosis
- Cancer: early detection
- Lung cancer; record of stage at diagnosis
- Breast cancer: mortality

- People who have had a stroke who are admitted to an acute stroke unit within four hours of arrival to hospitality
- People who have had a stroke who receive thrombolysis following an acute stroke
- People who have had a stroke who are discharged from hospital with a joint health and social care plan
- People who have had a stroke who receive a follow-up assessment between 4-8 months after initial admission
- People who have had a stroke who spend 90% of more of their stay on an acute stroke unit
- Proportion of patients recovering to their previous level of mobility or walking ability (NHS OF 3.5 i and ii)
- Bereaved carers views on the quality of care in the last 3 months of life NHS OF 4.6)
- Health-related quality of life for carers (NHS OF 1.4)

4.2.6 Mental Health

What we know

At our mental health engagement events, people have told us that mental health illness is a major contributing factor to overall wellbeing. They have told us they mental illness to be seen as just as important as physical illness and they want accessible services which they can access when they need them, not months after they were needed.

The Government's '*No Health without Mental Health – A cross-governmental mental health outcomes strategy for people of all age'* – sets out the vision to improve outcomes for people who use mental health services and to promote positive mental health and wellbeing among the whole population.

Mental health problems are common across all sectors of society. It is estimated that in any one year approximately one British adult in four experiences at least one diagnosable mental health disorder.

Dementia is a key area of concern for our CCG, particularly given that projections show the local population, already older than most other areas nationally, is likely to continue to age. The prevalence of people with dementia in South Devon and Torbay is currently approximately 5,000 and is projected to increase to 10,000 by 2021.

The strategic vision for the services in five years' time

In five years' time we will have delivered Parity of Esteem for mental health in our CCG area. Mental health and wellbeing will be embedded in all aspects of the delivery of health and social care, through our Community Hubs and a single point of access. We will be working to a model of health and social care that is based on individual need. There will be one route into accessing support for health and social care need, and all those requiring support for their mental health will have a personalised care plan that reflects their needs and preferences and agreed decisions.

What will change in the next 2 years?

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
Implement and further develop community based crisis interventions.	• More people will have timely access to support for a mental health crisis through community hubs and a single point of access.	• Reduction in acute and secondary mental health inpatient admissions.
Enhanced access to and choice of psychological interventions to those over the age of 65.	• Access to peer-support/ befriending services. • Choice of psychological intervention in place, accessible through a single point of access.	• Increase in the number of people accessing psychological interventions (10% of the total). • No-one waiting more than 18weeks by end of 14/15. • Reduction in self-harm and suicide rates for this age group. • Reduction of acute psychiatric functional mental health admissions and re-admissions.
Enhance perinatal mental health service to include all pregnant women.	• Peer Support and mutual aid services will be available.	• Improved user and carer experience.
Deliver a redesigned Urgent and Inpatient Care Pathway including Psychiatric Intensive Care.	• A redesigned acute pathway which includes crisis support services in the community.	• Reduced number of people accessing secondary care in-patient psychiatric services. • Reduction in the use of out of area placements and psychiatric intensive care units.
To develop and implement a comprehensive personality disorder pathway.	• An agreed multi-agency comprehensive personality disorder pathway including access to specialist advise to community teams and primary care. • Access to a range of services, through a single point of access, providing choice to secondary and primary care services.	• Appropriate and timely access to specialist advice services. • Reduction in lengths of stay. • Repatriation and reduction of numbers requiring out of area treatments.
Enhanced access to & outcomes from a more comprehensive psychiatric liaison service.	• 7 day a week (14 hour day) service. • A whole system approached to enable the community to access specialist support. • Multi-agency care plans for 'frequent A&E attenders'.	• Reduction in admissions from A&E to hospital in patients with associated mental health problems. • Reduction in readmissions. • Total reduced length of stay for people with a secondary diagnosis of dementia in acute/community hospitals.
To increase the number of people receiving a timely diagnosis of dementia.	• Timely diagnosis of dementia. • People with dementia prescribed anti-psychotic medication, where appropriate.	• More than 66% of number of people estimated to have dementia will have a timely diagnosis of dementia by end 14/15.
Delivering Parity of Esteem including the provision of physical health checks for people with serious mental illness, ensuring physical health is not overlooked.	• Annual physical health checks will be offered to all.	• 100% of those accessing primary and secondary services with a serious mental health problem will have at least an annual physical health check and be offered

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
		appropriate health and well-being support.
To work in partnership with public health to refresh the suicide prevention strategy and action plan.	• Refreshed suicide prevention strategy and action plan.	• Reduction in self-harm and suicide rates for South Devon & Torbay

Key Outcomes

As well as the key outcome measures the following indicators in the 2014/15 CCG Outcomes Indicator Set will be addressed through this work stream:

- People with severe mental illness who have received a list of physical checks
- Access to community mental health services by people from BME groups
- Access to psychological therapy services by people from BME groups
- Recovery following talking therapies (all ages and older than 65)
- Health-related quality of life for people with a long-term mental health condition
- Estimated diagnosis rate for people with dementia NHS OF measure in development.
- People with dementia prescribed anti-psychotic medication
- Mental health readmissions within 30 days of discharge
- Proportion of adults in contact with secondary mental health services in paid employment

4.2.7 Planned Care

What we know

Benchmarking data shows the CCG to be an outlier in terms of our spending on hip fractures and musculoskeletal conditions (MSK), as per the Commissioning for Value pack. This is also reflected in the Standardised Admission Rate (SAR) data (source: Dr Foster) which shows high SARs for orthopaedics, dermatology, rheumatology, gynaecology, breast surgery and colorectal surgery. We are also experiencing higher than expected GP referral rates for MSK conditions, dermatology, 2-week-wait Cancer pathways, urology and neurology. Public health profiles identify that our CCG is an outlier for incidence of malignant melanoma, while best practice tells us that there are opportunities to commission new models of care for dermatology, as well as ophthalmology and ear care.

Patient feedback through the patient advice service, PALS, and Patient Opinion suggests there is scope to review the process for appointment handling and booking to ensure that people receive a choice of appointment at a time that is convenient to them. To that end, a review of referral management models and processes will be conducted in 14/15 and 15/16.

The strategic vision for the services in five years' time

People will be treated in the most appropriate local setting for musculoskeletal, dermatology, ear care and ophthalmology conditions via integrated, tiered models of care, which may be primary, community or acute based and will aim to avoid unnecessary journey's to hospital. These services will have been commissioned to meet the needs of the local population, based on best practice guidance and will be cost-effective.

Referrals will be managed in a co-ordinated, cost-effective way enabling use of e-referral and promoting patient choice, allowing people to be diagnosed and to agree a care plan.

We will continue to explore how self-management and shared decision-making can be utilised in relation to planned care to support people to manage their health effectively.

What will change in the next 2 years?

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
Review the whole Musculoskeletal pathway, looking at prevention and self-care, shared decision-making, patient experience, waiting times and current and future population needs. Reviewing current services/ contracts and implementing changes to commissioning intentions where required.	• People are able to make informed, shared- decisions about their care informed by individual care plans that take a holistic approach to MSK health. Services work in an integrated way, with people receiving the appropriate level of intervention in the right setting, minimising reliance on secondary care. • Physiotherapy programmes for all appropriate patients prior to surgical intervention	• Improved concordance with pathways. • Reduction in patient-led surgery cancellations. • Increase in physiotherapy activity. • Reduction in orthopaedic referrals. • 18 week RTT achieved for Orthopaedics.
Review commissioning intentions for referral management to enable the CCG to deliver its responsibilities with regard to the 'Choice Framework' and to put the necessary systems in	• The health community has agreed a model of referral management which is fit for the future and cost effective.	• Patients report a high degree of satisfaction in the booking process.

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
place to offer and support choice and enable patients to book appointments. Working with localities to minimise referral variation and put in place solutions to support referrers to do this.	• Providers are complaint with the Choose and Book operating principle and are managing capacity appropriately.	• Referral variation is minimised.
Implement tiered models of care for dermatology in 14/15 and ear care in 15/16, to minimise reliance on secondary care and to enable self-management and delivery of intermediate services in the community.	• Care is delivered in the most appropriate setting, minimising reliance on secondary care. People are able to access services in a convenient, timely way and are encouraged to self-manage where appropriate.	• Reduction in secondary care referrals • Acute providers are achieving 18 weeks RTT.

Key Outcomes

As well as the key outcome measures the following indicators in the 2014/15 CCG Outcomes Indicator Set will be addressed through this work stream:

- Increased health gain as assessed by patients for elective procedures; a) hip replacement b) knee replacement c) groin hernia d) varicose veins
- Under 75 mortality from liver disease (NHS OF 1.3)

4.2.8 Children's Services

What we know

Transition for young people into adult services has been recognised as an area for improvement. Children with more complex care needs are surviving and living into adulthood longer than before.

Analysis from the Joint Strategic Needs Assessment of preventable health conditions in maternity and early years indicates concern both about smoking in pregnancy, which is linked with increased risk of cot death and complex medical conditions, and about lower breastfeeding rates among the localities of Torquay, Paignton & Brixham and Newton Abbot. The Child Poverty Commission in 2013 also provided a number of findings and recommendations for focus.

There have been increased pressures on Children's and Adolescents' Mental Health Services recently, most notably an increase of 25% in referrals into the services. At the same time, the service is also trying to sustain and improve primary mental health services to meet demands at an early intervention level. There have been difficulties across the peninsula in accessing 'tier four' beds which puts further pressure on local resources in trying to manage and safeguard complex and vulnerable children and young people in the community.

Referral data shows hospital admissions in young people for unintentional and deliberate injuries have been linked to longer-term health issues, including mental health. Across South Devon and Torbay, the rate of admissions is highest in the Torquay locality.

The number of unplanned hospitalisations for asthma and diabetes in the under 19s has initially reduced in 2013/14 compared to the previous year, while unplanned admissions for epilepsy appear to remain similar. Child poverty estimates in our CCG suggest between 20-25% of children under 16 living in the Torquay and Paignton and Brixham localities are living in child poverty, higher than national estimates and approximately 5% higher than other localities in our CCG. Child poverty can have a significant impact on the health of children and families, including on their emotional and mental health, and can lead to admissions to hospital and increased safeguarding concerns, as well as having an impact on life chances. The government's troubled families initiative has been led by local authorities in recognition of the growing needs of local communities.

The strategic vision for the services in five years' time

There will be increased integration of services for children and young people where pooled or aligned budgets will be explored and multi-agency care pathways will be owned by all. There will be a reduction in the number of hospital admissions/ attendances for children and young people with complex care needs, supported by a redesigned community nursing service which is equitable across South Devon and Torbay. The Children and Adolescents Mental Health Services assertive outreach service will also be preventing a significant percentage of tier four placements. Access to primary mental health care will improve and we will jointly work to provide an environment where a significant number of children and young people can be brought back to this area, to in-house foster placements.

What will change in the next 2 years?

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
To consider autism as a whole life pathway and commission a new Autistic Spectrum Condition service in line with the specification.	• New pathway in place based on NICE guidance. • Full evaluation of staff training needs will be complete.	• No backlog for patients waiting for the Autistic Spectrum Condition service.
Review existing services including the Paediatric Community Nursing, Therapies and Complex care services. Any major changes to service to be implemented as part of the contracts.	• There will be consistent, equitable and accessible services across South Devon & Torbay. • Improved foster care placements in Torbay, with access to psychological therapies and functional families therapies.	• Reduction in number of hospital attendances/ admissions for children. • Increase in the number of Children & Young People repatriated by the Local Authority to in-house foster care placements.
Introduction of Special Educational Needs and Disability Education Healthcare Plans. Also, consider the implications around transitions for this cohort and the extended age range to 25.	• Providers have staff educated in transitions planning and trained to undertake Education Healthcare Plans.	• 100% of statements converted to EHC Plans by end 2017. • Low numbers of new EHC plans contested.
Agree a Mental Health model for Children & Young People and an Emotional Health and Wellbeing Strategy for Devon and Torbay.	• Mental Health model for Children & Young People agreed and an Emotional Health and Wellbeing Strategy signed off by all parties. • Assertive outreach service up and running.	• Increase in number of assertive outreach referrals. • Improvements in tier 2 access and waiting times.

Key Outcomes

As well as the key outcome measures the following indicators in the 2014/15 CCG Outcomes Indicator Set will be addressed through this work stream:

- Emergency admissions for children with lower respiratory tract infections (NHS OF 3.2)
- Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s (NHS OF 2.3.ii)

4.2.9 Learning Disabilities

What we know

In South Devon and Torbay there are likely to be more than 2,640 people with a learning disability while only 920 are likely to be known to the service. We need to be aware that not all people who have a learning disability are in contact with services that will keep them healthy, safe and able to live better lives.

The findings of the confidential inquiry into premature deaths of people with learning disabilities in England showed that 37% of the deaths in people with a learning disability were considered avoidable. Compared with the general population, men with a learning disability died on average 13 years earlier, while women with a learning disability died 20 years earlier.

The most common reasons for premature deaths were problems with investigating and assessing the cause of illness and delays or problems with treatment.

As a result of Winterbourne View Transforming Care One Year On *Department of Health update* it is clear that progress has been made in achieving the Concordat commitments.

The strategic vision for the services in five years' time

We will have reviewed all learning disability provision to ensure mainstream care is provided. We will have a learning disability service that is resourced to treat people with health needs at the earliest possible stage by providing support and intervention in primary care and as close to home as possible.

What will change in the next 2 years?

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
Review of community, specialist and Crisis Learning Disability provision – identified gaps for provision.	• By end 15/16 implement recommendations of review to ensure equitable care across all services.	
Contract with providers to deliver employment opportunities for people with disability and 'lived experience'.	• By end 15/16 review and evaluate existing contracts and ensure appropriate performance management systems exist.	• Increase in number of people with who are gaining employment and are financially independent.
Young people with learning disabilities to be identified as part of the placed people dashboard. Packages understood and transition arrangements and future packages known. Ensuring that contractual and financial risks are known and mitigated.	• Seamless person-centred transition to adult services, multi-agency involvement, and service user and family engagement at all stages.	

4.2.10 Medicines' Optimisation

What we know

Medicines' optimisation ensures that patients get the right choice of medicine, at the right time. By focusing on patients and their experiences, the goal is to help patients improve their outcomes. Ultimately medicines optimisation can help encourage patients to take responsibility and control over their treatment.

The Royal Pharmaceutical Society suggests four guiding principles for medicines' optimisation that will help all healthcare professionals to support patients to get the best outcomes from their medicines use:

- Aim to understand the patient experience
- Evidence based choice of medicines
- Ensure medicines are used as safely as possible
- Make medicines optimisation part of routine practice

The strategic vision for the services in five years' time

Safe and cost-effective use of medication will continue to be our primary goal. Over a five year period we envisage an expanding role for technology to support this.

Our vision for an electronic prescription and medication administration system (ePMA) for our hospitals that provides convenience, safety and optimal medication management for patients and prescribers alike will be realised within this period. We will continue to develop this system to provide maximum safety and benefit for patients while fully supporting all prescribers across South Devon and Torbay. It will also provide contemporaneous access to the patient's medication record to any appropriate healthcare worker, in any situation, at any time, allowing medicines' reconciliation at the interfaces of care, and helping to facilitate the vision of joined-up care for patients South Devon and Torbay.

The resources at our disposal to maximise medicines' optimisation rely largely upon the skills of those who support prescribing and the administration of medicines. This includes all prescribers, pharmacists and those who administer medicines, both patients and carers alike. These skills need to be developed and deployed in an integrated fashion. The pharmacists' profession has for a long time been undervalued, but as an integrated team we believe they can offer a substantial resource to the whole health and care community.

To achieve the best possible care and outcomes for patients while delivering value for money for the NHS. We will achieve this by working closely with doctors, nurses, pharmacists, the public and other stakeholders in the health and social care community.

Patients will understand their therapeutic options and know why they are taking a medicine, when to take their medicine, and how to take a medicine. Patients will routinely ask their community pharmacist for a Medicines Use Review (MUR) and patients will request that their community pharmacist discuss their new medicines with them. Patient safety will be improved due to significantly improved medicines' transfer.

What will change in the next 2 years?

Work stream Priorities 2014/15 – 2015/16	What will success look like?	Outcome Measure
Ensuring appropriate resources to support evidence based prescribing as defined by the joint formulary.	• Implementation and monitoring of formulary compliance and the implementation of practice specific action plans. • Maintained effective relationships with GPs and developed working relationships with other providers.	
To utilise a wide range of tools and opportunities to understand, control and influence growth in non-payment by results drugs prescribing.	• Implement agreed work plan with stakeholders, including plan for Secondary Care Tariff Excluded Drugs.	• Prescribing spend within budget • Reduced spend on Secondary Care Tariff Excluded Drugs.
Wider engagement to maximise the medicines optimisation agenda.	• Implement action plan with localities for care home support in collaboration with social care. • Joined-up pharmaceutical care across care pathways including better integration with Community Pharmacy. • Healthwatch and patients involvement.	

4.3 Joint Commissioning

Our CCG works closely with other commissioning organisations to ensure that patient services are joined up and deliver the best value for our population. We have a history of successful integrated commissioning between our CCG and the local authority, including Public Health. We will further develop these arrangements with the opportunities for pooled budgets under the 'Better Care Fund'. In considering efficiencies in our resources we have agreed with partners a number of key strategies setting out the needs of the populations that we serve. As mentioned in section 5.3.1 we will be working with NHS England to co-commission primary care, which will ensure more integrated services locally.

Some of the areas which require us to work closely with our partners and our strategies for these areas are as follows:

Carers

We know from the 2011 census that there are 33,392 people (of whom 886 are under 18) in the CCG area who provide unpaid care and are therefore carers.

In the next five years integrated and personalised services will be provided to meet the needs of carers to support them in their caring role and enable them to have a life of their own alongside their caring role. Carers will be supported so that they are not forced into financial hardship by their caring role. They will be supported to stay mentally and physically well and treated with dignity. Services for young carers will support them to learn, develop and thrive and to enjoy positive childhoods.

Working with our local authority partners we have set out, in the refreshed Devon Carers Strategy and Torbay Measure-Up Strategy, a key commitment to improve the approach of all commissioned services to carers. A number of common key outcomes have been agreed as follows:

- An increase in the numbers of carers identified through primary care and hospital discharge and supported to access appropriate services for their needs and those they care for.
- Improved availability and take up of health and wellbeing checks for carers across the CCG area.
- Partnership working to ensure young carers have the opportunity to have a proper assessment of their needs for support and that their health and wellbeing is protected.
- A focus on prevention and what works in supporting carers through evaluation and an evidence base from best practice locally and nationally.

Alcohol

Our Joint Strategic Needs Assessment tells us we have a high rate of emergency admissions which are alcohol related, particularly in the Torquay and Paignton areas. We are working with our providers and local authorities to agree a strategy for tackling the wider

contributing factors affecting alcohol use among the population and access to acute and treatment services.

Alcohol remains of concern and continues to be a priority given the levels of alcohol-related admissions to hospital. In 2012/13 the provisional figures indicate a rate of 2,226 per 100,000 population. The overwhelming numbers of alcohol-related admissions are 'alcohol-attributable' (approximately 75% in 2011, source LAPE), which is most commonly associated with 'increasing risk' drinking rather than dependent drinking. A review of high impact changes has been undertaken, which shows Torbay has implemented but has not witnessed the positive results achieved by other areas. External help has been sought from Public Health England to review data collection and interpretation.

In the next five years we will have services in place which are meeting needs effectively to minimise the risks, harm and costs caused by alcohol to individuals, families and communities across the CCG footprint. We will achieve this by working closely with local authorities and other stakeholders in terms of using data intelligence to target resource and commission evidence-based interventions, as well as creating an environment which supports the responsible use of alcohol and reduces the rate of people using acute services.

In the next two years we will be working with our partners to achieve the following:

- Individuals identified within primary care are provided with brief advice to self-manage their alcohol intake (hazardous and harmful drinking) with clear referral to appropriate alcohol treatment options where appropriate.
- Embedded pathways focused on referrals from primary care (including health checks) to lifestyle support.
- Targeted services will provide a follow up to those completing intervention to provide an evidence base of effectiveness.
- Improved identification and responses to those within the criminal justice, probation and social care settings.

Continuing health care and complex care

Individuals with continuing health care needs are some of our most vulnerable people. They have complex health care needs which need to be managed in an appropriate setting, whether that is packages of care in their own home or in a care home. There is increasing demand on the continuing health care team to meet the levels of current claims while also addressing retrospective claims. Initial work has begun in assessing retrospective cases but the process in clearing these is likely to take in excess of twelve months.

We recognise that individuals with complex health care needs may not always be able to be cared for in their local area due to the nature of their condition and the availability of specialist providers. Therefore, our CCG through our commissioning arrangements with local providers will ensure that the decision-making and contracts for placements and care packages are based on quality and the ability to be responsive and effective in meeting outcomes set for the individual.

In the next two years we will work with our partners to achieve the following:

- Retrospective cases will have been assessed and decisions communicated to claimants.

- Personalisation will encourage and support people to take a different approach to control and decision making in their care and health outcomes through the use of personal health budgets.

Military veterans

An estimated 11% of the population in the South West are veterans. The transition from a military culture to living as a civilian can be a challenging experience for personnel leaving services. A number of issues facing veterans, reservists and Armed Forces families will include: psychological wellbeing, securing a job and stability, housing, financial and legal difficulty, social activity, and relationship satisfaction. We know that alcohol remains of concern and continues to be a priority given the levels of alcohol-related admissions to hospital. The overwhelming numbers of alcohol-related admissions are alcohol-attributable, which is most commonly associated with 'increasing risk' drinking rather than dependent drinking. External help has been sought from Public Health England to review data collection and interpretation to inform our strategy.

We are fully committed to delivering on our responsibilities in the NHS Mandate. In addition to having a lead GP and Local Authority lead working closely with dedicated managerial support, we are already working closely with neighbouring CCGs on a range of Armed Forces, community and veteran related initiatives.

In five years' time we would expect our veteran and Armed Forces community to feel their health and social care services are coordinated, appropriate, and well sign-posted and to ensure the commissioning of services, particularly in their design and delivery, is centred around the 'whole person' and their needs. The 'whole person' includes the individual and the family and spans the dimensions of health, housing, employment, education and welfare (H2E2W).

In the next 2 years we will see improvements in:
- primary care and clinical awareness.
- an associated integration of informed Armed Forces community issues between health and social care.
- Improved cross-service and cross-CCG/Local Authority evidence base through the JSNA process.
- Better understanding of the local requirements for the transition support to all those leaving the services - both routine leavers and the wounded, injured and sick, and their respective families.

Specialist Services

To follow – NHSE

4.4 Key Risks

We are committed to a risk management strategy that minimises risks through a comprehensive system of internal controls while providing maximum potential for flexibility, innovation and best practice as we seek to achieve our priorities.

The aim of our risk management process is to provide a systematic and consistent framework through which our priorities are pursued. This involves identifying risks, threats and opportunities for achieving these objectives and taking steps to mitigate the risks and threats. An integrated approach will be taken so that lessons learned in one area of risk can be quickly spread to another area of risk.

Some of the specific risks currently highlighted are as follows:

Overall our ambulance service provider delivers a high quality service with good response times. However, over the last year our provider has achieved 72% against the new Red 1 target, which requires 75% of ambulances to respond within eight minutes to presenting conditions that may be immediately life threatening. For our local area our provider has achieved 79.5%. However, this is a particularly challenging target for the provider, which covers a very large, geographically-dispersed area from Cornwall & the Isles of Scilly to South Gloucestershire. To ensure this target is achieved in 2014/15 we have asked our provider to produce an action plan and recovery trajectory, which will show delivery of the target next year through a combination of advanced triage and additional defibrillators.

We have a very stretching target for reducing the incidence of Clostridium difficile next year. We plan to tackle this by focusing on prevention and working closely with our local providers and local authority (for more detail see section 3.1).

Referral to treatment times are improving and the number of patients waiting over 18 weeks has reduced since the beginning of 2013/14. However, we are managing a complex set of interdependencies relating to market supply, demand and technological advances, which mean this will need close monitoring into 2014/15. This will be undertaken through our contract review meetings with our providers (see section 5.3).

The creation of the Better Care Fund (BCF) will create a pooled fund for joint use by NHS and Local Authority commissioners. The monies to create this pooled fund are already being spent on existing, joined up services in the community. In order to mitigate any destabilisation in these services the plan for the use of this pooled fund will be agreed by the Health and Wellbeing Boards in Torbay and Devon.

5 How We Deliver

5.1 Financial Planning

National Context

Commissioning organisations in the NHS typically receive both recurrent (ongoing) and non-recurrent (one-off) funding. Commissioning a clinical service which lasts for longer than one year would always ideally be kept at or below recurrent funding levels. Maintaining the quality of ongoing services at or below recurrent funding levels is a measure of the financial health of a commissioning organisation.

The national operating framework, 'Everyone Counts: Planning for Patients 2014/15 – 2018/19', sets out a number of financial requirements for commissioning organisations to achieve, both at the beginning and the end of the financial year. This is done in order to make sure that all local health and care services are sustainable and that each local health organisation plays its part in managing the national NHS budget.

The planning requirements for the CCG financial plan are that it has to:

- Achieve a minimum 1% underspend against allocated recurrent resources at outturn in 2014/15 (and currently assumes this remains the same for each year of the plan),
- At outturn have available 1.5% recurrent resources for 2014/15, (although these can be committed non-recurrently throughout the year) then 1% for each of the plan thereafter,
- At plan stage set aside a 1.5% contingency for 2014/15 (including 1% for transformation), then 0.5% for each year of the plan thereafter.

The percentages are calculated on the recurrent baseline resources allocated to CCGs (excluding the CCG's running cost allowance).

Where a commissioner achieves these additional requirements, and is in recurrent financial balance, recurrent growth funding in subsequent financial years should be available in its entirety for investment across the range of commissioned services.

Regional and Area Teams of NHS England will routinely review the compliance of the CCG plans with this framework.

In 2014/15 NHS England has approved the introduction of a new allocations formula which will establish the appropriate, or target, level of funding for each CCG. This target will affect how growth funding is allocated to CCGs. For CCGs that are above their target this means they will receive a relatively lower level of growth funding than CCGs below their target allocation. At present, all CCGs will receive a minimum level of funding which represents growth in real terms (allowing for inflation). NHS England has confirmed two year allocations up to 2015/16.

Local Context

In 2013/14 our CCG began the year with a plan which was compliant with the 2013/14 Operating Framework, but the CCG's budgets were at that point recurrently over-committed. This was offset with available non-recurrent funds. This led our CCG to approve a financial strategy for three years intended to redress this historic over-commitment in spending.

During 2013/14 additional services, in the main specialised, were transferred from the CCG to NHS England with the attached financial resource. This has resulted in an overall worsening in the recurrent over-commitment of the CCG in 2013/14.

The revised target allocations formula calculated that the CCG's current level of funding was 11.59% above its target level. This means we will receive the lowest growth level for a CCG, although still a real terms increase in funding overall. This will be 2.14% in 2014/15 and 1.70% in 2015/16.

The July 2013 Spending Review confirmed the reduction of CCG and NHS England running cost allowances (10% nationally in 2015/16) as well as the creation of the Better Care Fund (BCF). BCF will create a pooled fund for joint use by NHS and Local Authority commissioners. The plan for the use of this pooled fund will be agreed by the Health and Wellbeing Boards in Torbay and Devon. The fund will begin in 2015/16 and the CCG will receive additional resources of £7.1million (previously budgets managed by NHS England) to create the fund which will total £20.8million. The monies to create this pooled fund are already being spent on existing, joined up services in the community.

The acquisition process for Torbay & Southern Devon Health & Care NHS Trust by South Devon Healthcare NHS Foundation Trust is expected to conclude in Summer 2014 following the announcement by the NHS Trust Development Authority of the Foundation Trust's preferred bidder status in Autumn 2013 and subject to approval of the Integrated Business Plan (IBP) by Monitor and respective organisations Boards. The new Integrated Care Organisation will be a significant and key element in the future reshaping of services in South Devon and Torbay and as part of the CCG's overall JoinedUp pioneer programme for integrated care.

5 year Financial Plan

	13/14			14/15			15/16		
	£000 Rec	£000 Non-rec	£000 Total	£000 Rec	£000 Non-rec	£000 Total	£000 Rec	£000 Non-rec	£000 Total
Total Resources	**371,092**	**10,126**	**381,218**	**379,473**	**5,583**	**385,056**	**388,046**	**3,729**	**391,775**
Healthcare Providers									
Current Services	280,726		280,726	280,726		280,726	280,726		280,726
New Services	1,434		1,434	1,624		1,624	2,169		2,169
Uncommitted				500		500	500		500
Primary Care									
Prescribing	47,400		47,400	48,585		48,585	49,800		49,800
Other	5,552		5,552	5,552		5,552	5,552		5,552
Continuing Healthcare & IPP	24,330		24,330	25,547		25,547	26,824		26,824
Reablement	688		688	688		688	688		688
Running Costs	6,717		6,717	6,717		6,717	6,717		6,717
Reserves:									
Contingency		1,844	1,844		1,864	1,864		1,907	1,907
Headroom	7,376	(1,895)	5,481	7,457		7,457	7,629		7,629
Other	(6,819)	8,282	1,463	(1,652)	3,719	2,067	3,627	1,822	5,449
Underspend	3,688	1,895	5,583	3,729		3,729	3,814		3,814
Total Applications	**371,092**	**10,126**	**381,218**	**379,473**	**5,583**	**385,056**	**388,046**	**3,729**	**391,775**

Financial Allocations

The CCG has been allocated funding for the next two financial years based on its recurrent resource position of £367.013million at Month 8 of 2013/14. This allocation covers the purchase of healthcare and related services and is set out in the table below:

	14/15	**15/16**
Recurrent Resource	£367.013m	£374.867m
Differential Growth applied at	2.14%	1.7%
Resource Limit Including Growth	£374.867m	£381.240m

In addition, the plan assumes that growth is applied each year beyond 2015/16 to 2018/19, ie, 1.7%.

Separate allocations cover funding in respect of running costs and the implementation of an element of the Better Care Fund.

The allocation for running costs in 2013/14 was £6.72million, equating to £25 per head of population and we are anticipating further guidance regarding to this shortly and notification of the actual allowance for each of the next two financial years. At present plans are consistent with a planned reduction of the required 10% in 2015/16.

The additional allocation for the Better Care Fund is notified as £7.097m effective from 2015/16.

Planning Assumptions

The main points to note with regard to the assumptions contained within the 5 year financial plan are:

- Planned spending on the CCG's current main healthcare provider services will remain at the same level as planned in 2013/14, except where organisations can demonstrate that by spending more than this savings will be made for other healthcare providers, and that this can be agreed with those organisations,
- Planned spending on the CCG's other services will be reviewed and where appropriate will be renegotiated with any reductions in spending used in support of this plan,
- Planned spending in respect of placed people will increase by 5%,
- Planned spending for primary care (predominantly GP) prescribing will rise by 1%,
- Planned developments in services agreed in 2013/14 will proceed,
- A recurrent reserve of £250,000 will be set aside to fund unplanned service developments identified in 2014/15,
- Remaining growth funding will be allocated to fund those existing services which give rise to the CCG's recurrent level of over-spending.

A summary of the revised CCG plan for 2014/15 and 2015/16, along with the CCG's reserve position in each year, is set out in the tables below:

	13/14 (Revised)			14/15 Plan			15/16 Plan		
	£000 Rec	£000 Non-rec	£000 Total	£000 Rec	£000 Non-rec	£000 Total	£000 Rec	£000 Non-rec	£000 Total
Total Resources	**371,911**	**11,622**	**383,533**	**379,706**	**5,583**	**385,289**	**392,416**	**3,749**	**396,165**
Healthcare Providers									
Current Services	281,131	6,399	287,530	280,166	3,300	283,466	268,987	3,300	272,287
New Services/Commitments				905		905	950		950
Uncommitted				350		350	850		850
Primary Care									
Prescribing	46,829	191	47,020	47,802		47,802	48,281		48,281
Other	7,166	140	7,306	7,257		7,257	7,257		7,257
Continuing Healthcare & IPP	24,294	160	24,455	26,717		26,717	28,053		28,053
Better Care Fund (ITF)	1,023	186	1,210	2,519		2,519	20,795		20,795
Running Costs	6,720		6,720	6,661		6,661	5,943		5,943
Reserves:									
Contingency (0.5%)/Call to Action (1%)		1,844	1,844		5,623	5,623		1,942	1,942
Headroom (1.5%)	7,375	(5,195)	2,180	5,623	(3,300)	2,323	3,883	(3,300)	583
Other (Funding Gap/Flexibility)	(6,314)	6,000	(314)	(2,044)	(40)	(2,084)	3,533	1,808	5,340
Underspend	3,687	1,896	5,583	3,749		3,749	3,884		3,884
Total Applications	**371,911**	**11,622**	**383,533**	**379,706**	**5,583**	**385,290**	**392,416**	**3,749**	**396,165**

	13/14			14/15			15/16		
	£000 Rec	£000 Non-rec	£000 Total	£000 Rec	£000 Non-rec	£000 Total	£000 Rec	£000 Non-rec	£000 Total
Reserves:									
Contingency (0.5%)/Call to Action (1%)		1,844	1,844		5,623	5,623		1,942	1,942
Headroom (1.5%)	7,375	(5,195)	2,180	5,623	(3,300)	2,323	3,883	(3,300)	583
Other (Funding Gap/Flexibility)	(6,314)	6,000	(314)	(2,044)	(40)	(2,084)	3,533	1,808	5,340
Total	**1,061**	**2,649**	**3,710**	**3,579**	**2,283**	**5,862**	**7,416**	**449**	**7,865**
Remaining			**3,710**			**5,862**			**7,865**
Percentage of Baseline			0.97%			1.52%			1.99%

Appendix X shows the CCGs five year financial plan.

Financial Management

The plan is dependent on the ongoing evaluation and mitigation of three broad financial risks through 2014/15, namely:

- The emerging liability for retrospective 'continuing healthcare' claims as well as the current level of spending on existing and new cases
- Funding provider contracts into 2014/15 and managing in-year financial risk
- Managing budget movements arising out of continued changes in commissioner responsibility.

In 2015/16 these financial risks will likely continue (though on-going transfers of budget to align new commissioning responsibilities should by then be minimal) but will also include the risk of managing within the reduced running cost allowance and agreeing the use of the Better Care Fund in a way which is consistent with this five year plan.

Currently, the plan makes no assumption about the achievement of Quality Premium payments and would represent additional resources to those set out above.

Implications

Following years of growth in NHS budgets, the requirement for healthcare providers to manage current services, accommodate growth, and deliver other service developments within a limited growth environment will be a marked change from the norm for some. It will be likely to require sustainable levels of unprecedented cost reduction and efficiency savings in providers.

Any over-spending against budgets in 2014/15 and 2015/16 would need to be funded from non-recurrent headroom or contingency reserves.

In order to deliver recurrent balance in a sustainable way the CCG (and the wider health community) will need to adopt very consistent, clear, and early communications; this will build on the approach taken in agreeing contracts for 2013/14.

The impact of these decisions is consistent with the planning assumptions in the Integrated Care Organisation Integrated Business Plan however the risk sharing agreement which

describes what happens across a range of alternative planning scenarios has yet to be agreed. The implications of the risk sharing agreement will need to be understood and accepted by each respective organisation's governing body.

5.2 Procurement

Our role as a CCG is to secure services that meet the health needs of our population, delivering best quality to patients and value to taxpayers, within the available financial envelope. We are responsible for making appropriate and effective decisions relating to the procurement of clinical services based on the principles of transparency, proportionality, non-discrimination and equality of treatment. Our statutory functions include to uphold the right to choice (NHS Constitution) and to decide how best to use competition in accordance with:

- EU Procurement Directives, implemented into UK law by The Public Contracts Regulations 2006
- NHS (Procurement, Patient Choice and Competition) Regulations 2013 made under Section 75 of the Health and Social Care Act 2012 and subsequent guidance from NHS England (due early 2014) and substantive and enforcement guidance from Monitor (December 2013)

Our CCG is committed to the development of innovative and integrated local and regional solutions, and recognises procurement is a key enabler to stimulating the healthcare market. Procurement and the work leading to a possible approach to market is an integral part of our commissioning cycle and incorporate our duties to engage and consult.

The function of procurement is embedded within the structure of the CCG with additional specialist support received from South West Commissioning Support which helps to deliver training, support on specific projects and provides proven knowledge and experience from across the procurement network that could not be achieved as a CCG alone.

Procurement as part of the overall commissioning cycle continually evolves and the CCG maintains a database of all clinical service contracts. The database is continuously updated in accordance with review of existing contracts, delivery of new services as identified through this Plan, emerging priorities including nationally mandated procurements and completed, on-going or potential procurements.

Our current procurement considerations includes the development of the self-care agenda , where appropriate of the continuation of the national Any Qualified Provider programme, re-procurement of the GP and dental out of hours service and the delivery of homecare services for oxygen and enteral feed. Where appropriate, these services and others will be considered in conjunction with other NHS commissioning organisations. We advertise opportunities for providing healthcare services on the Department of Health website, 'Supply2Health'.

Our CCG has developed a procurement strategy which provides further detail on how we meet our legal obligations for procurement and in accordance with our Constitution. It is available from our website.

5.3 Outcomes & Performance Management

5.3.1 Performance Management of our Providers

We hold regular monthly/bi-monthly Contract Review Meetings with all of our main providers, which cover quality, performance, finance and service development. We also have frequent technical meetings with providers covering particular topics when required. We encourage a mature and transparent relationship where issues are openly discussed and we work with our providers to develop the best outcome for the community and our patients.

5.3.2 Internal Business Planning and Performance

To support planning within our CCG we have established a Business Planning and Performance (BPP) group. The group is responsible for timetabling and delivering the annual business cycle. BPP also has responsibility for the internal performance management of delivery against our commissioning priorities as described in the Plan on a Page. As a result the group are also responsible for reviewing existing and new services for quality and value for money and recommending (dis)investments to the Clinical Commissioning Committee.

BPP provides a forum for discussing and moving forward the business of the CCG, on a medium-term basis. It includes clinical representation and the representation of senior managers covering all aspects of commissioning, finance, contracting, performance, quality, engagement and public health. This broad membership ensures that the appropriate due diligence is given to all service reviews. It also ensures the necessary links are made within the CCG to ensure potential service changes are well understood from all perspectives and can be implemented as soon as is appropriate, without unnecessary delays.

BPP is a recognised process with our main providers and links into the established provider and commissioner meeting structures including the Redesign Boards and Contract Review Meetings.

5.3.3 Measuring Success

We will measure progress against our commissioning priorities and the CCG Outcomes Framework at the monthly BPP meetings. This will be supported by our Business Manager, who is responsible for ensuring BPP is cited on all current activities and progress against delivery. Key Performance Indicators will be monitored via a web-based dashboard which will inform BPP, the Clinical Commissioning Committee and the rest of the organisation on progress with regard to finance, activity, outcomes, and local trajectories.

5.4 Information Technology

It is important that Information Technology (IT) and other infrastructure is used as an enabler, supporting our strategic and operational aims and the objectives of the wider health and care community. This includes using existing and new technologies with information-sharing protocols and agreements to underpin the need and ambition to provide access to

care records and other important information - supporting safe care provision in different settings. A joint Information Communication and Technology (ICT) Strategy has been developed by the health care community that derives from the proposed clinical models of care, and provides a clear vision for the future. The strategy intends to deliver:

- **Joined-up care** by delivering ICT that supports the integration of primary, community, acute and social care services and thereby places the patient at the centre of a ”web of care”.
- **Safe, effective and high quality care** by providing ICT that supports professionals to deliver care at the right time and in the right place.
- **A sustainable health and care system** by using ICT to enable service provision that is value for money and sustainable.
- **Well-managed services** by supporting operational and strategic management through the provision of the information needed to ensure services are high quality, safe, sustainable and value for money.
- **Innovation** by assisting research and continuous improvement.

The delivery of these ICT objectives will depend on five core features.

- Interoperability
- Best of breed systems
- Mobile working (agile) technology
- Transformed business and performance information
- Contemporaneous use

There is overwhelming evidence that excellence in healthcare informatics improves patient care. Modern healthcare is increasingly complex, and ICT is at the heart of this complexity. However in many cases ICT is not integrated, and any “integrated” patient record is paper-based and difficult to share. These inadequacies drive a need for better ICT. For example, order communications technology reduces form filling by clinicians and automates audit trails from request to result. Electronic prescribing will reconcile medicines, reduce errors and save time re-writing paper drug charts. Electronic clinical notes and letters will eliminate the need for bulky paper records and help information sharing between GP practices and across providers. Links to clinical decision support (CDSS) systems will bring focus to decision making and guide best practice. CDSS will reduce errors and provide alerts according to defined rules. This is represented by the diagram below:

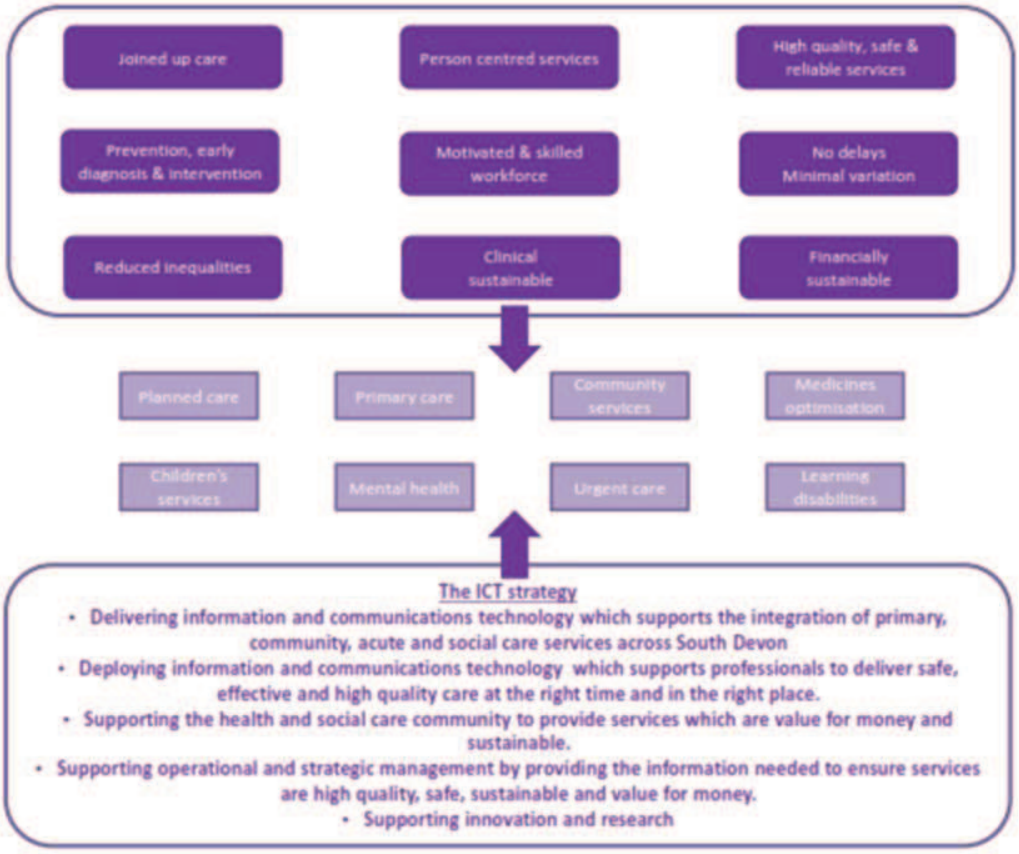

Figure 4 The link between the health and care community's objectives and the ICT strategy

5.5 Innovation

The Department of Health report 'Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS' sets out a delivery agenda for spreading innovation at pace and scale throughout the NHS. The spread of innovative approaches will be vital in transforming patient services, improving quality and supporting delivery of our Plan.

We are putting in place tools that will allow us to measure the impact of any changes we make as we make them. We have developed a community-wide strategy for innovation and agreed a defined budget for investing in innovative ideas. Our developing pathway for innovation will provide an open and transparent process which will allow us, as a community, to respond quickly to opportunities and capture the views of our service users during the development of an idea. Should we fail, we will learn from our mistakes and share that learning.

We continue to build on our already strong links with industry partners to capture their skills and expertise to help us achieve our goals.

Technology to improve care and patient experience

We will improve access to our services through greater use of technology. We will, where appropriate, offer our patients greater choice in using their preferred methods of contact, providing greater access to alternatives to face-to-face, phone and paper correspondence such as, email, video contact, online correspondence and instant messaging.

Sustainability

Sustainability is about getting the right balance between 'Economic Sustainability', 'Social Sustainability' and 'Environmental Sustainability'. For our CCG it is also about how we deliver care, how we create a healthier population and how we can afford to deliver care in the future.

In line with our Sustainable Development Management Plan objectives we will continue to focus on the 6 key areas of Travel, Procurement, Facilities Management, Workforce, Community Engagement and Buildings. We have made good progress in our first year, achieving a considerable reduction in our travel activity and will continue to actively work with local partners to develop sustainable transport options within the CCG area.

5.6 Strategic communications

Our CCG uses strategic communications to help it achieve the priorities and objectives set out in this plan, through stakeholder engagement. The communications work plan focuses on enabling two-way dialogue and collaborative working with staff, patients, carers, partners and local communities. It promotes joined up working throughout the health and care community and beyond, supporting the JoinedUp (integration pioneer) programme, and setting out to keep local communities fully engaged in the CCG's work. To this end, our website is being redeveloped and will provide more comprehensive and more easily-accessible information, including clear detail about local statutory, third sector and voluntary services available in local areas. A strong social media presence has been established. A programme of stakeholder engagement has been put in place, and we now play our part in a broad range of partnership groups. The relationship with community organisations has changed so that we work as equal partners.

GP Engagement

Our CCG being the sum of our 37 member GP practices, wel work to ensure we retain the goodwill, ideas and input of our constituent members. Engagement is facilitated through the five localities, and communications will increasingly be tailored to reflect the priorities, needs, community strengths and demography of each locality. A Council of Members, which adopted the CCG Constitution, is held at regular intervals, offering GPs a forum in which to exchange ideas and to network, in addition to focussing on CCG commissioning priorities. GPs are updated weekly through a concise newsletter.

Population Engagement

The design of our organisation places an independent Strategic Patient Involvement Group (SPIG) as one of our key consultative bodies. Bringing together the many sectors upon whose hard work and goodwill we depend for our feedback and intelligence, this is a strategic group which is now developing effectively and extending its expertise and influence

into our redesign processes. Our Non-Executive Director for Patient and Public Involvement regularly attends SPIG and reports to the Governing Body on key points. A programme of inclusive engagement has also been developed, including of more vulnerable or disadvantaged groups or those in the 'Inclusion Health' groups such as people who are homeless, have limited social networks or are long-term unemployed.

5.7 Organisational Design & Workforce

Organisational Design

The organisational model now in place has worked well since we launched as an independent organisation in April 2013. It is designed to support our vision of a clinically-led commissioning service, backed up by a capable and motivated workforce and informed by the views, experience and opinions of the public.

It comprises two elements: firstly, the structural considerations of delivery, decision-making and organisational governance and assurance, and secondly, the development of our people alongside a plan for the future. We are committed to making sure these elements are closely managed alongside one another; where one part of the system is changed, the whole system is affected.

Element 1: The architecture of our CCG

The structural diagram (see Fig. 2) below shows our key organisational relationships. The top right hand section describes the statutory CCG committees, while top left outlines the external bodies with whom we work to maintain excellent relationships. In October 2013 we learned that we had been selected as one of 14 national Pioneer sites to achieve full integration of care services. Our JoinedUp Cabinet provides the collaborative basis for ensuring that change is planned over the next five years to achieve this ambitious aim. The bottom left and right hand sides of the structure describe clinical commissioning, through redesign (on the right) and locality-led commissioning (on the left). A Clinical Commissioning Committee brings together the practice-led commissioning intentions of the localities with the improvement and innovation outputs of the redesign groups, thus ensuring cohesion with the planning intentions of the organisation. 2014 may see some changes in the balance of planning across locality and redesign.

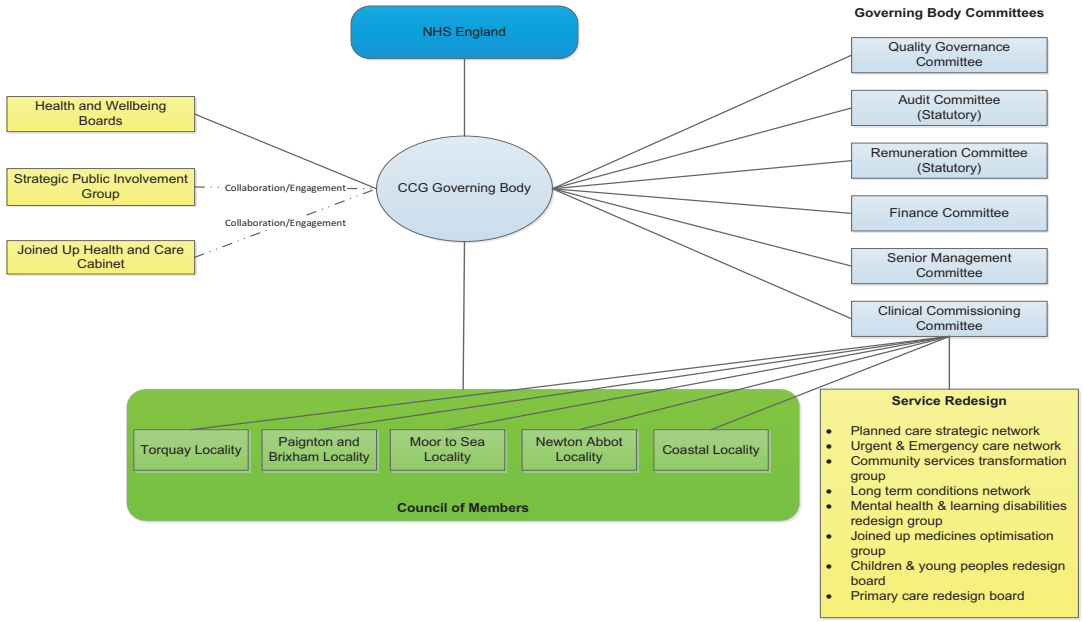

Fig. 2 Key organisational relationship

Element 2: Clinical Development

Our CCG enjoys wide clinical leadership as demonstrated by the appointment of seven GPs to our Governing Body. This includes a chief clinical officer and a clinical chair, each with 100% support from our constituent practices. All GP leaders on our Governing Body have a management portfolio as well as a clear understanding of their corporate and strategic responsibilities. Our Governing Body continues to take a highly self-reflective approach to performance both in terms of outputs ('what we achieved') and team ('how we achieve it').

Workforce

Due to its geographical constraints, size, and the nature of its vision, our CCG has chosen to construct a management structure which will enable it to directly control and deliver optimal commissioning. While the structures are lean (with a focus on clinical delivery rather than business support), they have been scrupulously tested against the required financial targets and allocations. The focus of the workforce is on commissioning, supported by key functional services such as corporate governance, finance, performance reporting, organisation development, communications and engagement and quality. Where economies of scale can be achieved through outsourcing, this has been negotiated and is described in section 5.8.

Future workforce development will need to focus on the delivery of integrated care through the Pioneer programme. From a CCG perspective, we anticipate that this will take the form of rigorous skills analysis over the next five years, to ensure that we have a management structure which can understand, design, lead and control the required changes in commissioning and providing within the context of the NHS reforms. We expect that our CCG workforce will become more focused on:

- Business improvement and innovation.
- New opportunities on the landscape for procurement and contracting where this improves patient care and streamlines efficiency.

- Encouraging flexibility of practice across the clinical workforce from early years education right through to existing practice.

Distributed Leadership and Clinical Partnerships

In accordance with our vision, we have continued to develop a distributed model of leadership throughout the CCG. We have appointed (through selection) healthcare professionals and GPs to lead redesign, innovation, education, quality improvement, patient safety and other key work streams in support of excellent commissioning. Some 50 GPs are now involved throughout the organisation. Clinical leaders work alongside a manager who supports their work, ensures delivery and thus enables the release of clinical leadership. In addition, we are working to ensure that our Locality clinical leads have the skills required to lead their communities in the construction of 'Community Hubs'.

5.8 Commissioning Support Arrangements

Our CCG has entered into an agreement with South West Commissioning Support for them to provide all procurement services and sustainability expert advice and support. We are currently entering into an agreement for them to provide data management and integration services from 1st April 2014.

It has also been agreed that Northern, Eastern and Western Devon CCG will host a Collaborative Business Service (CBS), which will provide support to the localities within the NEW Devon CCG and also to our CCG. These services generally fall into one of the following categories:

- Referral management via the Devon Access and Referral Team (DART)
- Clinical effectiveness and medicines optimisation support
- Specialist business intelligence functions
- Information security

There are other areas of commissioning support that will be provided via shared service arrangements with South Devon Healthcare NHS Foundation Trust and Torbay & Southern Devon Health and Care NHS Trust via Service Level Agreements. These are:

- IT (including GPIT services)
- Data warehousing
- HR services
- Occupational Health

All commissioning support arrangements and requirements will be kept under review and will be further tested.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Winterbourne View Update		
Wards Affected:	All Wards		
To:	Health and Wellbeing Board	**On:**	12 February 2014

Contact: Siobhan Grady
Telephone: (01803) 652533
Email: Siobhan.grady@nhs.net

Introduction

1.1 The national concordat published following the Winterbourne View scandal set out a number of requirements on Health and Social care commissioners. There has been regular reporting on the numbers of patients that continue to reside in more specialist hospital environments to NHS England.

1.2 A stocktake of progress against the requirements set out in the concordant was completed in September 2013. Following feedback received this has informed an updated local action plan (attached). The action plan considers systems and processes required to keep people safe and avoid further admissions out of area.

1.3 One of the most important actions – that of returning those people placed in hospitals away from home into appropriate community placements by June 2014 is monitored through the local complex care ratification panel process.

1.4 One aim of the Winterbourne View Concordat is to establish individuals in appropriate Community accommodation by 1st June 2014.This does not automatically mean that people will all return to the South Devon and Torbay area, some people may wish to stay in the locality they are familiar with now, and some people may be under legal restrictions such as a Home Office order that would inhibit their move to the community. Our position may change with particularly when one considers increasing numbers of patients that may be attributable to step down from prison, young people in transition, or where we are not able to meet needs locally.

2. Risks and Responses

2.1 Meeting the deadline for the Concordat will be challenging and for some people this date is not realistic to move them to the community by. Some will not be ready by this date, and rushing the process will have negative consequences for the individual, so it is anticipated that this programme of work still continue for those who are currently deemed to be in “Appropriate Accommodation.”

2.2 Supporting effective change of this nature requires a new and different response locally. Even when individuals have their own home and are being supported, people can still face prejudice by communities. Each person has to have tailored support and housing, an individual service design and working policies to provide safe care.

2.3 Supporting individuals well requires really effective contingency planning, and very close working with relatives, family carers, and providers to prevent a failure of placement.

2.4 Adapting organisational culture, particularly within local services is important to enable clinicians to feel actively supported in managing the risks that are presented by individuals in order to keep them and the community safe.

3. Our Current Action Plan.

3.1 Following the Winterbourne View Stocktake the action place was drafted bringing together a number of issues raised in the feedback combined with actions already previously identified. It is worthy to note that this action plan sits firmly within the planning structures for the overall Joint Devon and Torbay Learning Disability Strategic Commissioning Strategy with the commitment to improving outcomes for people who have a learning disability and their carers, recognising the imperative of working together to achieve this.

		ACTION	**OUTCOME**
PARTNERSHIP	1.1	Learning Disability Partnership Boards to take on service improvement actions as identified in plan.	Clear and robust partnership arrangements in place, operating effectively with clear lines of accountability and decision making.
	1.2	Establish a health sub group of the Torbay LDPB in order to progress improvement actions.	
	1.3	Mental Health and Learning Disability Redesign Board to monitor performance and activity of patients in 'in patient' provision and gain assurance as to packages of appropriate care.	
COMMISSIONING	2.1	Create database/register for commissioners to monitor and track placements.	
	2.2	Complex care packages to be reviewed 3 monthly at ratification panel.	
	2.3	Scope option for complex care funding to be included in the ITF pooled budget.	

	2.4	DPT contract review negotiations regarding assessment and inpatient accommodation	
	2.5	Seek assurance of the redesign of delivery model for community LD will meet the challenge from complex patients. Establish a baseline of activity pre changes to monitor and compare against at 9, 12 and 18 months post changes.	
	2.6	Provide adequate representation at SCG discussions regarding suitable provision for people with complex needs is accessible locally.	
	2.7	Develop a base position for need and model for crisis/emergency response	
	2.8	CCG/LA position statement for accommodation and market development of care provision for patients with complex and behaviour needs.	
	2.9	Review MH IPP panel process & Complex Care Ratification panel to ensure that complex LD and MH patients are not disadvantaged with neither accepting lead responsibility	
	2.10	Explore the use of NHS e procurement in identify bespoke care package providers.	
CASE MANAGEMENT FOR INDIVIDUALS	3.1	Monthly meetings between provider and commissioner to provide update on individual placements. Exception reporting highlight risks to placement and long term community.	
	3.2	Establish process through existing forums with clinicians to look at what collaborative working is needed to establish Alternative provision in	

		meeting complex needs (using lessons from Simon Duffy as part of the "Beyond Limits" work in Plymouth).	
	3.3	Process for assuring Quality of reviews to be agreed.	
	3.4	Nurse Forum to be extend to include private providers to share expertise and learning.	
	3.5	Develop use of Audit tool for quality of reviews.	
SAFEGUARDING	4.1	Confirm arrangements for sharing of information on alerts and action being taken between SAB, CCG Quality Team and CCG commissioners.	People
	4.2	Liaise with Devon and Cornwall police to develop information processes about individuals to both reduce their vulnerability and protect the public.	
	4.3	Clear guidance drafted for staff about supportive local services that can help if people need crisis support once they have returned home.	
OTHER	5.0	Discussion to take place with national Winterbourne View Advisor regarding the number of those patients who are unlikely to be moved as "Appropriately Placed" after 1st June 2014. Justification report to support the decision making with review and monitoring processes clearly in place.	Compliance with Winterbourne View concordant

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title: The Time to Change Pledge-challenging stigma and discrimination around mental health

Wards Affected: All

To: Health and Wellbeing Board **On: 12 February 2014**

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1 Purpose

1.1 **Time to Change** is a national organisation charged to tackle the stigma and discrimination around mental health. The **Time to Change pledge** as advised in the national guidance, 'No Health without Mental Health' is not just a 'tick box' action. It requires the development and implementation of an Action Plan which aims to:

- Reduce the stigma surrounding mental health problems in the workplace;
- Support the principle of the 'Five Ways to Wellbeing' in terms of all Torbay Council policies, processes and procedures;
- Support a positive model of mental health and wellbeing for Adult, Young People and Children's Services.

2 Recommendation

2.1 To recommend to the Health and Wellbeing Board that it signs up to the **Time to Change** pledge and oversees the development of an Action Plan which will become a core part of a revised Joint Torbay Health and Wellbeing Strategy and requires a change in culture.

2.2 For the Health and Wellbeing Board to support the current Mental Health Champion, to work with the Public Health Mental Health lead to develop a culture which challenges stigma and discrimination around

mental health, and to develop an action plan to ensure that this is embedded in good governance, practice and behaviours .

3 Supporting information

3.1 Ensuring good mental health amongst the population is a great deal more than the absence of mental ill-health. Mental health impacts not only on an individual, but on families, workplaces, and communities.

3.2 Stigma and discrimination has a profound impact on the lives of people with mental health problems. The overwhelming majority of people with mental health problems report being misunderstood by family members, shunned and ignored by friends, work colleagues and health and social professionals. Consequently, it is unsurprising that people who do have a mental health problem are often unwilling to disclose it or talk about it.

3.3 In 2011, the Government published its mental health strategy, '*No health without mental health'* which set out long-term ambitions for the transformation of mental health. Implicit in this is the link between positive mental health and physical health which are often treated separately rather than holistically.

3.4 NHS England is now launching a programme to ensure that, across the entire health system, mental health has equal priority with physical health.

3.5 Public Health England has embarked on work to improve the understanding of mental health issues within the public health workforce.

3.6 As a Pioneer site, South Devon and Torbay is committed to focussing on mental health, and is required to offer joined up mental and physical health care across the whole spectrum of services.

3.7 None of the above work can be undertaken effectively until the stigma surrounding mental health and mental health problems is tackled, requiring a programme of awareness raising, and active challenge and

discussion around the topics, and available support for people who are brave enough to be honest about their mental health status.

3.8 To support this, in 2008, the New Economics Foundation (**nef**) was commissioned by the Government's Foresight project on Mental Capital and Wellbeing to develop guidance on action that people could take to improve personal wellbeing. This was summarised as the '**5 ways to wellbeing'** and is a comparable message to the successful healthy eating '5 a day' campaign. Some of the advice may seem trite. It is not, however. It is about choices, and enabling people to see that anyone, anywhere, can take something from the message to benefit them. (Appendix 1).

4. Relationship to Joint Strategic Needs Assessment

4.1 Mental health and physical health underlie any health and social care needs assessment

5. Relationship to Joint Health and Wellbeing Strategy (JHWS)

5.1 This is core to the JHWS

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

6.1 Currently, an emphasis on the prevention of mental and physical ill-health is not obvious. This will change as actions rather than aspirations become the style of JHWS.

Appendix1 Five Ways to Wellbeing

Background Papers:

1 No Health without Mental Health: HM Government, 2011
2 Happiness: The Eternal Pursuit, 2012/13 Annual DPH report, Brighton and Hove City Council
3 Key Facts and Trends in Mental Health, NHS Confederation, January 2014
4 Closing the Gap,: Priorities for essential change in mental health. January 2014.

Appendix 1

FIVE WAYS TO WELLBEING

The suggestions for individual action, based on an extensive review of the evidence are:

1. Connect…
With the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the

cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

2. keep Learning…
Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

3. be Active…
Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

4. take Notice…
Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

5. Give …
Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself, and your happiness, as linked to the wider community can be incredibly rewarding and creates connections with the people around you.

[1] www.neweconomics.org/publications/five-ways-well-being-evidence