

Tuesday, 04 November 2014

Meeting of the Health and Wellbeing Board

Tuesday, 16 September 2014 at 11.30 am

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

Members of the Board

Sam Barrell, South Devon and Torbay Clinical Commissioning Group

Caroline Dimond, Interim Director of Public Health

Pat Harris, Healthwatch Torbay

Graham Lockerbie, NHS England

Caroline Taylor, Torbay Council

Richard Williams, Torbay Council

Councillor Davies

Councillor Doggett

Councillor Pritchard

Councillor Scouler

Councillor Lewis (Chairman)

Co-optee Members

Tony Hogg, Police & Crime Commissioner

Dr John Lowes, South Devon Healthcare NHS Foundation Trust

Mandy Seymour, Torbay and Southern Devon Health and Care NHS Trust

Melanie Walker, Devon Partnership NHS Trust

Community Development Trust - Vacancy

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

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 - 4)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 5 June 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. **Better Care Fund**
To consider a report on the above.
6. **Children and Young People's Plan** (Pages 5 - 26)
To consider a report on the Children and Young People's Plan and Early Help Strategy,
7. **ICO Update**
To consider a report on the above.
8. **Care Act Implementation** (Pages 27 - 32)
To receive an update on the Care Act.

9. Pharmaceutical Needs Assessment
To note the briefing paper on the above.

(Page 33)

Minutes of the Health and Wellbeing Board

5 June 2014

-: Present :-

Ian Ansell, Sam Barrell, Councillor Bobbie Davies, Caroline Dimond, Councillor Ian Doggett, Councillor Chris Lewis (Chairman), Dr John Lowes, Councillor Ken Pritchard, Councillor Christine Scouler, Caroline Taylor and Richard Williams

(Also in attendance: Councillor Bent)

1. Election of Chairman/woman

Councillor Lewis was elected Chairman for the 2014/2015 Municipal Year.

(Councillor Lewis in the Chair)

2. Apologies

Apologies for absence were received from Graham Lockerbie (NHS England), Pat Harris (Healthwatch Torbay) and Tony Hogg who was represented by Ian Ansell.

3. Appointment of Vice-Chairman/woman

Caroline Dimond was appointed as Vice-Chairman for the 2014/2015 Municipal Year.

4. Minutes

The Minutes of the meeting of the Health and Wellbeing Board held on 24 April 2014 were confirmed as a correct record and signed by the Chairman.

5. Declaration of interest

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

Councillor Scouler declared a non-pecuniary interest as she is a Torbay Hospital Board Governor.

6. Mental Health Commissioning Strategy

The Board considered the draft Mental Health Commissioning Strategy. Derek O'Toole, Mental Health Commissioner for South Devon and Torbay Clinical Commissioning Group provided a presentation and responded to Members' questions. Members were advised that attitudes toward mental health had changed, resulting in people being willing to talk about recovery and how services could be improved enabling a re-emergence into the community.

The Board were informed that the strategy had a number of values and principles which reflected the national priorities which were then underpinned by work plans for Torbay, Plymouth and Devon. Members were advised that the joint work plans were near completion and would be presented to the Health and Wellbeing Board in due course.

It was acknowledged that the draft strategy made very little reference to Torbay which would be addressed.

Members challenged whether there were the facilities in the community to support the intentions of the strategy. It was acknowledged that the current model of provision focused on the acute end and investment was needed with regards to prevention.

It was also noted that the strategy focused on adults with little reference to children and young people. Whilst there was a strategy for improving children and young people's mental health, the two needed to interlink in order to address the transition from child to adult but to also recognise that there are children who have parents with mental health issues. Members also felt that the safeguarding section of the strategy needed strengthening to reflect the potential risk of harm to children who have parents with mental health issues.

Members expressed the need for the work plans to address the number of people with mental health issues being detained within police custody as a place of safety. Members recognised such an issue would require a concerted effort across a range of agencies.

Derek made a commitment to amend the strategy to reflect the comments made by the Members of the Health and Wellbeing Board before the consultation event on 9 July 2014 between 1pm and 4pm at the Riviera Centre.

7. Health and Wellbeing Board Membership - Options Appraisal

The Board considered a report that set out a number of options for the membership of the Health and Wellbeing Board. Members were advised that Health and Wellbeing Boards across the country have different memberships with some inviting providers to join. The Board considered the various options presented including those set out in the addendum to the report.

Resolved:

That:

- i) representatives of the following organisations be invited to become non-voting co-opted members of the Health and Wellbeing Board:
 - South Devon Healthcare NHS Foundation Trust (to be replaced by a single representative of the Integrated Care Organisation (ICO), once formed);
 - Torbay and Southern Devon Health and Care NHS Trust (to be replaced by a single representative of the ICO, once formed);
 - Devon Partnership NHS Trust;
 - Community Development Trust;
 - A representative of the primary care sector be appointed (if feasible);
 - A representative from Torbay schools;
- ii) the Police and Crime Commissioner continue to be a non-voting co-opted member of the Health and Wellbeing Board;
- iii) an annual Health and Wellbeing Forum be held which would be open to stakeholders from across Torbay to discuss the wider determinants of health and wellbeing in the area.
- iv) the number of meetings of the Health and Wellbeing Board be reduced to three per Municipal Year and that three Health and Wellbeing Seminars be held per Municipal Year.

8. Operational Commissioning Strategy for People with Learning Disabilities - Update

The Board noted the report.

9. Community Safety - Update

The Board noted the update on Community Safety.

10. Update Report - Adult Social Services

The Board noted the update on Adult Social Services.

11. Update Report - Clinical Commissioning Group

The Board noted the update from the South Devon and Torbay Clinical Commissioning Group.

12. Update Report - Public Health

The Board noted the update on Public Health.

13. Update Report - Children's Services

The Board noted the update on Children's Services.

14. Update Report - Healthwatch

The Board noted the update from Healthwatch Torbay.

Title: Children and Young People's Plan

Wards Affected: All

To: Health and Wellbeing Board **On:** 16 September 2014

Contact: Richard Williams

Telephone: 01803 208401

Email: Richard.williams@torbay.gov.uk

1. Purpose

- 1.1 This report provides an overview of the discussions held at the first Health and Wellbeing Seminar Session which was held on 31 July 2014.

2. Recommendation

- 2.1 That the Children and Young People's Plan and the Early Help Strategy be endorsed.
- 2.2 That the points raised at the Seminar 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.

3. Supporting Information

- 3.1 The purpose of the Seminar Session was to enable debate around the Board's intended outcome of "Children have the best start in life". Board members and invited guests discussed the following documents/issues:

- Draft Children and Young People Plan
- Early Help Strategy
- Special Educational Needs
- Troubled Families
- Children's Community Hub

As background, invitees also had a copy of the final report of the Torbay Child Poverty Commission "Torbay Gains".

- 3.2 Throughout the discussion, the themes that emerged included:
- There is still too much evidence of services and organisations working in silos. Whilst there is a need for dedicated key workers this could be provided differently if there was more "thinking outside the box".

- Communication is vital – we need to be sharing what is happening.
- Given the pressures within each organisation, there needs to be whole system change with particular attention paid to data sharing and planning and analysis to focus on the right things.
- There also needs to be flexibility within and between organisations so that the right step down arrangements can be put in place. There needs to be recognition of the risks within the system.

3.3 During the course of the discussion, some specific points were identified:

- GPs continue to play a vital role and their relationship with other parts of Children’s Services needs to be encouraged.
- Data sharing within the Troubled Families agenda continues to be a challenge which needs to be addressed.
- The link between early intervention and reducing demand needs to be remembered.

3.4 The Seminar ended with a discussion about the Community Hub and how this could lead to a new configuration of services. Whilst the concept of a hub is not innovative how we operate from it needs to be – being a Pioneer needs to actually be “pioneering”.

Appendices

Appendix 1: Children and Young People Plan

Appendix 2: Early Help Strategy

Background Papers:

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

Priority Outcome	Action	Key Document	Date
	Develop and implement targeted parenting offer for the most vulnerable and high risk teenage groups	Parenting Plan 2014-19	10/14
1	Develop and implement under 16s targeted pathway including midwifery and PSY Health Child programme	Health Visitor Implementation Plan	04/15
1	Implement workplan for targeted Lifestyle support	PH commissioned Healthy Lifestyle contract	04/15
1	'Help Torbay' information and guidance established	IAG Project Plan	09/14 10/15
2	Review/revise Teenage Pregnancy Partnership priorities	Teenage Conceptions Action Plan	01/15
2	Review		01/16
2	Develop a new Camhs commissioning strategy and services	Camhs commissioning strategy	10/15
2	Develop a youth employment and skills strategy to include social action	Torbay Youth Employment and Skills strategy	03/15
4	Review		03/16
2	Develop a Youth Offer with commissioning approach to include new IYS service	Youth Offer	12/14
3	Review	Annual sufficiency survey	12/15 06/15
4	Review		
3	Implement Single Assessment	CS Safeguarding and Wellbeing service review LSCB 1business plan	04/15 10/15
3	Review		
3	Commission new services for those affected by Domestic Abuse	Domestic Abuse Strategy/Plan 2014	10/14
3	Review		10/15
3	Corporate Parenting Plan signed off by Members	Torbay Corporate Parenting Plan 2014	10/14 10/15
3	Review		
3	Participation plan embeds engagement	Participation review 2014	07/14
4	Review		07/15
3	Implement foster recruitment plan	CS 5-year business plan	10/14
4	First review		10/15
4	Implement the national Troubled Families programme to support vulnerable families	CS Safeguarding and Wellbeing Service review	10/14
4	First review		10/15
3	Establish Community Hub model for locally based opportunities and services	CCG Integrated Plan Integrated Care and Support – a bid for Pioneer status	04/15
4	Review		
1	Implement new partnership approaches to Early Help	Early Help Strategy LSCB Business plan	07/14
2	Review		
3	First review		01/15



TORBAY CHILDREN AND YOUNG PEOPLE'S PLAN 2014-19

VISION
To Give All Children and Young People the Best Start in Life so they are Safe, Happy and Healthy to Reach their Full Potential.

- This is supported by 3 key principles:**
- Better Outcomes in the Community:** working alongside and within communities, respecting and promoting their strengths and assets and promoting resilience, self help and greater aspiration.
 - Right Child, Right Place, Right Time:** Identify and respond to needs as early as possible matching the right intervention through good assessment to prevent increased risk of harm and resulting in fewer children in care.
 - Efficiency and Effectiveness:** Integrated services with a common purpose and focus targeted proportionately to best meet the needs of children, carers and families.

INTRODUCTION

Since our last Children and Young People's Plan in Torbay, we have seen a significant increase in demand for support for children and families. This has been coupled by a reducing public sector budget and national austerity measures that have impacted particularly on those most vulnerable families. Even with these challenges we have achieved significant successes by working with and alongside communities, children and their

families, and this is something we need to celebrate and build on with confidence and determination. Through even greater collaboration in the future, we can ensure children are given the best start in life and can grow and prosper within safe families and communities that give them the best chance for their futures. This plan sets out our vision, our priorities and our focus for the next 5 years. It is guided by

engagement with young people, a shared, local analysis of need - such as previous inspections and our child poverty strategy, as well as by national policy drivers and strategies. This is a plan that overlaps with others to ensure a consistent set of priorities to impact on children and young people's lives. The joint approach to planning, commissioning and governance will enable us to develop shared services that will

make a real difference to children and families across Torbay, and South Devon in relation to Health. Opportunities, such as the national programme to increase Health Visitor numbers, will be key to further developing our joint aims to improve local outcomes. The Children and Young People Redesign Board reports to the Health and Wellbeing Board and this provides an accountable body to drive the changes needed

across partner organisations which will realise improvements in outcomes for our children and young people. This plan is a summary document setting out high level priorities. The detail of delivery to be taken forward by multi agency partnerships using the plans and documents referenced at the back of the Children and Young People's Plan. The Plan will be reviewed every two years.

OUR 4 PRIORITIES ARE:

1. Children have the best start in life
2. Children and young people lead a happy and healthy life
3. Children and young people will be safe from harm living in families and communities
4. Opportunities to participate and engage in the community and in public life

Young peoples views

Dreams
Young people wanted to be happy living in a family and they wanted to help people. They also had good aspirations around employment ranging from wanting to become a vet, a mechanic or a teacher, paramedic, chef or photographer.

What they need to achieve dreams

Confidence, support from family and friends, social help and living in a nice clean and safe place were important; they needed money for university, money from jobs, training, a good education and careers advice and people to believe in them.

Barriers to their dreams

Young people felt that having no money, doing poorly at school, having no confidence and a lack of jobs in the area held them back. They were concerned about family crisis, illness and health, stress, bullying and a bad economic situation. Also 'being told I can't'

WHAT WE KNOW ABOUT CHILDREN

Headline Early Years Foundation Data
Nationally 52% of children achieved a Good Level of Development. In Torbay 51% of children achieved a Good Level of Development. Nationally 60% of girls achieved a Good Level of Development and 44% of boys. In Torbay 59% of girls achieved a Good Level of Development and 43% of boys. Nationally the achievement gap between the lowest attaining 20% of children and the mean is 36.6%. In Torbay the figure is 37.6%

Mental health
We know that emergency admissions for persons aged 10-24 for intentional self harm is higher than the England average at 253 per 100,000. Emergency admissions for mental health conditions was similar to the England average at 68.4 per 100,000. Referral rates for tier 3 mental health services has doubled in the last year.

Attainment
GCSE achievement is similar to the England average: 60.5% of young people gain five or more GCSEs at A* to C grade including maths and English.

Obesity
11.1% of school children in reception are classified as obese in Torbay. The England average is 9.3%. 21.6% of school children in year 6 are classified as obese in Torbay. The England average is 18.9%.

Teenage pregnancy
Rates of teenage pregnancy are higher than the national average with an annual rate in 2012 of 39.5 per 1,000 compared with the national average of 27.9

Smoking in pregnancy
17.5 % of mothers smoke at time of delivery. The England average at 12.7% (PHE 2012/13)

Poverty
The level of child poverty in Torbay is worse than the England average, with 24% of children aged under 16 years living in poverty. The rate of family homelessness is better than the England average.

PRIORITY ONE: CHILDREN HAVE THE BEST START IN LIFE

We will commission and work with communities, and schools to:

Implement the Health Child Programme (0-5).
Ensure healthy pregnancy from conception to birth.
Promote early attachment and learning for families with under 5s.
Provide Early Help to children and families when they first need this.
Implement a whole family approach to assessment used by integrated services.
Improve school readiness for all our children.

To do this we will:

Deliver effective and accessible education and support to parents in a variety of settings to help them become confident and competent in their role as parents.
Implement a pathway for use by maternity, health visiting and children centres to trigger early identification of post-natal depression and to enable parents to access to help.
Put in place services and support around smoking cessation, weight management and emotional health and wellbeing for pregnant women, with a particular focus on younger women.
Improve the transition between midwifery, health visiting and children centres services and schools to simplify access to targeted early help.

Establish local access points for information and advice, including access to childcare, so that people can see the full range of support and advice available to them with a focus on early community based support.

Work with our early education service and teaching Schools to improve school readiness, with a particular focus on reducing inequalities.



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PRIORITY TWO: CHILDREN AND YOUNG PEOPLE LEAD A HEALTHY AND HAPPY LIFE

We will commission and work with communities and schools to:

Improve the emotional and mental health of all children and young people and keep them well.
Implement the Healthy Child Programme (5-19).
Implement recommendations from the Child Poverty Strategy.
Increase opportunities for children and young people to participate in social, physical and educational activities to help them make good lifestyle choices.
Improve access to relationship and sexual health services.
Improve attainment and skills to enable children and young people to fulfil their aspirations.

To do this we will:

Develop a range of emotional and mental health resources, targeted at children and young people as well as parents, which will encourage self help as well as sign posting to national and local support and advice services.
Increase awareness and identification of emotional and mental health issues and of relationship and sexual health issues by providing workforce training at the preventive, targeted and specialist levels.

Target additional emotional health resources within schools at an earlier intervention level and develop an assertive outreach model of care for those children with more complex mental health.

Provide services to prevent sexually transmitted infections (STI) and to increase contraception availability and relationship advice.

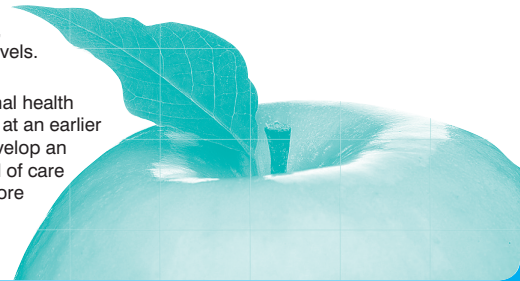
Increase apprenticeship and training opportunities through a youth training and employment strategy.

Work with all schools to raise attainment and aspiration and reduce inequalities through effective monitoring, challenge and support.

Ensure there is sufficient youth provision, especially in neighbourhoods with high numbers of young people with high levels of need, through the development of a full Youth Offer.

Help young people and families understand the range of different health and support services.

Provide opportunities for all children and young people to learn and understand the importance of healthy lifestyle behaviours and health choices including diet, exercise, alcohol, drugs and smoking.



PRIORITY THREE: CHILDREN AND YOUNG PEOPLE WILL BE SAFE FROM HARM, LIVING IN FAMILIES AND COMMUNITIES

We will commission and work with communities and schools to:

Support families experiencing difficulties to meet their needs as early as possible.
Improve outcomes for children with disabilities.
Improve outcomes for children in care and care leavers.
Improve outcomes for children and young people in need of protection.
Build resilience and confidence in children and young people to deal with emotional distress.

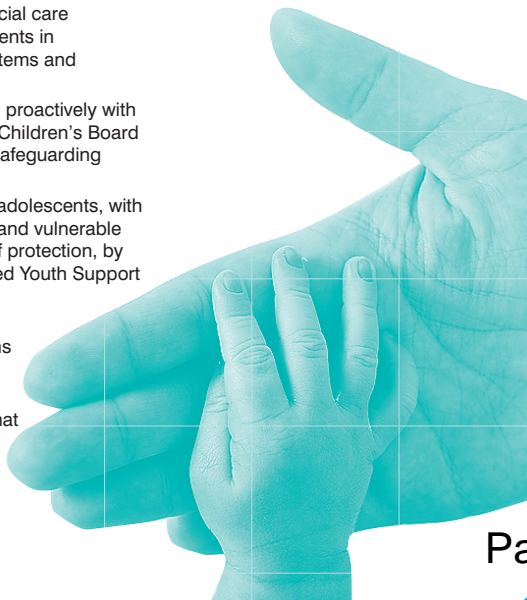
To do this we will:

Integrate the delivery model for children's health and social care supported by improvements in information sharing, systems and processes.
Ensure all partners work proactively with the Local Safeguarding Children's Board to continue to improve safeguarding services.
Develop services for all adolescents, with a focus on care leavers and vulnerable young people in need of protection, by establishing an Integrated Youth Support Service.
Implement the Special Education Needs reforms and Local Offer.
Establish a Community Hub model of delivery that develops community assets and resilience, and provides a single point of access to early help and support.

Provide a range of support services for those affected by domestic abuse and relationship violence, child sexual exploitation and bullying.

Improve the quality of all aspects of the experience of being looked after with particular focus on participation, health, protection from harm and education.

Develop an Early Help Strategy with Partnership sign-up to include an increase in numbers of local care options through foster campaigns and strong support in communities.



PRIORITY FOUR: OPPORTUNITIES TO PARTICIPATE AND ENGAGE IN COMMUNITY AND PUBLIC LIFE

We will commission and work with communities and schools to:

Develop opportunities for children and young people to be seen in a positive light by involving in volunteering and community action.

Develop a range of social, educational and activity based services within local reach for children and young people.

Embed processes to ensure young peoples' voices are heard when we are reviewing, designing and delivering services.

Support young people into training and work as well supporting families to return to work where possible.

Consider the impact of environment in all aspects of planning and development of the lives of children, families and young people.

To do this we will:

Work with the National Citizen Service scheme and Community and Voluntary Sector providers such as Prince's Trust to encourage young people to participate in community action.

Work alongside the Community Development Trust to develop opportunities for community based engagement for young people and families.

Set up a range of opportunities for all children and young people to be involved and have their say around

community and environmental plans that impact on their lives.

Provide support and training to Community and Voluntary Sector groups to ensure good quality play and youth provision that involves young people in as many ways as possible.

Implement the government's Troubled Families scheme and co-ordinate support across the Partnership for workless families.

Develop employment and training opportunities for young people.



Introduction

The Early Help Strategy is a key element in Torbay's commitment to improve outcomes for children and young people. The strategy defines Early Help and sets out why we are committed to delivering on this, and outlines how Partners will work together to plan, commission and deliver services that reach our children and families at the very earliest opportunity. The strategy will cover services and community assets impacting on the lives of children and young people between the age of 0-19, and up to 25 for those with special needs, disabilities and care leavers.

Our definition of Early Help

For the purpose of the strategy, we include both prevention and early intervention within the term 'Early Help'

Prevention is broad, universally available support that can develop resilience and confidence in individuals and communities, reducing the likelihood of risk factors facing children, young people and families. Access to these services is direct and universal and usually does not involve a referral or an assessment, nor does it usually collect outcomes data, but may collate information on numbers attending or user satisfaction.

Some examples of preventative services are:

- Neighbourhood Youth and community provision
- Immunisation programmes
- Schools: clubs and access to low level behavioural support or parenting seminars
- Family Learning
- Health visitors and School Nurses
- Job Centre Plus work coaches

Early Intervention is a range of services that may be targeted towards an identified need to prevent problems escalating. This relies on early identification of need which is then assessed and met through a support plan with actions towards desired outcomes with named individuals or services responsible for achieving these. The intervention will be as intensive as required according to the level of need identified or the range of difficulties. Interventions are usually evidence based and are measured for outcomes and impact.

Some examples of early intervention services are:

- Targeted parenting programmes such as Incredible Years or Triple P
- School nurse interventions and Health Visiting
- Young Carer's support services
- Camhs or substance misuse tier 2 services
- Sexual health outreach work

- Employability skills provision

Why Early Help?

The importance of giving every child the best start in life is well documented, and relates to health (Marmot Review, Chief Medical Officer Report) and emotional, social and educational development (Graham Allen). Recent Public Health and Early Years policies seek to establish a robust framework that reduces inequalities to create healthy, school-ready children with strong foundations for a happy life ahead. But some children are impeded from developing their full potential because of limiting circumstances within their families, and Early Help then needs to be available, easy and swift to access and it needs to relate to individual need.

Children and families need to be heard when they first ask for help to minimize adverse experiences for children and young people. We know from consultation that when parents face challenges, they first go to family and friends, and then to services within universal access such as their GP or their childrens' schools. This is where families first seek help and this is where support should make the most impact, quickly improving outcomes for the child. Where there is greater need, effective identification and clarity of thresholds and systems will enable access to targeted early help. Without access to early help, families and children need a lot of time and resource to re-discover their skills, or to catch up their development, and those resources helping them to do this are at high cost to the public purse.

The growing interest in early intervention as a policy issue reflects the widespread recognition that it is better to identify problems early and intervene effectively to prevent their escalation than to respond only when the difficulty has become so acute as to demand action. It is better for the individuals concerned, their families and society more broadly; it avoids a lot of personal suffering, reduces social problems and generally, it costs less than remedial action

(C4EO, Grasping the Nettle)

What are the drivers for Early Help?

Almost a quarter of the children in Torbay are living in relative poverty, with 67% of these within lone parent households and with 79% within workless households. We know that most of these children and their families live within four wards and that within these wards, not only is there poverty and worklessness, but health outcomes are poorer, anti-social behaviour is higher, and aspirations are often low. Many of these children and families access a range of resources and services, and some are high users of services due to the combination of poor health, poverty and a sense of disconnection from the wider community.

Torbay Early Help Strategy 2014-17

Tough economic conditions nationally have led to benefits changes that will impact on some of our larger and more deprived families, and the employment market locally is predicated on temporary or part time, low paid jobs within the leisure industry. These conditions together compound to potentially create high need at high cost, leaving a legacy of unfulfilled potential and poor outcomes that stalls the economic and social recovery that is so clearly possible in Torbay.

A significant minority of families then face escalating issues that appear beyond their ability to resolve without a professional assessment and intervention. In Torbay, as nationally, we have seen an increase in the demand for a high level of support: families with multiple and complex issues that put the safety of their children at risk and that compromise them as a unit. Without early help, these families reach crisis and require costly services, potentially over a long period of time. Where the initial request for support is not effectively met, the sense for these children and families may be one of disempowerment where the future is hard to shape positively and where they become 'stuck' within a cycle of interventions.

Across the Public Sector, the same issues are creating a higher demand for services, whether within the criminal justice system, drug and alcohol treatment services or community adolescent mental health (Camhs) services or Safeguarding and Child Protection. High demand comes with high cost at a time when the budget to deliver is being reduced year on year. Continuing to meet demand at the point of crisis is unsustainable financially and it discounts the significant skills and talents that lie within these families, within our communities who could contribute to the overall health and buoyancy of Torbay if we were to change our approach.

Our key drivers for Early Help are poverty, cost, and experience:

- Reducing poverty: we are looking to maintain and develop the strengths within families and communities in order to maximise their contribution to their own families, their communities, and the wider economy. This should reduce poverty which effects every aspect of lives.
- Reducing cost: by understanding the costs and benefits of meeting demand for help at a lower level, we hope to prevent the need for high cost services and for repeat or failed services where need was not effectively targeted in the past.
- Improving the experience: we need to ensure the experience of interaction with services is a quality one that is both timely and brings purpose, benefit and progression with an overriding sense of enablement and purpose for the future.

What is our vision using Early Help?

Our vision is to establish an integrated service delivery model that is based on clear pathways and coherent arrangements for Children, Young people and Families that will

deliver better outcomes for those in greatest need. The change in direction and focus will result in a reduced use of statutory intervention and make more effective use of the total public sector resource through greater integration and the increased involvement of local communities.

In Torbay, we are committed to establishing a whole system approach to support. We will implement clear thresholds and clear pathways so that our families receive the right level of support according to their level of need. This integrated system is made up from support within our neighbourhoods, knitted to support from public sector services available to us all, and bonded to those specialist services that give us focus and direction when we need it most. This is not a one way system, however, but one that sees the strengths and assets within individuals and families, often masked by adversity, and fosters them. We want to recognise and enable those strengths realising the full potential of our communities, and building the resilience that will support prosperity.

Agreed Partnership Principles of Early Help

We have a Partnership for Families group that meets to drive forward our Early Help strategy and plans. The group agrees some common principles for this work

1. Integration of services to best meet the needs of children and families
2. A common set of outcomes and purposes to co-ordinate and focus our resources
3. To target resources proportionately to need
4. To work alongside and within the communities, respecting and promoting its strengths and assets.

Our Key Priorities for Children and Young People

Our priorities come from our Children and Young People's Plan and our Health and Wellbeing Strategy 2012-15. They are:

1. Children have the best start in life
2. Children and young people lead a happy and healthy life
3. The support of sustainable, safe and healthy communities
4. Participation and engagement in community and public life

To meet these priorities, key work areas will be:

Developing our Community Hub model of service provision

Establishing an accessible and clear information, advice and guidance facility

Torbay Early Help Strategy 2014-17

Developing clear pathways for access to services at and between all levels of need, and that includes whole family assessments and integrated service delivery.

Driving forward support for employment and economic independence for all our families.

A learning and development programme that builds a core skills set and drives culture change within the workforce of the community and voluntary sector and the Public Sector Partnership.

Developing a youth training and employment strategy

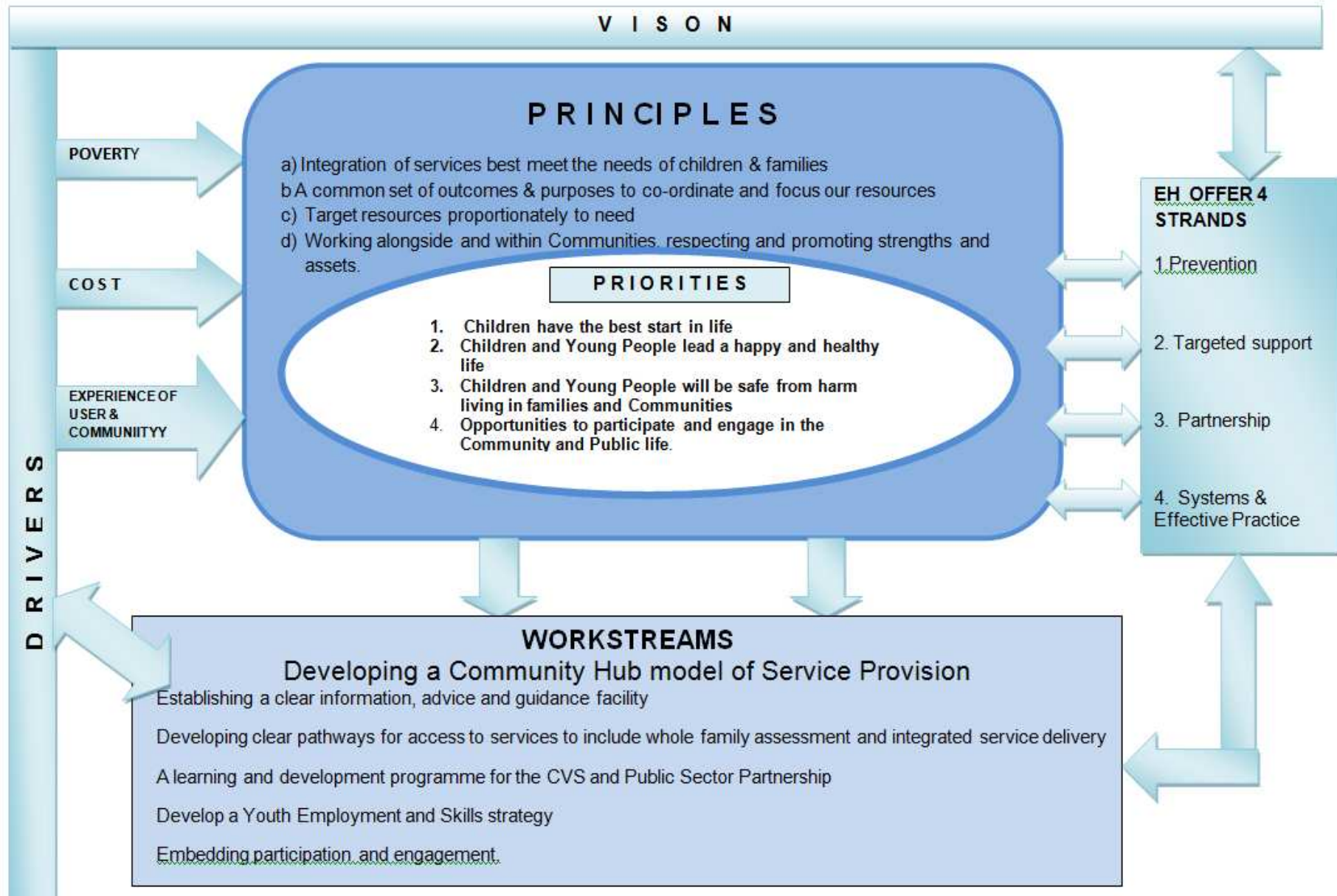
Embedding participation and engagement as a central part of services

What is our Early Help Offer in Torbay?

We are re-thinking what we do and how we do it and have mapped out a new landscape of service delivery that we hope will be simple, innovative and matched to our combined resources. Our Offer sees a change in culture to truly enable communities and to put children and families firmly in the centre of our services. The offer comprises four key strands:

- 1. Prevention and universal services**
- 2. Targeted support**
- 3. Partnership working**
- 4. Systems and effective practice**

The diagram over the page illustrates our Early Help thinking and shows the relationship between the drivers, the vision, principles, priorities, work-streams and our 4 key strands.



OUR FOUR EARLY HELP OFFER STRANDS

1 Prevention and universal services

Early access to preventive support at universal or community level is critical for children and families. Early Help begins with universally available provision such as Midwifery and Health Visiting and School Nurses, and with Early Years child care for 2 year olds for qualifying parents and a universal offer for 3 and 4 -year olds with schools, GP and dental services. And in our neighbourhoods, by bringing together health and social care provision across the age range we will develop 'community hubs' to foster community strengths, provide a local point of access for families for their own development and support services, and prevent the need for more intensive services. This is also a way for services to reach out to a population group, or identified cohorts matched to their specific needs. The foundations of good health, wellbeing and prosperity lie in the richness of opportunity open to everyone, and Torbay has a rich natural landscape, and numerous cultural, sports and educational opportunities. Our main concern must be to ensure there is equality of access to this provision and that we do all that we can to support this, because these opportunities are the building blocks of aspiration that will combat poverty.

Maternity, Health visiting and school nursing will all form part of a wider Healthy Child Programme available from pre-birth to age 19 and led by a growing number of Health Visitors. Within Torbay, these services are being shaped alongside the Community Hubs to bring them together with services like Job Centre Plus and community-based support such as Childrens' Centres and nurseries. A focus on 2-year old checks for health and development, good quality and sufficient nursery provision and school- readiness are all elements of our preventive and universal services that are measured through the NHS and Public Health Outcomes Framework, providing a benchmark for good health for individuals and communities and allowing for a proportionate use of resources to where they are most needed.

Many families are searching for help to meet their need, but do not know about the vast range of provision available with no need for a referral and available to access directly. Within the Partnership, the Community Development Trust is working to develop and host an information, advice and guidance platform that will provide a technological solution to find relevant local support and provision to meet most areas of need. And with a commitment to building community solutions, local people are working as Connectors to listen and connect people who can help each other, passing on information about what support and skills are freely available locally.

Linked to this is the work we have been undertaking with parents and the Community and Voluntary sector to develop a community- based buddy system of peer support for parents. We know that sharing experiences with peers who are trained to guide and stand alongside

others brings reassurance and provides support to parents experiencing difficulties. This peer support develops a culture of local problem-solving, prevents the need to access a higher level of targeted service and builds confidence and capability. However, for those who do need a higher level of support, we also have a pathway to access this, and then to help step them down back into the peer group support or one to one buddying support when their issues are less complex. Local, community-based organisations will co-ordinate this initiative supported by the Children's Services and Partners.

We have invested more than £300,000 through grant funding since 2012 into community youth provision to ensure a diverse and adaptable range of clubs, groups and services close to where every young person lives and meeting their local need. The commitment to this is ongoing, forming a key element of our Youth Offer to ensure that young people have access to informal learning, safe places to meet, and trusted adults to talk to, building their confidence, developing social and educational skills and raising aspiration. The provision is selected with a panel of young people and community members, and is supported and overseen to ensure safety and quality.

There is both a culture and a sports strategy underway in Torbay which deepens and broadens the experiences of individuals and communities, offering opportunities to participate in sport, music, art, drama and to understand and interpret the world around us through enrichment activities. Young people within schools are representing the world of the arts as 'culture vultures' and are developing their own miniature culture programmes, while the sports strategy will make the very best of the unique landscape of Torbay, promoting participation in sport with the health and wellbeing benefits that this brings.

A key issue for young people nationally and locally is that of youth unemployment. In a wide sector partnership, we have recently set a Torbay council target for apprenticeships through a new strategy; across Health, many apprenticeships are in place as well as the Project Search initiative to provide work experience for young people with disabilities. Torbay Development Agency is leading on 'Torbay Works' to bring employers into a strategic group to develop the right skills and training to support a healthy local jobs market with employment opportunities for all our young people and their families. We will progress this work over the next year to develop a full Youth Skills and Employment Strategy capable of supporting economic prosperity for the next generation.

2 Targeted Support

When children and families have complex and multiple difficulties, they need a more thorough assessment of their strengths and needs, and they need support to help them to work through the difficulties whilst building on the strengths. This type of help is accessed through referral, and a professional assessment to identify which service or services will best meet the need. We are introducing a Single Assessment to capture information and identify strengths and needs and this will move with the child and family should they need

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to access a more intense service. The Single Assessment will form a basis to determine the right service to meet need. For some this will be a single service, while others may require several services working together. In this case, the child or family will agree an individual to co-ordinate the services and to be the main point of contact. This person will be the 'Lead Professional' who will ensure everyone in contact with the child and family works to a single plan in a team around the family approach.

Targeted support will be accessed through Early Help panels with knowledge of community and agency resource and assets and who will receive the referral and ensure it is acted on swiftly and that the right service or provision is put in place and is then working to an agreed plan. Our processes and pathways are outlined in section 4 below.

Many of our targeted services are carefully commissioned following a review of data, case study views from young people as well as their role in auditing, selecting and recruiting. We now have joint commissioning structures in place with our Health and Adult Social Care partners to undertake this work more cost effectively and with less sense of silo working across services. This will enable us to join up to meet broader outcomes at less cost.

For pre-birth and up to 5, our targeted services sit within the Healthy Child Programme. The Family Health Partnership works with young, vulnerable parents, and Family Support is available based within the Childrens' Centres. Health Visitors have trained in the Solihull parenting method and will use this model of parenting support in their everyday work.

Schools and educational settings are often the first to notice that a child is not happy or is not learning within their own range and alongside their peers. To reduce inequality, schools and settings receive a Pupil Premium for each child qualifying for free school meals, and in Torbay, our schools are jointly funding a new Camhs service, and two social worker posts to develop strong practice between education and Safeguarding services. These post holders will build confidence within educational settings in accessing the right level of support for children of concern and will help embed new pathways for support and services. Combined with other school-based services such as School Nurses, we will develop a 'team around the school' service to both directly deliver and gain access to the right service for the right child at the right time.

The government's Troubled Families initiative seeks to target families with multiple problems that are high users of services, particularly targeting workless families and seeking to improve their economic situation. In Torbay we will turn around 365 families by 2015, ensuring they are helped to build workplace skills and attain employment, and supporting better school attendance and less crime and anti-social behaviour. To ensure that we are identifying eligible families and doing all we can to support them in improving their financial, social and educational circumstances, this work-stream sits within our multi-agency Partnership for Families group whose role overall is to drive and monitor our Early Help work.

With a high rate of children in care per population in Torbay, we know that we need to be doing more to identify children and families most at risk of breakdown and to provide a targeted resource that will help to hold the family together as a unit. We have investigated models of intervention that may be effective, and now plan to introduce Functional Family Therapy. This is a relational-based therapeutic programme aimed at re-building positive family relationships. It will reduce entry to care with all of the emotional costs this brings as well as saving money that can then be better spent supporting families to stay together.

For adolescents, we are bringing together teams and services across the Partnership to develop an Integrated Youth Support Service. The team will co-locate in a new setting at Parkfield House where vulnerable young people such as Care Leavers or young people not in education, employment or training can access support using one site and one identified service. Targeted work such as independence skills, addressing risky behaviours, working with vulnerability and preparing for work will be undertaken in a 9am to 9pm service that will offer youth-centred, co-produced provision.

New SEND reforms and legislation has led to our mapping services available for children and young people with disabilities and better defining access and entitlement. The Local Offer has been influenced by the Children's Disability Council and the Parent Participation Forum and will be published by September 2014 so that parents will be able to see the range of services available to meet the needs of their child.

3 Partnership working

More effective Partnership working will help us unlock our combined resources and will help us to see where we are duplicating and where we are creating barriers and gaps.

Our Early Help strategy is driven by a Partnership for Families group made up of colleagues in Police, Social care, Health and Education and the community and voluntary sector. This group reflects the approach we are taking when designing or reviewing services in that it brings together our key targets, working in particular on those areas of concern to all and considering how clearer alignment across adult based and children based services will benefit the whole family. This approach will create one single plan for Early Help with full collaboration to achieving shared outcomes, and this will be translated into a joint commissioning plan that gives opportunities to share, pool and focus our limited resources towards the point of need rather than working separately.

New initiatives are in the development of joint commissioning and Peninsular based commissioning to maximise on economies of scale and seek to deliver a range of services appropriate to need within a principle of best value. And to make the most of the diversity of local provision, we are committed to a policy of 'Commissioning for Localism'. This will

build capacity in the our community and voluntary sector, retaining skills and employment at a local level.

Through the Pioneer programme, we are driving integration in services to benefit children and families. The work will take place around Community Hubs, with our first Hub in Torquay focusing on children and young people. Our front door for contacts will be a multi-agency Safeguarding Hub where decisions around risk and need will be confidently taken because of improved information and understanding across a range of disciplines and factors and will improve safety for children and young people. And with a new Schools Safeguarding Board, new partnership commitments have strengthened our sense of surety in holding children and young people safely and purposefully.

Partnerships are not just about agencies, but also about the people who receive the services. We are committed to a policy of participation and co-production, enabling individuals and communities to develop the sort of help they want and need, and supporting them to be involved in delivery. An example of this is our Buddy work with parents in Great Parks, Barton and Hele. Parents who had used targeted services were supported to develop skills to help others; they have undertaken training to provide peer support within their communities and are now working with a community and voluntary sector partner to provide weekly parenting sessions and to act as buddies for isolated parents or those facing difficulties. We will support other groups in different areas of the Bay as we learn from our first parent groups. Young people too are involved in recruiting, commissioning and inspecting their own services through a joined up arrangement with Healthwatch to train and work with young people across Health and Social Care regardless of agency boundaries under the Care Quality Commission. Our Participation Strategy puts in place varying levels of engagement that help us to hear the voice of the child and listen to this when we are designing, developing, delivering and reviewing our services.

4 systems and effective practice

Underpinning our Early Help work is a structure of clear pathways and of defined practice methodology and processes. The volume of work coming in through the Safeguarding Hub, through Health and Criminal Justice services has increased and internal resources have decreased. The CAF/Early Help process needs to be co-ordinated to operate in the targeted way intended, and our Partnership thresholds and review processes need to be consistent and integrated. We are now putting in place new pathways and processes for Early Help work where CAF represents the multi-agency element of this, and our Early Help panel ensures that all relevant referrals for support are reviewed weekly and directed to the right service for the presenting need returning us to the principle of `right child, right service, right time.

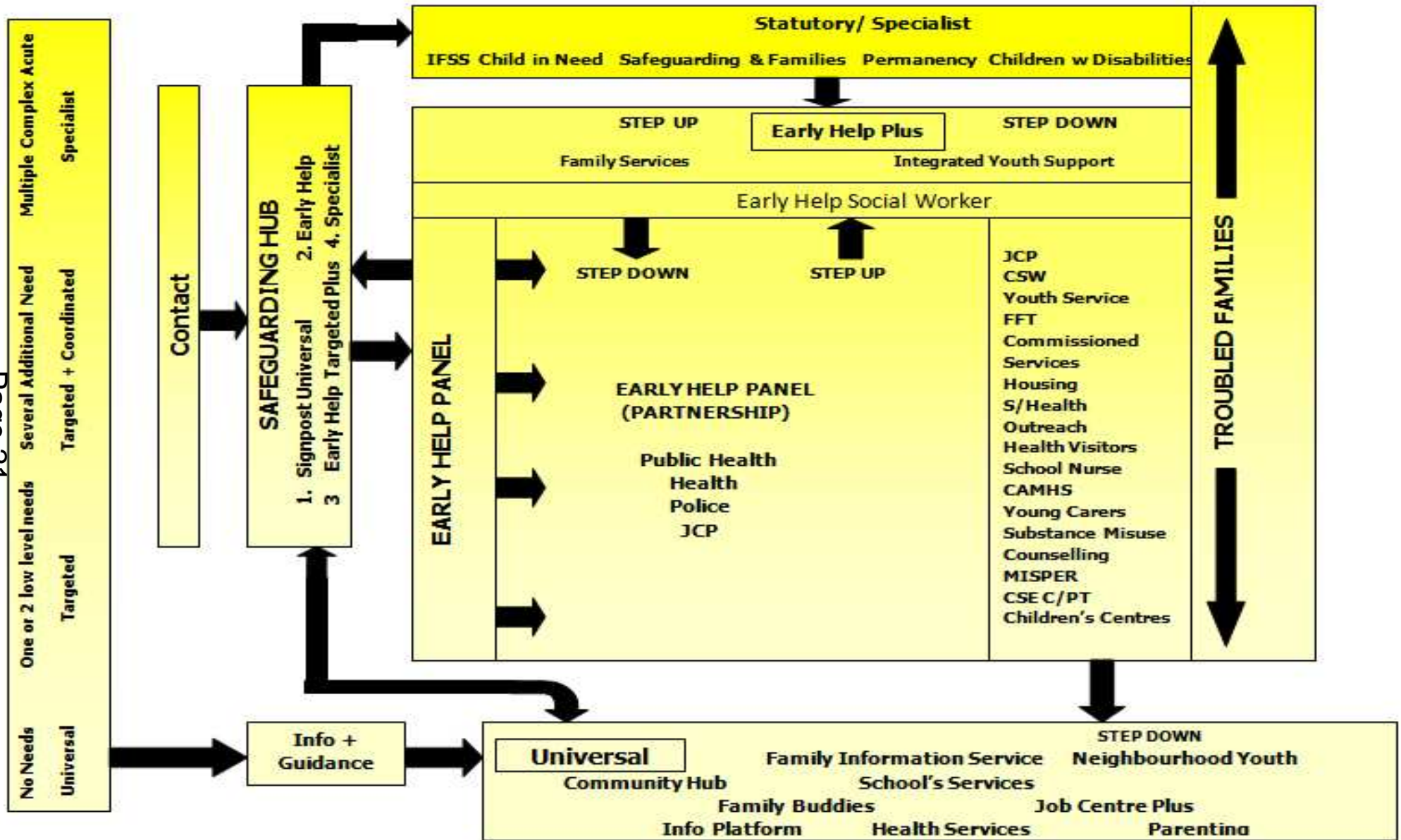
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The introduction of a hub model as a means of co-ordinating early help and advice and for families bringing together resources within communities in the form of assets as well as universal services, will be a key early help system enabler.

The pathway is outlined below within a whole system, describing the demand or request in levels of need and charting the journey through the services and structures we have put in place.

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Measuring progress and quality

With every pound needing to pay its way, and with children and families deserving the right service at the right time, we will introduce a suite of tools and programmes that have been tried and tested. We will use a robust single assessment process to provide core information that can be built on as needed, this will then inform evidence-based, quality interventions that have a proven track record in delivering outcomes. Across the Partnership, we are aligning the tools we use for this, and are committed to using Outcomes Star across much of the Early Help provision whether in the community and voluntary sector, or within Health Visiting. This is very much an engagement tool that helps us to see things from the child and family perspective, and it strengthens the approach to asset balanced assessments that we are introducing.

We recognise that ongoing quality assurance is key to our understanding of good and bad performance. We are establishing shared baselines such as the Joint Strategic Needs Assessment Together to align priorities, and what and how we measure our performance. Increasingly, this will be through a triangular review of practice, service user and outcome. Using a constant cycle of quality assurance, we will build our workforce development programme and adjust both processes and tools according to evidence.

We include the development of our joint workforce within our systems and effective practice. Joined up and integrated working requires a culture shift for all staff involved and new skills crossing adult and children's pathways to embed whole family working. We will begin to commission a series of training events and core competencies that raises awareness of the whole family and that develops confidence in staff to ask pertinent questions regarding the family unit, ensuring that no member of the family is unseen. Enabling our staff will carry them with us on our journey while it will also give families confidence that the different services have a single approach in their support.

The strategy includes an action plan that has been agreed by our Partners. A set of key performance indicators and outcomes for the plan are taken from outcomes frameworks across Health, Social Care, Police and Education and reflect the priorities of the Health and Wellbeing Strategy and the Children and Young People's Plan to ensure consistency and integrity of direction and approach. Individual cases will be reviewed and tracked, and the impact of services will also be measured within a quality assurance framework in place for our Early Help work.

The plan will be monitored by Torbay Partnership for Families, reporting to the Safeguarding Children's Board and will have a first full annual review in July 2015.

Partnership consultation and Equality of Access

The strategy has been developed in consultation with partners from the Community and voluntary sector and from our statutory and public service partners. We have drawn out common themes from our work with parent service users and have also talked to some of our children and young people and asked them to talk through what their priorities for Early Help would be and whether they believe this strategy and its actions would make a difference to them. Within the consultations, we asked about barriers to access for individuals and groups to check this strategy provides fair assumptions and equally accessible services. An overview of the consultation and an Equality Impact Assessment can be found at annex 1 and 2. (Not yet in place).

Linked Strategies and Documents

Key documents linking to the Early Help Strategy are:

- Torbay Joint Health and Wellbeing Strategy 2012-15
- Torbay Child Poverty Strategy
- Torbay Children and Young People's Plan 2014-19
- 'The Child's Journey' Torbay thresholds document 2012
- Torbay Joint Commissioning Strategy 2014
- Devon and Cornwall Police and Crime Commission Plan
- Torbay Community Safety Partnership Strategic Assessment
- Children Act 2004 ('Every Child Matters')
- Working Together to Safeguard Children (2010, 2013)
- Grasping the Nettle: Early Intervention for Children, Families and Communities (C4EO 2010)
- The Munro Review of Child Protection (May 2011)
- The Foundation Years (Dec 2010) a review on poverty by Frank Field MP
- Early Intervention 1: The Next Steps and Early Intervention; and Smart Investment 2: Massive Savings (2011)
- The early Years: Foundations for life, health and learning, Dame Clare Tickell report on the Early Years foundation stage, 2011.
- The Marmot Review 2010
- Chief Medical Officer Report 2014
- South Devon and Torbay Clinical Commissioning Group Strategic Plan 2014-19

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EARLY HELP ACTION PLAN

Priority One: Children have the best start in life

Early Help offer	Action	Performance measure	Date
Prevention and Universal services	<p>Implement the new Maternity Strategy</p> <p>Implement the Healthy Child Programme 0-5</p> <p>Identify and map under 5s universal provision. Use information to redesign and strengthen the model of delivery for universal Children's Centre services.</p>	65% or more of families access a universal service.	
Targeted support	<p>Achieve positive outcomes for families identified within the Troubled Families cohort</p> <p>Extend the Troubled Families criteria to include families with children under 5.</p> <p>Review the Children's Centres contracts and intended provision for targeted services.</p> <p>Implement the 2 year old childcare scheme identifying qualifying families and ensuring access to high quality provision.</p>	<p>Identify and work with 365 families to 'turn them around'</p> <p>770 families with 2 year olds identified and accessing early education.</p>	<p>May 2015</p> <p>April 2015</p>
Partnership working	<p>Strengthen the membership and focus within the Under 5s section of the Early Help panel</p> <p>Deliver training for partners around the Early Help strategy and their role in supporting families and children including the role of Lead Professional.</p>	<p>Early Help TOR and attendance of 0-5 resources.</p> <p>TSCB training sub-group and schedule of events.</p>	<p>Jan 2015</p> <p>Jan 2015</p>
Systems and effective practice	To establish a "school readiness" framework for use with all professionals working with under 5s.	Baseline assessment on entry to reception demonstrates children are confident in school readiness criteria.	Sept 2015

Priority Two: Children and Young People lead a happy and healthy life

Early Help offer	Action	Performance measure	Date
Prevention and Universal services	<p>Ensure access to good youth provision as specified in the Youth Offer</p> <p>Sexual Health services review with new implementation plan for young people</p>	<p>Annual Youth Offer questionnaire</p> <p>Rates of teenage pregnancy and STIs</p>	<p>July 2014/15</p> <p>April 2015</p>

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Targeted support	Youth Employment and Skills Strategy with focus on those at risk of NEET	Youth Employment and skills summit	Jan 2015
Partnership working	To jointly agree a model and subsequent strategy for enabling good emotional health and wellbeing across Devon and Torbay.	New model agreed by health and Wellbeing Board.	?
		New CAMHS service in school up and running.	Sept 2014
		Assertive outreach services agreed to prevent tier 4 admissions.	?
	To ensure CYP moving into adults services have a positive experience of transitions.	The experiences of young people/ parents/ carers being collated.	April 2015
	To develop a Children's Pioneer Hub which will Co-ordinate information and advice across both the voluntary and statutory sectors and will be a system enabler for early help.	Hub established and active. Reduction in high cost interventions, improvement in child health profile. Experiences of children/ young people/ parents/ carers/ professionals using the hub.	April 2015
	Develop a Parenting Offer to support parents and carers	Family Information Service performance reports Early Help performance reports	Jan 2015
Systems and effective practice	Develop staff training in effective whole family working	Numbers accessing training across the Partnership	June 2015

Priority Three: Children and Young People will be safe from harm living in families and communities

Early Help offer	Action	Performance measure	Date
Prevention and Universal services	Implement the Healthy Child programme 5-19	?	?
Targeted support	Prioritised action for children living in poor quality rented accommodation	Rogue Landlords programme	Oct 2014
	Access to fuel efficiency measure for those in	2014/15 campaign	

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	fuel poverty	with EON for £2million energy efficiency measures in Torbay	Current
	Housing Strategy to ensure focus on reducing poverty	Endorsed by Full Council & Health & Wellbeing Board	Oct 2014
	Development of a new therapeutic service such as Functional Family Therapy for young people 10-17 to prevent unnecessary entry to care	Numbers of young people entering care or other tier 4 service	April 2015
Partnership working	Effectively implement the newly commissioned services for Domestic Abuse in Torbay	As per contract	Sept 2014
	Deliver training for Partners around new Early Help services including Troubled Families programme	Numbers accessing training/evaluation of training	Sept 2015
	Establish a new Integrated Youth Support Service to support those with assessed risk and vulnerability	IYSS performance metrics	Sept 2015
Systems and effective practice	Implement the on line domestic abuse information tool to provide a central point for victims and professionals in Torbay	Domestic Abuse tool is available for use	March 2015
	Design new set of metrics to measure Early Help services	Early Help Metrics set And Quality Assurance Framework	Sept 2014

Priority Four: Opportunities to participate in the community and Public life

Early Help offer	Action	Performance measure	Date
Prevention and Universal services	The Community Development Trust will support the engagement of the community and voluntary sector in Torbay	CDT business plan	Dec 2014
Targeted support	Parents using Early Help services will be offered opportunities for volunteering, training and co-production to develop and sustain their skills	Family buddies scheme	Sept 2014
	Integration of youth representation/support groups to form effective Youth Voice for Torbay	Participation Strategy	Sept 2014
Partnership working	The Look-outers (Healthwatch and Children's Services) will report on the quality of services across health and social care and be involved in service design	Children and Young Peoples' Participation Plan/Review	July 2015
Systems and effective practice	Implementation of an Information, Advice and Guidance platform enabling all residents to locate relevant initiatives and provision	Joint Commissioning Plan	April 2015

Title: Care Act Implementation

Wards Affected: All

To: Health and Wellbeing Board **On:** 16 September 2014

Contact: Caroline Taylor

Telephone: 01803 207116

Email: caroline.taylor@torbay.gov.uk

1. Purpose

- 1.1 This report provides an update to the Health and Wellbeing Board on the Care Act.

2. Recommendation

- 2.1 That, as the process of implementation of the Care Act continues, the Health and Wellbeing Board receive regular updates in order that:
- the financial and operational risks associated with complying with the Act are understood and mitigated; and
 - the continuing work on integration, cooperation and prevention is embedded coherently across all the elements of system change in Torbay including the establishment of the Integrated Care Organisation and the Pioneer programme.

3. Background

- 3.1 The new Care Act in England creates a single modern piece of law for adult care and support in England. It updates complex and out-dated legislation that has remained unchanged since 1948.
- 3.2 The Act brings about many of the improvements to the care system described in the Government's white paper 'Caring for Our Future: reforming care and support (July 2012)'
- The Assessment Process
 - Building Stronger Communities
 - Better Information and Advice
 - Keeping People Safe

- 3.3 The Act provides better support for carers and also puts into legislation the changes recommended by the Dilnot Commission regarding the funding of care and support and takes forward elements of the government's initial response to the Francis Inquiry.
- 3.4 The Act is split into 3 parts.

1. Reform of care and support

The Act brings together existing care and support legislation into a new, modern set of laws and builds the system around people's wellbeing, needs and goals.

It sets out new rights for carers, emphasises the importance of preventing and reducing care and support needs, and introduces a national eligibility threshold for care and support.

It introduces a cap on the costs that people will have to pay for care and sets out a universal deferred payment scheme so that people will not have to sell their home in their lifetime to pay for residential care.

2. Response to the Francis Inquiry on failings at Mid-Staffordshire Hospital

The Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry led by Robert Francis QC, identified failures across the health and care system that must never happen again. The Act helps deliver the Government's commitment to ensure patients are the first and foremost consideration of the system and everyone who works in it.

It sets out Ofsted-style ratings for hospitals and care homes so that patients and the public can compare organisations or services in a fair and balanced way and make informed choices about where to go.

It will enable the new Chief Inspector of Hospitals, appointed by the Care Quality Commission, to trigger a process to deal with unresolved problems with the quality of care, more effectively.

It will also make it a criminal offence for health and care providers to supply or publish false or misleading information.

3. Health Education England and the Health Research Authority

The Act establishes Health Education England (HEE) and the Health Research Authority (HRA) as statutory non-departmental public bodies, giving them the impartiality and stability they need to carry out their roles in improving education and training for healthcare professionals, and protecting the interests of people in health and social care research.

4. Care Act Key Milestones and Main Provisions

May 1 2013 – April 1 2014	April 1st 2014	May 1st 2014	October 1 st 2014	April 1 st 2015	April 1st 2016
Care Bill in Parliament until Royal Assent	Royal Assent of the Care Bill	Consultation period for regulations and guidance (coming into effect April 2015) plus impact assessments	<ul style="list-style-type: none"> ▪ Regulations laid before Parliament for provisions coming into force April 2015 ▪ Publication of regulations and guidance 	Care Act part 1 provisions (excluding funding reform) come into force	Care Act part 1 funding reform provisions come into force

Deferred Payments

Implementation	April 2015
Key Principles	<ul style="list-style-type: none"> ▪ People who face the risk of having to sell their home in their lifetime to pay for care home fees will have the option of a deferred payment
Important Changes	<ul style="list-style-type: none"> ▪ Everyone in a care home who meets the eligibility criteria will be able to ask for a deferred payment regardless of whether or not the local authority pays for their care ▪ Councils will be able to charge interest on loans to ensure they run on a cost neutral basis
Key impact/support requirements for Implementation	<ul style="list-style-type: none"> ▪ Sound financial processes to support increased number of DPAs ▪ Sufficient staff / IT capacity ▪ Creation of a “funding pool” for loans

Additional Assessments and Changes to Eligibility

Implementation	April 2015
Key Principles	<ul style="list-style-type: none"> ▪ Early intervention and prevention: supporting people as early as possible to help maintain their wellbeing and independence ▪ Eligibility to be set nationally based on risk to the individual's wellbeing (as opposed to the risk to the individual's independence) ▪ Focus on outcomes and wellbeing ▪ Assessment to take into account the needs of the whole family as well as of any carers ▪ New arrangements for transition to adult care and support
Important Changes	<ul style="list-style-type: none"> ▪ Councils will have a new duty to carry out a needs assessment for all carers (no longer dependent on the cared-for person meeting the FACS eligibility criteria) ▪ New duty to provide advice and information to service users and carers who do not meet the eligibility threshold ▪ Duty to assess young people, and carers of children, who are likely to have needs as an adult where it will be of significant benefit, to help them plan for the adult care and support they may need, before they (or the child they care for) reach 18 years ▪ Legal responsibility for local authorities to cooperate to ensure a smooth transition for people with care needs to adulthood ▪ New national eligibility threshold (likely to be set at Substantial and Critical)
Key impact/support requirements for Implementation	<ul style="list-style-type: none"> ▪ Expanded assessment capability to cope with increased demand ▪ Assessment process that is focused on outcomes and wellbeing ▪ Strong and effective partnership working across adults' and children's services during transition

Advice and information	
Implementation	April 2015
Key Principles	<ul style="list-style-type: none"> ▪ Information should be available to all, regardless of how their care is paid for ▪ Good quality, comprehensive and easily accessible information will help people to make good decisions about the care and support they need ▪ Councils have a key role in ensuring good quality advice is available locally and for sign posting people to independent financial advice
Important Changes	<ul style="list-style-type: none"> ▪ Councils will be required to provide comprehensive information and advice about care and support services in their area and what process people need to use to get the care and support that is available ▪ They will also need to tell people where they can get independent financial advice about how to fund their care and support ▪ Councils will be required to provide independent advocates to support people to be involved in key processes such as assessment and care planning, where the person would be unable to be involved otherwise
Key impact/support requirements for Implementation	<ul style="list-style-type: none"> ▪ Establish strong joint working arrangements across Health, Children & Adult services to support the transition pathway ▪ Establish processes for sharing information and completing assessments when eligible clients move between areas ▪ Continuous development of POD to ensure up to date and relevant information and advice available

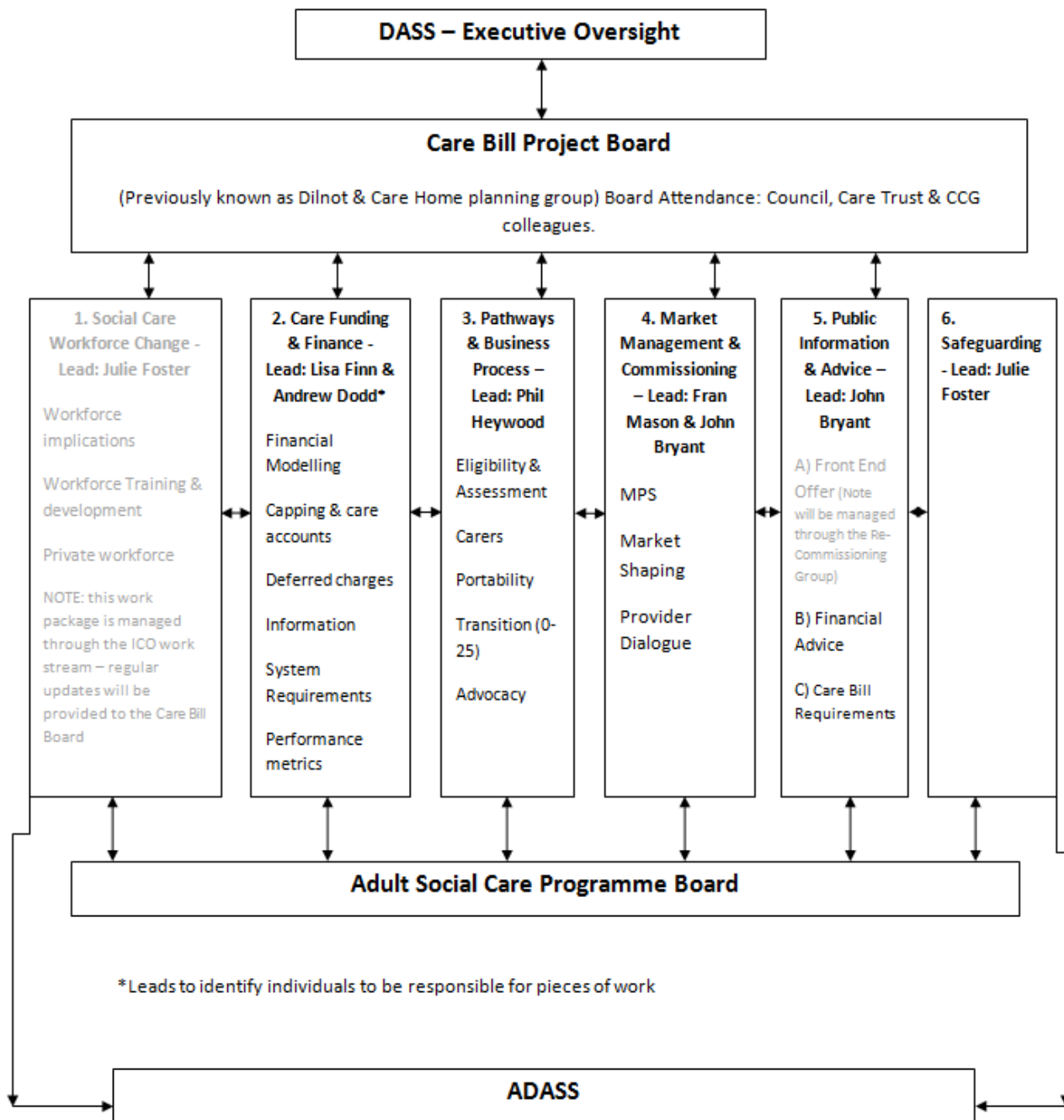
Commissioning	
Implementation	April 2015
Key Principles	<ul style="list-style-type: none"> ▪ A wide range of good quality care and support services will give people more control and choice and ensure better outcomes ▪ Councils have an important role in developing the quality and range of services that local people want and need ▪ Integrated commissioning with key partners, including health and housing, is essential to ensure quality as well as value for money and improve user satisfaction
Important Changes	<ul style="list-style-type: none"> ▪ Duty on councils to join up care and support with health and housing where this delivers better care and promotes wellbeing ▪ Duty on councils to ensure there is a wide range of care and support services available that enable local people to choose the care and support services they want (market shaping) ▪ New right to a personal budget and direct payment
Key impact/support requirements for Implementation	<ul style="list-style-type: none"> ▪ Develop market position statement(s) which clearly identify strengths / weaknesses in local provision ▪ Review interface with Housing functions ▪ Use Better Care Fund (formerly Integration Transformation Fund) to promote coordinated health and social care

Safeguarding	
Implementation	April 2015
Key Principles	<ul style="list-style-type: none"> ▪ The Act sets out a clear legal framework for how local authorities should protect adults at risk of abuse or neglect
Important Changes	<ul style="list-style-type: none"> ▪ The Act creates a legal framework requiring key organisations with responsibility for adult safeguarding to agree how they must work together to keep vulnerable adults safe. ▪ The Act legislates for Safeguarding Adults Boards (SAB) to be established by the Local Authority.
Key impact/support requirements for Implementation	<ul style="list-style-type: none"> ▪ Establish systems to ensure the SAB arranges Independent Management Reviews and Serious Case Reviews as necessary ▪ Establish joint working protocol with key partners which clarifies roles, responsibilities and allows for the sharing of information.

Funding reform (cap on costs)	
Implementation	April 2016
Key Principles	<ul style="list-style-type: none"> ▪ Financial protection: everyone will know what they have to pay towards the cost of meeting their eligible needs for care and support ▪ People will be protected from having to sell their home in their lifetime to pay for any care home costs ▪ People will be helped to take responsibility for planning and preparing for their care needs in later life
Important Changes	<ul style="list-style-type: none"> ▪ Introduction of a cap on costs of meeting eligible needs for care and support (to be set at £72,000, when it is introduced, for those of state pension age and above when it is introduced) including independent personal budgets and care accounts. The cap will be adjusted annually, as will the amount people have accrued towards the cap ▪ No contribution expected for young people entering adulthood with an eligible care need ▪ Lower cap for adults of working age (level to be determined) ▪ Increase in capital thresholds / extension to the means test providing more support to people with modest wealth. The changes will mean that people with around £118k worth of assets (savings or property) or less will start to receive financial support if they need to go to a care home ▪ New legal basis for charging covering both residential and non-residential care ▪ Consistent approach towards calculating a contribution towards general living costs for people in residential care (general living costs reflects the cost that people would have to meet if they were living in their own home such as food, energy bills commonly referred to as 'Hotel' costs) ▪ New framework for eligibility with threshold to be set nationally (to be implemented in April 2015)
Key Impact/support requirements for Implementation	<ul style="list-style-type: none"> ▪ Financial and IT systems to establish and monitor care accounts ▪ Additional assessment capacity for all self-funders who ask for a care account

5. Local Implementation

5.1 The decision has been reached to link the Implementation of the Care Act to the wider programme of 'joined up' integrated commissioning and integrated provision (the expectation is the prime provider will be an Integrated Care Organisation (ICO)). In line with this methodology a Project Board have been established, with the Director of Adult Social Services as project sponsor and involves colleagues from the council, the 'care trust' and the CCG. There are a total of 5 work groups to steer through the implementation of the different components:



5.2 This approach reflects the broader approach through ADASS in the south west to ensure synergy and maximising the use of regional resource. Torbay has received a one off grant of £125,000 to support the implementation of the Care Act Project. An options appraisal is currently being developed to agree how the grant will be used to support the project however, it is anticipated that the money will be used to support Finance, Performance & IT work packages.

Agenda Item 9

Briefing paper for members of the Torbay Health and Wellbeing Board

Subject: Pharmaceutical Needs Assessment (from now on referred to as PNA)

- The HWBB has the statutory responsibility to deliver the PNA as part of The Health and Social Care Act 2012.
- The approach proposed below complies with national regulations and timescales for sign off by March 31st 2015.
- Over the course of early 2014/15, there has been ongoing development of a standard specification and data capture process alongside colleagues in Devon, Plymouth and Cornwall Councils. This is a consequence of the 'footprint' of the PNA ideally coinciding with the NHS England area team, which in our case is Devon and Cornwall.
- Torbay HWBB will have a PNA for its own footprint but that this will, alongside each of Local authorities PNA's, be 'slotted' into the wider PNA for the Devon and Cornwall footprint.
- As part of the development of the PNA, the statute expects that the PNA has been consulted with broad range of stakeholders. The mandatory list is:
 - Local Pharmaceutical Committee
 - Any Local Medical Committee
 - Persons on the pharmaceutical lists
 - Persons on the dispensing Doctors List
 - LPS Chemist (chemist with whom PCT1 has made arrangements for the provision of any local pharmaceutical services)
 - Local Healthwatch
 - Any NHS Trust or NHS Foundation Trust in its area:
 - *Torbay and Southern Devon Health and Care NHS Trust*
 - *South Devon Healthcare NHS Foundation Trust*
 - *Devon Partnership Trust*
 - NHS England
 - Neighbouring HWBB
- The PNA draft will be in a draft format, ready for consultation for 60 days. The expected start date is 01/10/14, but will be aligned with the compatriot Authorities within the NHS England footprint.
- All HWBB members are encouraged to comment on gaps within the PNA, as will wider stakeholder network above.
- The plan is for the draft PNA and consultation document to be available on the Torbay Council website, and all responses collated/processed by Public Health.
- The final draft should be made available at the HWBB in January 2015, for final sign off.