TORBAY Health & Wellbeing BOARD

Working together for a healthier Torbay

Wednesday, 24 September 2014

Meeting of the Health and Wellbeing Board

Thursday, 2 October 2014

1.30 pm

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

Members of the Board

Councillor Lewis (Chairman)
Sam Barrell, South Devon and Torbay Clinical Commissioning Group
Caroline Dimond, Interim Director of Public Health
Pat Harris, Healthwatch Torbay
Tony Hogg, Police & Crime Commissioner
Graham Lockerbie, NHS England
Dr John Lowes, SOUTH DEVON HEALTHCARE NHS FOUNDATION TRUST
Mandy Seymour-Hanbury, Torbay and Southern Devon Health and Care NHS Trust
Caroline Taylor, Torbay Council
Richard Williams, Torbay Council
Councillor Davies
Councillor Doggett
Councillor Pritchard
Councillor Scouler

Co-opted Members

Tony Hogg, Police & Crime Commissioner
Dr John Lowes, South Devon Healthcare NHS Foundation Trust
Mandy Seymour-Hanbury, Torbay and Southern Devon Health and Care NHS Trust
Vacancy – Community Development Trust

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
Email: governance.support@torbay.gov.uk

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 - 3)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 16 September 2014.

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. 2014/15 Joint Strategic Needs Assessment (Pages 4 - 23)
To consider a report on the above.

6. Torbay and South Devon Integrated Prevention Strategy 2014/15 - 2019/20 (To Follow)
To consider a report that informs the Board of the Torbay and Devon Integrated Prevention Strategy 2014/15-2019/20.

7. Department for Education Children's Social Care Innovation Programme - Torbay Submission (Pages 24 - 33)
To consider a report that sets out a submission for funding.

8. **Draft - Torbay Housing Partnership Strategy Children's Services/Adult Services/Public Health** (Pages 34 - 63)
To comment upon the draft Housing Partnership Strategy which is subject to consultation.

9. **Update Report - Health and Wellbeing Board Priority 8: Reduce Alcohol Consumption** (Pages 64 - 68)
To receive an update on the Health and Wellbeing Board's priority of reducing alcohol consumption.

10. **Update Report - High Level Joint Mental Health Commissioning Strategy for South Devon and NEW Devon CCGs, and Torbay, Plymouth and Devon Councils** (Pages 69 - 98)
To note the report.

11. **Update Report - Pioneer Progress** (Pages 99 - 100)
To receive an update on the progress of Pioneer.

12. **Update Report - Community Safety Partnership** (Pages 101 - 102)
To receive an update on the Community Safety Partnership.

13. **For Information Only - Update on Public Health** (Pages 103 - 104)

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Minutes of the Health and Wellbeing Board

16 September 2014

-: Present :-

Councillor Bobbie Davies, Caroline Dimond, Councillor Ian Doggett, Pat Harris, Councillor Chris Lewis (Chairman), Graham Lockerbie, Dr John Lowes, Councillor Christine Scouler, Caroline Taylor, Melanie Walker and Richard Williams

(Also in attendance: Councillor Neil Bent)

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15. Apologies

Apologies for absence were received from Councillor Ken Pritchard, Tony Hogg and Sam Barrell who was represented by Siobhan Grady.

16. Minutes

The Minutes of the meeting of the Health and Wellbeing Board held on 5 June 2014 were confirmed as a correct record and signed by the Chairman.

17. Declaration of interest

Councillor Doggett declared a non-pecuniary interest as he is lay member of the Joined Up Medicines Optimisation Group.

18. Better Care Fund

Members were advised that on 3 December 2013 the Health and Wellbeing Board reviewed the outline Integration Transformation Fund Plan which was subsequently renamed the Better Care Fund. The Board supported development of the Plan and endorsed a 'single pooled' arrangement for revenue and capital aspects of the Better Care Fund. A further iteration of the original plan has been updated following publication of an amended template, which seeks a greater focus on evidence to support proposed schemes and more detail in achieving the set metrics.

The Board was informed that latest guidance placed a focus on emergency admissions and the acute sector. Siobhan Grady advised that despite the change in focus the five metric, financial details and performance measures were unlikely to change. The Plan sets out how the South Devon and Torbay Clinical Commissioning Group and Torbay Council will pool funding and work together with provider organisations to achieve a 3.5% reduction in hospital admissions in

2015/16. Four key schemes are identified in the Plan as supporting delivery of this target:

- Single Point of Contact
- Frailty Services
- Multiple long term conditions
- Community Care: locality teams and community hospital beds.

The Plan has to be submitted by Friday 19 September, officers had found the deadlines to be quite tight and the template constraints had made the alignment of the Integrated Care Organisation difficult, resulting in significant senior officer resource.

Members of the Board referred to the change of focus in the Plan and sought reassurance that issues that had to be removed from the Plan were not lost.

The Chairman thanked officers of the Clinical Commissioning Group and Torbay Council for their effort in compiling the Better Care Fund.

Resolved:

That the Better Care Fund Plan, as set out in the submitted report, be endorsed.

19. Children and Young People's Plan

Members were advised that following a seminar in July, the Children and Young People's Plan (CYPP) and Early Help Strategy had been revisited to take account of comments that had been made. The CYPP was a concise document that picked up the key issues, with documents that underpin the CYPP also being reviewed.

Members were informed of changes being made to the referral process to the Early Years and Safeguarding HUB's. At present initial contact is made with the Safeguarding HUB this will be changed with referrals being made through the Early Years HUB. It is hoped that this referral route will alleviate the fear of 'children being removed' as the immediate contact will not be with the Safeguarding HUB. A social worker will be assigned to the Early Years HUB who will then determine the appropriate route for the referral. Richard Williams advised the Board that the thresholds that have already been set for a child's journey will remain; with the referrals being screened the mechanisms will be in place to make the HUBs work well.

Resolved:

i) that the Children and Young People's Plan and the Early Help Strategy be endorsed; and

ii) that the points raised at the Seminar on 31 July 2014 be highlighted through the Pioneer process and that the Health and Wellbeing Board assure itself over the coming months that appropriate action is being taken.

20. ICO Update

The Board noted an update on the Integrated Care Organisation (ICO), Members were advised that the Business Case and draft Integration Plan was almost ready for submission, with the deadline being 1 October.

Members were informed that in terms of adult social care a joint contract was expected to be presented to Council in February 2015. Officers were trying to model the financial pressures and were using the model to see if decisions that are being made now would be different under the ICO.

21. Care Act Implementation

Members noted a report that updated the Board on the implementation of the Care Act. Members were advised that the Care Act legally cleared up disparate legislation and provided a way forward for care. A lot of the guidance was still being written with financial guidance expected by autumn. There will be a number of changes to areas such as ICT, finance and the public's expectations.

Members requested that further updates be presented to the Health and Wellbeing Board, in particular the implications and impact of a universal deferred payment scheme for those requiring residential care.

22. Pharmaceutical Needs Assessment

The Board noted a briefing paper that advised Members of the Health and Wellbeing Board's statutory responsibility to deliver the Pharmaceutical Needs Assessment. The paper also set out the consultation process and deadlines.

Chairman

TORBAY Health & Wellbeing BOARD
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Title:	2014/15 Joint Strategic Needs Assessment
Wards Affected:	All
To:	Health and Wellbeing Board **On:** 2 October 2014
Contact:	Doug Haines
Telephone:	(01803) 207331
Email:	Doug.haines@torbay.gcsx.gov.uk

1. Purpose

1.1 The purpose of this paper is to inform the board of the 2014/15 JSNA and for the board to comment and/or agree the executive summary for the 2014/15 JSNA.

1.2 The written JSNA for South Devon and Torbay has been updated and refreshed. The JSNA continues to follow a life course approach in understanding the needs and challenges of the population. However the written narrative is now substantially more in depth than previous JSNAs'.

1.3 The written JSNA comprises five narrative overviews covering the life course, each has been designed to be a standalone document providing a summary of need for that age group. The issues have then been bought together in the executive summary.

1.5 For the board to note as information. A new web platform to support JSNA and act as a central repository for strategic level knowledge and intelligence across South Devon and Torbay has been developed.

1.6 The new web platform, www.southdevonandtorbay.info, contains the standalone overviews that form the written 2014/15 JSNA as well as a host of other supporting documents and interactive tools; including:

- Topic and area based overviews
- Interactive tools; population, community assets and community profile tools

2. Recommendation

2.1 The board acknowledge the refreshed JSNA and the key issues identified within the executive summary.

3. Supporting Information

3.1 The complete set of 2014/15 JSNA life course overviews are available at www.southdevonandtorbay.info

4. Relationship to Joint Strategic Needs Assessment

4.1 This paper informs the board that JSNA has been refreshed.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 The refreshed JSNA should be used to support any refresh of the health and wellbeing strategy.

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

6.1 The implications would be for future iterations of the joint health and wellbeing strategy.

Appendices

Appendix 1 - 2014/15 JSNA for South Devon and Torbay – Executive summary

Background Papers:
The following documents/files were used to compile this report:

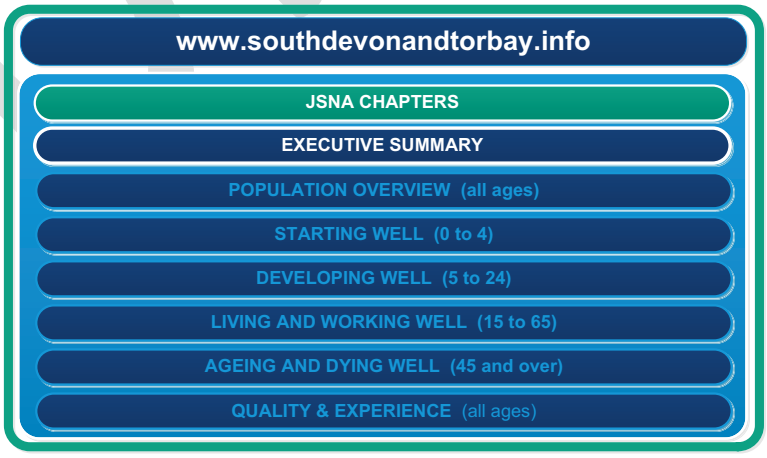
The complete set of 2014/15 JSNA life course overviews

2014/15 Joint Strategic Needs Assessment for South Devon and Torbay

FINAL DRAFT - SEPTEMBER 2014

Executive Summary

JSNA Joint Strategic Needs Assessment



Foreword

Collectively, we face a number of major health issues in the Torbay and South Devon area. Two out of every three adults are overweight, with one in four being obese. Even in primary school, at Year 6, 1 in 5 children are obese. We have an elderly population - one in four adults are aged over 65 and this is increasing. Torbay has a high number of households in poverty, with 1 in 4 children in poverty. Torbay also has high rates of alcohol related admissions and mortality due to liver disease.

It is vital for upstream interventions to be strengthened. The more we can achieve through preventing ill health in the first place, through healthy places and healthy lifestyles, then the healthier we can keep individuals, society, our health and economic systems.

It is important that we plan the services we deliver according to a clear understanding of the health and well-being needs of the local population. In Torbay and South Devon we have a history of working together in an integrated way so we are also striving to bring together our knowledge around health needs.

This JSNA for 2014, brings together, for the first time, data from a rage of partners and identifies key issues that leaders, planners and commissioners should be concentrating on in the years to come. It is complemented by a web platform that is inter-active and allows users to interrogate and produce their own dataset.

I hope you enjoy reading this document and that it helps you better understand your community or the community you serve and that you will use this document to help you plan services and interventions that best suit your community needs.

Signature?

Chris Lewis

Chair Torbay Health and Wellbeing Board

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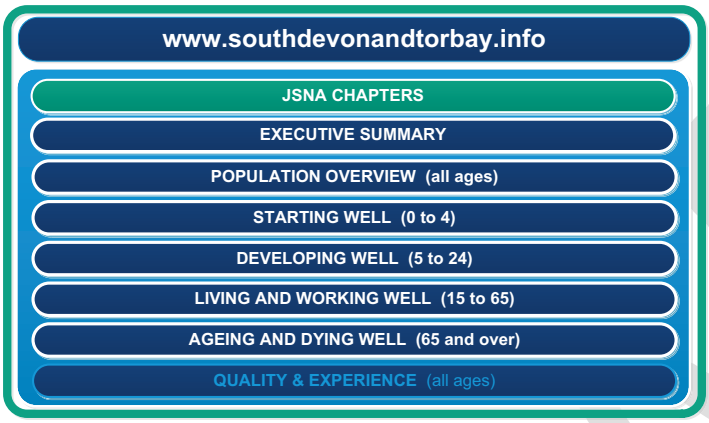
Introduction

This is the 2014/15 Joint Strategic Needs Assessment (JSNA) ***executive summary*** for South Devon and Torbay. This executive summary suggests the key issues that have emerged from a series of overview documents covering the life course. Each of these overview documents has been designed to be a standalone document, providing a more detailed understanding of the health and wellbeing needs for that population. There are five standalone documents and the age ranges covered are shown below and are available at www.southdevonandtorbay.info. The quality and experience overview will follow in due course.

Figure 1: 2014/15 JSNA chapters



Background

Undertaking JSNA across the South Devon and Torbay area ***reflects a natural community around a main health provider*** – Torbay Hospital. Understanding the needs across this provider allows a more system wide approach to understanding the health and wellbeing needs of the community. The geographical footprint is conterminous with the South Devon and Torbay Clinical Commissioning Group (CCG); the organisation that buys the hospital services for the population of South Devon and Torbay. The area includes part of the upper tier local authority of Devon County Council, and all of the Unitary authority of Torbay.

JSNA is not a standalone document but a suite of documents, web tools and presentations which help to analyse the ***health needs of populations to inform and guide commissioning*** of health, wellbeing and social care services within local authority areas [2]. JSNA will be the means by which ***local leaders work together to understand and agree the needs of the local population*** [3]. JSNAs, along with health and wellbeing strategies will enable commissioners to plan and commission more effective and integrated services to meet the needs of the South Devon and Torbay population [3], in particular for the most vulnerable and for groups with the worst health outcomes, and help to reduce the overall inequalities that exist.

Helping people to live longer and healthier lives is not simply about the healthcare received through GP's or at hospital, it is also about the ***wider social determinants of where we live and work*** [4]. The collective action of agencies is needed today to promote the health of tomorrows older population. Preventing ***ill health starts before birth, and continues to accumulate throughout individuals lives*** [4].

Life course

A life course approach enables an understanding of needs and risks to health and wellbeing at different points along the path of life. For example, ***our needs as babies and in our early years differ significantly to our needs and risks to health and wellbeing as we enter adulthood or retirement***. Understanding the risks to health and wellbeing at different points along the path of life enables opportunities to promote positive health and wellbeing to prevent future ill health, or to understand the potential burden of disease that may need to be considered in delivering services.

Understanding needs across the life course also enables an understanding of exposures in childhood, adolescence and early adult life and how they influence the risk of disease and socio-economic position in later life [5]. Understanding the influence of risk in this way may help to prevent future generations experiencing some of the illnesses of today.

Structuring JSNA around a life course framework allows consideration of different population needs based on their collective journey through life. The following headings represent different life course narratives overviews presented as South Devon and Torbay JSNA.

- **Population Overview** sets the scene for the current & future population structure across South Devon and Torbay, it includes top level population overviews
- **Starting Well** is about understanding the needs of the population from pregnancy, birth and for the first few years of life. This includes understanding the anticipated need for maternity services, health visiting services and early years' services.
- **Developing Well** is about understanding the needs of the population between the ages of 5 and 24. This includes understanding the anticipated needs for schools and the developing health and wellbeing needs of this age group.
- **Living and Working Well** is about understanding the needs of the working age population. This includes understanding the lifestyles and health outcomes experienced by this group, and the risks that prevent positive health and wellbeing.
- **Ageing and Dying Well** is about understanding the needs of those from around 65 years and over. It is about reducing and preventing long term conditions, promoting active aging and tackling inequalities into older age.
- **Patient safety and experience** captures some of the qualitative patient experiences

Inequalities

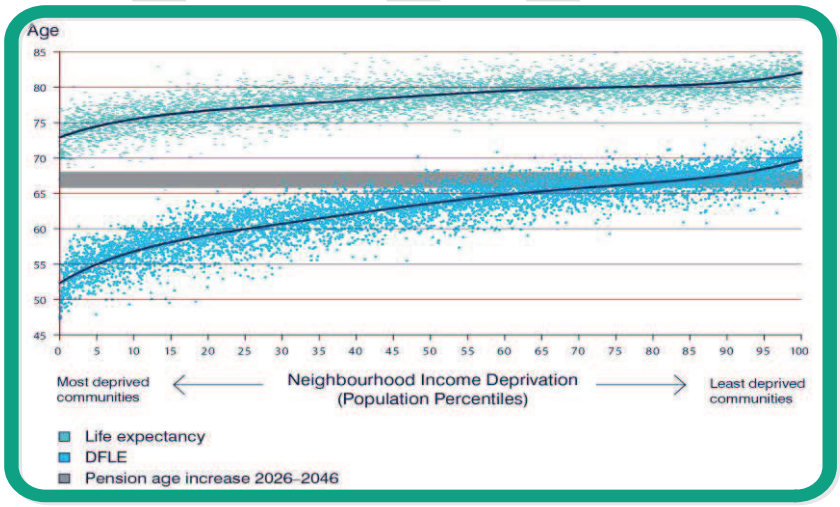
Inequalities are evident across the life course, from ***children being born in more deprived areas expected to experience shorter life expectancy***; to working age persons with lower or no qualifications; to premature mortality.

In order to begin to reduce inequalities, an understanding of the complex web of issues is required. There is evidence to suggest that ***disadvantage starts before birth and accumulates throughout life*** [1]. To reduce inequalities across the life course, it is important to reduce early disadvantage and reduce poorer outcomes from pregnancy and birth and during childhood.

Health inequalities are when different people experience different outcomes. For example, higher rates of people dying prematurely in one community compared to another community. There is a well evidenced relationship between poorer communities, in terms of income, and poorer health outcomes such as life expectancy [1].

Whilst people in our more deprived communities tend to die earlier than those in the least deprived, they also tend to live longer with poorer health. Nationally, there is a gap of around 17 years in the more deprived communities between disability free life expectancy and life expectancy (left hand side of figure 2); this gap is around 19 years in South Devon. The gap is smaller at the less deprived end of the spectrum, right hand side of figure 2 [1]; 13 years nationally and around 13.5 years in South Devon.

Figure 2: life expectancy and disability free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999-2003 [1]



What this means is that, on average, the more deprived populations in South Devon and Torbay can expect to live **their last 19 years of life with a disability** compared to those in the least deprived population, and **still expect to die around 8 years earlier**. Proportionately, people in

South Devon and Torbay's more deprived communities spend a larger amount of their life in need of some increased level of support.

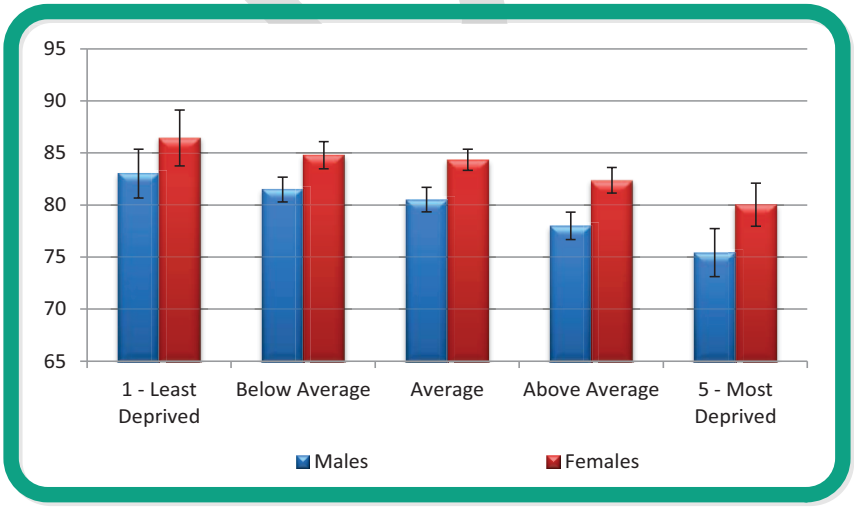
At a national level, it is estimated that the cost of inequality in illness accounts for productivity losses of around £32 billion per year [1]. Proportionately, in ***South Devon and Torbay*** this could represent a ***cost of inequality in illness of around £150 to £160 million per year***. That would include lost taxes, higher welfare payments and higher NHS healthcare costs. The figure presented is based on a national population spend per head being applied to the South Devon and Torbay population; it has not been adjusted for deprivation, age or sex. It does however represent a wider system perspective on costs.

Figure 2 (above) shows that ***people in our more deprived communities live for longer with a disability***. This population needs to access care for a relatively longer period of time. Reducing the gap between disability free life expectancy and life expectancy would result in significant financial savings to the public purse.

Reducing inequalities in health does not require a separate health agenda, but action across the whole of society [1]. Inequalities in health are not simply about evening out the burden of disease across the population, as ***good health is not simply a measure of the absence of disease***. Where we live and who we are all impact on health, and inequalities.

The gap in life expectancy at birth between communities across South Devon and Torbay is around 8 years for males and 7 years for females. This gap has decreased in recent years, but still represents a significant inequality.

Figure 3: 2011/13 Life expectancy at birth by sex and deprivation quintile across South Devon and Torbay



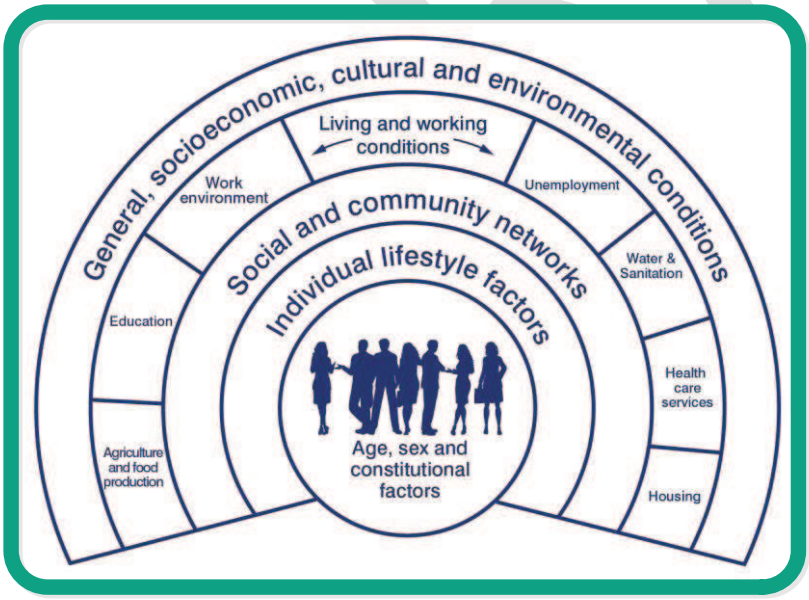
Wider determinants

Some of our individual determinants are fixed, such as our birth dates, our sex at birth and our genetic makeup (family history). All of which influence our individual health. However, there are other factors that we can try to influence that impact on health and wellbeing. These other factors are influences such as the environment in which we live, our ability to work and the lifestyle choices we make. Figure 4 illustrates the main influences on health. These influences could be thought of as a series of layers, one on top of the other [6]. These influences are known as the wider determinants of health.

The layers presented in figure 4 include;

- **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.

Figure 4: Wider determinants of health [6]



Influencing these layers, across the life course, is required to reduce inequalities, such as the gap in life expectancy, and improve the health and wellbeing of the South Devon and Torbay population.

What is JSNA?

The Local Government and Public Involvement in Health Act (2007) [7] required Primary Care Trusts (PCTs) and Local Authorities to produce a Joint Strategic Needs Assessment (JSNA) of the health and well-being of their local community. However, from April 2013, Local Authorities and Clinical Commissioning Groups (CCG) have equal and explicit obligations to prepare JSNA; under the governance of the health and well-being board [8].

The purpose of JSNA is to provide an objective view of the health and wellbeing needs of the population. 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.

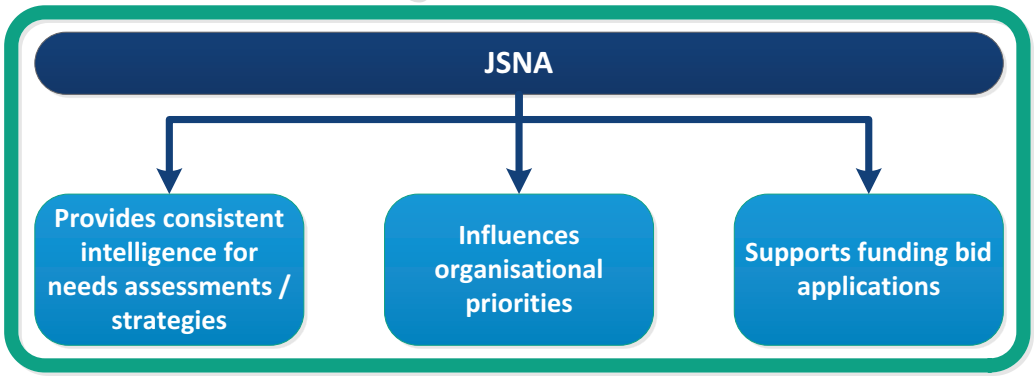
A JSNA is not a needs assessment of an individual, but a strategic overview of the local community need – either geographically such as local authority / localities or for specific groups such as younger or older people or people from different backgrounds.

The South Devon and Torbay CCG straddles the Health and Wellbeing boards of Devon and Torbay. This narrative has been pulled together collaboratively with partner organisations to understand the needs of the South Devon and Torbay population for the South Devon and Torbay CCG on behalf of the Torbay Health and Wellbeing Board.

The approach to JSNA in South Devon and Torbay is to provide a collection of narrative and data interpretation to support the community, the voluntary sector and statutory organisations across South Devon and Torbay. This ***approach then provides a consistency of multi-agency data*** to support strategies and needs assessments across South Devon and Torbay, illustrated in figure 5.

The life course narrative documents are supported with topic and area based overviews across South Devon and Torbay. These can be accessed at: www.southdevonandtorbay.info

Figure 5: Influences of JSNA



The structure of the JSNA narrative overviews

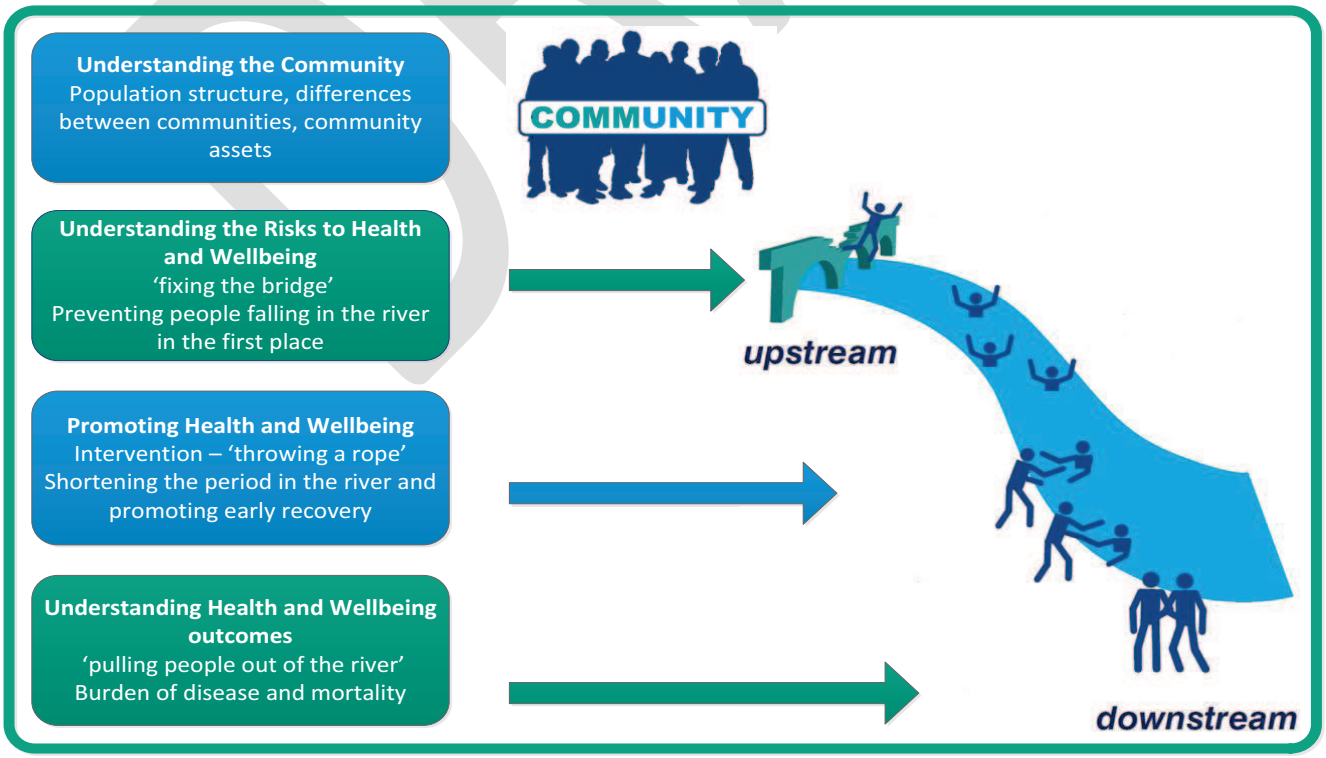
The narrative overviews are presented through four main sections. These sections have been chosen to represent an 'upstream' 'downstream' approach to understanding the health and wellbeing needs of the population. In the illustration below (figure 6), GPs, nurses and doctors in the hospital are all busy seeing and treating patients, represented by the people being pulled out of the river. However, the narrative structure considers how we could go back 'upstream' and find out why people were falling into the river in the first place, or where we would be best positioned to throw a life line.

The four sections are:

- Understanding the community
- Understanding the risks to health and wellbeing
- Promoting health and wellbeing
- Understanding health and wellbeing outcomes

These four sections represent an approach to understand the opportunities of preventing or delaying negative outcomes, such as premature mortality or morbidities, by understanding how we might expect patterns to change over time, and also where opportunities are to intervene and prevent.

Figure 6: JSNA overview structure [adapted from 9]

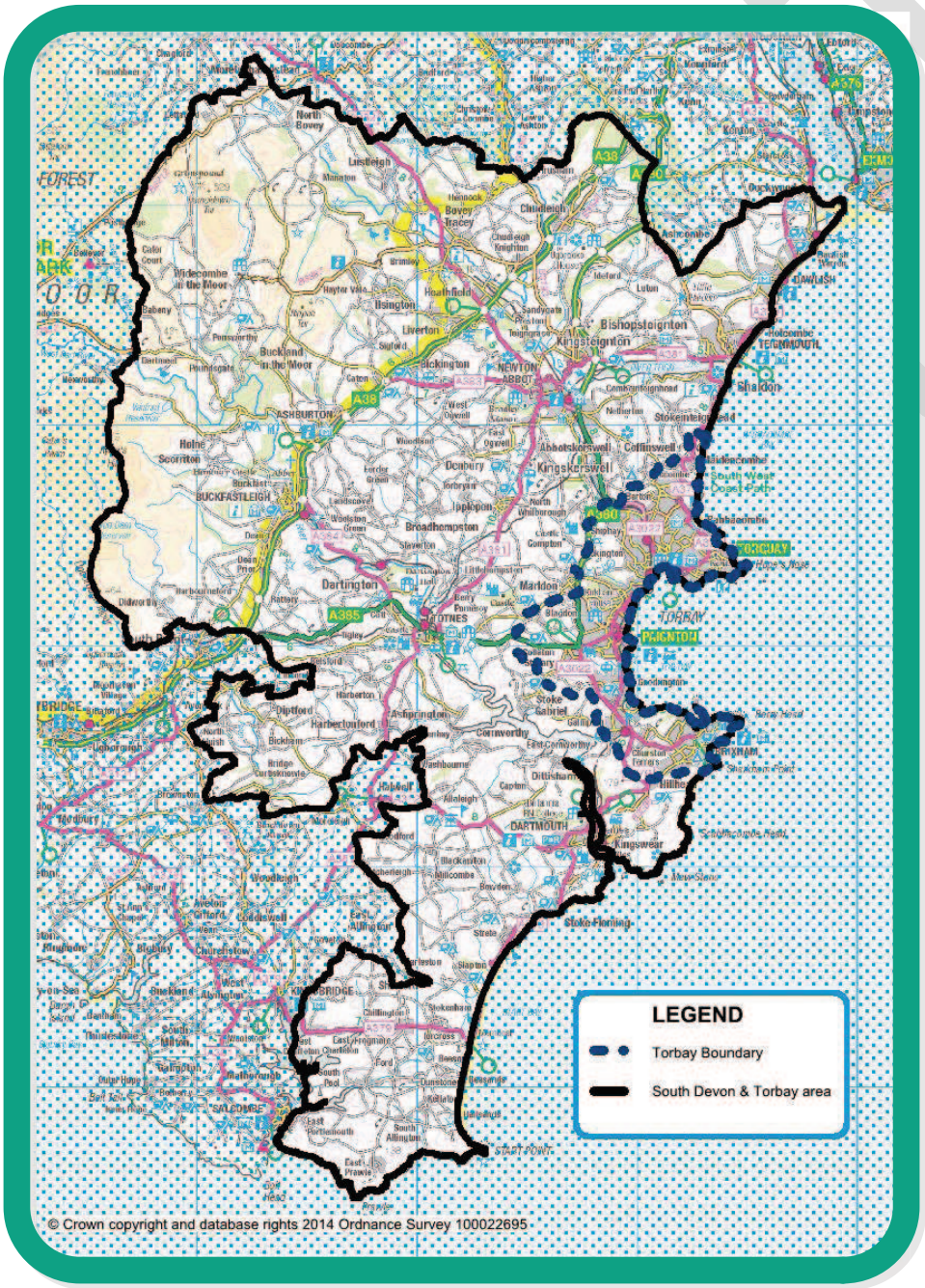


The South Devon and Torbay area

The South Devon and Torbay area covers some 350 square miles and takes in around 75 miles of coastline. The area extends from the sandy beaches of the South Devon coast, to open moor land of Dartmoor and takes in both rural communities and urban centres.

The area of South Devon and Torbay represents a natural community around the main acute care provider, Torbay Hospital. The area includes part of the two district authority areas of South Hams and Teignbridge, part of Devon County Council and the Unitary Authority area of Torbay.

Figure 7: An overview of the South Devon and Torbay area

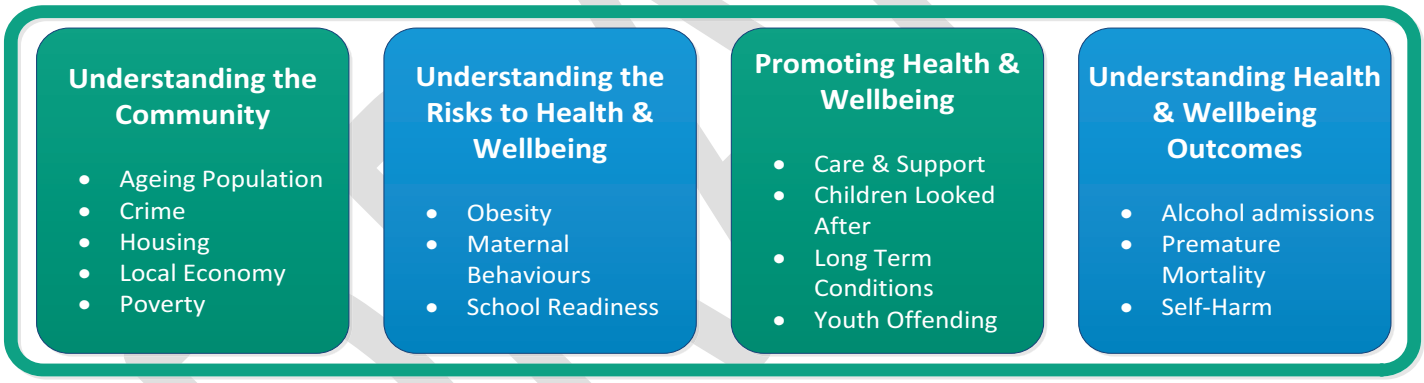


2014/15 JSNA Summary of challenges

Across the life course narratives 15 top level key challenges have been identified. The 15 challenges have been identified as challenges being faced across South Devon and Torbay. The 15 are not an exhaustive list of all challenges being faced by the community; they are more a summary of the key challenges. More information on the challenges and needs of the population at different points across the life course can be accessed through that specific life course narrative.

The 15 key challenges for South Devon and Torbay are presented in figure 8. They are presented in the 'upstream' 'downstream' model used throughout the life course narratives. This approach enables us to understand the opportunities to reduce the burden of poor health in the future, as well as understanding the current health and wellbeing outcomes. More detail setting out some context and identifying why it is an issue is summarised in table 1 and includes the life course affected by the issue.

Figure 8: Key issues for South Devon and Torbay



Note: Obesity includes children and adults; Poverty includes child poverty and wider poverty.

The more system wide determinants are identified in the 'understanding the community' section; these are significant challenges for both the population and the services provided. However outcomes from improving the local economy and reducing poverty would expect to impact on challenges 'downstream'. Understanding the risks to health and wellbeing identifies opportunities for where intervention is perhaps required soon to prevent future poor health and wellbeing outcomes. Promoting health and wellbeing is initially around understanding the current challenges, it also identifies where further analysis is required to understand drivers for these challenges.

To prevent poor health and wellbeing being experienced by the communities we serve, we need to go 'up-stream' and understand the causes, and in some cases the causes of the causes.

Table 1: Summary of 2014/15 key issues

Key Issue	Context	Why it's an issue?	Life course affected				
			Population overview	Starting Well	Developing Well	Living and Working Well	Ageing and Dying Well
Adult Obesity	More than 1 in 4 people across South Devon and Torbay are estimated to be obese.	Obesity can have a severe impact on people's lives, increasing the risk of type 2 diabetes, some cancers, and heart and liver disease.	✔			✔	✔
Ageing Population	The over 65 population is expected to increase by around 10,500 over next 8 years across South Devon and Torbay, from 25.9% of the population to 28.6%.	As we age our chance of developing different long term conditions increases. The impact of this could include increased demand on the health and care support.	✔				✔
Alcohol related admissions	Torbay has higher levels of alcohol attributable admissions to hospital, with between 10 and 11 admissions a day attributable to alcohol.	Most people who have alcohol-related health problems aren't 'alcoholics'. They're simply people who have regularly drunk more than the recommended levels for some years.	✔			✔	✔
Care and support	There are significantly higher levels of unpaid carers in the South Devon and Torbay population, many providing more than 50 hours care a week, and many in poor health themselves.	As the population ages, and people with disability and serious illness live longer, they are more likely to live at home. Going forward, we might expect community based care to rely increasingly on family and community members as carers.	✔	✔	✔	✔	✔
Child poverty	Around 1 in 4 of children in Torbay live in relative poverty compared to around 1 in 5 across England	Children living in poverty tend to experience poorer outcomes.	✔	✔	✔	✔	
Childhood obesity	Around 1 in 10 children in reception and 1 in 5 in year 6 are obese. Levels of overweight and obese are around 1 in 4 in reception and 1 in 3 in year 6	Obese children are more likely to be absent from school due to illness and experience health related limitations and self-esteem issues.		✔	✔	✔	✔
Children looked after	Torbay has amongst the highest rates of children looked after in England. The rate and number have been increasing in recent years	Generally children in care continue to have poorer outcomes than the wider population		✔	✔	✔	
Crime	Rates of crime, and in particular violent crime, are higher in Torbay than the England and Wales average	The links between crime and health relate both to the health of perpetrators of crime as well as to the victims of any criminality.	✔	✔	✔	✔	✔
Housing	Housing availability, quality, condition, suitability and affordability are an issue across South Devon and Torbay.	There are a range of health related conditions associated with housing in poor conditions.	✔	✔	✔	✔	✔
Local economy	Torbay's economy is one of the poorest performing in the UK, at around 60% of the UK average.	Being in good employment is protective of health, whilst being unemployed contributes to poorer health and wellbeing. A poor performing economy has an impact on poverty and on health outcomes for the population.	✔	✔	✔	✔	✔

Key Issue	Context	Why it's an issue?	Life course affected				
			Population overview	Starting Well	Developing Well	Living and Working Well	Ageing and Dying Well
Long term conditions	There are estimated to be 1,000's of people living with a long term condition but who aren't known or managed by their GP across South Devon and Torbay.	People with a long term condition are the most frequent users of health care services. With an ageing population, we might expect the number of people with a long term condition to increase.				✔	✔
Maternal behaviours	Just under a third of pregnant women in Torbay are measured as overweight or obese at their 12 week booking. Nearly 1 in 5 pregnant women smoke during their pregnancy.	Positive maternal health is crucial for healthy development in the womb. The choices pregnant women make are crucial to the healthy development of the foetus.		✔	✔	✔	✔
Poverty	South Devon and Torbay has amongst the highest proportion of households in England identified as being on the edge of poverty, around 29% (45,000 households).	Households across South Devon and Torbay are less likely to be financially resilient to increasing prices. Being on the edge of poverty makes households more susceptible to debt and financial difficulties.	✔	✔	✔	✔	✔
Premature mortality	Around 900 people in South Devon and Torbay die before the age of 75 each year, between 2 and 3 people per day.	The causes of premature mortality fall disproportionately on the poorest in society.	✔	✔	✔	✔	✔
School readiness	There is a significant gap in early year's foundation stage between those eligible for free school meals and non-free school meal pupils.	Generally, children who start school without developing vital readiness, tend to experience poorer outcomes.		✔	✔	✔	✔
Self-harm	Across South Devon and Torbay, there are some 200 individuals being admitted to hospital for intentional self-harm annually. That's around 1 admission every other day.	Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems and to become involved in offending.			✔		
Youth offending	The rate per 100,000 persons aged 10 to 17 receiving their first reprimand, warning or conviction is higher across South Devon and Torbay compared to the England average.	Children in care are more than twice as likely to be cautioned or convicted as other children. Wider risk factors include poor education and employment prospects, poor housing, peer pressure, drug and alcohol abuse amongst others.			✔	✔	

Knowledge and intelligence on-line – www.southdevonandtorbay.info

Delivery of JSNA for 2014/15 onwards will be through a new web platform. The new platform, www.southdevonandtorbay.info, has been created to act as a consistent resource to enable people to access the shared knowledge and intelligence across South Devon and Torbay.

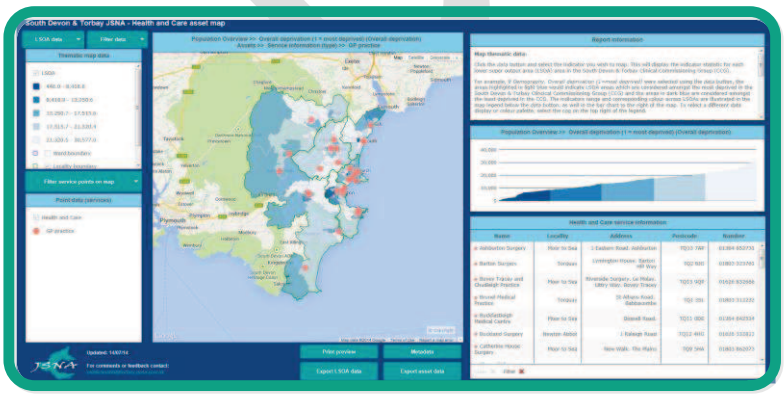
Bringing the knowledge and intelligence of different agencies that serve the South Devon and Torbay population together into a single place allows wider understanding of the needs and challenges of the South Devon and Torbay population. The information contained within the website forms the wider Joint Strategic Needs Assessments across South Devon and Torbay.

The website contains the standalone overviews that form the written 2014/15 JSNA as well as a host of other supporting documents and interactive tools; including:

- Topic and area based overviews
- Interactive tools; population, community assets and community profile tools

Figure 9: Website home page: www.southdevonandtorbay.info

Figure 10: An example of one of the tools: the community assets tool.



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TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Department for Education Children's Social Care Innovation Programme – Torbay submission		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	2nd October 2014
Contact:	Gail Rogers		
Telephone:	207073		
Email:	Gail.rogers@torbay.gov.uk		

1. Purpose

1.1 A submission for funding has been submitted under the focus area: ***rethinking children's social work.*** The purpose is to attract additional funding for service reform, working alongside the Children's Services Five Year Cost Reduction Plan to move from an over-spend of 4.6 million 2013/14 to an under-spend of 3.2 million 2018/19.

2. Recommendation

2.1 The Health and Wellbeing Board endorses an invitation to submit a full proposal should the Expression of Interest bid pass the first selection round with the DfE.

3. Supporting Information

3.1 The Children's Minister, Edward Timpson, announced the Children's Social care Innovation Programme in October 2013. Since then, the DfE has been assessing the opportunities for innovation in children's social care, analysing the barriers to innovation and identifying tow focus areas for the programme, which were outlined in February 2014. The focus areas are:

- Re-thinking Children's Social Work
- Re-thinking support for adolescents in or on the edge of care

The programme has three key objectives:

- Better life chances for children receiving help from the social care system
- Stronger incentives and mechanisms for innovation, experimentation and replication of successful new approaches
- Better value for money across children's social care

The closing date for bids was the 19th September 2014

4. Relationship to Joint Strategic Needs Assessment

4.1 The crux of the bid is to develop a Public Service Trust under the Local Integrated Service Trust (LIST) using the traction of existing vehicles for integration such as the Integrated Care Organisation and Pioneer, particularly focusing on the Children and families Hub. With the arguments for integration predicated on levels of need and demand in the population against outcomes frameworks and the associated costs, the structural changes proposed in the bid are aligned with the JSNA.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 The bid complements the principles of First and Most, Early Integration, and Integrated and Joined up Approach and seeks to use an outcomes based commissioning approach within Early Help Practices to achieve the priorities within the plan.

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

6.1 This year saw the development of a JSNA together. A set of agreed metrics across the integrated Public Services Trust will critically build on this and could helpfully be developed within future documents.

Appendices

Background Papers:
The expression of interest already submitted to the DfE is attached.

Department for Education

SPRING CONSORTIUM

Children's Social Care Innovation Programme

Expression of Interest Form

If you have any problems editing this form, please email innovation@springconsortium.com

Section 1			
1.1 About you			
Lead organisation	Torbay Council	Address	Town Hall
Lead contact	**Gail Rogers**		Castle Circus
Position	Principal Commissioner		Torquay
Email address	**Gail.rogers@torbay.gov.uk**		TQ13DR
Phone number	01803 207073		
Type of organisation		Local authority	
Number of years the organisation has been operating for		Local authority or other public sector organisation - n/a	
1.2 About your partners			
Are you working or planning to work with partners on your innovation? If yes, please list your partners or potential partners in the table below:		**Yes**	
Partner	*Type of organisation*	*Status*	
CCG	Other public sector organisation	Drop down list	
Torbay and South Devon Care Trust	Other public sector organisation	Drop down list	
Devon and Cornwall Police	Other public sector organisation	Drop down list	
HAND	Other	Drop down list	
Torbay Community Development Trust	Other	Drop down list	
Click here to enter additional information about your partners that you want us to know about at this stage			
1.3 Your involvement so far			
Did you attend the summit event on 7 July?		No	
Have you had previous conversations with DfE regarding this proposal or the ideas within it?		Yes	
If yes, who have you spoken with?		Kat Benjamin from Deloitte	
Would you like to opt out of regular innovation programme update emails? We will still communicate with you about your EOI.		No, I do not want to opt out	
Is your organisation applying for or receiving funding for activity related to children's social care from any other government or charitable		Yes	

innovation or transformation fund?	
If yes, please give brief details.	Cabinet Office Mutuals for Success and Commissioning Better Outcomes and the Social Outcomes Fund; also Cabinet Office Vulnerable and Disadvantaged Young People's Fund
Do you intend to submit more than one EOI?	No

The word counts included in this form are suggested maximum word limits. You do not need to write up to the word count for any of the questions if you can answer the question clearly using fewer words. Whilst we advise not going significantly over the word count at this stage you will not be penalised if you exceed it.

Section 2 **Your proposal and the impact you want to have**		
2.1 What geographical area is initially covered by your proposal?	**South West**	Torbay
2.2 Which of our two focus areas does your proposal respond to? *Click here for more information on the focus areas*	**Children's social work**	

2.3 **About the problem your innovation is trying to address** (200 words)

What is the problem? To what extent is it a problem and for whom? How do you know this - what evidence or insights do you have about the problem? At this stage, you may not have completed gathering evidence about or analysing your problem, but you should have a clear sense of the issue you are seeking to address.

Demand for social care services in Torbay is comparatively high with increasing numbers of contacts received into the Safeguarding Hub. Alongside this is high demand across all Partners with an overstretched Camhs service, high admissions to hospital and visits to a GP, and high numbers of young people with a SEN. 24% of children aged under 16 live in poverty, high numbers of children are looked after, teenage pregnancy rates are higher than average as is childhood obesity and domestic violence, and high numbers of adults with substance misuse require treatment. Consequently, the cost of meeting demand is becoming unsustainable, with a constant challenge to fund early help services to prevent longer term demand and cost when the cost of statutory services is growing. The demand for services correlates with the socio-economic and health indicators above, but is also a result of public perception around entitlement to pre-set services and the way that the whole `system' responds in a fragmented and poorly co-ordinated way. We are seeking to address the systems first in order to better target resources and in order to change the culture of providing and receiving services both from the bottom up and the top down.

2.4 **About your solution** (200 words)

At this stage it is ok if your proposal is embryonic, with full details of the operating model still to be developed. Equally, it's ok if you have already started testing out or piloting your innovation. Either way please try to be clear in explaining what *your idea is, even if you don't have all the details yet on* how *you will make it happen.*

Our solution seeks to fuse existing opportunities to create structural and cultural change in Torbay, levering resources within an integrated delivery culture. South Devon and Torbay Health and Social Care community is one of fourteen national DoH Pioneer sites for the integration of children's and adults health and social care services. Additionally, the development of an Integrated Care Organisation merging Torbay Hopital with Torbay and Southern Devon Health and Care Trust will transform care delivery, integrating with children's services and deepening the relationship and role of the voluntary sector. The

Lottery funded the development of LIST (Local Integrated Services Trust) across the Peninsular, creating a permanent legal structure to facilitate projects centred on cross public sector working that we can use practically to redesign our services. These frameworks support our re-shaping children's social work in its broadest sense, establishing a Public Service Trust. This will be aimed initially at developing Early Help practices which later integrate social work operating with the child and community at the centre, informing the `commissioning' of their own care and contributing to the development of services for themselves and others. Enablers will navigate pathways for organisational and community-based change, embedding long-term practice and behavioural change.

2.5 **About the outcomes you want to achieve** (300 words)

What will change for children who need help from social services, and to what extent? What impact will your proposal have on value for money? What are the most important things to measure so you know whether you're achieving these outcomes? How might you be able to collect this information? At this stage, you may not have precise figures on cost effectiveness, but you should be able to articulate why you think the proposal would be cost effective. Similarly, you may only have some initial thinking on what you will measure and how.

Children needing help from social servies will receive this with less delay and with a focus on one single education, health and social plan to meet the need within the family, preventing the bounce between multiple services. The integrated approach will manage risk more confidently in the community, impacting on demand at the front door of social care and consequently reducing spending in line with our existing five-year budget reduction plan. The new structure will use an evidence based, strengths model to build skills and resilience, with principles of co-production to develop local, sustainable provision. The proposal brings together key public services and will develop an organisation with overarching performance outcomes and capacity to devolve budgets enabling a degree of commissioning within the Early Help Practices. As a Trust, the organisation will be able to attract both internal and external investment to implement new evidence based programmes and new delivery partnerships. We anticipate measuring: the experience of the child and family (appreciative enquiry), the journey of the child and family and extent of involvement as consumer and co-producer, the impact and value of devolving budgets, numbers of children entering tiers three and four services (including children looked after), and the cost of staff training and development within a new culture or working. We would also seek to measure practitioner satisfaction with a new model of working and can measure the resultant impact on recruitment and quality of practice. We believe that apart from the more expedient access to help for children and families, those public services forming the Trust will see less duplication of resource and less time and resource used in multiple assessments, threshold activity and repeat demand, thereby stemming the flow.

2.6 **Why do you believe your solution can achieve the level of change you describe above?** (200 words)

What evidence do you have from your own work or from elsewhere to suggest that your innovation will work? If you have already been testing your innovation you should have evidence that it works; if you haven't you should have a compelling rationale that draws on relevant evidence. Evidence can range for example from reports of the views of those you have helped, to academic study evidence.

The Community Hub concept is already a workstream within the Pioneer project, with an established community partnership, Health and Neighbourhood Development (HAND) ecompassing community centres, leaders, the Community Development Trust, Public Health, CCG, Torbay Council and the Police. This is actively driving social productivity, building on the strengths of our communities to develop local provision alongside resources within the public sector partnership. HAND have signed to implement`step-in' services, which we have co-designed with parent users of services to enable buddying and support at a community level, and intended also for use as step-down from higher level public sector-delivered services. Our parent/community questionnaires evidence that local, GP-style access to service is the preferred way of accessing help, and lessons from Serious Case Reviews

continually point to the need for improved information sharing and communication. National examples of services co-locating around neighbourhoods are: Witshire's `campuses' programme co-designed with local communities, Mendip's public service hub with frontline services – operating as one-stop-shop models. Our proposal goes further than this, developing the Open Public Services reform programme to create an organisation with its own legal framework, able to devolve delivery budgets within an Early Help/social work Practices model co-produced by the community wtih real potential for budget savings (eg Nesta April 2013).

2.7 **Scaling your solution** (200 words)

Why do you think your innovation has the potential to transform the system in which it will be implemented? What would you do to help make this happen? What potential do you think it has to work at a bigger scale (through extending the reach of, replicating or by others adopting and adapting your solution)?

The innovation will develop a Public Services Trust with the transformative legal and philosophical capability required to integrate the children's workforce across the range of disciplines. To support this, a clear vision and business/finance plan will be put in place to articulate key principles, a common set of metrics will capture outcomes data, and an outcomes-based commissioning strategy will be implemented by the Trust to enable the Hub Practices to develop solutions at a neighbourhood population level. The innovation, supported by an independent evaluation, will provide a testing ground to overcome historical barriers such as information sharing, professional cultures and paradigms, performance frameworks and resource allocation. Early Help Hub Practices will be implemented in year one, phasing into a model to operate across all levels of need in the second year. The transformative potential here is two-fold: top-down and bottom up. Enthusiasm amongst public services to integrate will initiate better outcomes and greater satisfaction for those using provision and will evolve complementary practice models into overlapping systems; for children, families and communities, resilience reveals latent strengths and skills and co-production fine-tunes commissioning and personalisation. For practitioners, the model enables the application of professional skills within a framework that shares an understanding and responsibility for both strengths and risks.

2.8 **Informing the transformation of the social care system** (200 words)

How will the activities you propose inform change in cultures, structures and ways of working in the wider social care system?

The proposed model will work with the social economy of the family and neighbourhood, understanding the strengths and weaknesses rather than `treating' a problem in a professionally led contract. The public services Trust will look beyond departmental constraints and will seek innovative ways to deliver benefit that may be very locally-targeted and may focus on a broader current health, social or economic risk. The culture will be of partnership to bring in assets and initiatives from both private, public and the community and voluntary sector, and this will both benefit the wider social care system through stronger and deeper resources and networks, and influence new structures to integrate the tiers of service to manage risk within a community structure. The level of integration envisaged will require an ICT solution to align the separate systems currently in place, and a whole systems change will break down misinformation around information governance, developing confident inter-agency working. The cultural change at a strategic level and for professionals in recognising the value of interventions which they do not deliver and which involve co-production will broaden the evidence base of protective factors and create a more satisfactory culture of engagement and communication that will reduce demand.

Section 3

Making it happen

3.1 **Who will lead and deliver the work?** (150 words)

Name the key person or people in the team. Please include job titles if applicable, list what role people would play in developing and delivering your innovation, and mention any relevant experience or knowledge they bring.

The work will be led by the new and agreed Strategic Safeguarding lead, a shared post between Health and Social Care – the post will be in place in six months time. Others involved are Rebecka Fowerackerfrom the CCG who is the lead for Community Hubs within the Pioneer Bid, currently working with the communities and strategic partners; also Richard Williams, the Director of Children's Services whose vision is leading the development of a Public Services Trust and who has led Torbay Children's Services out of intervention; Siobhan Grady, Head of Joint Commissioning Torbay and South Devon CCG is leading on the ICO for the JoinedUp Board, bringing the experience from this intiative. We will bring in a transformation team comprised of Enablers with advanced experience within their disciplines to drive the project from different angles: Health, Social Care, Community, and Governance and IT; also a Project manager and business support.

3.2 **Who needs to say 'yes' to make your solution happen?** (100 words)

What permissions – formal and informal – do you need? Do you have these permissions already or if not how do you think you could get them? At this stage you may not have all the permissions you need, but you should have grounds for confidence that you will get them.

Agreement to take this forward has been given by the Chief Executive of the Local Authority, the Chief Executive of the Hospital, the Director of Public Health, the Health and Wellbeing Board, the Police Lead and the Board of the Community Development Trust. In addition, the elected members and MP are aware of the proposal and will lobby for its successful implementation.

3.3 **Who else will you need or want to engage in the development and/or implementation of your solution?** (100 words)

Blue Light services need to be involved, and children, families and young people need to be involved in both development and implementation. Involvement by Education will be critical due to their central role in supporting and providing community-based services. The LIST will be part of the solution, and we wish to engage an independent, academic evaluation and would seek to commission business and finance support (discussion held with current commissioned service through Social Finance).

3.4 **What are the biggest challenges for, risks to or negative unintended consequences from your solution and what might you do to overcome or mitigate them?** (200 words)

There are risks and challenges involved in establishing a new model of social work delivery. Not least, while the Social Care Practices Working Group explored options for piloting social work practices in 2007, an evaluation in 2012 found that devolving budgets and commissioning remained problematic, and the potential to create a further tier of bureaucracy is significant, creating a resource drain rather than savings. Interagency working may continue to cause difficulties because the language, culture, disciplines and performance frameworks are deeply engrained, and the management of risk safely within the community is difficult without absolutely holding the reigns. The trust required to create transformation may also take longer than we anticipate. All of these risks also point to inspection frameworks that will punish any uncertainty and anything not embedded with poor inspection results, potentially further destabilising workforces and political support. To mitigate these risks, we will request funding to add transformation capacity because this will enable work to continue as normal within existing structures. We will ensure a significant investment in workforce development for incremental change, and will align the project within existing governance frameworks, part of the journey we are already on, so that it does not add bureaucracy.

3.5 **What impact could any disruption associated with implementing your solution have on**

the quality of service and outcomes for children during the transition period? What are your early thoughts on how to manage this? (200 words)

Disruption is likely to be around understanding governance arrangements, uncertainty in service and practice models and in the management of devolved budgets. A project plan with agreed responsibilities and accountability will need to be developed with a clear communication and information plan. Allocation of resources at the point of implementation will need to be informed by JSNA data and budget plans held by Partners. Clear pathways will need to show where and how children access help to prevent confusion and some agreed integrated working models need to be in place to give confidence to those involved in delivery.

3.6 **How much will it cost?** (150 words)

What are your best estimates on the overall costs needed over the next year, and what will your solution cost annually beyond that? (At this stage we're only asking for an overall figure. If we invite you to develop a proposal we will ask you for a detailed budget).

We estimate costs to be approximately £900,000 over the two year transformation phase of the project. This comprises the Project Manager, the Enablers and Business Support, the evaluation and the business and finance support as well as a staff development budget, ICT investment and some capital budget to facilitate integration. Beyond the transformation period, the costs will reduce to £150,000 based on investment in ongoing staff development and infrastructure support. Service management and delivery will subsequently come through the re-design of services.

3.7 **What resources do you intend to leverage to deliver your solution?** (150 words)

From your own resources or via partners and other stakeholders.

We have the commitment of the shared Safeguarding Lead post to bring into this initiative and we already have resources committed to developing the framework we wish to implement. We have invested in business and finance planning to develop a five-year plan with projects already staffed within this, such as the development of systemic therapeutic services, commissioning different placement types; we also have resources in place for the Community Hub, and ICO and have the LIST established and ready to go. These resource commitments are already made and we have the ideological commitment of Partners through the journey that we have already begun to swiftly progress the solution.

3.8 **What don't you know yet?** (200 words)

It's ok not to know everything at this stage. What things do you still need to work out about your proposal and/or how to make it happen? What might you need support to do this?

We are not clear on timescales for the ICO. We are not entirely clear around the costs of the model post-transformation and what a new model will mean in terms of workforce and recruitment and enthusiasm for a new model of practice. On a macro level, we don't know the local and national political landscape beyond May nor the extent of budget reductions and capacity then of the public sector to transform. Economic changes may impact more deeply on our community to increase the need for help across the levels, and the capacity of communities to contribute may be impacted by this and a growing lethargy. We do not know whether this level of ambition will be viewed as dangerous across our inspection frameworks. We need to consider the impact of these uncertainties and develop a project risk tool informed by clear information and business processes.

3.9 **What could you do to sustain the impact of your solution and to financially sustain the activity?** (200 words)

What makes you confident that your innovation can have a sustained impact over many years? How will you make sure it becomes mainstream practice rather than peripheral to children's services in the areas in which you are operating? How do you think the activity could be funded once any support from the innovation programme ceases? What would you do to ensure this is the case?

This is not a peripheral programme attached to a service, but a significant structural change that can reform public sector services to bring them alongside the communities they serve.

The request for pump priming will build the new frameworks and change workforce cultures as well as the culture of those requesting services, and an ongoing staff development programme that includes the community and voluntary sector will enable and embed new relationships and transactions. Sustaining this new model will require a clear business plan (within requested support budget) with financial forcasts identifying the costs against outcomes and a complementary outcomes based commissioning plan. With the new Public Service Trust operating within the LIST framework, it will be possible to explore the use social investment to fund those activities that the business plan identifies as critical to stemming flow and reducing demand. We believe that the adoption of an overarching set of performance metrics will create a single accountable framework, and that this will inform the financial commitment across the partnership – this would seek to reduce as the impact of a whole system service is felt. The independent evaluation will include a cost benefit analysis to test the model in financial terms.

Section 4
Summary

4.1 **Summary of your proposal** (250 words)
Please summarise what you want to do and why, and what difference you think it can make and why.

The proposal is seeking investment to establish a Public Service Trust with a unique legal and operational framework. This journey began with the ICO and our Pioneer status, with the planned establishment of a children's community hub, and using the LIST to ensure clear single governance arrangements. The Trust will devolve budgets for population based commissioning to the new Hub Practices, based on the requirement to deliver against a set of outcomes. As well as integrating public sector structures and delivery arrangements, the programme will bring about cultural change in the workforce and in the community using a strengths-based model of working that empowers communities and individuals and builds their resilience. The difference will be in perception, in the landscape of help and its constituent parts, and we expect this to lead to reduced demand, improved outcomes, greater satisfaction for those delivering and receiving services, and reduced cost. In terms of models of social work, we are first establishing Early Help/Hub practices (Le Grand's concept) with scope to bring in more local commissioning through this set up. We are then considering how this model may enable social workers to work in a more people-centred way, adding to the practices to provide services across all levels of need within a model that we may call `Reclaiming Childhood' as opposed to Reclaiming Social Work (Trowler), because of our ambition to place children, not services at the centre, creating responsive, affordable and personalised provision to meet need and achieve sustainable outcomes.

4.2 **What do you want to get out of participating in this programme?** (150 words)

This is an opportunity to realise ground-breaking change in public sector delivery to bring lasting benefits to our children and families, and we want to be at the forefront of this. The programme will teach us how to listen to our communities better, bringing a different landscape of commissioning and greater satisfaction in sourcing and engaging in solutions, and it will teach us to work together. We need to reduce overall spend, and anticipate that the project will deliver this both through reducing demand and embedding more effective and efficient models of working.

Please turn the page for details on where to submit the form.

Submitting the form

By submitting this expression of interest form you commit to:

- Working openly with DfE and our programme delivery and evaluation partners.
- Being open to working in new ways and being supported to develop the skills and capacity to do so. If you are invited to develop a full proposal this will include working with an innovation coach and other technical experts.
- If your proposal is funded, participating in a rigorous learning process, including a robust evaluation and sharing learning from your process and innovation publicly.

If your expression of interest is unsuccessful, you will receive brief feedback in relation to the programme criteria. Due to capacity, we will be unable to share more detailed feedback.

Please submit this form by email to: innovation@springconsortium.com

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Draft Torbay Housing Partnership Strategy Children's Services/Adult Services/ Public Health
Wards Affected:	All
To:	Health and Wellbeing Board **On:** 2 October 2014
Contact:	Julie Sharland
Telephone:	208065
Email:	julie.sharland@torbay.gov.uk

1. Achievements since last meeting

1.1 Completion of draft Housing Partnership Strategy – (by Officer group)

1.2 Agreement by the Executive Lead for Strategic Planning, Housing, Energy and Environmental Policy (Cllr D Thomas) and Mayor to commence consultation

2. Challenges for the next three months

2.1 Housing Partners and wider stakeholder comments and input.

2.2 Overview and Scrutiny - 22nd October 2014

2.3 Final document - Full Council Endorsement – meeting 4th December 2014

3. Action required by partners

3.1 Review comments/ recommendations re proposed themes, outcomes, and general content.

Appendices

Draft Strategy

My Home is my Life

2014-2018

Good quality housing underpins other life chances and wellbeing

Torbay's Housing Partnership Strategy Draft

Contents Page

Priority Theme Deliverable Outcomes

Bridge the Gap Outcomes

* Provide a mix of house types and tenures to match the local need.

* Make best use of existing social housing stock and empty homes. Working with private landlords including private retirement schemes to make best use and build successful mixed communities

* Improve the standard of new affordable housing to ensure homes cost less to heat, maintain and minimize the impact on the environment.

* Improve standards in the Private Rented Sector to encourage choice in the market

Help when and where it's needed Outcomes

* Closer working with partners and the voluntary sector – achieving, increased choice, self help and access to advice (especially financial) and early intervention across agencies and communities

* Improve housing offer to meet a range of local needs and aspirations.

* Local support for those most vulnerable (specifically to mitigate the impacts of Welfare reform)

* Housing that is part of an integrated approach to health, social care and support keeping people healthy and independent as they age and making sure they have the best start in life.

* Long term placements for adults and children into residential and nursing care are reduced. Ensure more people with learning disabilities and those with poor mental health are able to live independently and older people are enabled to remain independent in their own home

Healthy Home, Healthy You, Healthy Bay Outcomes

* Good quality homes with high energy efficiency, safety, minimum standards and good Landlords

* Improve and maintain independence and inclusion, effective support for disabled, older people and vulnerable groups.

* Ensure housing is designed and maintained to minimise exposure to both indoor and outdoor pollutants, including damp, mould, combustion, CO, Particulates, noise, asbestos

* Reduce injuries in home - especially falls in the elderly; and accidents among children

* Design healthy homes to encourage physical activity e.g walk/ cycle/play/garden etc. and access to healthy food and lifestyles.

My Home is my Life - TORBAY'S Housing Partnership Strategy

2014 – 2018

Foreword, Cllr Thomas and Housing Partnership

1- Introduction

This is Torbay Council's new Housing Strategy for 2014/15 to 2017/18. It has come at a time when the national economy has suffered a sustained period of uncertainty affecting housing supply and demand in many different ways for the past six years.

It is called "My Home is my Life" because good quality housing underpins other life chances and wellbeing. It is recognised as a key determinant of good health. It is not just about bricks and mortar, it is about the communities in which people live, their hopes for themselves and each other. Good housing influences life chances, education, work opportunities, good health and freedom from fear of crime.

The strategy addresses these challenges and takes new opportunities to set ambitious plans to recognise our local pressures, encourage community resilience, build as much housing that offers affordable choice, tackle homelessness through new housing options and strengthen our role in the private housing sector over the next three/ four years.

The return of the responsibility to improve the health and wellbeing of local people to local authorities has brought with it a renewed emphasis to tackle the 'causes of the causes' of poor health. Councils have an influence over the day-to-day conditions in which people live, so are well placed to make the most of a move away from the medical model of health based on clinical treatment to a social model based on health promotion, protection and prevention. There are key policy areas – the social determinants of health - where action is likely to be most effective in reducing health inequalities. Action on the supply, provision and maintenance of housing is one of these key areas.

It ranges from the “bricks and mortar” of the home itself, through to the condition of the interior of the property, services for those who are homeless and in priority need, through to regulating the social landlords and private landlords sectors to ensure that properties are appropriately managed and the tenants are not placed at any undue risk of harm. For some clients properties can be adapted to enable them to live independently in their own home for longer. Thermal insulation is also a key issue to enable people to be able to keep their homes warmer for longer and reduce their fuel poverty issues.

At the same time, a range of supporting/specialist housing and support related strategies have come to the end of their term and funding. Therefore, we have taken an innovative and forward thinking approach to developing this new Housing Strategy with our Partners. In this way we will make best use of existing and new housing, making sure people have homes for life when appropriate with access to the right type of housing, support and care at the right time. The Housing Strategy will contribute to the Health and Well being Strategy and Torbay and Southern Devon’s aims to reduce bed based care and promote independence and self management of conditions in the community with housing forming part of an integrated approach to health and social care.

We have not had a current Strategy for a couple of years and have therefore produced an Over-arching Strategy which identifies four key priority themes which contain, outcomes and action plans The action plans will be reviewed on an annual basis, monitored by the Torbay Housing Partnership. The over-arching document is intended to show how the Council and partners will prioritise and tackle housing need, promote new housing options and improve housing conditions across all tenures encompassing housing topics that specifically cover:

- Living Environment
- The successful Housing market
- Right housing at the right time
- Specialist housing needs for those needing care and support (including Older People, as well as those with learning disabilities and other long term conditions)

Torbay Context/ Need

The development of the Housing Strategy 2014 – 2018 has been informed by a range of needs information, specific links can be found at Appendix 1. It is recognised that certain market assessment information has not been updated recently, however we do have a recent JSNA joint strategic Needs Assessment and a Market Position Statementhttp://www.torbay.gov.uk/index/yourservices/adults/marketpositionstatement.htm which have been adopted by Health and Well Being Board.

We recognise the need to update this MPS with current Children's and Housing position information and requirements. The knowledge of our partners is also a valuable source in informing activity that supports our communities and more vulnerable groups. It is important to ensure on – going dialogue with colleagues across the council partners and beyond.

The purpose of this strategy is to provide a framework for joint commissioning, and partnership working, achieving the Housing Priorities and outcomes, and contribute towards delivery of the council's Health and Well Being Strategy. The strategy will be informed by a range of commissioning strategies for vulnerable people including, learning disability, dementia and mental health, Children's Commissioning plan, Children and Young Peoples Plan, and Child Poverty strategy.

The importance of the housing market for Torbay's economic wellbeing means that this strategy will contribute to economic growth, recognise the need to tackle poverty. Children in poverty have lower standards of living that have an impact on their lives. Children in the poorest households are often living in a home in poor repair .Many of these are often damp, and children are at greater risk of long-term respiratory problems, such as asthma. Other health problems, such as diabetes and obesity, are more common among poor children. It will also promote decent standards, safe long term housing tenure and stability for those that need it most. We need to recognise that there will be a continued shortage of homes that are affordable for low – income families (particularly younger) households.

Our understanding of the current housing market is limited as the latest housing condition survey dates to 2011. The economic challenges facing Torbay are understood however the need to develop the housing market to stimulate and sustain economic growth has not previously been clearly articulated. There is a continued pressure on the ageing privately rented housing sector, with a distinct lack of investment in

providing good standard tenanted properties. This limits the quality of life and the opportunities for tenants in Torbay and increases the gap in inequalities.

The strategy reflects the council's role in discharging a range of statutory duties such as those relating to homelessness, private sector housing, responsibility for public health and social care and the safeguarding of vulnerable children and adults.

Housing by tenure

Source: Torbay Private Sector House Condition Survey 2006/2008/2009/2011

Tenure	Dwellings 2011	Percent 2011	Torbay 2009	Torbay 2008	Torbay 2006	EHCS 2008
Owner Occupied	44,870	70.1%	71.8%	71.8%	72.0%	68%
Privately rented	13,950	21.8%	19.6%	19.4%	19.7%	14%
Housing Association (RSL)	5,160	8.1%	8.6%	8.8%	8.3%	8%
Local Authority*	0	0.0%	0.0%	0.0%	0.0%	10%
Total	**63,980**	**100%**	**100%**	**100%**	**100%**	**100%**

Torbay Housing partnership input -

In Torbay? What does our Neighbourhood support/ activities look like that help local people, in particular the more vulnerable, to feel more involved and in control of their lives which in turn helps them to be healthier and more resilient to external pressures.

Action – this needs to be an agenda item to discuss at Partnership Forum, on presentation of draft priorities.LDs recommissioning of day opps may fit well here as well as different approach to residential rehab and need for shared accommodation?

Link to social isolation in older people

Access to timely financial advice

Resident led approach through community development and empowerment

Priority Themes

Theme

Bridge the Gap - Increase choice, quality and affordability - Private sector and Affordable housing

Good quality, decent homes provide an opportunity for stable family life. They underpin economic growth and help create thriving, sustainable communities. However, for some getting on to the housing ladder is very challenging. Demand outstrips supply, the availability of mortgage financing is limited and the quality of housing varies hugely across Torbay.
For the young, the difficulties of 'staying local' can disrupt the traditional family networks upon which strong communities are based.
For families, uncertainty over housing can undermine the contribution they make to our economy through work and active citizenship.
For Torbay's increasing elderly population homes that meet their changing needs are growing.

With an ageing population in Torbay there is a clear direction of travel for people to remain in their own homes longer not only to improve their quality of life but also to reduce the pressure on the public purse. National policy changes are also reshaping the needs of our population. In order to meet the increased pressures placed on local authorities in the wake of welfare reforms there is a need for an innovative and flexible approach to the provision of temporary accommodation

The age and quality of the housing stock in Torbay means that it is poorly insulated and generally inefficient, leading to poor living conditions and an increase in fuel poverty.71.4 % of the Private Rented Sector receives Housing Benefit. This adds pressure to statutory agencies and adds further pressure on the local housing market.

It will be an on – going challenge to manage expectations – we can't house everyone in affordable housing

Outcomes

1. Provide a mix of house types and tenures to match the local need.

2. Make best use of existing social housing stock and empty homes. Working with private landlords including private retirement schemes to make best use and build successful mixed communities

3. Improve the standard of new affordable housing to ensure homes cost less to heat, maintain and minimize the impact on the environment.

4. Improve standards in the Private Rented Sector to encourage choice in the market

Year	Number of Lettings per Annum Social Housing	Waiting List Figures	Number of New affordable Homes Delivered
2013/14	**457**	**3195**	**195**
2012/13	**303**	**3066**	**35**
2011/12	**371**	**3425**	**35**
2010/11	**344**	**3966**	**127**
2009/10	**371**	**2482**	**117**
2008/09	**326**	**6493**	**119**
2007/08	**397**	**5221**	**149**
2006/07	**317**	**3995**	**144**
2005/06	**237**	**4611**	**135**

Headline Actions

Delivers on Outcome/s	Action	Resource	Person Responsible	Completion date	Risks/ Dependencies
1	Reassess overall delivery target and targets around mix of size, type and location based on thorough needs analysis	Design reporting and ongoing monitoring tool. Collate information from Commissioning unit	Housing Commissioner JS Exec Head Community Safety FH ,Partnership Commissioning Unit	April 2015	Information is key to setting housing delivery targets.
1	Ensure understanding of current and future housing needs is kept up to date and is fit for purpose	Analyse and provide data from Torbay's Housing Register to inform needs data including demand and availability of specialist accommodation and to ensure new housing meets the aspirations of home seekers. Review current housing market data. Review census data as it becomes available Explore opportunities for commissioning research, including joint commissioning with other LAs	Housing Commissioner JS Exec Head Community Safety FH ,Partnership Commissioning Unit		

1,	Prepare brief for delivery of new housing development at Hatchcombe.	Liaise and engage with SP and Care trust to establish specification	Housing and planning Manager LM	Ensure specification is future proofed and minimises any revenue contribution.
1	Continue to maximise delivery through planning gain and S106 agreements.	Officer time – requires policy reviews	Housing and planning Manager LM	This delivery route is entirely dependent on market conditions – risk to delivery
1,3,	Identify land owned by Torbay Council for the delivery of affordable housing.	Land review, requires Council approval	Housing and planning Manager LM	Conflict between delivering affordable housing and maximising the capital return for the Council.
2,4	Look at ways in which Empty homes can be targeted for affordable housing.	Continue to work with Private Sector property owners to create bespoke solutions.	Exec Head Community Safety FH Housing and planning Manager LM	This work is often Labour intensive and can often be more expensive than traditional delivery routes, However there are additional benefits – Private Sector renewal. .
1,2,3,4	Consider ways in which we can make better use of what we already have. Review allocation policy to increase priority of those downsizing	Consultation with wider Devon Las and DHC. Review annual lettings plan annually from Sept	Housing Commissioner JS	May end up with different arrangement than the rest of Devon.
3	Continue to monitor the performance of the properties at	Plymouth University currently provide the data. Office required to	Housing and planning Manager LM	Resistance from developers and potentially RPs as the new specification will carry additional

	Beechfield. Roll out most effective components on new housing developments to aid fuel poverty.	amend legal specification documents			costs.
1,3,	Review and assess the merits of Council House Building programme	Significant inter departmental review including legal and finance	Housing and planning Manager LM		
1,3,	Ensure robust planning policy exists to drive and maximise new affordable housing and improve quality.	New affordable housing SPD. Include taperered approach which will generate an additional income stream to assist the delivery of affordable housing	Housing and planning Manager LM		Resistance from developers.
	Detailed housing needs and domestic market assessment including conditions, tenure, gaps, etc.	External body to be commissioned	Housing Commissioner JS	Mar 2016	
	Develop innovative approaches to work with partners to reduce hazards in the privately rented sector.	Housing Standards Team	Executive Head Community Safety FH	Ongoing	
	Explore alternative options to meet the		Housing Commissioner		

	identified needs of the Bay e.g. equity release schemes, procuring different types of temporary accommodation, role of the community sector		
	Develop partnerships with the energy providers and other private sector organisations to reduce fuel poverty in Torbay		Executive Head Community Safety
	Choice and affordability?? Housing Partnership contribution discussion Enabling the development of high quality and sustainable affordable housing in places where people want to live responding to local need and supporting the economy. Enabling people to make informed choices about their housing circumstances and enabling them to meet their own housing	Housing Partnership	

	needs. Improving the condition and usage of existing housing across all tenures taking into account social and environmental factors that impact on quality of life.

Theme

Help when and where it's needed – create a quality approach to housing advice that offers early intervention and prevention – to both clients and Landlords that deals with the problems before they become a crisis. Sub strategy, Homeless Prevention action plan, housing as part of an integrated health and social care system

The links between housing, health and wellbeing are well-documented. Local authorities working in partnership with health, community voluntary sector organisations and criminal justice agencies have a key role to play in making sure housing and the nature of the Local area maximise the health and wellbeing of more vulnerable people including, the elderly, people with learning disabilities and other health problems.

As a pioneer site for integrated care across Torbay and South Devon, creation of an Integrated Care Organisation will build on successful integration of health and social care services for older people at a local level. Housing will be fully integrated into a joined-up health and social care system with a single budget aimed at providing better care with the following priorities:

- Inequalities across children and young people's care will be reduced
- Mental health will be 'mainstreamed' as part of overall wellbeing and health
- Frail older people – structural pathway problems and patient experience improved
- Seven-day services equally available for all, through a 'broad front door'
- Community resilience and enhanced social fabric will form the basis for health and wellbeing

Prevention and early intervention sit at the centre of this approach alongside enabling people to remain independent for as long as possible in their own homes.

While spend on residential and nursing care is the largest area of spend in the adult social care budget demand for traditional accommodation based care is in decline. Fewer people are entering residential care and those who do so tend to enter at an older age and stay for a shorter period.

Torbay's market position statement sets out a vision for the health and social care residential market for adults based on reducing and avoiding reliance on bed based care through a more co-ordinated approach to accommodation based care by:

- Continued reduction in long term placements into residential care
- Focus on short term reablement, rehabilitation, recovery, respite and crisis
- Development of extra care housing
- Later admission to long term nursing care

Torbay and Southern Devon Learning Disability operational commissioning strategy (2014) contains local implementation plans for a wider learning disability health and care strategy spanning Torbay, Devon and Plymouth councils as well as North, East and West Devon and South Devon and Torbay Clinical Commissioning Groups (CCG). The strategy plans to develop:

- Extra care and sheltered housing models to provide independent accommodation and support for people with learning disabilities and opportunities for people to remain living with older carers with support needs.
- An accommodation and Flatmate service including, maintaining a vetted 'flatmate'list for people with a learning disability who need accommodation and those who would like to share.

The three Devon Local authorities and two CCGs have also produced a mental health strategy (2013-2016). 'A good home' is cited as one of the foundations of good mental health and wellbeing. A crisis house has been developed in Torbay to reduce and avoid hospital admissions and local implementation plans are in development with people who use services, their carers, community voluntary sector organisations and commissioners.

To make sure accommodation based services and pathways enables families, children and young people to have the best start in life a review of placements and services is underway

We will aim to target preventative measures more effectively, based on an evidenced housing offer and local need in order to reduce the pressure on statutory services.

The emerging integrated care organisations provides new opportunities to join up the operational activities across the care giving economy e.g. facilitating links with housing at discharge from hospital.

Fuel costs are rising faster than income rates, thereby increasing the pressure on individuals and families to meet their housing costs. This can in turn add demand pressures on statutory services e.g. the provision of temporary accommodation, the take up of cheap, low standard rented properties, etc.

Our ageing population and those with complex needs place demands on care organisations if they are unable to live independently in their own home. Mechanisms need to be implemented to increase residents' ability to either maintain their tenancy or own homes for longer.

Outcomes

5. Closer working with partners and the voluntary sector – achieving, increased choice, self help and access to advice (especially financial) and early intervention across agencies and communities
6. Improve housing offer to meet a range of local needs and aspirations.
7. Local support for those most vulnerable (specifically to mitigate the impacts of Welfare reform)
8. Housing that is part of an integrated approach to health, social care and support keeping people healthy and independent as they age and making sure they have the best start in life.
9. Long term placements for adults and children into residential and nursing care are reduced. Ensure more people with learning disabilities and those with poor mental health are able to live independently and older people are enabled to remain independent in their own home.

Headline Actions

Delivers on Outcome/s	Action	Resource	Person Responsible	Completion date	Risk/ Dependencies
5,6,7,8, 9	Completion of new Homeless strategy includes temporary accommodation commissioning plan.	Housing Options Service Manager and Partners	Exec Head Community Safety FH Housing Commissioner JS	April – June 2015	
5,6,7,8 ,9	Co production and partnership delivery of a new approach/model for Information and Advice. Includes development of Children's Community Hub	Information and advice Steering group, and Children Hub Steering group	Housing Commissioner JS and Partnership	April 2016	Delays from a co – production model, full engagement from key partners.
5,6,7,8	Explore co location of Housing Options service at community access points/ hubs	Housing Options Team and partners	Exec Head Community Safety FH		
5,6,7,8	Explore/ Develop service pathway for Non Statutory Single Homeless	Identify funding opps/ grants.	Exec Head Community Safety FH		
5,6,7,8	Explore alternative options to meet the identified needs of the Bay e.g. equity release schemes,		Housing Commissioner JS		

	procuring different types of temporary accommodation, role of the community sector			
5,6,7,8	Work with partners to raise the profile of an individual's housing needs at key moments in the individual's life, and enable them to remain in their own homes for longer e.g. hospital discharge	Information and advice co production model and partners	Housing Commissioner	March 2016
6,7	Work with partners to develop means of supporting tenants to maintain their tenancies e.g. support with mental wellbeing, credit unions, etc.		Executive Head Community Safety	
5,6,7,8,9	Work with housing associations and other housing providers to ensure that resources are prioritised to those most in need	Torbay Housing Partnership	Exec Head Community Safety FH Housing Commissioner JS	
8,9	Development of extra care housing For older people and younger people			

	including those with learning disabilities, poor mental health and acquired brain injury		
6,9	Flatmate scheme for people with LDs		
5,6,7,8,9	Families young people and children placement and pathway review	Children's Commissioning and Sufficiency Plan Children's Services and Peninsula Framework	Housing Commissioner JS

Theme

Healthy Home, Healthy You, Healthy Bay – improve Health through quality housing in communities people want to live.

There is a compelling need to identify sustainable channels in communities to build resilience and increase community cohesion. Whilst we have started to change the landscape in Torbay, much more needs to be done.

There are also a variety of hidden harms within our communities which have a direct and generational impact on individual families. For example, the impact of domestic abuse reaches out further than the criminal justice system and affects a family's entire life, including finance, health, wellbeing, education, etc. Providing a holistic service to survivors of domestic abuse will enable them to enjoy a healthier life, this includes the living in good standard, safe accommodation, across all housing sectors.

The integrated care organisation (ICO) provides new opportunities to join up the operational activities across the care giving economy e.g. facilitating links with housing at discharge from hospital.

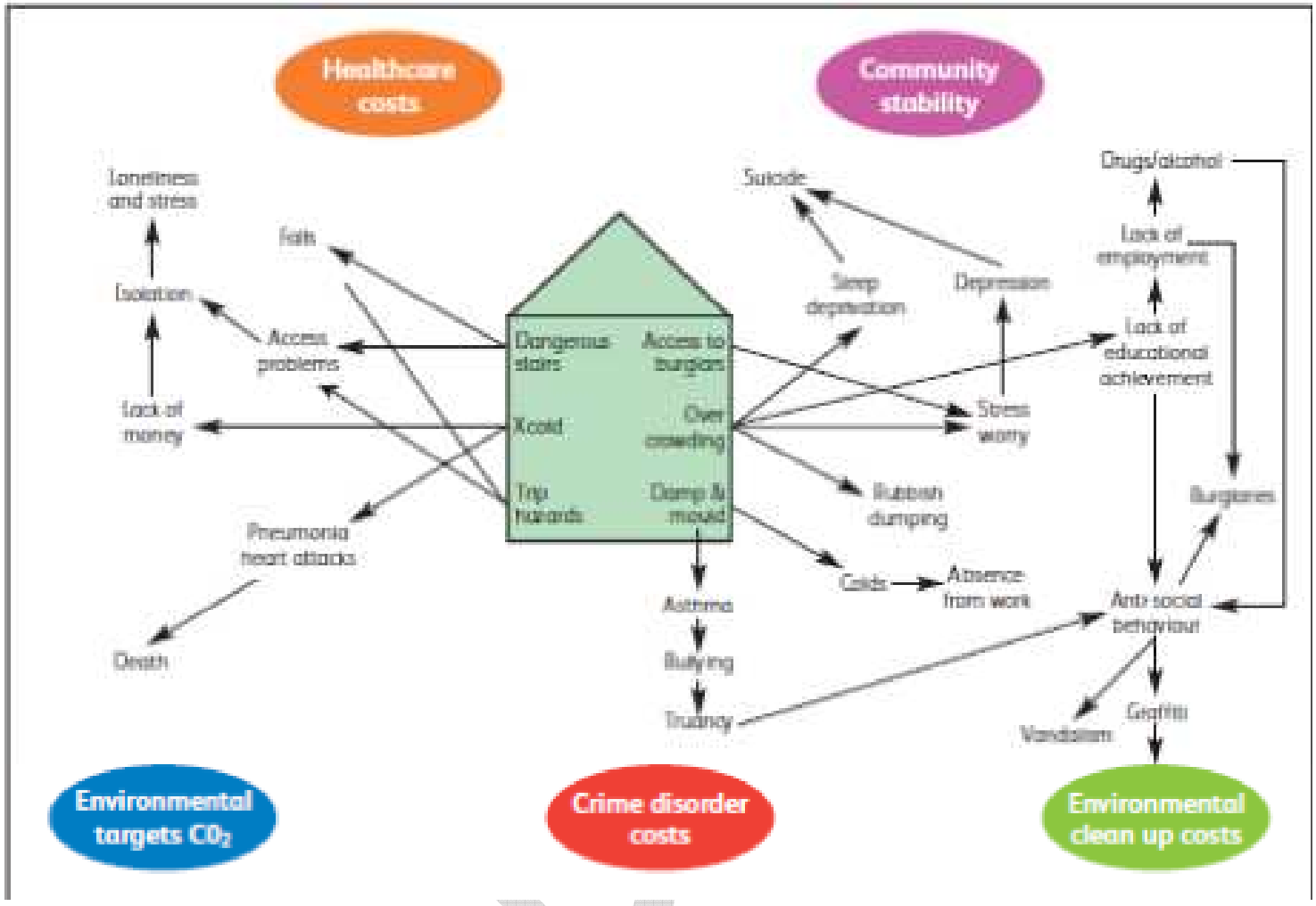
In the future we need to ensure that equipment provision, Home Improvement Agency Service and Disabled Facilities grants are more joined up in their commissioning aspirations and future provision.

Housing is an important social determinant of health. The availability, quality and tenure of housing, along with more specific factors such as damp, inadequate heating, indoor pollutants and noise all have an impact on the health of its occupants. Overall the Building Research Establishment (BRE) has calculated that poor housing costs the NHS at least £600 million per year. A range of specific housing-related factors are known to adversely affect health:

- Agents that affect the quality of the indoor environment such as indoor pollutants (e.g. asbestos, carbon monoxide, incomplete combustion, radon, lead, moulds and volatile organic chemicals)
- Cold and damp, temperature or warmth, fuel poverty
- Housing design /type or layout (which in turn can affect accessibility and usability of housing), infestation, hazardous internal structures or fixtures
- Environmental factors including noise, external air pollution, services, drainage
- Factors that relate more to the broader social and behavioural environment such as: overcrowding, sleep deprivation, neighbourhood quality, infrastructure deprivation / inaccessibility (i.e. lack of availability and accessibility of health services, parks, stores selling healthy foods at affordable prices), neighbourhood safety, and social cohesion
- Factors that relate to the broader macro-policy environment such as housing allocation, lack of housing (homelessness, whether without a home or housed in temporary accommodation), housing tenure, (including ownership) housing investment, and urban planning.

  There are a range of health conditions arising from these factors, including cardiovascular disease, depression and anxiety; nausea and diarrhoea; infections; allergic symptoms; hypothermia. 45% of accidents occur in the home and accidents are in the top 10 causes of death for all ages.

Unintentional injuries in and around the home are a leading cause of preventable death for children under five years and are a major cause of ill health and serious disability. Analysis shows that each year in the UK approximately 60 children and young people died, 450,000 attended accident and emergency (A&E) and 40,000 were admitted to hospital as an emergency.



Cold homes are linked to increased risk of cardio-vascular, respiratory and rheumatoid diseases, as well as hypothermia and poorer mental health. There were an estimated 36,450 excess winter deaths attributable to all causes in England and Wales in 2008/093.

Torbay has some specific housing factors that lead to poor health. Those without a home are expected to experience negative health outcomes. In Torbay the numbers accepted as being homeless and in priority need in Torbay is 1.2 per 1,000 households (2012/13).

The condition of Torbay's dwelling stock could be described as worse than the national average. Over half of the areas in Torbay are in the top 20% (quintile) most deprived for housing in poor conditions in England (2010). Torbay has a relatively low social housing stock. Figures for April 2011 suggest the social housing stock in Torbay to be 7.9%, compared to 18% nationally and 13.6% regionally. The percentage of households that experience fuel poverty based on the "Low income, high cost" methodology is 11.4%, significantly worse than the England value (2011).

The Joint Strategic Needs Assessment found that some groups of people are notably worse off in terms of health and care inequalities. We will contribute to tackling these disparities by developing a better understanding of our communities and ensuring that housing services, delivered through our partnerships with local communities and specialist agencies, promote and support inclusion and are accessible to an increasingly diverse population.

The local authority has a commitment to developing supported living and for many people with learning difficulties or poor mental health this means giving them greater choice and control over where they live. In addition, the growing number of older people will create increased demand for support to live independently at home and for extra care and sheltered housing. We will meet these needs by remodelling existing provision and encouraging the development of suitable affordable housing options.

Outcomes

10. Good quality homes with high energy efficiency, safety, minimum standards and good Landlords

11. Improve and maintain independence and inclusion, effective support for disabled, older people and vulnerable groups.

12. Ensure housing is designed and maintained to minimise exposure to both indoor and outdoor pollutants, including damp, mould, combustion, CO, Particulates, noise, asbestos

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13. Reduce injuries in home - especially falls in the elderly; and accidents among children

14. Design healthy homes to encourage physical activity e.g. walk/ cycle/play/garden etc. and access to healthy food and lifestyles

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Headline Actions

Delivers on Outcome/s	Action	Resource	Person Responsible	Completion date	Risks/ Dependencies
13,	Reduce unintentional injuries in and around the home among children under five years to bring down the number of children admitted to hospital from injuries.	PHE report (2014) actions	Public Health Children's Lead and Early Years service Torbay Housing partnership		
10,12	Consider use of external and housing renewal funding to make homes more energy efficient and tackle Fuel Poverty, and target to people and areas in greatest need	Partners	Exec Head Community Safety FH		
10,12,13	Use powers and strategic influence to reduce non Decent Homes to a minimum, prioritising the removal of category 1 health and safety hazards, exposure to pollutants, and tackling overcrowding.		Exec Head Community Safety		
10,11,12,13,14	Target assistance to low income and vulnerable households to reduce health and safety risks in their homes including excess winter deaths and falls.	Housing partners			
14	Design homes and residential areas to encourage physical activity and access to walking, cycling, play, open spaces, gardens	Housing partners, planners			
11,	Work with the Community Development		Housing and Adult		

	Trust to reduce social isolation in Torbay		Commissioners
11	Work with partners to identify support mechanisms for victims of domestic abuse		Exec Head Community Safety FH
10,11,12,13,14	Maximise the opportunities of joint commissioning arrangements to improve the wide determinants of health and reduce inequalities across commissioned and directly delivered services.	Joint Commissioning Group	
11,13	Work with partners to promote independent living especially within the more vulnerable communities e.g. time banking, disabled facilities adaptations	Housing Partners , Community Development Trust	
11,13	Reduce the number of preventable accidents in the home through targeted support e.g. handypersons scheme; child accident prevention	Housing Partners CCG	

4 Partnership Delivery

Re focus of Torbay Housing Partnership and membership

Action/ agree TOR

5 Resources

Including Community investment – is this now included in action plans??

Gaps

Risk assessment, EIA

Welfare reform/report findings

Appendix 1

Links to other Strategies/ docs

Action what other strategies/ plans/ policies exist in Torbay

(Insert link to economic strategy and CP recommendations, LDP)

2011 09 15 Torbay Update.pdf

http://www.torbay.gov.uk/index/yourservices/planning/strategicplanning/shmatorbayupdate.pdf

http://www.torbay.gov.uk/index/yourservices/planning/strategicplanning/hmamainreport.pdf

http://www.torbay.gov.uk/index/yourservices/planning/strategicplanning/hmaexecutivesummary.pdf

http://www.torbay.gov.uk/housingrequirementreport.pdf

The Local Plan Topic Paper below summarises the evidence of need/demand for housing (including 2012 based (published May 2014) population projections)

24TorbayLocalPla
nTechnicalPape...

Appendix 2

Key national policy changes since the last strategy

Localism Act 2011 - aims to decentralise power to the lowest practicable level whether that is the local authority, parish or neighbourhood.

National housing strategy: *Laying the Foundations: a housing strategy for England* was published in November 2011. It sets out a series of changes to the housing system, some of which were already underway when the strategy was published. The strategy aims to increase housing supply (including bringing empty homes back into use), get the housing market moving and boost the economy. It supports choice and quality for tenants, provides support for vulnerable people, and improved environmental standards and design quality.

Funding of new affordable housing - grant available for affordable housing development has been halved in comparison with what was available prior to 2011 and a new revenue-based funding model introduced. Funding is now generally only available for housing that will be let at an Affordable Rent for which social housing providers are able to charge rents of up to 80% of the market rent compared to a more typical 50-60 per cent under the old funding regime. The additional income generated must be used to deliver new affordable homes Action section .Needs updating

National Planning Policy Framework (NPPF) - was published in spring 2012 and sets out a presumption in favour of sustainable development. Neighbourhood Development Plans and Community Right to Build enable local people to have more involvement and control over development in their area. Changes to the planning obligations system (section 106 agreements) mean that strategic infrastructure is now funded by a Community Infrastructure Levy (CIL) on developers. At present, affordable housing continues to be developed through section106 planning agreements. Planning Policy for Travelers Sites came into force at the same time as the NPPF and requires the council to set pitch targets for Gypsies and Travelers and plot targets for travelling Show people.

Welfare Reform – the Welfare Reform Act (2012) aims to make work pay. It introduces Universal Credit, a single benefit for people of working age which replaced existing benefits such as Income Support from October 2013. In September 2013 all welfare benefits were capped at the average household earned income. The cap will not reflect variations in income and rental costs across the country. Any money over and above the cap will be reduced from the housing costs element therefore some households may be at risk of falling into arrears because their housing award is insufficient to meet their rent. There have also been significant changes to housing benefit aimed at

reducing the housing benefit budget.

Regulation of social housing – a new Regulatory Framework was introduced in April 2012 which sets out standards that housing providers must meet with intervention only taking place in cases of 'serious detriment' to tenants such as health and safety; loss of home, unlawful discrimination, loss of legal rights.

Health and social care reforms – the Health & Social Care Act abolishes Primary Care Trusts (PCTs) and transfers their commissioning responsibilities to Clinical Commissioning Groups (CCGs). The South Devon and Torbay CCG is made up of? GP practices. Local authorities (top tier) were required to establish Health & Wellbeing Boards to promote more joined-up commissioning of health and social care and public health services

Care bill care funding reform- Dilnot, personal health and care budgets

Making every contact count published by the government in August 2012. It sets out the government's commitment to ensuring that early intervention ensures that people are helped to either remain in their home or find somewhere else to live.

Poor quality housing

The quality of housing has a significant impact on health and wellbeing together with the quality of the physical environment and neighbourhoods. The Building Research Establishment (BRE) has calculated that the effects of poor housing costs the NHS at least £600m per year[35]. For example, poor quality housing is associated with an increased risk of cardiovascular diseases, respiratory diseases and depression and anxiety. In addition to the physical ill-health effects of fuel poverty, a study showed that people in fuel poverty were more than four times more likely to suffer anxiety or depression than people who could pay their fuel bills easily.[36]

Environment and neighbourhoods

Neighbourhoods and the wider physical environment are just as important to an individual's health and wellbeing as the bricks and mortar. There is wide body of evidence that demonstrates living close to areas of green space can improve both physical and mental health. Opportunities for social contact, development of social networks and participation in the local community are also associated with positive health outcomes such as a reduced risk of depression and reduced morbidity and mortality.

My Home is my life

Name of Reviewer	Section/page number	Line Number	Brief Comments Please insert each new comment in a new row
Example *Julie Sharland*	*Example* *Outcomes P4*	*Example* *32*	*Example* *Add 'xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx'*

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Health and Wellbeing Board Priority 8: Reduce alcohol consumption
Wards Affected:	All
To:	Health and Wellbeing Board **On:** 2 October 2014

Contact:	Bruce Bell
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1. Purpose

1.1 This report provides a summary on progress on the Health and Wellbeing Board's priority of reducing alcohol consumption.

2. Recommendation

2.1 That the Torbay Health and Wellbeing Board accepts the progress stated in this report.

2.2 That the Torbay Health and Wellbeing Board endorses the development of a new alcohol strategy and implementation plan.

3. Supporting Information

3.1 The Alcohol Update Report attached.

4. Relationship to Joint Strategic Needs Assessment

4.1 Reducing alcohol related harms is a local priority outlined in the JSNA

5. Relationship to Joint Health and Wellbeing Strategy

5.1 Reducing alcohol consumption is a strategic priority for the Torbay Health and Wellbeing strategy, sitting within 'Outcome 2: A healthy life with a reduced gap in life expectancy'.

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

6.1 For review following consultation and ratification of the new alcohol strategy and implementation plan.

Appendices

Alcohol Update Report

Background Papers:
The following documents/files were used to compile this report:

- Local Alcohol Profiles for England: Torbay 2014.
- NHS Health Checks data – Devon, Cornwall & Somerset Centre as at 30 June 2014 (Quarter 1, 2014/15).
- Public Health – Lifestyles. Survey Results June 2014.

ALCOHOL UPDATE REPORT

Current Position

The latest Local Alcohol Profiles for England report was published in August 2014. This shows Torbay to have significantly worse rate than the England average of alcohol-related harm for:

- Alcohol-specific mortality for males and females
- Mortality from chronic liver disease for males
- Alcohol-specific hospital admissions for males, females and under-18s.
- Alcohol-related admissions (narrow definition) for males
- Admission episodes for alcohol-related conditions

Unfortunately, due to a change in methodology adopted this year by Public Health England it is not possible to compare directly with previous iterations.

Achievements to Date

In line with the priority areas identified by the Torbay Health and Wellbeing Board:

Priority Area	Activity
Continue to include alcohol screening in the NHS Healthchecks programme as this programme expands	Alcohol screening is embedded in the NHS Healthchecks programme. As of Quarter 1 2014/15 the Torbay uptake was 60% of those offered received a Healthcheck which compares favourably with the national figure of 44%. A training programme has been commissioned and run to support staff in GP practices to deliver Healthchecks. This included significant input on alcohol screening and how to respond to different drinking patterns.
Extend the range of Identification and Brief Advice opportunities available through non-medical settings for people with alcohol problems.	No activity currently, to be informed by the new alcohol strategy (see Alcohol Update Report for details).
Improve pathway between hospital and community treatment services for people with alcohol related problems.	Alcohol screening models have been embedded in A&E, outpatients and high-prevalence wards. This has seen a significant increase, with over 300 individuals being screened at Torbay hospital each month. Southern Devon & Torbay Clinical Commissioning Group has agreed an incentive payment with Torbay Hospital to

	increase the screening activity for alcohol for 2014/15. Targeted alcohol caseworker post in place who is assertively working with 'high-attenders' at hospital and primary care with complex needs and low motivation to reduce further hospital admissions. One of the Integrated Care Organisation's (ICO) development priorities is of a care-model for alcohol. Projects within this include: • Increasing universal alcohol screening across the ICO. • Development of a specialist alcohol service at Torbay Hospital.
Promote and support peer-led recovery opportunities in the community.	There is an accessible, recovery-focused, alcohol treatment system in place that is configured to meet the needs of the local population. A range of recovery support interventions are available to promote recovery e.g. mutual aid, peer support, family and parenting support, volunteering pathways for employment, Job Centre Plus. Public health are funding a 'recovery grants' process where people in recovery (supported by treatment services and the Community Development Trust) allocate grants to groups of people in recovery to support their peers.

In addition, the public consultation for the new 'lifestyles' service identified strong support for promoting drinking within recommended limits within a service. A key feature of a newly commissioned service will, therefore, include information and advice to address 'increasing risk' drinking.

Future Activity

A new alcohol strategy and implementation is required as the current strategy is now out of date and a re-base lining exercise is required to clarify which strategic programmes and interventions are still operational in light of the significant redesign and restructuring of public service in recent years.

The intention is to focus, in the first instance, on four themes to reflect the cross-cutting nature of the alcohol agenda:

- Prevention of alcohol-related harm in adults:
- Reduction in Alcohol-related crime, disorder and impact on communities:

- Protection of Children & Young People from Harm
- Alcohol Control

Consultation on a new draft strategy will commence in December 2014.

Scoping work has commenced with Public Health England and Devon Public Health to develop a social marketing approach to alcohol. Key areas of work are:

- Promoting health checks.
- Dry January campaign.

Bruce Bell

Head of Public Health Improvement.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – High level Joint Mental Health Commissioning Strategy for South Devon and NEW Devon CCGs, and Torbay, Plymouth and Devon Councils		
Wards Affected:	All		
To:	Torbay Health and Wellbeing Board	**On:**	2 October 2014
Contact:	Derek O'Toole		
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1. Achievements since last meeting

1.1 The Devon wide Mental Health Commissioning Strategy was presented last to the Torbay Health and Wellbeing Board in June 2014. Since then, we have been receiving and correlating comments from the people of Torbay and South Devon. These comments have been pooled with reflections from across Devon.

1.2 The strategy now reflects many of those comments, suggestions, and changes of emphasis, presentation style and language from all of the engagement processes across Devon.

2. Action required by partners

2.1 The final Mental Health Commissioning Strategy for Devon, Plymouth and Torbay 2014-2017 is now attached and the Board is requested to receive and approve it for publication and launch.

Appendices

A Mental Health Commissioning Strategy for Devon, Plymouth & Torbay 2014-2017

Background Papers:
The following documents/files were used to compile this report:

No Health without Mental Health (DH, 2011), Talking therapies (DH, 2011), No health without mental health: implementation framework (DH, 2012), Preventing suicide in England (DH, 2012), Caring For Our Future: reforming care and support (DH, 2012), Closing the Gap (DH, 2014), Torbay Joint Health and Wellbeing Strategy, Draft Devon Wide Prevention Strategy 2014-2017, Draft Children's Emotional Health and Wellbeing

A mental health commissioning strategy for Devon, Plymouth and Torbay

2014-2017

Joint Commissioning
2014-2017

Devon County Council
Plymouth City Council
South Devon and Torbay CCG
NEW Devon CCG
Torbay Council

Devon County Council
PLYMOUTH CITY COUNCIL
NHS South Devon and Torbay Clinical Commissioning Group
NHS Northern, Eastern and Western Devon Clinical Commissioning Group
TORBAY COUNCIL

Note: This is the inside cover

Contents

Introduction

Welcome to the commissioning strategy for adult mental health services in Devon. It reflects the intentions of the health and social care commissioners for Devon County Council, Plymouth City Council, South Devon and Torbay Clinical Commissioning Group and Northern, Eastern and Western Devon Clinical Commissioning Group. This strategy is for all adults, regardless of their age.

The strategy will link the needs assessment work for Devon, Plymouth and Torbay with national policy, statutory obligations, evidence bases and the commissioning intentions for all of the commissioning organisations in Devon.

This strategy should be read alongside the strategies for dementia, carers, learning disability, emotional wellbeing and mental health commissioning strategy for children and the early help and the early help strategy for children so that it can be seen in the proper context.

This strategy has been discussed with key stakeholders, particularly user and carer groups, with a clear intention to gain consensus and support for the future of mental health services. The themes and priorities identified through the engagement process will be identified and prioritised.

The context for future commissioning is set by the significantly challenging financial environment in the public sector. Resources available for commissioners are subject to substantial pressure and this has inevitably led to commissioners, providers and stakeholders considering options for future services which reduce demand for services, promote earlier intervention and ensure the best value for money. This must all be achieved against a background of increasing demand and an ageing population.

Our commitment

We feel the people of Devon, Plymouth and Torbay deserve excellent mental health services that are available when they are needed and are based on the best evidence for effectiveness. Alongside these services there needs to be a wide range of opportunities for people to do the things that will support good mental health and wellbeing and provide the choices that promote good housing, a place in the community, strengthen families, enable friendships and support employment, activities and positive lifestyles.

This commissioning strategy focuses on how we can support good mental health and seek to prevent mental ill health. It emphasises the need to promote recovery and support people to overcome the consequences of mental illness so that they can lead satisfying, independent and productive lives.

We are committed to ensuring that the people of Devon, Plymouth and Torbay can:

- Access the services and support they need
- Have a choice over how they receive services and support
- Have control over the services and support they receive
- Expect the commissioning and delivery of those services to be integrated
- Demand that commissioners seek to improve and develop services in line with best practice and need
- Be involved in planning and delivering treatment and support
- Have the opportunity to influence how services are commissioned and provided
- Be part of the monitoring and evaluation of services in partnership with commissioners.

Outcomes

The consultation with people with mental health problems, carers and other stakeholders has steered the development of this strategy. We want to make sure people will be able to say:

- I have personal choice and control or influence over the decisions about me
- I know that services are designed around me and my needs
- I have an improved quality of life as my mental health needs are assessed swiftly and effectively and I am able to access the treatment and support I need
- I have a positive experience of care and support
- I receive help and interventions sufficiently early to prevent the avoidable deterioration of my mental health
- I have a sense of belonging and of being a valued part of family, community and civic life
- I receive the treatment and support that allows me to recover and sustain that recovery
- I have a say in the development and monitoring of mental health services

Reviewing our progress

We have a plan for implementing all of the identified priority actions to help ensure that this strategy is a success.

We want to make sure people are fully involved in the commissioning and provision of services. This is crucial to the effective implementation of the strategy.

Within mental health commissioning and, by extension, service provision we are clear that service users and patients will be able to have oversight and influence over the effectiveness of this strategy and its delivery.

These issues will be reflected in an attempt to show greater transparency in how decisions are made and who makes them so that scrutiny is applied to all our processes – both in NHS and Local Authority organisations.

One of the key tests for our progress will be people who have used services, people who are experts by experience, reporting to us that they are effectively included in their care and treatment; reporting that they are able to control their own experiences as individuals as well as being able to influence the wider implementation of this strategy.

Our priorities

This strategy provides an overview of national policy, evidence bases, current commitments and, crucially, input from stakeholders and people who use services.

The crucial policy documents that inform this commissioning strategy are:

- No Health Without Mental Health (DH, 2011)
- Talking therapies (DH, 2011)
- No health without mental health: implementation framework (DH, 2012)
- Preventing suicide in England (DH, 2012)
- Caring For Our Future: reforming care and support (DH, 2012)
- Closing the Gap (DH, 2014)

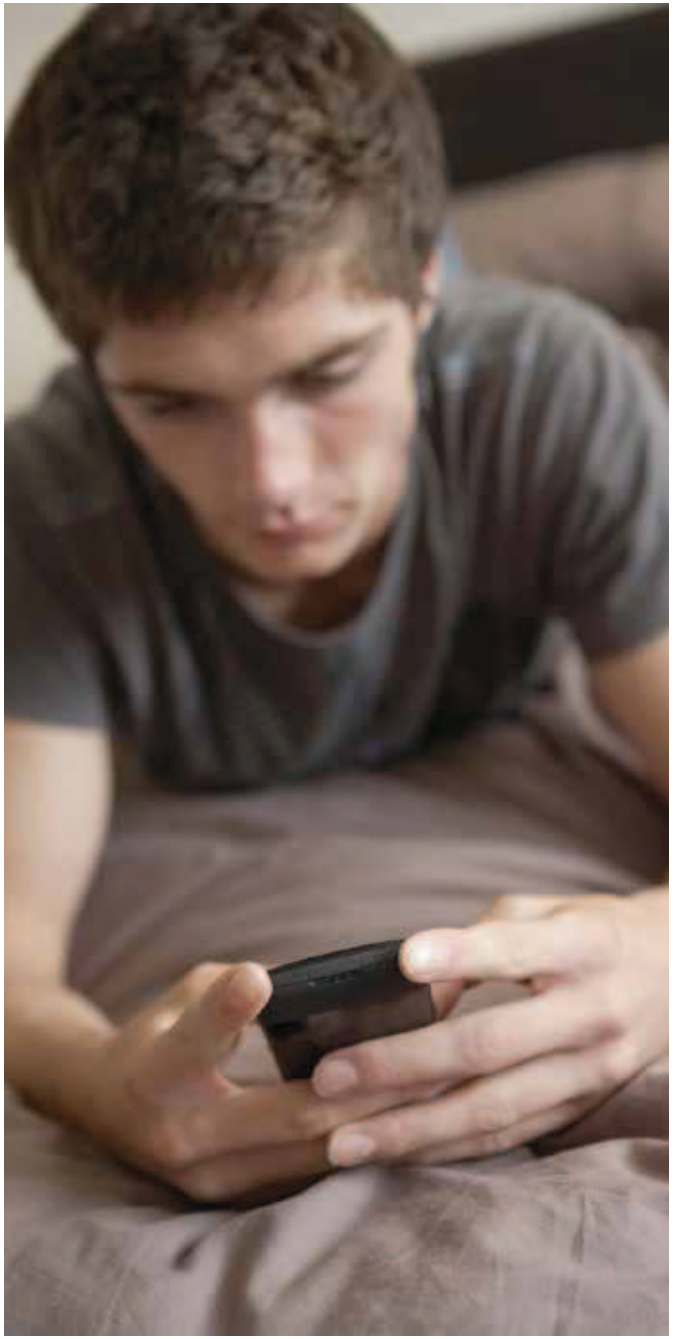
These are the most important of a wide range policy and guidance documents that have informed the development of this strategy.

The intention for the CCGs and councils in Devon is to ensure that all local commissioning and service delivery can reflect national priorities as expressed in the above documents. National policy has identified these key priorities and all local planning and delivery will focus on work that addresses these areas:

- Prevention
- Personalisation
- Integration
- Improving health and wellbeing
- Supporting recovery
- Access to services

All of these priorities are underpinned by a system-wide commitment to:

- Engagement and involvement of people who use services and carers in both service monitoring and the commissioning process
- Financial sustainability
- Effective safeguarding arrangements for vulnerable adults and for children in families affected by mental ill health
- High-quality services



Equality

All of the commissioning organisations are committed to preventing discrimination, valuing diversity and achieving equality of opportunity in relation to the protected characteristics as set out by the Equality Act 2010:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Sex
- Sexual orientation
- Race/ethnicity
- Religion or belief

It is recognised that in many cases further effort is required to ensure that people are supported to gain the access, treatment and outcomes they need. All commissioners will work to ensure that commissioned services recognise diversity and will make reasonable adjustments to ensure that people with mental health needs can access appropriate service and get good-quality outcomes.

Market position statements

Plymouth City Council and Devon County Council have market position statements that explain to service and support providers what they require in terms of need, demand and provision. This is designed to encourage providers to develop the services that will meet the changing needs of the people of Devon.

The statements clearly outline current and future demand for services and express the focus on state-funded support for those with the greatest need and the promotion of self-supported care for those with lower needs.

The drive continues to promote more self-directed care, care at home and support towards greater independence and recovery. This will reduce the market for residential and nursing home care. Alongside this there is greater support for carers and greater flexibility in the market for alternatives to care.

Plymouth City Council has reviewed the effectiveness of current mental health provision under the Pledge 90 Review and this work has been influential in setting the direction for this strategy.

Devon County Council have updated the carers' strategy, accommodation strategy and supported living strategy as well as supporting self-directed care and the use of personal budgets.

Mental health needs assessment

The public health teams of Devon County Council, Plymouth City Council and Torbay Council recently produced comprehensive mental health needs assessments for the population of Devon. These documents reveal the pattern of need and help identify priority areas for action.

The needs assessment for Devon identified the following key priorities:

- Personality disorder and services for those that self-harm
- Eating disorder support for young people
- Suicide prevention
- Improved analysis of prescribing
- Improving services for young people and children and working to prevent mental illness
- Improved access to services and treatment at the time and place it is required

The needs assessment for Plymouth identified the following priorities:

- Improving universal services and developing mental health and wellbeing
- Targeted community-based services to support good mental health and promote access to support
- Improving specialist mental health functions
- Improved engagement and involvement of those with lived experience

The key message from these assessments is that commissioning priorities should focus on promoting the mental health and wellbeing of the population especially in terms of access to support and treatment, access to stable accommodation and housing support, support for employment, promoting community-based provision and ensuring that mental health services are integrated.

Prevention

The heart of good mental health is emotional resilience to the shifting pressures and tides of life. This involves a combination of personal qualities and skills with foundations of home, employment, education, family and community. In all families and communities it is inevitable that there will be challenges that can cause the kind of difficulties and pressures that potentially lead to mental distress and illness.

Mental health services have traditionally focused on responding to the needs of people as they develop. Over recent years there has been an increasing interest in understanding the causes of mental ill health and attempting to address them before they become severe. There are three basic approaches which focus on preventing or limiting the onset of significant symptoms:

- Primary prevention – intervening with individuals, families or communities to prevent the development of predictable mental health issues. This relies upon good data about needs combined with intelligence sharing about families and individuals at risk. The Devon Early Help Strategy for Children and Families demonstrates the key opportunities that can both help and protect children.
- Secondary prevention – also known as early intervention, this is the practice of intervening at the first signs of severe mental health issues, especially in psychosis, personality disorder, bipolar disorder and eating disorders. Effective secondary prevention relies on working with other agencies to find potential patients, clear guidance on referral and engagement with people to help them overcome the first stages of serious mental illness.
- Tertiary prevention – rapid response to relapse of known patients. This is particularly reliant on good planning and communication across services.

Effective prevention of course relies upon strong communication within health, social care, criminal justice, education, family and housing systems. The information gathered by these agencies and services must be used to enable mental health specialists to focus on those communities, families and individuals in way that can change outcomes.

The foundations of good mental health and wellbeing are:

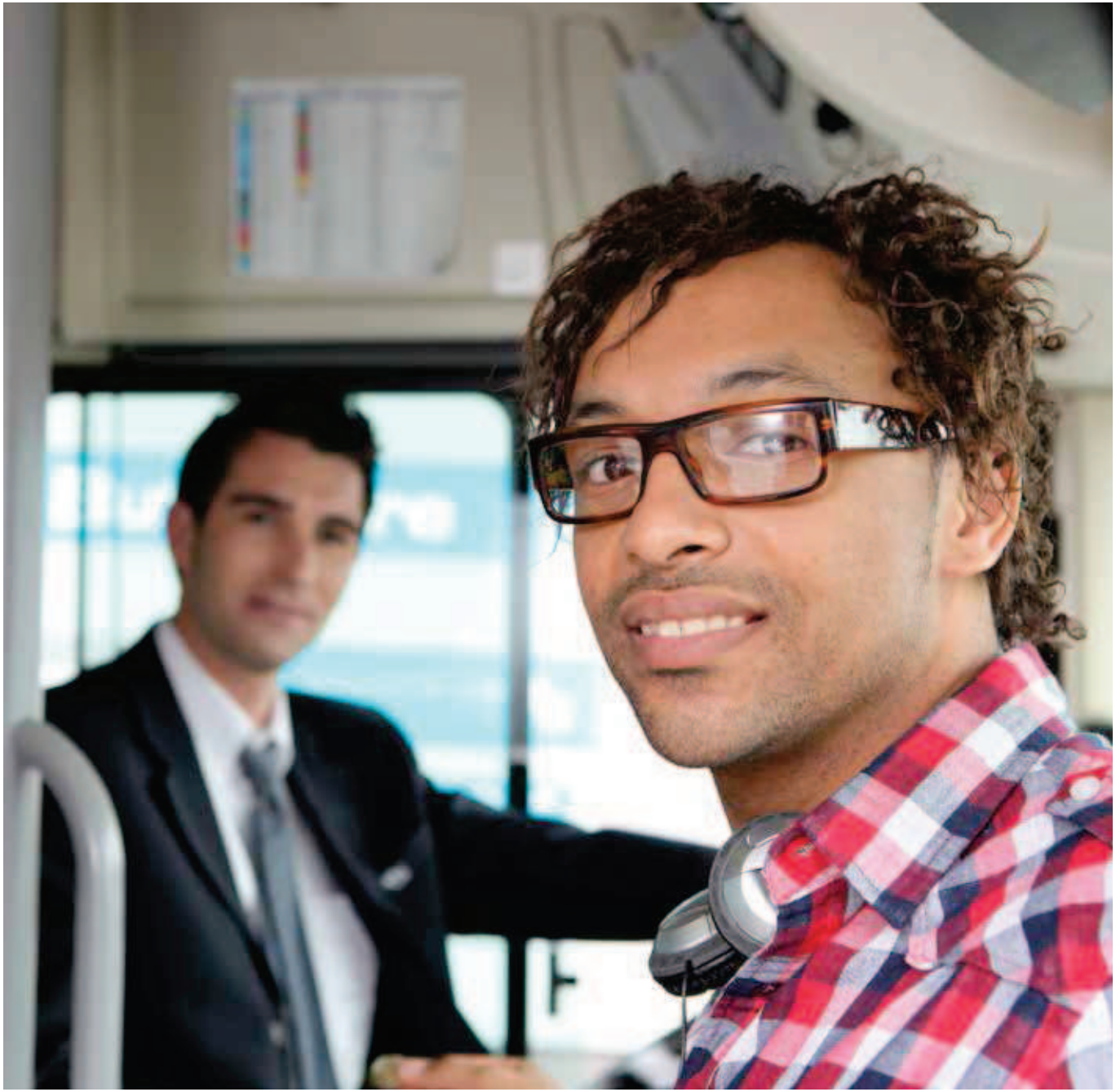
- Good relationships
- Financial security
- Meaningful occupation or employment
- Personal growth

- A good home
- Developing resilience

Commissioning will be focused on the development of support at all levels that encourages these foundations, with the aim being to support people to develop and maintain these core elements and prevent the onset of damaging mental health presentations. Examples include allotment groups, 'Men in Sheds', specialist housing support, mental health education in schools and employment retention support. These examples are simply a selection of the potential opportunities for commissioners to encourage good mental health and promote the kind of support that reduces the need for individuals to receive specialist interventions.

Families with a future

This programme in Plymouth is the sort of opportunity that can bring effective primary prevention to bear on the incidence of mental ill health in our communities. Based on an analysis of need and indicators such as non-attendance at school, worklessness in the family and involvement with youth offending and criminal justice – it allows professionals to target interventions at specific families and in the places where it can lead to real change. This is especially the case in the lives of young people, giving them resilience and the help they need to escape the consequences of challenging family lives.



Personalisation

Personalisation is about respecting a person's human rights, dignity and autonomy, and their right to shape and determine the way they lead their life. Personalised support and services are designed for the purposes of independence, wellbeing and dignity. Every person who receives support should have choice and control, regardless of the care setting.

(No Health Without Mental Health, DH, 2011)

The key values and principles that will drive the commissioning of mental health services in Devon are based on a commitment to the individuals who receive support to take control of their own mental health issues and retain the independence taken for granted by those who are well.

There are two important areas of development for personalisation:

- The promotion of strong processes that place people at the heart of all decision making and planning by statutory organisations and the partners commissioned by health and social care – for example, person-centred planning and patient-controlled medication programmes
- The use of personal budgets and direct payments to give people more determination of how to exercise choice and control – for example by developing personal budget processes and ensuring there is a market of providers to respond to individual requirements

Personalisation is more than processes and personal budgets and these two areas are just the beginning of developing truly personalised approaches to both commissioning and service delivery.

In Control

The 'In Control' programme has demonstrated many of the key benefits of personal budgets and, crucially, returning the power and authority to make decisions and care, support and treatment back to users of services and their families and carers.

This programme is a key influence on the work of Devon County Council, Plymouth City Council and Torbay Council in developing the use of personal budgets, direct payments and highly person centred approaches.

The National Development Team for inclusion (NDTi) and Think Local Act Personal (TLAP) have identified a whole-system framework for personalisation in mental health.

The key principles are shown below.

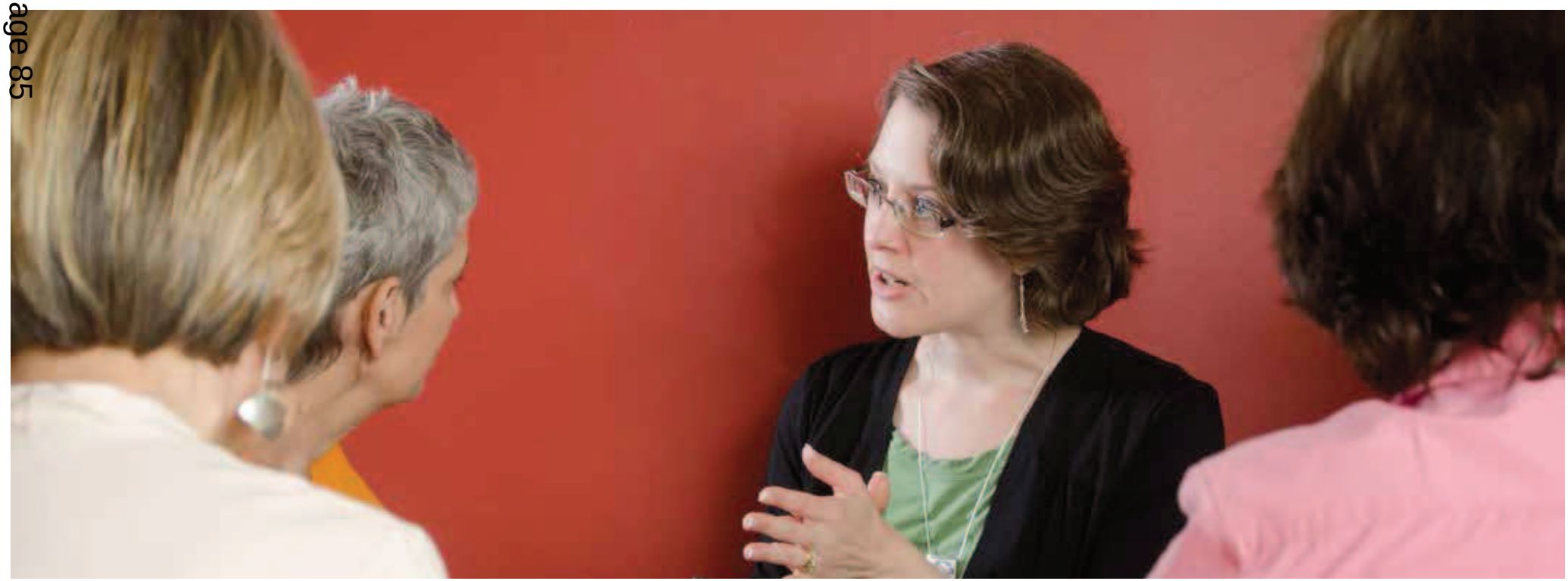
- Helpful, person-centred approaches
- Information and advice, personal motivation and self-help
- Support for managing personal budgets
- Support for carers
- Fair access and equality
- Creative commissioning
- Partnership for inclusion
- Prevention and early intervention
- Good leadership
- Workforce and organisation development

(Paths to personalisation in mental health: A whole system framework, NDTi 2013)

Integration

The Department of Health has identified that integration of health and social care systems is an opportunity to improve services, become more efficient and, crucially, to improve the experience of users. Commissioners have a number of key priorities for mental health services in Devon:

- Instituting an integrated commissioning approach for NEW Devon CCG, South Devon and Torbay CCG, Devon County Council, Plymouth City Council and Torbay Council
- Ensuring primary and secondary care services have shared and integrated processes for managing care and treatment, including integrated treatment pathways
- Integrated approaches to managing mental health in general hospital settings
- Integrated arrangements with social care and local authorities, including district councils, for service users to access employment support, targeted housing support, education, advice and information
- Ensuring services for children and young people are integrated with those for adults so that transition processes and the opportunities for prevention and early intervention are maximised
- Integration of service delivery so that voluntary, charity, third sector and private providers are full partners in the delivery of support, care and treatment



The issues that drive these intentions are more than just matters of efficiency and effectiveness. The Department of Health and NHS England use the Better Care Fund to ensure that the full benefits of integration are felt in the health and social care system. For people who use mental health services this will mean:

- People not having to retell their story
- Being able to access support when needed as the overall system communicates well
- Discharge from hospital and specialist services support to be more sustainable
- Service delivery at the control of users and their carers
- Lengths of stay in hospital reduced

In order to achieve these outcomes there are significant opportunities to integrate health and social care provision so that provision of treatment, care and support is experienced as a single pathway. Evidence has shown that integrating whole systems and pathways can generate significant improvements for clinical outcomes, efficiency and patient experience.

The primary opportunities for service improvement via integration are:

- Integrating mental health expertise into general healthcare – especially in A&E, primary care, management of long-term conditions and in general hospital settings
- Integrating pathways for children and young people into adult services, ensuring that transition processes are managed effectively
- Dual diagnosis (mental health with alcohol or substance misuse)
- Personality disorder
- Eating disorders
- Management of mild to moderate mental health issues

Eating disorders in Plymouth

The pathway for eating disorder treatment has been integrated so that services provided by EDS (a charity in Plymouth), Plymouth Community Healthcare (a specialist mental health provider), Hound Ward at Derriford Hospital and the Haldon Unit (a specialist service provided by DPT) have delivered significant improvements in the system ensuring appropriate access to services, care closer to home and a substantial reduction in inpatient admissions, all of which have allowed a reallocation of resources to community services.

Improving health and wellbeing

According to NHS England almost half of all ill health among those under 65 is mental illness. This represents a huge burdens on the State, local communities, health services and, above all else, people. As a health and social care community we have to address the failure to have 'parity of esteem' for mental illness compared to physical illness.

Recent research by the Health and Social Care Information Centre shows that people with severe mental illness, including those in contact with specialist mental health services, are nearly four times more likely to die prematurely than the rest of the population. This is an unacceptable position for commissioners and policy makers and is the focus for significant change in the coming years.

There is clear evidence that people with mental health problems have poorer lifestyles, including a significantly higher rate of tobacco use and alcohol consumption. This contributes to higher rates of ischaemic heart disease, respiratory illness and liver problems.

This situation is compounded by the evidence which indicates that people with severe mental health problems are less likely to receive the best treatments for physical health problems and that people with a diagnosis of schizophrenia are less likely to be registered with a GP.

It is now a key expectation for both mental health service providers and general hospital services that they will ensure equal access to health services. In support of this, one of the key priorities for commissioners is the improvement of psychiatric liaison services to ensure that people with mental health problems in hospital receive good-quality psychiatric input. Commissioning guidance has been issued that will support commissioners and providers to ensure there are adequate resources allocated to this area of work.

Specialist mental health services have a key responsibility for ensuring that the people receiving services from them are given good-quality health reviews. It is essential that assessment and care planning is focused on physical health, particularly for those with severe illness. Addressing lifestyle issues is a priority for mental health services, McManus *et al* (2010) found that 42% of total tobacco consumption in England is by those with a mental disorder. Care planning will need to include efforts to reduce or stop tobacco use and alcohol consumption whilst promoting healthy eating and exercise.

Commissioners will also work with GPs to look at how health improvement can be delivered in primary care, with extra emphasis on healthy lifestyles being given to patients with mental health issues.

Ultimately this strategy should support a programme of work that ensures mental and physical health are treated with equal importance by teams that are integrated. Primary care should be seen as a place where there is a skilled understanding of mental health issues and services can be accessed when people need them.

All specialist health services should be able to work with mental health services to ensure that the mental health and well being of their patients is a fundamental element of treatment pathways.

Supporting recovery

When the resilience to cope with the challenges in life has been overwhelmed and preventive interventions have not succeeded, emphasis must move towards effective treatment to help people recover from the mental ill health they are experiencing. Recovery can and does mean different things to different people, but for the purposes of this document we are focusing on the idea that following treatment for mental ill health people may require ongoing support to enable sustained wellbeing, reduced dependence on services and the opportunity to thrive.

The priority is for services to engage people with mental health problems in treatment, therapy and activities that help them regain their resilience, while also maintaining their place in family, community and employment; and to help them develop the skills to recognise when things are starting to go wrong as well as the expertise to manage their own treatment.

For this to be achievable there needs to be a comprehensive range of treatments that will help people to recover from their illness and a range of supports that will help people maintain their wellbeing and avoid relapse or crisis. This should encompass a range of treatments and support at all levels of need and complexity.

Primary care: the Improving Access to Psychological Therapies (IAPT) programme programme made the case for swift access to therapy that will help people with mild to moderate depression and anxiety presentations to recover. However, there needs to be further

Plymouth provider network

The provider network in Plymouth has developed its own mental health strategy with a focus on recovery and an emphasis on integrated pathways and working arrangements. The network brings together a range of providers, stakeholders and users to create networks and relationships within the city and improve the opportunities available to people with mental health problems.

The strategy can be seen at: www.plymouthmentalhealth.org.uk

ncouragement and guidance for people to access the kind of support that will help keep em well without the need for medication and therapy.

This document has repeatedly emphasised the importance of ensuring people can have a place in their community, strong relationships and meaningful activity, to give them the kind of support that helps to break down social isolation and overcome the inactivity prevalent within mental ill health. Social activities like exercise groups, gardening and 'Men in Sheds' are available to the people of Devon today but it is important to ensure they are available in all areas and are part of a wider network of mental health supports and services. This includes a clearer set of expectations for GPs in the skills they have to diagnose and treat but also how to help their patients access the supports that will improve their lives and cement their recovery.

Specialist mental health services: ensuring that all patients are able to enter appropriate treatment to deliver the best chances of recovery remains the main requirement of a specialist mental health service, whilst keeping people with mental health issues and the community safe. As noted above it is not enough to treat; it is also necessary to ensure people have the best chance to stay well. The expectation for providers of secondary mental health services is that they will focus attention on supporting their patients to recover by ensuring access to effective and appropriate treatment and then supporting them to regain their place in their home, families, communities and in employment.

A key intention for commissioners is to encourage the development of peer support where people in recovery can work in partnership with professionals. The key benefit of peer support is sharing insight and experience alongside treatment and support to enable more effective recovery.

Social care: sustaining recovery and maintaining good mental health is only partially about complying with treatment. The support necessary to maintain a place in society is crucial to the long-term recovery of any person. Naturally many people will have their resources of family, friends, home, activities and work, but many of those who have suffered significant mental health issues will require extra support, especially around finding and maintaining a place in the community, housing and employment. These solutions need to be part of an integrated approach with treatment functions and social support. The role of social care providers is paramount in helping people to sustain their recovery but is also fundamental in maintaining the capacity in mental health services in Devon so that people are less likely to relapse or endure crises in their lives.

Devon Recovery Learning Community

The Recovery Learning Community developed by Devon Partnership Trust is a significant advance in mental health developments. It engages peers as tutors alongside a range of experienced practitioners to co-facilitate courses, thus bringing new insights from both tutors. Peer tutors can share insights and experiences as people who have used services and moved forward with their own recovery and Mental Health practitioners can share their broader knowledge from this joint working relationship. Co-production is at the heart of Recovery Education, with the courses based on equal partnerships of professionals or practitioners working with peer experts on the design, delivery and evaluation.

Access to services

The feedback received during the development of this document came back repeatedly to the issue of access to services. It was a recurring theme that came from people with lived experience of mental ill health, carers, referrers, commissioners and providers. Access issues come in many forms: capacity, opening hours, waiting times, choice, availability in rural areas, access to specialist knowledge and access thresholds.

Over the life of this strategy the commissioners in Devon will focus on ensuring that people experiencing mental health issues, regardless of the severity, will be able to access advice, guidance, education, treatment and support to enable their recovery and support their mental health and wellbeing.

The key areas for development are:

- Access to services in primary care
- Out-of-hours and seven-day working
- Ensuring services meet the needs of older people
- Ensuring services meet the needs of people with learning disability
- Support in the criminal justice system
- Crisis services
- Alternatives to admission
- Specialist treatment pathways
- Support to families with children

All of these approaches to improving access need to be understood against a requirement to improve efficiency and reduce costs in the system. Therefore simple investment in extra capacity is not an option available to commissioners or providers without releasing resources from other areas.

Access to services in primary care: one of the key opportunities available in mental health service provision is to improve the way people can access mental health services in primary care. The IAPT programme is already increasing treatment capacity in primary care but there is a need to ensure that GPs and primary care services as a whole are able to access the expertise and knowledge held in specialist mental health services. This can enable GPs to make good decisions about their mental health patients, provide effective treatment and build their confidence in managing mental health issues. There are concerns about the poor access to services for older people with mental health problems; ensuring that efforts are made to increase referrals and attendance in mental health treatment services is a priority.

Increased visibility of mental health specialists in primary care is crucial in building strong working relationships between primary care and mental health specialists, allowing the use of increased shared care and, in return, ensuring capacity to deliver swift advice and early interventions.

Alongside this GPs need to be able to access the kind of support that addresses social isolation for their patients and helps overcome the crises that can lead to losing homes and family or relationship breakdown. One of the key opportunities is the use of peer support – support which is led and provided by users for people with mental health issues. Peer support can operate at all levels of need, the key focus is on it being mutual, reciprocal, non-directional and recovery focused (Repper *et al*, Peer Support: Theory and Practice, ImROC, 2013).

Out-of-hours and seven-day working: it is no longer sufficient to manage services solely during 'office hours'. People quite reasonably expect that they will be able to get help when they need it, including during evenings and at weekends. Current arrangements for out-of-hours services are largely based around duty rotas, inpatient wards and crisis teams (which focus their work on existing patients on team caseload). The priority areas for improved access are to be around support in A&E through psychiatric liaison teams; support to primary care teams, out-of-hours GP services and the 111 service; and the work of community mental health services.

Dual diagnosis: there is a clear need to ensure that services for mental health and for substance misuse are effectively integrated to deliver effective interventions for people experiencing mental ill health alongside alcohol and/or drug misuse. This group of people are often significant users of services and can experience poor outcomes because of uncertainty about how cases are managed and which service is responsible.

Ensuring services meet the needs of older people: while there is an understanding that mental health services are available to all adults regardless of age, in practice older people are less likely to access services that will help them recover from mental ill health and distress. Clear evidence for low referral rates and engagement in treatment for depression and anxiety in the older population is a concern for commissioners.

This strategy should be read in conjunction with the Devon, Plymouth and Torbay Joint Commissioning Strategy for Dementia – 'Living Well with Dementia' – as the issues for older people frequently overlap. This need for effective joint working is one of the key improvements intended in the strategy and it forms part of commissioning priorities.

Ensuring services meet the needs of learning disabled people: the commissioners will expect providers to ensure that people with learning disabilities are able to access mental health services in line with the revised 'Green Light' toolkit from the NDTi. Improving mental health outcomes and wellbeing is one of the priorities for commissioners and this strategy should be read in conjunction with the Devon, Plymouth and Torbay Joint Commissioning Strategy for learning disabilities – Living Well with Learning Disability.

Support to the criminal justice system: there is a significant overlap between the criminal justice system (the police, courts and probation) and the mental health services. There is a statutory need to work together in order to deliver the requirements of the Mental Health Act 1983. The police in particular need to be able to access specialist advice, patient information and NHS provided Places of Safety in order to make the best use of the Act and to deliver the best outcomes for people affected by mental health issues who come into contact with the police.

The development of both liaison and diversion services in police custody centres and the courts and piloting of 'street triage' approaches are positive steps forward for mental health services but a further culture of co-operation will be developed by all the stakeholders over the next three years.

Liaison and diversion

The liaison and diversion service has been developed to ensure mental health expertise is available to police custody units and the courts to allow good judgement to be used in dealing with people with mental health issues who come into contact with the criminal justice system.

The service is able to effectively divert people who are experiencing mental health difficulties away from criminal justice and into treatment. This represents a good outcome for the police, courts, mental health services and, of course, the patient.

Crisis services: the definition of crisis is not a concrete one. Current arrangements for crisis response are based either on known patients and are aimed at preventing crises by planning carefully and intervening appropriately when risk factors are identified, or they are based on duty services and are called upon as and when they are required. This arrangement can often lead to significant delays and it does not identify many choices for people experiencing mental health crises.

The ability to respond swiftly to requests for help is key in ensuring that people can be seen at an early enough juncture to prevent any further deterioration of their presentation; it can also open up options for people to access different kinds of support and intervention. In the main, experience shows us that simply listening to people describe the issues affecting them and giving them advice and signposting them to support or reminding of their care plans is sufficient to help manage a crisis in the short term. When further intervention is required, being able to see people in safe comfortable environments is crucial.

The fundamental requirement is for people to be able to access this help when they need it and in a way that helps them to overcome the crisis they are experiencing.

There is a range of solutions to crisis situations:

- Telephone support such as 111, non-statutory services like Samaritans and mental health crisis services
- Attendance at A&E
- GP out-of-hours services
- Crisis houses
- Specialist mental health crisis services

Currently these options are not always available and are not integrated to ensure people access the most appropriate response to their needs. This is a priority area for commissioners who must ensure that crisis support is provided and the cost of escalating mental health crises are avoided wherever possible.

Mental Health Crisis House in Torbay

In response to an engagement process and listening to what people with lived experience have said, Torbay has opened a crisis house in partnership with DPT and the Community Care Trust (South Devon). This development represents a new way of giving choice and support to people in crisis in the community (in a non-stigmatising way) and will help avoid unnecessary in-patient care admissions.

Alternatives to admission: it is important that services do not fall back onto inpatient admission to manage crises and complex treatment regimes but in order to avoid this there have to be alternatives to admission which make the safe and appropriate management of care and treatment possible. Inpatient care is both expensive and can create dependency and institutionalisation. There is also the question of what to do next if admission to a local service is ineffective. It has been noted that Devon uses more out-of-area hospital placements than other comparable areas. Providing alternatives to hospital treatment, especially for complex and risky behaviours, is a priority for commissioners.

Alternatives to admission need to be robust, reliable and should not be seen as a reason to not have inpatient facilities at all. They are part of a range of options that are available to professionals to meet the needs of individual patients.

As commissioners, one of our main priorities is to reinvest in local placements. There is increasing evidence that out-of-area placements in institutions are ineffective and that the consequences for people placed away from home can include the loss of their homes, employment, family links and their place in the community. The focus is on ensuring that the needs of people in Devon with mental health issues can be met in the county and on reducing the rate of placements.

The best option is to use person-centred approaches to plan in detail for an individual and to ensure that there is a clear understanding both of the things that keep a person well and the indicators of a relapse. Good planning reduces the frequency and intensity of crises, reducing the need to admit people to hospital.

As noted above the significant use of crisis houses can be a practical, non-stigmatising way of providing an environment where people can overcome a crisis without needing to be admitted to hospital.

Ultimately, the services that manage admission to hospital need to have a range of intensive options available which mean they can provide extra support to people in their homes; the emphasis will be upon crisis and home treatment services and the community mental health services working with partners in the independent sector to offer the intensive interventions that deliver safe treatment and support without the need to hospitalise a patient.

Specialist treatment pathways: the best outcomes for patients lie in ensuring that they can access professionals with appropriate skills at the appropriate time. Access to expertise in key areas is at the heart of delivering the best outcomes, especially for those presentations that are risky and complex, such as eating disorders.

The commissioners will ensure that there are clear, evidence-based specialist treatment pathways that start with the earliest forms of intervention and engagement, work through evidence-based interventions and, ultimately, to specialist inpatient treatment where required.

The priority pathways for improved access are:

- Eating disorders
- Personality disorder
- Dual diagnosis
- Forensic and secure services

These have been identified because they represent high-risk areas or are linked to increased use of out-of-area placement. They are supported with strong evidence bases and/or NICE guidance for treatment and management.

Involvement of people who use services and carers

The commitment that has been shown to involving people who have first-hand experience of mental health problems, and their carers, by both providers and commissioners provides an excellent foundation for the development and enhancement of the current approach.

A joint carers' strategy is available and it focuses on delivering the 'five outcomes for carers'. The key point is the need to recognise the work carers do and ensure they are heard in planning and decision making. The use of the triangle of care to ensure that services are suitably focused on ensuring carers are effectively involved is a key outcome from the carers' strategy and is a key expectation from services in the coming years.

Alongside this strategy there is a commissioner commitment to ensure that people with lived experience of mental illness are able to effectively influence the commissioning, delivery and monitoring of services and ensure that they are present in all of the key processes of the commissioning organisations.

The priority areas for action from this strategy will require full involvement of people who have first-hand experience of mental health problems, and their carers, to both shape the work to be done and monitor progress on delivery. This strategy is intended to be fully inclusive and to respond to the feedback and leadership of people with lived experience.

High-quality services and financial sustainability

It is in the interests of commissioner, provider and user of services that the focus is on high quality and the best outcomes. The simple fact is that not having to deal with the consequences of poor services will improve efficiency and capacity thereby saving money across the health and social care system. No Health Without Mental Health (DH, 2013) identified four key ways to get the best out of services:

- Improving the quality and efficiency of current services
- Radically changing the way that current services are delivered so as to improve quality and reduce costs
- Shifting the focus of services towards promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises
- Broadening the approach taken to tackle the wider social determinants and consequences of mental health problems

The key areas for quality improvement in Devon are:

- Urgent and inpatient care – reducing admissions, fewer crises and improved prevention
- Improved prescribing practice – ensuring medication is used effectively throughout primary and secondary care
- Integration of health and social care commissioning and service delivery
- Improved care planning and co-ordination – with a focus on person-centred approaches and shifting control to patients and their carers
- Effective safeguarding arrangements to protect vulnerable adults and children in families experiencing serious mental health issues

Safeguarding

In recent years there has been a growing awareness that the abuse of vulnerable adults is of heightened concern in our society. The increasing number of serious incidents of abuse emphasises the need for action to ensure that vulnerable adults, who are at risk of abuse, receive protection and support. It is every adult's right to live free from abuse in accordance with the principles of respect dignity, autonomy, privacy and equity.

People who are experiencing mental health issues are often more vulnerable to potential episodes of abuse. Also, those who live with people experiencing mental health issues are potentially at a greater risk of harm. Recent high profile cases, including Winterbourne View, highlight the increased vulnerability of those who are receiving residential care for their mental health issues, and how a greater level of protection and vigilance is required for these individuals.

It is, therefore, essential that commissioned services are of a high quality and safeguard those vulnerable individuals from episodes of abuse. It is the responsibility of commissioners to work together to ensure that any adult at risk of abuse or neglect is able to access public organisations for appropriate interventions which enable them to live a life free of violence.

Safeguarding children and mental health

There is a good evidence base that confirms that there is an increase incidence of harm in children where there is a history of mental health needs, domestic violence or substance misuse or a combination of the three – the so called 'toxic tri'. It is a fundamental requirement of all organisations, services and individuals engaged in work with parents with these issues should work with colleagues to safeguard children and ensure that they are protected.

Key to this is the development of joint plans and approaches and this will be underpinned by:

- Skilled workforce: ensuring staff have access to training and supervision
- Joint working: working together sharing information and developing joined-up packages of support
- Early help: identifying needs early and supporting access to the early help support available to children and families
- Early help: Developing multi-agency team approaches to working with families with the most complex needs.

Summary

This strategy is intended to draw together the commissioning intentions of five commissioning bodies:

- Plymouth City Council
- Torbay Council
- Devon County Council
- South Devon and Torbay CCG
- NEW Devon CCG

Within the economic constraints that affect public service commissioning and delivery these bodies will attempt to focus on how mental health services can continue to meet the needs of the people of Devon as demand for services increases.

The key areas for development are:

- Prevention
- Personalisation
- Integration
- Improving health and wellbeing
- Supporting recovery
- Improving access

For this to be a credible plan for the future there needs to be greater involvement of those with lived experience at every stage of the commissioning, delivery and monitoring of mental health services.

Acknowledgements

The commissioning team wish to thank Be Involved Devon (BID) and Plymouth Involvement and Participation Service (PIPS) for their hard work in the devising and organisation of consultation events. Their contribution has been invaluable.

Thanks are due to all stakeholders including commissioners, GPs, mental health professionals and service providers who have contributed to the development of this document.

Above all, the commissioning team wish to thank the experts by experience, both users of services and carers for their invaluable input into this strategy.

This guide is also available in Braille, large print and other languages on request.

Note: would you like to add a phone number? or other contact details at all?

Design and layout by Naomi Cudmore (www.lighthousecommunications.co.uk) for NEW Devon CCG

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Pioneer progress		
Wards Affected:	All		
To:	Health & Wellbeing Board	**On:**	2nd October 2014
Contact:	Fran Mason		
Telephone:	01803 652455		
Email:	franmason@nhs.net		

1. Background

Pioneer comprises 2 specific projects: the Frailty Hub in Newton Abbot to increase the number of patients who are proactively case-managed at home and; the Torquay Children's Hub developing a locality hub of community services closer to home for all. These Pioneer projects are part of a range of JoinedUp activities and projects to deliver better outcomes for patients and people through fully integrated working across health and social care in South Devon and Torbay. This report provides an update on recent achievements.

1.1 Achievements since last meeting

Frailty Hub

- The Hub Board was set up in February and all stakeholders were briefed at an event in April.
- A definition of frailty and a cohort of patients who will be managed through the Hub have been agreed.
- A process mapping event took place in July and a set of metrics for outcomes measuring have been agreed.
- A specialist frailty GP was recruited in September.
- Teignbridge Community Voluntary Sector (CVS) is recruiting a Neighbourhood Connector to be located within Care Direct Plus, dealing with enquiries from people who are not eligible for statutory services to direct them to early help and advice and prevent their needs escalating.

Torquay Children's Hub

- Scoping single point of access for enquiries relating to parenting/ behavioural/ emotional health and wellbeing and social isolation amongst older people in Hele, Watcombe and Barton is underway.
- A first draft of a 'social prescribing model' (A means of enabling primary care services to refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the CVS) has been developed.

- Funding bids to Social work innovation fund and HESW are in progress.
- 'Our Place' funding being used to create an asset based neighbourhood development plan with a focus on social isolation and child poverty.
- Timebank co-ordinator in place and buddies/peer supporters are being recruited.
- Further engagement activities with focus on children and young people planned in Hele, Watcombe and Barton. Support from Pioneer to source/ fund an asset-based community development session has been requested.
- Health visitors, school nurses, lifestyles and community action plan developed to put in place measures to prevent smoking in pregnancy.
- Meeting with schools planned in October to link hub work to pupil premium and troubled families work.
- Plans to co-locate public health nursing and lifestyles within Barton surgery.

JoinedUp
The JoinedUp Board and Cabinet promote the vision for integrated health, care and support and provide leadership for integration activity including, pioneer and plans to deliver a new model of care through the creation of an Integrated Care Organisation (ICO). A JoinedUp/Pioneer manager is now in post and an away day is planned for the Board in early November

2. Challenges for the next three months

- Agreeing a single joint outcomes framework and plan capturing pioneer and related integration projects.
- Ensuring specific dementia and older person's mental health services for Frailty Hub.
- Completing a Torquay locality plan for holistic services.
- Potential delays in creation of ICO may impact on some of the areas of work.

3. Action required by partners

- Support and promote integration and JoinedUp and Pioneer projects/activities within organisation.
- Share examples of transformational change resulting in better, integrated health, care and support for patients and people of Torbay.
- Identify obstacles and challenges hindering better integrated care and suggest alternative solutions through JoinedUp/Pioneer manager so these can be escalated through Pioneer programme.

Background Papers:
The following documents/files were used to compile this report:

Hub work plans

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Community Safety Partnership		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	2 October 2014
Contact:	Fran Hughes		
Telephone:	01803 208002		
Email:	frances.hughes@torbay.gov.uk		

1. Achievements since last meeting

1.1 The Stronger Communities Board is in the process of changing its Terms of Reference to revert to being the statutory Community Safety Partnership (CSP). This statutory partnership is a requirement of the Crime and Disorder Act.

1.2 The CSP has completed its annual Strategic Assessment and the four strategic priorities remain as:

- Anti-Social Behaviour
- Offending
- Alcohol and the Night time Economy
- Domestic Abuse

This detailed assessment of Torbay contains useful information for the Health and Wellbeing Partnership and could be presented at a future meeting.

1.3 Through additional funding secured from the Police and Crime Commissioner a project has commenced to explore the use of Restorative Justice across Torbay as a sustainable way of delivering alternatives within the criminal justice system. This is being lead through the Community Safety Team at Torbay Council.

1.4 The three Domestic Homicide Reviews (DHRs) remain ongoing, and all are at various stages within the reviews. This remains a significant pressure on all partners.

1.5 Services for Domestic Abuse have been integrated and been re-commissioned through a new provider, Sanctuary Living. The new arrangements took affect from 2nd September 2014. This, along with other Domestic Abuse interventions outlined in the agreed action plan are being overseen by the Domestic Abuse and Sexual Violence Steering Group.

2. Challenges for the next three months

2.1 Over the coming months, the CSP has a number of interventions which are being embedded to address its strategic priorities. These including an on line resources for practitioners and victims around improving access to Domestic Abuse and Sexual Violence services; targeted approaches within the night time economy and further development the V@Safe Project with young people. This workplan is funded and overseen by the Office of the Police and Crime Commissioner.

3. Action required by partners

3.1 To consider whether a formal presentation of the CSP Strategic Assessment would be helpful to link the health and wellbeing agenda to the crime and disorder agenda at a future meeting.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Update Report – Public Health		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	02 October 2014
Contact:	Dr Caroline Dimond		
Telephone:	01803 207344		
Email:	Caroline.dimond@torbay.gcsx.gov.uk		

1. Achievements since last meeting

1.1 Lifestyle service

Lifestyles consultation on the key features of a future delivery model finished on 11th June 2014. This along with the CCG public consultation findings has informed the specification that will be commissioned.

Work has commenced on developing a draft specification for both the model and each of the intervention modalities. In addition, consultation has commenced to inform the features of a future referral pathway for the key pathways of primary care and children & families – from the perspective of the referring services. (meetings to date with, Paignton & Brixham locality manager and lead GPs; practice managers meeting; LMC with future meeting arranged with children, family and maternity services; Torquay locality; LMC). Draft specification to be shared for comment in December 2014 for commissioning thereafter.

1.2 JSNA.

After much hard work and the engagement of a wide range of analysts and leaders across the system, the final draft of the JSNA has been completed. Both the paper document and the interactive tool that sits alongside it should help us considerable in our understanding of needs across both Torbay and South Devon.

This will be considered in the agenda

1.3 Healthy Torbay.

Healthy Torbay is a framework for action bringing together the many different elements of public health work to address the wider determinants of health. There is a strong focus on what the council can achieve through realigning its existing services to achieve public health outcomes, improving the health of the people of Torbay and tackling health inequalities. This upstream or prevention model also helps to address the demands on the health service, the economic cost of ill health

and the wider social costs of poor health. The Framework consists of a short policy document and a draft action plan.

1.4 Support to Pioneer

The team continue to support the work on the Pioneer particularly with;

- Support to the Hele-Watcombe-Barton Hub
- Development of a proposal to build community resilience
- Leadership of the evaluation element

1.5. Integrated prevention strategy (IPS)

We have now completed the final draft of the IPS which will be further discussed today. This is a framework which is intended to guide the development of prevention initiatives across Torbay and South Devon. Area. Linked to this, work has begun to consider the development of new "integrated services" within the hospital and community trusts.

1.6. Joint Outcome framework.

We have supported the development of an over-riding outcome framework for the partnership to look at progress across the 3 outcome frameworks; the NHS, Adult Social care and Public Health outcome frameworks. These also record planned actions against outcome areas where progress has been problematic.

1.7. Health protection.

We continue to support the work on communicable disease control and influenza across the bay and South Devon.

We are currently undertaking a Pandemic Flu exercise to test our resilience to such emergencies both within Public Health and in the wider council.

1.8. Mental Health

We have now developed a draft Mental Health promotion strategy, a suicide audit and a draft suicide and self-harm strategy. We are supporting also the Child and adolescent emotional health and well-being strategy and the Child and Adolescent Mental Health Services action plan with a particular focus on Tier 1 services.

2. Challenges for the next three months

One particular focus for the next month is on developing awareness amongst colleagues of the opportunities of getting involved in work on health and wellbeing. We plan to run an awareness day for council staff and councillors on 14th November and we also plan a day for School Nurses and Health visitors to prepare for the integration of the 2 nurses on a 0-19 Public Health nursing service.