

Friday, 12 June 2015

## Meeting of the Health and Wellbeing Board

Thursday, 18 June 2015

1.30 pm

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

---

### Members of the Board

Mayor Gordon Oliver

Caroline Dimond, Interim Director of Public Health

Pat Harris, Healthwatch Torbay

Mark Procter, South Devon and Torbay Clinical Commissioning Group

Elaine Redding, Children's Services

Caroline Taylor, Torbay Council

Councillor Doggett

Councillor Mills

Councillor Parrott

Councillor Stockman

### Co-opted Members

Tony Hogg, Police & Crime Commissioner

Mairead McAlinden, South Devon Healthcare NHS Foundation Trust

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

Melanie Walker – Devon Partnership 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](mailto:governance.support@torbay.gov.uk)

---

# HEALTH AND WELLBEING BOARD AGENDA

1. **Election of Chairman/woman**  
To elect a Chairman/woman for the 2015/2016 Municipal Year.
2. **Apologies**  
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
3. **Minutes** (Pages 1 - 5)  
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 9 March 2015.
4. **Appointment of Vice Chairman/woman**  
To appoint a Vice-Chairman/woman for the 2015/2016 Municipal Year.
5. **Declaration of interest**
  - 5(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.
  - 5(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.)
6. **Urgent items**  
To consider any other items that the Chairman/woman decides are urgent.
7. **Governance Briefing** (To Follow)  
To consider a report on the above.
8. **Review of Joint Health and Wellbeing Strategy** (Pages 6 - 28)  
To consider a report on the above.

- 9. Review of Early Help** (Pages 29 - 32)  
To consider a report on the above.
- 10. Care Act 2014 - Financial Update** (Pages 33 - 41)  
To consider a report that outlines findings from a trial of a model to forecast the costs of implementing parts of the Care Act.
- 11. Update Report, Crisis Care Concordat - South Devon and Torbay Clinical Commissioning Group** (Pages 42 - 43)  
To note the update on the Crisis Care Concordat.



## Minutes of the Health and Wellbeing Board

9 March 2015

-: Present :-

Ian Ansell, Councillor Bobbie Davies, Councillor Ian Doggett, Pat Harris, Councillor Chris Lewis (Chairman), Dr John Lowes, Mark Procter and Caroline Taylor

---

### 52. Apologies

Apologies for absence were received from Councillor Scouler, Caroline Dimond who was represented by Mike Roberts, Eleanor Rowe who was represented by Mark Procter and Tony Hogg who was represented by Ian Ansell.

### 53. Minutes

The Minutes of the Health and Wellbeing Board held on 17 December 2014 were confirmed as a correct record and signed by the Chairman.

### 54. Declaration of interest

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

### 55. Urgent items

The Chairman advised that he had received a letter from the Police and Crime Commissioner regarding working closer with the Health and Wellbeing Board, the Chairman advised that the Director of Public Health would provide a response.

### 56. Ageing Well in Brixham, Paignton and Torquay

Members received a presentation from Tracey Cabache (Community Development Trust); Tracey informed Members that a bid had been made to the BIG Lottery, the bid sought to address isolation experienced by older members of the population. Members were advised that the reasons for isolation varied across the three towns. However older people generally felt 'undervalued', 'wanting the opportunity to contribute' and 'not be seen as a burden'. Subject to BIG Lottery confirming the allocation of funds Ageing Well would focus activities that fell under three themes:

Neighbourhoods Themed Activities e.g.

- Create a network of neighbourhood based community builders and volunteer connectors who will provide local intelligence and ongoing engagement to target the most isolated older people.
- Community info-magazine would be delivered to every doorstep in the target areas.

Raising Aspirations and Service Re-design Themed Activities e.g.

- Social prescribing will be trialled by two local GPs.
- Lobbying for better people centred services will come from a new Older People's Assembly, and older people will be supported to co-design their services.

Positive Ageing Themed Activities e.g.

- The themes above will provide a body of evidence of the value of older people to the wider community that can be communicated and showcased at a bi-annual ageing festival ensuring ageing is celebrated and viewed more positively by all.

Tracey advised that as well as the project outcomes, it was hoped that a legacy of the project would be an older citizen assembly that would ultimately be responsible for the operation of the project.

Members welcomed the project and acknowledged the need for the project to be self funding upon the conclusion of the BIG Lottery grant.

#### **57. Pharmaceutical Needs Assessment (PNA) Formal Sign Off**

The Board received a report that explained the purpose of the Pharmaceutical Needs Assessment (PNA). Members were advised that the PNA was a comprehensive assessment of the current and expected future pharmaceutical needs of the local population. The PNA would inform:

- Decisions regarding which NHS funded services need to be provided by community pharmacies and dispensing appliance contractors in Torbay;
- Whether new pharmacies or expansion of services are needed;
- Decision-making about the relocation of existing pharmaceutical premises in response to applications by providers of pharmaceutical services;
- The commissioning of locally enhanced services from pharmacies

Members noted that access to pharmacies (opening times and distance to travel) was outside the scope of the PNA however in light of the pressure being placed upon A&E, Members requested a future meeting of the Health and Wellbeing Board to consider how to influence the public that pharmacies should be the first port of call and consider the need for pharmacies to be open 24 hours.

Resolved:

That the Torbay Pharmaceutical Needs Assessment be endorsed and formally published.

**58. Clinical Commissioning Group Operational Plan 2015-2016**

The Board considered a report that set out the long-term vision of the South Devon and Torbay Clinical Commissioning Group (CCG). Members were advised that 2014/15 had been a challenging year for the CCG resulting in the focus for 2015/16 being directed towards two areas, firstly, achieving the NHS Constitution standards and secondly, delivering the Quality, Innovation, Prevention and Productivity Plan (QIPP), in order to achieve financial balance for 2015/16 and future years.

Members were concerned about the recurrent over-commitment of finances, and sought reassurance that the QIPP was an effective plan that addressed the associated risks. The Board felt a debate at a future meeting was required to consider how to communicate to citizens about reduced and changed services as a result of the reduction in public sector funding.

Resolved:

- i) The Health and Wellbeing Board endorsed the South Devon and Torbay Clinical Commissioning Group Operational Plan 2015/16 subject to the following amendments:
  - a) that reference to the children's hub be included;
  - b) that the introduction include reference to Pioneer as well as the Vanguard bid;
  - c) that joint commissioning with Torbay Council be included as an intention;
  - d) that a stronger reference to the risk share arrangement for the Integrated Care Organisation with Torbay Council be included; and
  - e) that reference be made to the intention to appoint a joint Director of Public Health with Torbay Council.
- ii) The Board requested the Public Health Team investigate whether there was an economic case for the South West to lobby for a better share of health resources, should the economic case be proven the Chair of the Health and Wellbeing Board liaise with other Chairs in the South West to lobby Government Ministers.

**59. Director of Public Health for Torbay Annual Report 2014**

The Board noted the Annual Report from the Director of Public Health, Members were advised that a 'light touch' approach to the report had been taken in order to avoid repetition of other documents. Members welcomed the format of the report and the message of prevention that was prevalent throughout the document.

**60. Update on Pioneer/JoinedUp and Better Care Fund**

The Board considered a report that provided an update on the Pioneer/Joined Up projects. Members were advised of a number of successful funding bids as well as work to support information sharing between GPs and other organisations to improve care.

Members were informed that South Devon and Torbay's plans for the Better Care Fund have been fully approved with performance being measured against a number of national targets.

Resolved:

That:

- i) the Health and Wellbeing Board continues to support pioneer and integrated care projects;
- ii) delegation be granted to the original signatories to agree a revised Better Care Fund indicator regarding non-elective emergency admissions; and
- iii) the Senior Manager Joined Up and Pioneer be the link between the Health and Wellbeing Board and the South West Integrated Personal Commissioning Network(IPC). That the Chairman receive a regular briefing from the Senior Manager Joined Up and Pioneer on the work of the IPC.

**61. Update Report - Adult Mental Health: Acute Care Pathway**

The Board noted the report, and questioned why they were still awaiting sight of an operational plan. Members felt that mental health required greater focus especially with the creation of the Integrated Care Organisation.

Members were advised of a funding issue with the mental health street triage service, the pilot was originally commissioned by NHS England however whilst the evaluation of the pilot areas was underway funding arrangements for future years had not been put in place. Ian Ansell advised that the Police and Crime Commissioner had agreed to match fund the service with the NHS Northern, Eastern and Western Devon Clinical Commissioning Group and hoped that the remaining Clinical Commissioning Groups would also agree to fund. The Executive Head of Community Safety explained that the whole system was very fragile and the loss of such a service would have a detrimental impact. Mark Procter advised that he would seek a response from Derek O'Toole regarding the match funding.

Resolved:

That the Health Scrutiny Board be requested to undertake a review of mental health services in Torbay and that the findings of the review be disseminated to the Health and Wellbeing Board.

**62. Update Report - Adult Social Services - Care Act**

The Board considered an update on the Care Act. The Act will provide better support for carers and also puts into legislation the changes recommended by the Dilnot Commission regarding the funding of 'Care and Support'. The Government has made available £285 million for the new burdens arising from the Care Act, with the funding being allocated by the Department of Communities and Local Government.

Resolved:

That the Board noted:

- i) The significant changes to the delivery of Care and Support as outlined in the Care Act 2014; and
- ii) The estimated financial pressures the Care Act may have on the Council's budget setting process 2015/16 onwards if Central Government do not fully fund these pressures.

**63. Update Report - Community Safety Partnership**

The Board noted the update from the Community Safety Partnership. The Executive Head Community Safety requested the opportunity to present the Community Safety Partnership's high level priorities to a future meeting of the Health and Wellbeing Board.

**64. Update Report - ICO Programme**

The Board noted the update and were informed that the regulatory assessment for the Integrated Care Organisation (ICO) has started with the commencement of ICO expected in July.

**65. Update Report - Clinical Commissioning Group**

The Board noted the update from the Clinical Commissioning Group.

---

Chairman/woman



## Review of the Joint Health and Well-being Strategy

### Context.

The current Joint Health and Well-being Strategy (JHWS) is due to be refreshed which is very timely in the light of the following recent changes within health and well-being within Torbay:

- There have been significant changes in the strategic direction for Health and Well-being across Torbay which in particular has focused around the integration agenda.  
These are in particular:
  - Awarding of Pioneer status
  - Success of the Ageing Better bid to Big Lottery by Torbay Community Development Trust
  - Development of the Integrated Care Organisation
  - Policy changes within the mental health provider DPT thing – Ask Fran
  - Refreshed Police and Crime Plan
- Nationally, the recent publication of key national policy drivers; the NHS 5 Year Plan and the Care Act will be significant policy drivers and the recent election also means we have new Councillors and Portfolio leads and the Council will be agreeing a new Corporate plan.
- The Torbay Community Development Trust is developing a programme of Asset Based Community Development with the opportunity of growing the community and voluntary sector.
- There have been more recently significant increases to the financial challenge facing the Public Sector organisations across Torbay

As part of this refresh process, we need to review progress against the current JHWS, both to celebrate achievements and also identify areas for future work.

## **Summary of review.**

The following table outlines actions taken across the 3 main outcomes

- Children have the best start in life.
- A healthy life with a reduced gap in life expectancy
- Improved mental health and well-being
- which cover 15 priority areas and 59 tasks .

These have been RAG rated as follows;

RED – No progress

Amber – Actions began but incomplete

Green – Actions complete.

In general, progress against the actions has been good with all areas showing amber or green.

However there are a considerable number of areas where actions are at the planning or early stages\_only and needing continued effort.

**Overall, progress against the original outcome areas can be summarised as follows:**

### **Outcome area 1: Ensure children have the best start in life.**

Work is on-going in many areas. We are beginning to set up a Healthy Schools network and are tackling performance in Children's adolescent and Mental Health services (CAMHS). We have improved educational attainment in vulnerable groups and are reducing young people not in education or employment (NEETs). We are also helping adults in troubled families into work and much work has been undertaken in Children's safeguarding to promote early help and intervention. However many of our plans in these areas still need embedding and there is further work to do in emotional health and well-being and in some area of Public Health such as smoking in pregnancy.

**Outcome area 2: A health life with a reduced gap in Life expectancy.**

There has been good progress in work in some areas of life-style such as smoking cessation, drugs and alcohol treatment services and sexual health. Work has also begun to develop a multi-agency response to the issue of healthy weight and alcohol in the wider context beyond treatment services. The Health checks programme is also now well-embedded within primary care. New models of care are also now being developed to reduce urgent and emergency admissions with community multi-agency teams piloted this winter and the Frailty Hub in Newton Abbot is beginning to see patients which will be rolled out further. The learning from these will inform the development of Local Multi-agency teams (LMATs) to support those with Chronic (long-term) conditions and put greater emphasis on prevention and early intervention. These are supported with some models, notably in neurology, to bring secondary care services into primary care. In conjunction with this, the “Live well, Feel Better” self-care service will also be promoted in 2015 as will a programme to promote independence through personal budgets; the Integrated Personal Commissioning (IPC) programme. However, as for children, much of this work is only just beginning and needs to be further embedded and delivered at scale to be truly effective.

**Outcome area 3: Improving mental health and well-being.**

Work has begun in many areas and progress on dementia and support to those with a learning difficulty is becoming embedded, as is work for carers. Work is also on-going within care homes, both in terms of end of life care, in dementia and in medical support from primary care. Within mental health services, waiting times have decreased significantly for accessing psychological therapies and support for those living with dementia has improved. However there is still a need to further work on mental health promotion, on the services within primary care and on addressing self-harm.

## Next Steps.

With the integration agenda moving apace there now MUST be alignment of the JHWS with the prioritised work of the Joined-up agenda.

The emerging Joined-up plan has taken account of the latest JSNA, the national and local context and of the results of local consultations.

This plan prioritises improved outcomes in key areas;

- Emotional health and well-being of children
- Embedding prevention within new models of care
- Improving access and take-up of mental health services at all levels
- Ageing well
- Building community responsiveness I

We are hoping the acquisition of the community care trust by the acute hospital will enable the planned future models of care across acute and community providers to be developed in partnership with public and community and voluntary sectors across the Bay. This will support the shift to care closer to home and a greater focus on prevention and early intervention. The work to take forward the recently successful Social Work Innovation programme (SWIFT) will ensure this joined-up integrated approach also extends to children.

Work led by Torbay Council in its framework document “Healthy Torbay” with its focus on work to address some of the determinants of health such as housing and homelessness, planning, transport and community safety also needs to be embedded.

With this in mind, it is proposed to develop a new JHWS is based on the Joined-up agenda, the Future models of care and the Healthy Torbay framework. It is proposed that the HWBB discuss this at their July meeting.

## Joint Health & Wellbeing Strategy review

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
Outcome 1 - Children have the best start in life	Promote the emotional wellbeing of children and young people	<p>1.Promote the role of <b>health in schools</b>, with its focus on reducing child poverty, improving emotional health and wellbeing and reducing substance misuse (including alcohol) and smoking</p> <p>2.Introduce children’s Improving Access to Psychological Therapies service</p> <p>3.Increase access to education, training, employment and housing particularly increasing opportunities for young carers</p>	<p>Public health is in the process of refreshing the Healthy School offer (1<sup>st</sup> Steering Group 5<sup>th</sup> May 2015) and is engaging schools in various initiatives, including reviewing the school nurse provision. Emotional health and wellbeing is a priority and through the Virtual School, schools are being offered Mindfulness training.</p> <p>Review of CAMHS underway.</p> <p>Co-location of Careers south west with Integrated Youth Support Services and alongside the Young Carers service. Targeted support for Carers under 25</p>	<p>4 pilot primary schools for whole school approach to nutrition, physical activity and emotional health and wellbeing</p> <p>All schools offered quality assurance framework tool for auditing SRE – 5 secondary schools taking part in audit work with RSE Hub</p> <p>‘Plan on a Page’ for Healthy Schools offer and in process of developing a Healthy School Strategy</p> <p>CAMHS IAPT has been introduced</p> <p>Reduction in NEET young carers to x% - below the level of overall cohort Revised strategy action plan for Carers under 25 has new targets about employment</p>	Amber

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
	Provide the full offer of the Healthy Child Programme between 0 and 19 years	4.Children centre community hubs provide parenting support to ensure improved child development and school readiness	Joint work being undertaken with Children’s Centres and Health Visiting centred around the 6 High Impact Areas (explain)	High Impact Area 1, 2 and 3 have plans against Commissioning of national remodelling tool for school nursing	Amber
		5.‘Joined up’ preventative services working in communities as a team with integrated care pathways leading to ‘Early Help’	Work ongoing with school nursing to remodelling to ensure school nurses will deliver Healthy Child programme. Hele- Watcombe Integrated Children,s Hubs begun work. Social Work Innovation Fund to take forward	Pioneer evaluation together with SWIFT evaluation on-going. Initial findings available in 2-3 months.	Amber
		6.Joint commissioning arrangements in place for health, social care, public health – focused on services for children	Groundwork for this work set though Pioneer Community Hub. This now needs to be further developed		Amber
Reduce teenage pregnancy		7.Ensure young women under 25 have access to a range of comprehensive sexual health services and contraception	Services are for all ages but have a particular focus on 15-24 year olds. Public Health has commissioned the RSE Hub to work with schools to support them in Quality Assuring their SRE.	Teenage pregnancy rates now falling	Green
		8.Promote sex and relationship education within education establishments	Better use of technology is a priority for the Devon Sexual Health Alliance. There is a specific programme on sexual education for young people - SexWize	All schools offered quality assurance framework tool for auditing SRE – 5 secondary schools taking part in audit work with RSE Hub	Green
		9.Extend and improve use of communication methods with development of ‘app’			Green

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
	Increase attainment	10.Support schools in removing any barriers to achievement, especially for children and young people in care and those with complex needs to enable them to achieve in line with their peers	Introduction of School standards for Young Carers developing support to remove barriers	3 early adopter schools aiming for Gold standard for Young Carers	Amber
		11.Develop the partnership with Oldway Teaching School to support schools in raising attainment for all children	Work is ongoing – member of staff has been seconded into Oldway School to support the development of this work.		Amber
		12.Through the Torbay Improving Schools Partnership, promote a culture of shared accountability and responsibility for the outcomes for all children across Torbay	On going		Amber
		13.Work with schools and local providers to ensure that there is a broad and balanced curriculum offer which enables all children to reach their full potential	On going		Amber
	Improve employment prospects of working Families	14.Reduce the number of troubled families living in workless households though the troubled families programme	In Phase 1 of the Troubled Families initiative got more families into work. Now working on Phase 2: A Job Centre worker has been seconded into the service to ensure that plans are in place to support parents back in to work as a standard part of all team around the family plans.	Formal submission to DCLG on phase 1 Outcomes framework in place for 2015-20 cohort with Partners. Section around employment and progress to work with performance indicators in place to measure change.	Amber

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
		15. Increase the skill levels of practitioners working with low-income families and workless families so that they can appropriately assist the families in accessing employment and training opportunities	Job centre has had input into all front line teams. Going forward the job centre secondee will continue to support Teams to be trained on universal credit. secondment of worker from JC+ in place within CIN/IYSS to work with Troubled Families alongside practitioners	This has helped practitioners better understand what support can be accessed TF co-ordinator and JC+ have attended team meetings across the partnership TF and EH presentation given at the H/V and school nurse conference	Amber
		16. Ensure education, training and employment status and plans are included within newly developed single family assessment tools and pathways	Under development and will be provided through team and family plans Lead professional will be responsible for ensuring that this is properly addressed within all team around the family plans	The following information can be supplied on request:-  Example of early help plan outline training multi-agency started in March	Amber
Outcome 2 - A healthy life with a reduced gap in life expectancy	Reduce Smoking	1. Target stop smoking advice and support to routine/ manual 35+yrs as part of Torbay Well@work 2012 with larger employers.	Smoking cessation service targeting routine/manual 35+ and links to Healthy workplace drive. Separate programme on Healthy workplaces to possibly begin in 2015. Increased emphasis on tobacco control in 2014.	Smoking rates falling in Torbay <ul style="list-style-type: none"> <li>Torbay Tobacco Control Action Plan;</li> <li>Torbay Tobacco Control steering group;</li> <li>Smoking Cessation service specification;</li> </ul>	Green
		2. Target stop smoking advice and support to mothers who are pregnant to stop smoking as well as women under 25yrs	Smoking in Pregnancy raised with Maternity services with aim to influence / commission maternal education programme covering smoking and lifestyles.	Smoking in pregnancy - falling but remains high	Amber



Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
		3.Encourage schools to integrate anti-smoking messages into the curriculum.	Healthy Lifestyles service are working with schools (Op Smokestorm) and with police led school based action.		Green
Increase physical activity		4.Ensure the regeneration of Torbay improves the physical environment to encourage physical activity and reduce obesity, in particular developing cycling and walking routes and use of green gyms	<ol style="list-style-type: none"> <li>1. Employment of Planning and Health Officer to lead planning for health agenda.</li> <li>2. This is a major part of both the Healthy Weight Strategy and the Physical Activity Plan.</li> <li>3. Employment of Physical Activity Officer to lead community based interventions.</li> </ol>	<ul style="list-style-type: none"> <li>• Healthy Weight Strategy and Implementation Plan;</li> <li>• Physical Activity Work Plan;</li> <li>• Physical Activity working group;</li> <li>• Service Specification for Physical Activity (Healthy Lifestyles ) services;</li> <li>• Healthy Torbay Plan</li> </ul>	Amber
		5.Scale up brief intervention training in physical activity and healthy eating for staff and communities.	<ol style="list-style-type: none"> <li>4. Scaling up of brief interventions training as part of HW Strategy and central to community led redesign of Healthy Lifestyles.</li> <li>5. Health at Work scheme in place in Council</li> </ol>		Amber
		6.Promote NHS Health Trainers and Health Champions programmes	<ol style="list-style-type: none"> <li>6. NHS Health Trainers deliver and support PA component of Healthy Lifestyles services.</li> <li>7. Role of Carers Health Trainers promoted with Carers health and Wellbeing Checks introduced in July 2014</li> </ol>	<p>No data on what delivered available</p> <p>Carers Health and Wellbeing Checks include basic Lifestyles screening</p>	Amber

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
	Reduce alcohol consumption	7.Continue to include alcohol screening in the NHS Health checks programme as this programme (focused on identifying and supporting those at high risk of cardiovascular disease, including hypertension) expands	Carers Health and Wellbeing Checks include basic alcohol screening 1. Training to support practitioners completed. 2. In partnership with Devon CCG, alcohol screening factsheet for GPs undertaking healthchecks provided to practices 3. Additional alcohol factsheet promoting GP alcohol screening within and outside healthchecks now written to be disseminated during May 2015.	Alcohol services performance good  However; New alcohol strategy (2014) needs emphasis from partners to tackle issues of availability and work within criminal justice setting	Green
		8.Extend the range of Identification and Brief Advice opportunities available through non-medical settings for people with alcohol problems e.g. safeguarding and early intervention services	4. NHS healthcheck service for marginalised groups and where there is no cover. Contract to be awarded May/June 2015.		Amber
		9.Improve pathway between hospital and community treatment services for people with alcohol related problems	5. Alcohol strategy development meeting on 5/05/15 to develop final version of strategy and action plan.		Amber
		10.Promote and support peer-led recovery opportunities in the community	6. Alcohol screening in non-medical settings continuing. To be included in the new alcohol strategy 7. Significant increase in numbers of opportunistic alcohol screening undertaken in a greater number of hospital		Green

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
			<p>settings (currently approx 600 per quarter and increasing. Compared to baseline of approx 30 per quarter)</p> <p>8. Increase in the number and diversity of recovery support opportunities for people in recovery. Led by people in recovery and accessing public health seed funding to support initiatives (people in recovery sit on the decision-making panel for awarding grants)</p> <p>Carers Health and Wellbeing Checks include basic alcohol screening</p>		
	Increase sexual health screening	11. Review and commission sexual health services which are accessible and offer choice of venue and opening times	Torbay Sexual Medicine Service (SDHCFT) are commissioned through Public Health to provide open access, comprehensive, integrated contraception and sexual health services to include screening and treatment of all routine sexually transmitted infections including HIV. Services are for all ages but have a particular focus on 15-24 year olds where risk taking behaviour is at higher levels.	Sexual health services are benchmarked against national best practice (BASSH, DoH) and performance managed through quarterly review and interim monthly meetings.	Green

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
			Clinics across Torbay include weekend and evening provision. Young Persons clinics are also delivered in community and educational settings		
		12. Provide training opportunities to ensure qualified practitioners are able to offer a comprehensive range of contraception, screening and testing opportunities	The Eddystone Trust are commissioned to provide a suite of sexual health training on an annual basis. This training (which forms part of the core HIV contract) is designed to support practitioners working primarily in the field of HIV treatment, prevention and awareness as well as those working with young people across a range of areas including improved sexual health, access to contraception and awareness of risk taking behaviour.	Well received and evaluated training	Green
		13. Use social marketing techniques to promote awareness of HIV and sexually transmitted infections	Public Health design, deliver and maintain the SexWize website – a local website for young people and provides information and advice on all aspects of sexual health, including testing for sexually transmitted infections, the c-card scheme, and details of sexual health and contraception services within Torbay	<a href="http://www.s-wize.co.uk">www.s-wize.co.uk</a>	Green

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
	Reduce the risk of cardiovascular disease and cancer	14. Develop primary care based clinical infrastructure with a particular focus on preventative measures and diagnostics and management of these conditions	Study days held on cancer within primary care, development of practice profiles and audits.  New care models being developed eg well-being services in Paignton / Brixham	Audit reports. Profiles	Amber
		15. Expand the NHS Health Checks programme to full roll out, ensuring it reaches those most at risk and that they are supported to make lifestyle changes	Health Checks joint contract (with DCC) due to be awarded May/June. This will include the one practice who does not undertake NHS health checks and vulnerable groups such as mental health, homeless, drug and alcohol use or certain occupational groups e.g fishermen.  Preparation has begun by reviewing the contract for award of 2016 health check programme.	1. Award of contracts	Green
		16. Continue to improve the uptake in breast and bowel cancer screening	PH team have assurance meeting arranged with Bowel and Breast screening leads and PHE screening team to discuss increasing awareness and increasing uptake of screening. Screening leads to attend 'Blue Light day' to raise awareness of screening within LD group	1. Production of screening leaflet aimed at LD group. 2. Review of Screening CQUINs continue	Amber

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
	Support people with Long Term Conditions	17.Focus on chronic disease management and case management to improve the patient experience and outcomes particularly diabetes, chronic obstructive pulmonary disease, stroke and heart failure	<p>In 2015, there will be the development of Multi Long-Term conditions clinics to holistically manage patients with a range of complex needs</p> <p>Individuals with multiple LTCs such as heart failure, diabetes, CKD, hypertension, COPD, obesity and depression will be managed by one team without the need for referral to multiple specialist teams.</p> <p>The service will begin in two localities in Q4 2015/16, rolling out the following year to a number of locations in community settings with co-location of all health professionals (Doctor, nurse, therapists, specialist nurses, social services and voluntary and charitable sectors). Simple diagnostics (near patient testing, blood tests and where possible simple radiology) will be available at the time of consultation.</p> <p>This service will function in all localities in South Devon and Torbay and across all sectors.</p> <p>The aims of the service are to provide</p>	Clinic service specification in development, due for sign off 4 <sup>th</sup> June	Amber

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
			a high quality service for a person with multiple LTCs, integrated from the perspective of the individual and with their wishes at the heart of care planning		
		18. Increase range of integrated services being delivered and provided in primary care and community which will reduce urgent and emergency admissions, ambulance care and alternatives to follow ups	Several community multi-agency teams were piloted throughout the winter months, including the frailty service in Newton Abbot, the BIG team in Paignton and the PACT project in Dawlish and Teignmouth. The learning from these pilots is informing the development of local multi agency teams (LMATs) A steering group, reporting to the Community Services Transformation Group, has been established with commissioner and provider leads from each locality.	Solveig Sansom: Plan on a Page developed	Amber
		19. Offer alternative clinical management pathways to acute services referral following primary care led assessment or clinical referral triage	Seeking advice within the ICO model is being piloted within Neurology with the intention of roll-out to other specialities. GPs can request advice from specialists to determine whether the patient can be managed within primary care or whether referral is necessary	Neurology pilot went live 18/05/15	Amber

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
		20. Review and strengthen self-management and patient education programmes to support patients in managing their own conditions	The supported self-care service “Live Well, Feel Better” offers 5 hours of one to one support from a self-care coach for patients with at least one long-term condition who have agreed to self-care support	<p>Clinician training Target: 200 clinicians to be trained at June 2015</p> <p>Achieved: 175 booked or trained clinicians, leaving a backlog of 25 and a resultant target for 2015/16 of 225.</p> <p>The training element of service has been opened to Community Specialist Nurses to ensure that every opportunity has been realised to embed these essential skills and knowledge.</p> <p>Service user referrals Target: 200</p> <p>Achieved: 123 year to date (April 2015) against a target of 200, leaving a backlog of 77, and a resultant target for 2015/16 of 277.</p>	Amber
		21. Continue to offer more choice, control and greater independence through personal budgets to support those living with long term conditions	Part of national pilot for independent personal commissioning and testing it with a variety of cohorts as well as offering direct budgets for social care.	Finance leads working through impact and offer of how systems will work as joint health and care budgets are devolved to individuals. Also testing independent brokerage via aging well and learning disability approaches	Amber



Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
	Children and vulnerable adults feel safe and supported in their families and communities	22.Maximise safeguarding of the most vulnerable children and their families through continued development and review of early intervention and universal services.	Infrastructure to improve Early help pathway is being put in place. Lead professional training has taken place and multi-agency early help training is underway. Joint School and Council appointment of 2 social workers based in schools to help with the appropriate management of cases at tier 2.	On request we can provide Details on the numbers trained and the content of the training. The number of early help cases being started over time. Early Help (EH) assessment in place EH website in place EH pathway in place Partnership for families meetings are developing the EH offer EH referrals increased by x% from Sept to April 2014/15	Amber
		23.Reduce the risk of serious harm to vulnerable victims of domestic abuse and their families.	Domestic violence strategy has been reviewed to ensure it address the impact on children. Torbay Council is leading the negotiation for the creation of a regional Family Drug and Alcohol Court including pre-proceedings Court.	DV position statement Position statement from Designated Family Judge for Devon	Amber
		24.Reduce the risk of distress and harm to vulnerable members of the community subject to anti social behaviour and crime.	Mental health worker embedded in service to identify these vulnerable clients – funded by Public Health	Support and signposting happens – case report evidence. Need to embed in Mental Health care pathways	Amber

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
Outcome 3 - Improved Mental Health and Wellbeing	Support independent living	1.Tackle the difficulties people have accessing affordable housing, particularly young disabled adults wanting to leave home and those with poor mental and emotional health	Torbay's Housing Partnership Delivery Plan completed (draft)"My Home is my Life" Priority Outcomes to be agreed ( Oct/ Nov 15) New Homeless Prevention Strategy being developed. Children's Commissioning plan and sufficiency strategy complete ( review June 2015)	Housing and Health Needs assessment completed ( draft) Hostel provision secured additional 12 months. New Young Peoples Homeless Prevention/ Accommodation Service planned to be in place Autumn 2015. Market Position Statement refreshed and Children's data added.	Amber
		2.Increase the number of annual health checks within primary care to promote early diagnosis, treatment and prevention of long term condition	Health checks programme focuses on detection of patients not on disease registers now established	Health checks outcome report. Increased uptake	Green
		3.Enable people with learning disability to live independently or interdependently with support and housing care	The Independent Living Project is intending to increase the opportunities for independent living for people with Learning Disability and simplify the process of accessing appropriate housing. The project has begun and is being jointly undertaken by TSDHCT, Space Support Planning and Torbay Council. Has two work streams: the redesign of access and development of specialist housing, and the size of care packages. It will also deliver a specific programme to	A Specialist Accommodation Pathway has been developed and is currently being ratified.	Amber

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
			move people out of residential care.		
		4.Further develop self care support systems through implementation of telehealth, telecare, personal budgets, assistive technology, advice and information	Dementia tracking programme begun Also programmes such as “Know your own health” and “Patient Knows best” and “live well, feel better”. For those with established Long-term conditions. Pilot for telehealth for heart failure	Project begun but not will be enhanced also with Information and advise work being currently developed	Amber
		5. Identify and support unpaid carers in their caring role and in their life apart from caring; involve carers in all developments affecting them and the people they care for	Improved identification of Carers particularly within hospital settings and improvements in practical support. Carers involved in determining priorities for Measure Up Carers Strategy 15-17, in Carers under 25 Strategy and Carers CQuIn Steering Group, plus in evaluating services	584 new Carers onto Carers register Free parking agreed for registered Carers at Torbay Hospital and Community Hospitals 721 Carers responded to Healthwatch survey for Carers Strategy Carers Policy Action Plan	Green
		6.Improve care and choice in end of life care by continuing to implement the Gold Standard Framework within nursing and residential care homes making sure that there is access to hospice care and care at home at	Band 6 nurses employed in the role of Gold Standard Framework Care Home Facilitators, working with care home staff. The nurses work closely with the GSF GPs and Rowcroft hospice to ensure co-ordination of training and support	The two nurses were originally funded by MacMillan, with TSDHCT taking over their employment in 2014. GP practices have adopted a “one care home, one practice” initiative, ensuring continuity of	Amber

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
		end of life to ensure dignity and choice for people who are dying		care and support for care home patients, including full reviews of all new patients including advance care planning discussions.	
		7.Engage and work with nursing and medical practitioners to design a workforce to support the shift from hospital based care to care closer to home	Julie Forster	Work undertaken as part of Future Model of Care and pathways through acute/community to be developed as part of ICO	Amber
	Support people with mental health needs	8.Commission and promote arts, culture and leisure opportunities and events to improve mental wellbeing and quality of life	Discussion underway to explore how we can work with culture to promote health and well-being. Recent successful bid may enable some of these ideas to be taken forward. PH have co-funded a project to develop a men's mental health and suicide package using creative solutions and user involvement	Project described but not started	Red
		9.Work with libraries, museums, leisure centres to improve access to health information and support services	Healthwatch Torbay based in Paington library. Paington library run recent MH day in library General information available and signposting. Books on prescription scheme	Library and Leisure Card – supporting carers/discounted access to facilities	Green

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
		10.Improve access to psychological therapies. Continue to offer 'Mental Health First Aid' training which aims to identify mental health problems early	Have been increases in access to IAPT and waiting times for stages 2,3 and 4 have come down significantly. Mental Health First Aid training continued but will be greater focused under lifestyle review.	IAPT service now working at level procured. Mental Health First Aid in new lifestyle contract to be delivered in 2015. Tighter contract	Amber
		11.Further develop improved care pathways for people living with an eating disorder, autistic spectrum condition or a dual diagnosis	New Autism strategy developed Duel Diagnosis work begun but will be embedded in 2015		Red
	Improve care for people living with dementia and their carers	12.Provide education and awareness programmes which will improve earlier diagnosis rates	Have been study days for GPs and increased awareness in Primary Care.	Dementia Risk Reduction Strategy to be produced in 2015 Detected rates similar to UK but expect higher	Amber
		13.Commission a dementia advisor service to enable easy access to care, support and advise following diagnosis	DPT sub-contacted the Alzheimers society to do this.	Dementia advisor service in place since June 2013. Advisors meet with individuals and their families after diagnosis and then keep in touch thereafter.	Green
		14.Ensure appropriate use of antipsychotics, by continuing to audit and monitor local Prescribing	Programme of regular audits established	Prescribing rate just below average currently. Local formulary updates	Green

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
		15.Continue to commission the third sectors in delivery of peer support services	DoH demonstrator site provided by Alzheimers society including a memory cafe and “Singing for the brain”	Current contract in place till April 2016	Green
		16.Improve care in care homes by considering the benefits of a specialist liaison service to work proactively with residential and nursing homes by providing advice support and an awareness and education programme	Service in place until 2015. New bid in for future	Pilot project for care home support currently being evaluated. It is funded till end of May 2015. It has just won a BMJ award for innovation. Evaluation is due to be published in July. However the project has no funding after May 2015.	Amber
	Increase the number of problematic drug users in treatment	17.Developing and improve opportunities for recovery capital for people with drug and alcohol issues and maintain timely safe and effective access to treatment Promote and support peer-led recovery opportunities in the community	<ol style="list-style-type: none"> <li>1. PHE led review of recovery focus of drug treatment completed, with action plan. Action plan implementation has improved opportunities</li> <li>2. Continued access to treatment commencement within PHE guidelines.</li> <li>3. Increase in the number and diversity of recovery support opportunities for people in recovery. Led by people in recovery and accessing public health seed funding to support initiatives (people in recovery sit</li> </ol>	Public Health team have commissioned an independent rapid appraisal of the Torbay drugs market to inform future commissioning and ensure future provision continues to meet the needs of the local community. Final report expected by 31/5/15.	Green

Area of Focus	Priority	Tasks	Progress against priority area	Evidence	RAG
			on the decision-making panel for awarding grants).		

DRAFT

**Title:** Early Help in Torbay

**Wards Affected:** All Wards

**To:** Health and Wellbeing Board      **On:** 18 June 2015

**Contact:** Gail Rogers, Principal Commissioner and Projects Director

**Telephone:** 01803 207073

**Email:** Gail.rogers@torbay.gov.uk

---

## 1. Introduction

- 1.1 This report will focus on our current Partnership Early Help provision, with progress made to date, and will discuss future opportunities and plans, with specific reference to the new SWIFT (Social Work Innovation Fund Torbay) project.
- 1.2 The need for an increased focus on early help, intervention and prevention within the family was reinforced by Professor Eileen Munro in her review of child protection<sup>1</sup>. Other supporting reviews include the work of Graham Allen on the benefits of early intervention programmes<sup>2</sup>, Dame Clare Tickell on the Early Years Foundation Stage<sup>3</sup>, and Frank Field's review on poverty<sup>4</sup>. These reviews identified a growing body of evidence of the effectiveness of early help for children and their families. In particular, the emphasis has been on the role that all agencies, including the community and voluntary sector play within an Early Help offer.
- 1.3 With high levels of deprivation in Torbay, and within a climate of increasing austerity, the demand experienced by all Partners for intensive services urgently requires us to provide help and support further up-stream where the cost in both human and financial terms is lower. Families tell us that they have asked for help on so many occasions and been met with no response, or have been told they are asking the wrong service and need to make another request elsewhere – they give up while their problem or issue gets worse. Finally, they present at multiple services with entrenched and complex needs that have

---

<sup>1</sup> Professor Eileen Munro, The Munro review of child protection: final report – a child centred system, Department for Education, 2011

<sup>2</sup> Graham Allen, Early Intervention: smart investment, massive savings – the second independent report to Her Majesty's Government, Cabinet Office, July 2011

<sup>3</sup> Dame Claire Tickell, The early years: foundations for life, health and learning, Department for Education, 2011

<sup>4</sup> The foundation years: preventing poor children becoming poor adults, Frank Field, 2010



disrupted their family lives and that require costly interventions. A recent report provided by the Early Intervention Foundation<sup>5</sup> estimates the total spend by late intervention (statutory or acute services) to be 49 million (2014-15) for Torbay with the following breakdown:

Police	3.6 million
NHS	7.3 million
Education	0.9 million
Welfare	7.9 million
Local Gvt	25.8 million
Justice	3.3 million

- 1.4 Figures are based on government returns only, and are therefore likely to be an underestimation of values. Adopting a robust Early Help service will potentially, therefore, make a significant contribution to ongoing savings for Children's Services and Partners.

## **2. The current situation**

- 2.1 Over the past twelve months, much has been done to develop an early help offer to meet the needs of children and families in Torbay. Priorities have been to ensure early identification, good access and effective, co-ordinated support with clear review processes, and to ensure that a full range of services and resources contribute to this as appropriate to meet need and required outcomes. Internal processes have been amended, with a new, separate point of access for support that does not need a statutory service, creating an Early Help front door accessed via an Early Help referral. Our feedback from families and professionals is that, by removing the stigma attached with a 'safeguarding hub referral', far more families needing support are confident to submit a referral. And for safeguarding referrals received into the hub that do not meet a statutory threshold, these are now passed across into Early Help where consent is sought to consider appropriate early intervention. Referrals then not considered to need co-ordinated support are signposted to single agencies or support in the community, and no child or family is left without contact.
- 2.2 As of June 8th, there were 460 families open with a keyworker-lead multi-agency process to support the family with a plan. The rate of referrals with our new processes has increased from 270 in the six months from June to November 2014 to 531 in the six months from December 2014 to May 2015 – an increase of 96%. Our aim is to increase referrals at the Early Help stage and to subsequently see a reduction of referrals into our statutory services by intervening earlier.

---

<sup>5</sup> Early Intervention Foundation, Late Spend in Torbay, 2015 (available on request)

2.3 The following are steps we have taken to support the priorities outlined above:

An Early Help strategy has been in place since July 2014, developed to take account of overarching priorities of the Partnership.

The Partnership for Families operational group has been in place since March 2014 to oversee and monitor the strategy, to review access, interventions and to identify opportunities and challenges. It also oversees the Troubled Families initiative.

An Early Help panel runs weekly with good cross-partnership attendance, reviewing new referrals and allocating a lead professional

An Early Help co-ordinator and business support review the incoming referrals and make enquiries to ensure the support is at the right level of need (thresholds).

A new Early Help referral has been developed to replace the SHEF that had been used for all referrals, and an Early Help pathway is in place to support referrals.

Training in the new processes, including the Lead Professional role, the Team around the Family and single plan is being delivered via the TSCB by a multi-disciplinary team.

The TSCB is monitoring Early Help and its effectiveness, with the Partnership for Families group driving performance at an operational level.

360 families have been 'turned around' within our Troubled Families programme, and a further 1,180 will be targeted over the next 5 years.

### **3 Early Help, SWIFT and a model for the future**

3.2 Children's Services successfully bid for funding from the Department for Education under the banner of doing things differently in children's social work. There are three key areas of development within the project:

- the implementation of a Public Service Trust, which offers the opportunity of Partnership co-commissioning towards shared priorities and outcomes;
- targeted delivery within Community Hubs;
- the integration of staff to create a workforce with shared tools and shared family outcomes.

3.3 Integration at the strategic and commissioning level as well as at the delivery level is central to creating an Early Help offer that will begin to stem the flow of ever-increasing referral to our statutory and high cost services.

3.4 The vision within this project is:

*To develop a single, co-ordinated local offer of help and support for and with children and families in Torbay, using shared skills and assets to improve their outcomes.*

3.5 Values for a new Partnership approach are:

*Honest, assured practice based on respectful relationships between professionals and within families, keeping children healthy and safe by utilising and developing the strengths and skills within the community*

- 3.6 At the heart of the project, is the intention to establish community-based Early Help hubs (complementing the Children and Families Community Hub initiated through the Pioneer project). The hubs will create early access to information, support and advice and will use our combined knowledge of the community profile to ensure we target our resources in areas most needing them. Resources and assets from those available universally in the community, and in the voluntary and third sector through to targeted services will form part of the offer available, providing help as early as possible to prevent difficulties escalating. The approach is asset and strengths based and will work with and alongside the community to build resilience. We plan to move our Early Help panel out into the community working within and alongside schools, GP practices, community centres and other family access points as early as September 2015, with the first Hub based in the Hele, Barton and Watcombe area.
- 3.7 Services working across the life-course are indicating a real commitment and enthusiasm for working together to look at a whole family and a whole community rather than an individual in isolation. Adult treatment services, the Probation Service, Early Years, Schools and GPs are just some of the range of agencies/services who have committed to exploring better ways of joining up and of supporting better access to Early Help services, supporting the earlier identification of need that we know will deliver better outcomes.
- 3.8 We are in the process of seconding a group of 'Enablers' from across the Partnership and the Community who will sit within the Panel while working with their home agency to reduce the barriers to an integrated approach to whole family working. The Enablers will additionally create an integration plan, delivered through training from the Horizon Institute, supporting the culture change that this work will require across the Early Help workforce. Common tools and models of working will be identified, and evidence based programmes implemented to ensure resources are being targeted to match need, and that they always build on strengths and skills.

## **4 Summary**

- 4.1 The revised Working Together to Safeguard Children guidance<sup>6</sup> re-emphasises the crucial role of effective early help. It focuses on the collective responsibility of all agencies, including adult services, to identify, assess and provide effective targeted early help services.
- 4.2 It is only through a strong Partnership determination to deliver accessible and effective help for children and families that we will see better outcomes and stem the flow of high cost, acute needs. The work of the Partnership for Families group in developing Early Help in Torbay has laid down a good initial framework on which we can build and embed a stronger, community focused support. Our SWIFT programme gives us opportunities to fund some of this transition, and to lead the way nationally in developing an alternative model for our health and social care work with children and families.

---

<sup>6</sup> Working together to safeguard children – a guide to interagency working to safeguard and promote the welfare of children, Department for Education, 2013

**Title:** Care Act 2014 – Financial Update

**Wards Affected:** All

**To:** Health and Wellbeing Board **On:** 18 June 2015

**Contact:** Caroline Taylor, Director of Adult Services

**Telephone:** (01803) 207116

**Email:** Caroline.taylor@torbay.gov.uk

---

## 1. Purpose

- 1.1 The Department of Health (DH) has been developing and trialling a model to forecast the costs of implementing parts of the Care Act, specifically those parts which will see implementation in 2016/17 rather than the current financial year.
- 1.2 Torbay was invited to take part in this trial and this report outlines the findings of the trial from Torbay’s perspective and identifies areas for concern if the model and specifically the data sources are unchanged from the current version.
- 1.3 The Board will note that this has been a “desk top” exercise which includes some significant assumptions. Staff will continue to monitor and modify the outcomes as later and better information becomes available.

## 2. Recommendation

- 2.1 The concerns of Torbay Council (The Council) and the Torbay and Southern Devon Health and Care NHS Trust (The Trust) over the data being used in the current DH model be raised nationally at every opportunity through ADASS, the LGA and any other professional body felt appropriate.
- 2.2 That, assuming the Government fully funds the initial model and utilises current data, the Board recognises that Torbay could be facing a deficit in funding of £0.6m in 2016/17 and seek options to reduce the potential financial impact on the residents of Torbay.

## 3. Supporting Information

- 3.1 The Department of Health (DH) has been working on a forecasting programme which allows Social Care organisations to estimate the expected cost of implementing parts of the Care Act 2014. A trial version was circulated to certain authorities at the end of March, with requests for the results of the testing to be submitted by mid-April. The Trust undertook the testing and completed the return, which was forwarded to DH along with 5 other responses from the SW ADASS region.
- 3.2 It is expected that the DH will respond to the returns and the comments on the programme by late summer and an updated version is expected to be circulated to all authorities later in the year. The Trust has been given access to the results submitted by other authorities and these give assurance that Torbay's anticipated increase in costs are not out of line when compared to most of the other authorities in the South West.
- 3.3 The model was tested both for the data and the sensitivity of the formula being used when changes were applied. Details of the data used and the impact of changes are shown in Appendix A.
- 3.4 Three areas raised significant concerns when local data was applied to the formula. These were:

(a) **Self-funders**

Self-funders are those clients who currently meet the costs of care from within their own resources. However with the changes in the financial assessment criteria and the cap on care costs being implemented, this cohort will form part of the potential number of clients the Trust and Council will be responsible for.

The concern of the Trust is that the numbers being assumed by the DH have been understated by about 12% compared to data Torbay holds following a review of Care Home occupancy undertaken in Autumn 2014.

(b) **Local Wealth**

Local wealth assumptions are based on 2 elements, the value of property held by the client and the value of non-property capital assets (such as cash and share holdings). The DH data overvalued property assets by approximately 7% compared to data from the Land Registry.

The model then appeared to treat non-housing wealth as having a correlation with housing wealth. Whilst this may be the case, the

figures used in the national model inferred a higher level of wealth than the anecdotal evidence from our own in-house sources suggested with the obvious implication that the DH assumed that Torbay residents would be able to fund more of their own care than will actually be the case.

(c) **Length of Stay (LoS)**

The Trust's records showed that the LoS for Working Age Adults (WAA) was shorter than that in the national model but in respect of the Older Age (OA) clients the stay was longer which, although only a few months, added to the estimated costs significantly.

3.5 A more detailed analysis of the results is shown at Appendix B to this report but in summary the outcomes are:

- The results, using our own data, are not out of line with other authorities in the South West. (Appendix B Table 1)
- As might be expected the early costs of implementing the Care Act arise in OA but over the next 10 years we should expect to see an increase in WAA costs, especially in Physical Disability Home/Dom care. (Appendix B, Table 3).
- The costs being identified from this model are approximately £1.5m more in 2016/17 than had previously reported. (Appendix 5, Table 4)
- The impact of the Means test is the main driver of costs in the early years but by 2026/27 the Cap will account for some 45% of the costs of implementing the Act. (Appendix B, Table 5)
- By introducing local reliable data into the model, the costs of implementing the Act rise by £0.6m (or 63%) in 2016/17 to £1.6m (or 52%) in 2026/27 compared to the DH estimates. (Appendix B, Table 6)

3.6 When testing, the model was considered to be a reasonable way of forecasting the impact of possible future costs of the Care Act. However the concerns raised by Torbay about some of the original data were generally echoed in the regional response.

3.7 However, what will be of concern to the Board is that although the model is only used for forecasting the estimated cost of the Act, it does use national

data which could be utilised when generating funding proposals. This will be of concern when the underestimation of costs are as great as those reported above and which would then have to be found from within existing resources.

- 3.8 Accordingly pressure will need to be applied at every opportunity to ensure data that is eventually used reflects the concerns expressed by Torbay and others. Local authorities will also need to ensure that the costs identified nationally in the model are fully funded in accordance with the statements previously issued by DH and other sections of the Government.
- 3.9 However everyone will be equally aware of the economic prospects facing the public sector in the next few years and the potential squeeze on social care spending. Although the Government has indicated that it will fund the consequences of implementing the Act. It is possible that the Trust and Council could be facing, at least, the costs identified in paragraphs above.
- 4. Relationship to Joint Strategic Needs Assessment**
- 4.1 Aligned to JSNA
- 5. Relationship to Joint Health and Wellbeing Strategy**
- 5.1 Aligned to strategy to support older people.
- 6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy**
- 6.1 To ensure commissioning partners consider the impact of the Care Act for providers and for pooled budget arrangements.

## **Appendices**

Appendix A – Data sources used to assess costs of implementing Care Act 2014

Appendix B – Analysis of data results

### **Background Papers:**

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

Department of Health model – LAM15 release v1 20150315

In-house data sets

Various national data sets.

**Data sources used in DH model**

- (1) **PSS-EX1 and associated returns for 2013/14 covering core client numbers and financial expenditure.**
  - a. The financial data was re-priced to 2016/17 by use of national indicators.
  - b. Client numbers submitted on the return have been increased to reflect demographic growth as identified by DH.
  - c. As this data was the Trust's own data, this has not been challenged. Although the inflators used did not concur with Torbay evidence the impact on the overall projected outcomes in certain elements, especially WAA was insignificant. In these cases no changes have been made to the national data.
  
- (2) **Average Earnings**
  - a. The model used an assumed level of earnings growth to move pay rates from 2013/14 prices to 2016/17 prices. In discussions with TDA and TC staff it was felt that the national growth figures being used were slightly higher than had been evidenced in Torbay.
  - b. Applying local data would have reduced costs, but not by a significant sum. However local data was applied.
  
- (3) **Home Capacity**
  - a. The model assumed that residential homes operated at 90% capacity which was a lower figure than that which has been evidenced locally.
  - b. Local data implied capacity was running at 95% and this was used in the model.
  
- (4) **Residential Care Fee (weekly rate).**
  - a. A major issue facing both the Trust and Council is the financial consequence of the Judicial Review on the level of Residential fees. For the purposes of this exercise, existing fees have been used and any changes due to the outcome of the JR have been excluded.



**(5) Home Care Fees**

- a. The data used has been updated to reflect the impact of the Mears contract, as applicable from 2015/16.

**(6) Self- Funders**

- a. The number of self-funders in the national model was less than evidence suggested which had been obtained from a survey undertaken in 2014.
- b. This also appeared to be a regional issue as well and the source of the national data has been challenged, along with the assumed levels of take up by existing self-funders.

**(7) Local Wealth**

- a. This factor turned out to be another significant issue in the model for Torbay as it used indicators and assumptions based on 2010 information. There were 2 elements to this factor, the value of property in the area and the assumed non-housing wealth held by clients.
- b. With regard to the value of property, using the latest information available from the Land Registry, it was felt that the model's assumptions on Housing wealth was approximately 7% overstated.
- c. The model then appeared to treat non-housing wealth as having a correlation with housing wealth. Whilst this may be the case, the figures used in the national model inferred a higher level of wealth than the anecdotal evidence from our own in-house sources suggested.
- d. This element of the model was raised as a major issue with the Department of Health when the return was submitted, with questions being raised about the sources of data being used.

**(8) Length of Stay (LoS)**

- a. Data was extracted from our own records regarding the LoS in home care before entering either Residential Care or Intensive Home Care.
- b. The Trust's records showed that the LoS for WAA was shorter locally than that in the national model but in respect the OA clients the local stay was longer which, although only a few months, added to the estimated costs significantly.

## Model Results

### (1) Overall results

Looking at the results from other authorities it can be seen that Torbay was in line with the results seen from the other authorities, which will give re-assurance that the data being used was not “rogue”.

Table 1  
Overall % increase in costs

Authority →	Torbay	“A”	“B”	“C”	“D”	“E”
Fin. Year						
<b>2016/17</b>	4.9%	2.1%	0.6%	2.6%	3.1%	3.3%
<b>2017/18</b>	5.1%	2.4%	0.7%	2.7%	4.4%	4.3%
<b>2018/19</b>	5.4%	2.8%	0.9%	2.8%	5.0%	5.5%
<b>2025/26</b>	14.7%	10.2%	3.2%	12.4%	17.0%	11.7%

It is not appropriate to identify the authorities involved in this survey but the sample covered 4 counties and 1 unitary authority as well as Torbay. Whilst no one authority is directly comparable with Torbay, elements of each can be compared with similar elements from Torbay and assurance be given as to the results. If the results from Authority “B” are excluded then Torbay has the highest increase in costs for the first two years but over time drop back more into the “pack”.

### (2) Overall % Increase in Total Older Adults(OA) and Working Age Adults (WAA) costs

As might be expected the growth in the Older Age sector, and the Residential element in particular, was greater than the average overall growth in costs

Table 2  
Overall % Increases in Total OA and WAA costs

Authority →	Torbay		“A”		“C”		“D”		“E”	
	OA	WAA	OA	WAA	OA	WAA	OA	WAA	OA	WAA
<b>2016/17</b>	8.2%	2.3%	2.6%	1.5%	2.4%	2.9%	3.7%	2.6%	3.3%	3.3%
<b>2017/18</b>	8.6%	2.3%	2.7%	2.0%	2.5%	2.9%	3.8%	4.8%	3.4%	4.9%
<b>2018/19</b>	8.9%	2.5%	2.8%	2.9%	2.6%	3.3%	3.9%	5.8%	3.5%	6.8%
<b>2025/26</b>	24.2	7.1%	15.0	4.5%	15.7	7.2%	29.7	7.7%	13.8	10.3

### (3) Torbay increased costs by element

As would be expected the OA-Res sector dominates the growth, but overtime the impact of the changes can be seen influencing the costs of WAA-MH sectors.

**Table 3**

#### Torbay % Increases by Element

Financial Year	OA-Res	OA-Com	WAA-PD-Res	WAA-MH-Res	WAA-LD-Res	WAA-PD-Com	WAA-MH-Com	WAA-LD-Com
<b>2016/17</b>	12.8%	0.0%	0.2%	0.2%	0.0%	5.2%	6.6%	2.9%
<b>2017/18</b>	13.4%	0.0%	0.2%	0.2%	0.0%	5.3%	6.6%	3.0%
<b>2018/19</b>	13.9%	0.0%	0.2%	0.2%	0.0%	5.4%	6.7%	3.5%
<b>2025/26</b>	37.6%	0.5%	6.2%	8.5%	0.0%	2.9%	7.0%	4.3%

### (4) Revised Financial Impact

The table shows that the estimated costs for implementing the Care Act has increased since last publicly reported. The increases are mainly down to the better information and projection tools now available.

**Table 4**

#### Comparison of financial consequences

Financial Year=>	2016/17	2017/18	2018/19	2019/20
	£'000	£'000	£'000	£'000
Original assessment of costs	2,983	3,316	3,676	4,022
Revised assessment of costs	4,447	4,543	4,654	4,840
<b>Variation of costs between estimates</b>	<b>+1,464</b>	<b>+1,227</b>	<b>+978</b>	<b>+818</b>

### (5) Components of increased costs

As can be seen the costs arising from the Means Test (change in resources required before the Trust will intervene) is consistent over the period at about £1.3m. However the impact of the cap is also visible with the consequences beginning to appear after 6 years and quickly rising to in excess of £1.9m. The WAA increased costs mainly arise in the Community based services.

Table 5

**Major components of increased costs**

	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	4/25	25/26
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
OA MeanTest	1,176	1,230	1,270	1,309	1,348	1,316	1,299	1,273	1,324	1,375
OA Cap	0	0	0	0	11	301	1,265	1,914	1,991	2,068
<i>OA Sub-total</i>	<i>1,176</i>	<i>1,230</i>	<i>1,270</i>	<i>1,309</i>	<i>1,359</i>	<i>1,617</i>	<i>2,564</i>	<i>3,187</i>	<i>3,315</i>	<i>3,443</i>
WAA change	406	415	453	563	690	871	,228	1,239	1,251	1,263
<b>Total</b>	<b>1,582</b>	<b>1,645</b>	<b>1,723</b>	<b>1,872</b>	<b>2,049</b>	<b>2,488</b>	<b>3,792</b>	<b>4,426</b>	<b>4,566</b>	<b>4,706</b>

**(6) Impact of using Torbay data against DH data in financial terms**

As can be seen, the DH data seems to be consistently understating the cost of implementing the Act by at least £0.6m and is generally 60% under what the Trust and Council forecast. This can only emphasise the need to ensure the final model reflects the position on the “ground” and the need to exert pressure whenever possible on the DH to amend its sources of data.

Table 6

**Financial Comparison of DH and Torbay data**

Financial Year=>	2016/17	2017/18	2018/19	2019/20		2026/27
	£'000	£'000	£'000	£'000		£'000
Torbay Forecast	1,582	1,645	1,722	1,872		4,729
DH Forecast	973	1,008	1,066	1,158		3,110
Variation- £'000	+ 609	+ 637	+ 656	+ 714		+1,619
Variation (%)	63%	63%	62%	62%		52%

**Title:** Update Report, Crisis Care Concordat – South Devon and Torbay Clinical Commissioning Group

**Wards Affected:** All

**To:** Health and Wellbeing Board **On:** 18 June 2015

**Contact:** Jo Hammond, Mental Health Commissioning Manager

**Telephone:** (01803) 652500

**Email:** Jo.hammond@nhs.net

---

## 1. Achievements since last meeting

### 1.1 The Mental Health Crisis Care Concordat

The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. It sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

In February 2014, 22 national bodies involved in health, policing, social care, housing, local government and the third sector came together and signed the Crisis Care Concordat. It focuses on four main areas:

- **Access to support before crisis point** – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- **Urgent and emergency access to crisis care** – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- **Quality of treatment and care when in crisis** – making sure that people are treated with dignity and respect, in a therapeutic environment.
- **Recovery and staying well** – preventing future crises by making sure people are referred to appropriate services.

Although the Crisis Care Concordat focuses on the responses to acute mental health crises, it also includes a section on prevention and intervention.

In December 2015 South Devon and Torbay CCG as a member of the Devon multi-agency acute care pathway group submitted a mental health crisis declaration statement and at the end of March 2015 we submitted our Action Plan with regard to how we make the principles of the Crisis Care Concordat a reality in South Devon and Torbay. The Concordat builds on and does not replace existing guidance and current service provision will continue while the Action Plan is being implemented. The Action Plan for Devon has as its first priorities the following six objectives:

- 1) Planning and implementing a Single Point of Access to mental health crisis services in Devon
  - 2) Developing a shared multi-agency protocol for Section 136
-

- 3) Improving the provision of Health-Based Places of Safety
- 4) Developing and implementing a consistent and equitable approach to mental health crisis triage including street triage services and liaison psychiatry services
- 5) Developing and implementing an improved approach to mental health related Conveyance:
- 6) Exploring alternatives at times of crisis such as sanctuary provision

People who have experience of using services have been equal members of the multi-agency working party in co-producing the Action Plan. The statement below summarises what people want at times of mental distress and underpins the work of the implementation of the Concordat.

“When I'm in a pickle I will know who to call – or someone else will know who to call – so that I can receive the best help for me. I will have a consistent response, regardless of which service I contact, at a time which is right for me. I will get very good care, regardless of where I live or where I look for help. If I need to be admitted I will have a choice about the best place of care for me and be given the option of a non-hospital place of sanctuary, if I need it. Everyone who cares for me will do so in a compassionate way, treating me as a unique individual. Regardless of my age I will get very good care. There will be better public awareness of mental health problems and the general public will also know how to seek help if they are worried about someone's mental health. When I need to be moved this will happen in a vehicle that does not draw attention to me. If I have a relative or close friend in crisis I will know who to contact and who to discuss their situation with. I will be listened to and the person I am concerned about will be helped in a safe and appropriate way.”

**The action plan is a live document and can be viewed on [crisiscareconcordat.org.uk](http://crisiscareconcordat.org.uk). If you have any queries or contributions please contact Jo Hammond, Mental Health Commissioning Manager on [jo.hammond@nhs.net](mailto:jo.hammond@nhs.net)**

## **2. Challenges for the next three months**

- 2.1 Ongoing implementation of the Devon Crisis Care Concordat, monitored locally through acute care pathway steering group chaired by SD&TCCG.
- 2.2 CQC inspection of acute care pathway July 2015.

## **3. Action required by partners**

- 3.1 For noting and information.

## **Appendices**

None

## **Background Papers:**

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

Crisis Care Concordat (2014)

Devon Multi Agency Crisis Care Concordat Action Plan (May 2015)