TORBAY Health & Wellbeing BOARD

Working together for a healthier Torbay

Wednesday, 23 September 2020

Meeting of the Health and Wellbeing Board

Thursday, 16 March 2017

1.30 pm

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

Members of the Board

Councillor Doggett
Councillor Mills (Chairman)
Councillor Parrott
Councillor Stockman
Mayor Gordon OliverAlison Hernandez, Police and Crime Commissioner
Caroline Taylor, Torbay Council
Pat Harris, Healthwatch Torbay
Caroline Dimond, Interim Director of Public Health
Mairead McAlinden, South Devon Healthcare NHS Foundation Trust
Martin Oxley, Torbay Community Development Trust
Nick Roberts, South Devon and Torbay Clinical Commissioning Group
Melanie Walker
Elected Mayor, Gordon Oliver
Dr Liz Thomas, NHS England
Andy Dempsey, Director Children's Services

Catherine Hayden, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207064
Email: governance.support@torbay.gov.uk

Co-opted Board Members
Alison Hernandez, Police and Crime Commissioner
Mairead McAlinden, South Devon Healthcare NHS Foundation Trust
Martin Oxley, Torbay Community Development Trust (Vice-Chairman)
Melanie Walker, Devon Primary Care Trust

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 5 - 8)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 13 October 2016.

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. Healthy Torbay Supplementary Planning Document - Public Health (Pages 9 - 46)
To consider and provide feedback on the Healthy Torbay Supplementary Planning Document.

6. Joint Health and Wellbeing Strategy - Annual Review 2016/2017 and Work Programme for 2017/2018 (Pages 47 - 60)
To consider a report that provides a summary of work undertaken by the Board and to determine the work programme and membership of the Board moving forward.

7. Visioning Framework for Ageing Positively in Torbay (Pages 61 - 74)

To note a report that details the development of an Ageing Positively Strategy for Torbay.

8. Director of Public Health Annual Report
To note the annual report of the Director of Public Health.

9. Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Torbay Council, Pymouth Council and Cornwall and the Isles of Scilly Councils (Pages 75 - 111)
To note the above report.

10. Health and Wellbeing Board Assurance (Pages 112 - 128)
To note the Assurance Frameworks around the Joined Up Plan and Healthy Torbay.

Minutes of the Health and Wellbeing Board

13 October 2016

-: Present :-

Caroline Dimond, Kevin Dixon, Councillor Ian Doggett, Gill Gant, Mairead McAlinden, Councillor Derek Mills, Martin Oxley, Councillor Julien Parrott, Councillor Jackie Stockman and Caroline Taylor

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11. Apologies

Apologies for absence were received from Mayor Oliver, Alison Hernandez, Pat Harris who was represented by Kevin Dixon and Nick Roberts who was represented by Gill Gant.

12. Minutes

The Minutes of the Health and Wellbeing Board held on 19 May 2016 were confirmed as a correct record and signed by the Chairman.

13. Declaration of interest

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

14. Urgent items

The Chairman was pleased to announce that following the sugar awareness campaign the Herald Express had agreed to create a new Business Award for businesses that offer reduced sugar products.

15. Healthy Torbay

The Board received a presentation from Mark Richards, Advanced Public Health Practitioner, on Healthy Torbay. Mark informed Members phase 1 of Healthy Torbay was established in March 2015, the programme is managed by Public Health and supported by a strategy and action plan, at present the programme is internal to Torbay Council with multiple departments and business units represented.

Members were informed the programme was created to tackle the socio-economic and wider determinants of health in Torbay. The programme has several work streams such as:

- housing and health resulting in health related outcomes being recognised within new housing and homelessness strategies, and the Fire Service home safety checks are aligned with households subject to fuel poverty; and
- healthy workplaces resulting in Torbay Council working towards accreditation level of Workplace Wellbeing Charter.

The Board were asked for their thoughts on what the future focus of Healthy Torbay may look like. Mark advised that many work streams had health and wellbeing embedded and are delivering outcomes therefore it is envisaged these work streams continue 'business as usual' with periodical reporting on progress with focus shifting to work streams where there is scope to add value for example, emotional wellbeing (including isolation), economy and enterprise (including tackling poverty).

Members requested that the second phase of the programme consider whether partners should be involved, therefore enabling public health colleagues to take a whole system view of particular work streams.

16. Sustainability Transformation Plan (STP)

The Board received a presentation from Laura Nicholas, Director of Strategy for Northern, Eastern and Western Devon CCG (NEW Devon) on the Sustainability Transformation Plan (STP). Laura informed Members that the STP planning process gives local health and care organisations the opportunity to develop a shared health and wellbeing vision, agree improvement priorities, develop new care models and deliver dynamic place based transformation plan to accelerate implementation of the Five Year Forward View. The best plans will have a clear and powerful vision. They will create coherence across different elements, for example a prevention plan, workforce, digital, new care models and finance. Once the vision and values are established examination of how funds are spent and whether service delivery is providing the outcomes required can then be considered across the whole STP footprint.

Members were advised that the health system faces a significant funding gap. Members were advised that there were six priority areas all underpinned by significant enabling work streams. A submission was made to NHS England in June and to date indications have been that NHS England were pleased with the progress made and confidence has been expressed that the key initiatives will start to address the challenges the system is faced with.

The Board questioned whether the STP was a NHS or partnership plan, Laura advised that the plan was a partnership plan with a role for voluntary and community sectors with local leaders assisting to develop the vision. The Health and Wellbeing Board had a role with the process by having a robust Health and Wellbeing Strategy with the Joint Strategic Needs Assessment (JSNA) being key to target work and influencing the wider determinants of health.

Members queried how community engagement regarding the new care model fitted within the STP. Laura explained that the consultation regarding the community hospitals was part of the STP with acute services likely to be next, Laura explained

that Torbay has a good model of practice regarding engagement especially with service users that are difficult to engage such as acute service users who tend to be transient.

Members suggested that a future meeting of the Health and Wellbeing Board debate straw models of what further integration looks like, examine what is being done locally and what would greater integration look like across wider Devon and what are the barriers.

17. Torbay Safeguarding Adults Board (TSAB)

The Board noted a report on the Torbay Safeguarding Adults Board and welcomed the new Independent Chair, Julie Foster. Members noted that the Board had developed a Safeguarding Adults Strategic Plan which sets out its vision regarding safeguarding adults and identified five key priorities and objectives for strategic development.

Members made reference to the serious case review regarding the Western Rise Care Home, Members were reassured that the Adult Safeguarding Board would be closely monitoring the action plan and suggested a charter for care homes to achieve what the authority would consider to be a good standard.

18. Torbay Culture Board

The Board noted the update on the Torbay Culture Board. Members were advised of funding opportunities and projects that had an impact upon the health and wellbeing of the participants. The Board formally thanked Kate Farmery and her team for the work they had undertaken to date and were pleased to note that evidence of the success of the projects was being seen in other service areas.

19. Mental Health - Follow up from Mental Health Seminar

The Board noted a report that set out the actions determined at the Board's seminar on 28 July 2016 and the progress to implement these actions.

20. Community Safety

The Board received an update from the Community Safety Partnership (CSP). Vicky Booty, Partnerships Lead Manager, advised Members that the CSP had been considering its structure, governance and how the partnership fitted within the broader strategic structure of the Health and Wellbeing Board, Adults Safeguarding Board and Children's Safeguarding Board. A mapping exercise the four strategic boards was undertaken resulting in the CSP signalling a need to move to a leaner, more efficient governance structure.

Resolved:

That the Chairman of the Health and Wellbeing Board accept the invitation to meet with the Chairs of the four strategic boards in order to communicate regularly with each other to ensure that the combined efforts of the Boards are appropriately

structured, efficient, and are able to drive forward change with shared accountability, collaborative approaches and in some cases joint commissioning.

21. Adult Services Better Care Fund

Members noted the report that provided an update on the Better Care Fund (BCF). Caroline Taylor advised the Board that the BCF had been compiled within a context of changing NHS guidance. The BCF had been submitted in May 2016 following support in the form of mediation from the Local Government Association. The Section 75 agreement has been signed between the Council and the CCG underpinning the BCF and is the legal document that supports the transfer of funds.

22. Carers Update

The Board noted the progress against the 'Measure Up – Torbay's Multi-Agency Strategy for Unpaid Carers' and committed to 'think person and their carer' whenever responding to consultation regarding new models of care and plans.

TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Title:	Healthy Torbay Supplementary Planning Document – Public Health		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	16 March 2017

Contact: Andrew Gunther – Senior Planning and Public Health Officer
Telephone: 01803 208815
Email: andrew.gunther@torbay.gov.uk

1. Purpose

1.1. This report introduces and updates the Health and Wellbeing Board regarding the Council's efforts to adopt new planning guidance (a 'Healthy Torbay Supplementary Planning Document') to further the attainment of better outcomes for health and wellbeing through the development process in Torbay, a process managed by Torbay Council as the local planning authority (LPA).

2. Background and achievements since last meeting

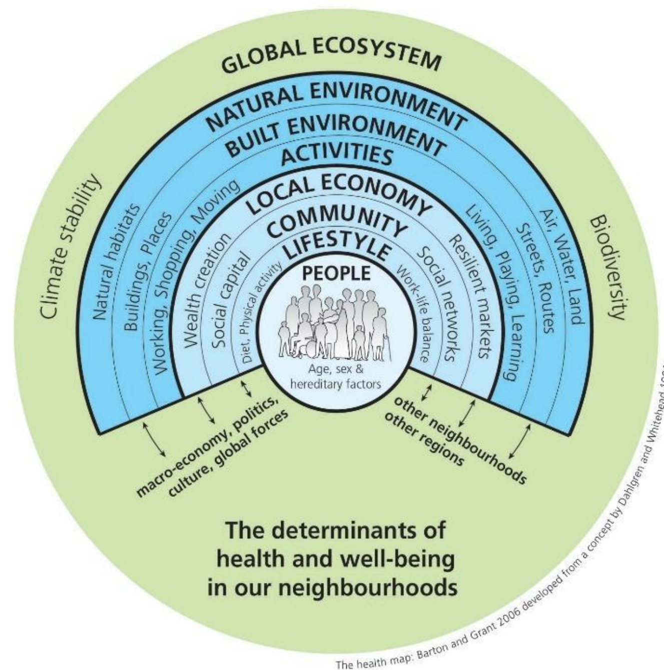
2.1 The Council adopted the Torbay Local Plan in December 2015. This document forms the Council's statutory 'development plan' which guides decision-making in respect of planning decisions. As part of the toolkit of planning policy measures available to a local planning authority and as enabled by the adoption of the latest Torbay Local Plan, the Council is able to produce and adopt Supplementary Planning Documents (SPD) which add useful detail to the Local Plan policies in order to better secure environmental, social, design and economic objectives which are relevant to the attainment of the development and use of land. Once adopted by the Council (having been through a process of production in accordance with the Town and Country Planning Regulations) SPDs hold legal weight as material considerations in the consideration of planning applications.

2.2 Within the Local Plan, the Council has committed to producing SPDs to further the practical implementation of policies in the Local Plan. Further information in this regards is detailed in the latest version of the Torbay Local Development Scheme (LDS). One of those documents is a 'Healthy Torbay SPD' to add further detail on a number of issues relating to the attainment of health and wellbeing through the development management process including health impact assessment (HIA), healthy design, healthy food environments and tackling health inequalities.

2.3 The Council published a draft version of the Healthy Torbay SPD for public consultation (appended to this report) on 20 February for a period of four weeks. The consultation closes on 20 March. The Council will consider a final version of the Healthy Torbay SPD, taking into account comments feedback from the consultation process and further work on the contents of the SPD, for adoption at the Full Council meeting taking place on 6 April 2017.

2.4 Torbay Council's Public Health and Spatial Planning teams have jointly led on the production of the SPD, facilitated by a close working relationship between both teams. This approach sits within the Council's framework of 'Healthy Torbay'. Healthy Torbay brings together the many different elements of the Council's work to address the wider or social determinants of health.

2.5 The Healthy Torbay SPD is focused on how interventions made within the built environment, particularly through the development process, can impact on the wider determinants of health. The wider determinants of health in the context of the built environment are neatly illustrated via the 'Health Map' (Barton and Grant, 2006) which shows the significance of the environment as being a determining factor of health and wellbeing.



2.6 Although the headline policies in the adopted Torbay Local Plan relating to health and wellbeing (perhaps most obviously SS11 Sustainable Communities and SC1 Healthy Bay) are currently being positively used to guide development towards better health outcomes, the Local Plan is very clear that further guidance on these matters is necessary and will be forthcoming in order to provide certainty to the development industry on the LPA's requirement's of development and help guide the production of successful planning applications. Drawing these elements together within a formal SPD gives these matters material weight for decision making, provides greater clarity to actors within the development process and therefore allows the LPA

to better realise development which contributes to better health and wellbeing outcomes.

3. Challenges for the next three months

3.1 The Healthy Torbay SPD will be going to Full Council on 6 April 2017 for approval and a recommendation for the document to be adopted into the Council's Policy Framework. If Council agrees, the local planning authority will subsequently prepare the final version of the document for adoption, alongside an adoption statement and statement of public participation (in line with the Town and Country Planning Regulations). The SPD will become part of the Council's development planning framework and form a material consideration for the consideration of planning applications. The guidance contained within the SPD will supplement the policies of the Torbay Local Plan and will be utilised by officers within Spatial Planning and Members of the Development Management Committee in making decisions on planning applications. It will also be utilised heavily by the development industry during the preparation of planning applications, helping applicants to 'get it right first time' in producing proposals which are acceptable to the local planning authority in terms of health and wellbeing. To facilitate the implementation and influence of the SPD, its guidance will be heavily promoted at the pre-application stage.

4. Action required by partners

4.1 To consider the draft Healthy Torbay SPD, provide any feedback on behalf of the board so that it might be considered in the final version of the SPD and support the adoption of the SPD by Full Council on 6 April 2017.

Appendices

Appendix 1 – Healthy Torbay Supplementary Planning Document (SPD) – Consultation Draft

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

Healthy Torbay Supplementary Planning Document Consultation Draft (February 2017)

February 2017

Healthy Torbay Supplementary Planning Document (SPD)

Consultation Draft

TORBAY COUNCIL

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About the Healthy Torbay Supplementary Planning Document (SPD)

Role and purpose of Supplementary Planning Documents (SPDs)

- Supplementary Planning Documents (SPDs) can be produced by Local Planning Authorities (LPAs) to build upon and provide more detailed advice on the policies contained in a Local Plan. Specifically, they can add detail regarding any environmental, social, design and economic objectives which important regarding the development and use of land as indicated in a Local Plan. The requirements for producing SPDs are set out in Regulations 11 to 16 of the Town and Country Planning Regulations 2012. SPDs should be prepared only where necessary and in line with paragraph 153 of the National Planning Policy Framework (NPPF), i.e. they should help applicants to make successful planning applications and should not be used to add unnecessarily to the financial burdens on development.

- Torbay has a number of adopted SPDs which help the authority to better determine planning applications in accordance with the Torbay Local Plan as well as providing clear advice to the development industry market regarding how to make successful planning applications. SPDs help to support an efficient development management process and encourage positive investment into Torbay through stimulating market confidence. Some examples of adopted SPDs in Torbay include the Torquay and Paignton Town Centre Masterplans SPDs, the Planning Contributions and Affordable Housing SPD and the Greenspace Strategy SPD.

Public consultation and participation

- This draft Healthy Torbay SPD is made available for consultation for a four week period between Monday 20 February and Monday 20 March 2016. Further details of the consultation are available on the Council's website.

- Representations (comments) on the contents of the SPD should be submitted in writing by e-mail to: **future.planning@torbay.gov.uk** or by post to *Spatial Planning, Electric House (2nd Floor), Torquay, TQ1 3DR*. For further information please contact the Spatial Planning team by telephone on 01803 208815.

- The process for SPD production and community participation in Torbay is explained in the Council's *Statement of Community Involvement 2014*. The relevant stages are outlined in the flowchart below:

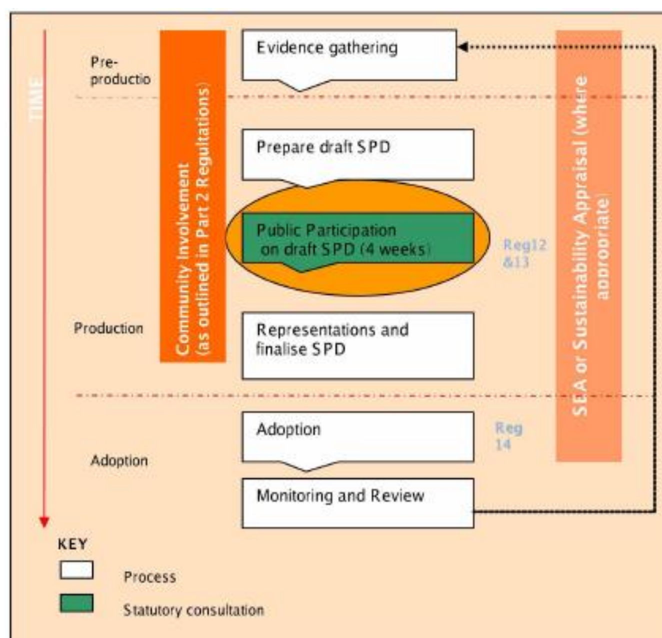


Figure 1: SPD production process

What is the purpose of the Healthy Torbay SPD and who is it for?

- The Healthy Torbay SPD focuses on issues related to matters of health and wellbeing and how they should be positively addressed through the development planning process in Torbay in the context of building upon and providing more detailed advice and guidance in the adopted Local Plan.

- The purpose of the document is to help influence and guide development requiring planning permission in Torbay. It provides forward guidance to the development industry and landowners regarding how planning applications can be developed to be have the best chance of achieving planning permission (so they are in compliance with Local Plan policies relating to health and wellbeing). It also provides guidance to decision makers in Torbay so that there is a greater appreciation and understanding of what we mean by 'Healthy Torbay' in the context of spatial planning.

- Key aims of the SPD

  - Inform pre-application advice of any potential health-related issues and to be a material consideration where relevant to be taken into account in determining applications
  - to provide information and guidance that can be used to support a positive Health Impact Assessment;
  - to promote opportunities for healthier lifestyles, encourage healthier choices and reduce the demand on the NHS, health professionals, councils and individuals across Torbay ;
  - to inform the preparation of future plans, strategies, development briefs, and policy decisions;
  - to provide an evidence base resource, responding to local needs by providing and supporting information and guidance; and
  - to inform communities and provide guidance to aid with the preparation of Neighbourhood Plans.

The Healthy Torbay SPD – relationship to the Torbay Local Plan and national policy

- Health is a cross-cutting issue across planning which permeates into many subject areas contained within the Local Plan. This is because the wider determinants of health have multiple dimensions across the economy, environment and society. Therefore, many of the Torbay Local Plan policies feature in some form within this SPD. Where relevant to guidance within this SPD, the policies are referred to within this document. Of particular importance to note are policies **SS11 Sustainable Communities** and **SC1 Healthy Bay** which provide the overarching context for much of the guidance as they recognise tackling wider determinants aspects of taking action to promote good health in Torbay.

- The NPPF recognises the importance of the role of planning in enabling good population health and wellbeing. Health is recognised as being an integral aspect of sustainable development, 'supporting strong, vibrant and healthy communities'. Furthermore, the role of 'promoting health communities' in the context of supporting 'local strategies' (wider than planning policy) places a responsibility on local authorities to articulate what the key factors and 'asks' of planning should be in their individual geographical areas of responsibility.

Local Plan Policy SC1 Healthy Bay

Policy SC1 Healthy Bay

All development should contribute to improving the health and well-being of the community, reducing health inequalities and helping to deliver healthy lifestyles and sustainable neighbourhoods proportionate to the scale of the proposal.

To achieve these requirements, applicants should demonstrate that they have had regard to the following:

1. Consideration of the opportunities available to address the causes of ill-health in the local area;
2. Promotion of healthy, safe and active living for all age groups, including healthy living options for older people; and
3. Improvement of access to medical treatment services, including the provision of healthcare clusters where appropriate.

Major residential developments of 30 or more dwellings or other development creating over 1,000 square metres of floorspace will be required to undertake a screening for a Health Impact Assessment (HIA), and a full HIA if necessary, proportionate to the development proposed, to demonstrate how they maximise positive impacts on health and healthy living within the development and in adjoining areas. This will also apply to smaller-scale developments where there are reasons to indicate that a proposal may give rise to a significant impact on health.

Local Plan Policy SS11 Sustainable communities

Policy SS11 Sustainable communities

Development will be assessed against its contribution to improving the sustainability of existing and new communities within Torbay, and especially the way in which it closes the gap between the most and least disadvantaged neighbourhoods. Development must help to create cohesive communities within a high quality built and natural environment where people want to live and work.

Proposals that regenerate or lead to the improvement of social, economic or environmental conditions in Torbay, and particularly within Community Investment Areas, will be supported in principle.

Development proposals will be assessed according to whether they achieve the following criteria, insofar as they are relevant and proportionate to the development:

1. Meet the needs of residents and enhance their quality of life;
2. Help to close the gap between the most and least disadvantaged people and neighbourhoods in Torbay;
3. Help to develop a sense of place and local identity;
4. Promote social inclusion, and seek to eliminate exclusion based on access to housing, health, education, recreation or other facilities;
5. Help to reduce and prevent crime and the fear of crime whilst designing out opportunities for crime, antisocial behaviour, disorder and community conflict;
6. Support local food production and consumption;
7. Create a well connected, accessible and safe community;
8. Contribute to the success of the local labour market by improving provision of and/or access to jobs and widening the pool of available labour;
9. Protect and enhance the local natural and built environment, where appropriate through planning contributions;
10. Deliver development of an appropriate type, scale, quality, mix and density in relation to its location;
11. Contribute towards any additional educational or training needs including the promotion and negotiation of local labour training arrangements, placements and apprenticeship schemes, and by promoting the provision of local employment space, in order to tackle worklessness;
12. Enable people to have access to local services to meet their day-to-day needs including open spaces, community halls (or rooms), play areas, leisure and recreation facilities and allotments; and
13. Provide a good standard of residential accommodation, by seeking to retain small to medium sized homes (2–4 bedrooms) and resisting change of use of these homes to HMOs and small self-contained flats. This applies especially in Community Investment Areas, identified on the Policies Map, and other areas with significant living environment deprivation.

The built & natural environment and how it affects health

What is a healthy place?

- A 'healthy place' is a good place to grow up, live, work and grow old in. It is a living environment which supports people to live their lives in a state of good physical, mental and social well-being.

The wider determinants of health

- Creating and sustaining the conditions which contribute to a healthy place focuses on aspects of human health, disease and injury that are determined or influenced by factors in the environment (CDC, 2014). These factors are commonly referred to as 'the wider determinants of health'. This Healthy Torbay SPD is focused on how interventions made within the built environment, particularly the through development process managed through the planning system in Torbay, can impact on the wider determinants of health.

- The wider determinants of health in the context of the built environment are neatly illustrated via the 'Health Map' (Barton and Grant, 2006). This diagram shows that being in a state of 'good health' is not just determined by age, sex and hereditary factors but actually it is important to recognise the complex causal factors which influence lifestyles. The Health Map shows the significance of 'environment' as being a significant determining factor of health and wellbeing.

- Evidence suggests that 'environmental exposure' and 'social circumstances' play a significantly greater role in health outcomes than in comparison with 'healthcare'. There is clear case for action in taking concerted action on the wider determinants of health.

Figure 2: 'The Health Map' (Barton and Grant, 2006)

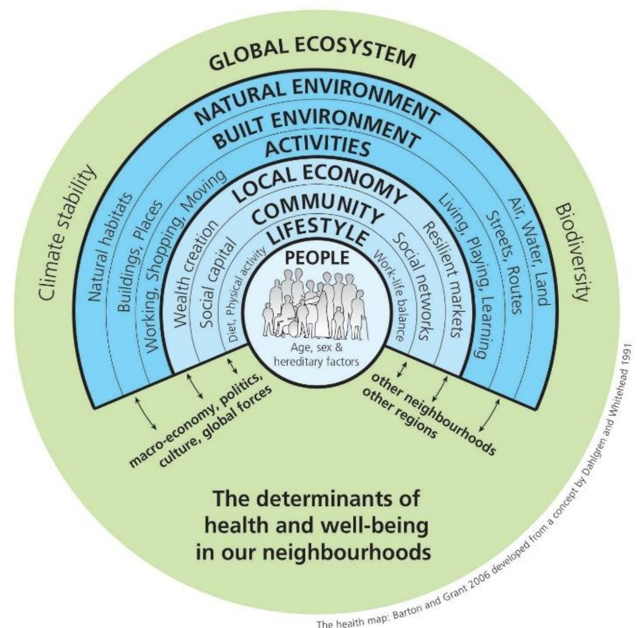
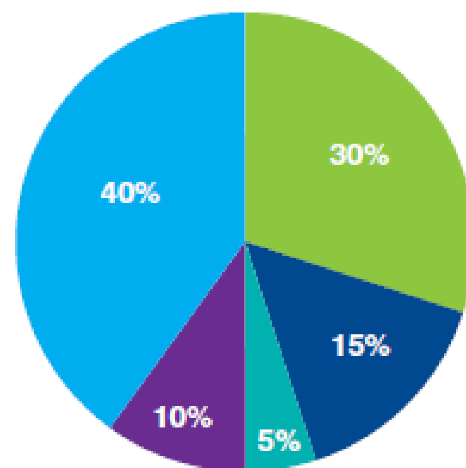


Figure 3: The relative importance of factors which determine health (PHE, 2014 in Torbay Annual Public Health Report 2014):



Genetic predisposition
Social circumstances
Environmental exposure
Healthcare
Behaviour patterns

Source: Public Health England (2014). From evidence into action: opportunities to protect and improve the nation's health. Public Health England

How planning and development can affect health outcomes

- Decisions taken on planning and development can directly influence the wider determinants of health. Development can influence a wide range of factors which can lead to impacts on health and wellbeing outcomes. The diagram below represents a simplified health pathway between changes to the built environment being implemented, a list of factors which might be associated or influenced by the change and a list of potential impacts that could be experienced in terms of public health

- For instance, a commercial development might lead to an increase in jobs and employment prospects for those who are unemployed, which may lead to reducing socio-economic inequalities and improved health prospects for those affected persons. Equally, where the development is located, the types of jobs it provides and the opportunities for training targeted at particular segments of the population will also determine the magnitude of benefit that the development will have on inequality. A multitude of other factors relevant to transport, accessibility, urban design will also be relevant in contributing to health outcomes.

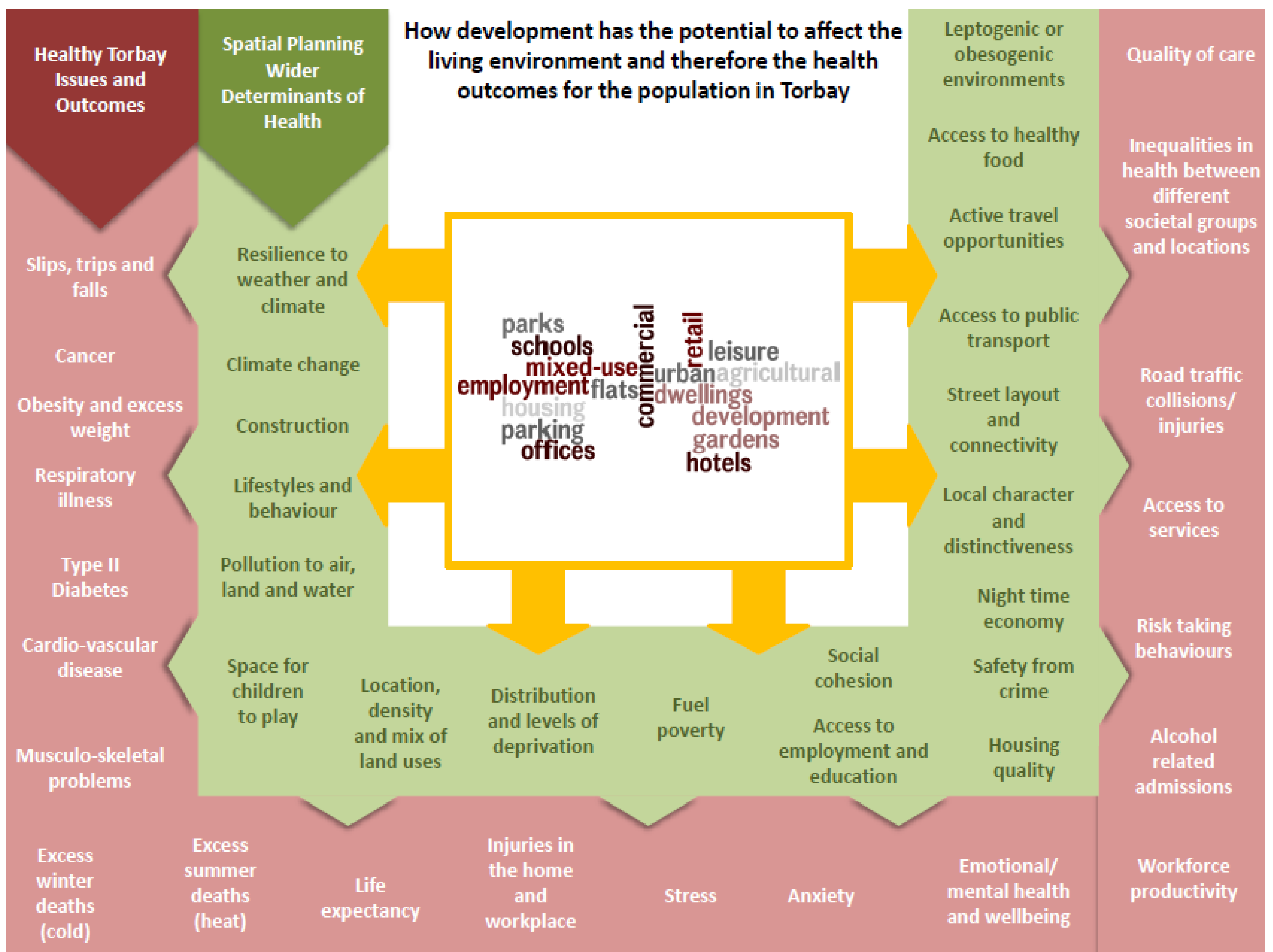


Figure 4: Effect of development on health

Health in Torbay

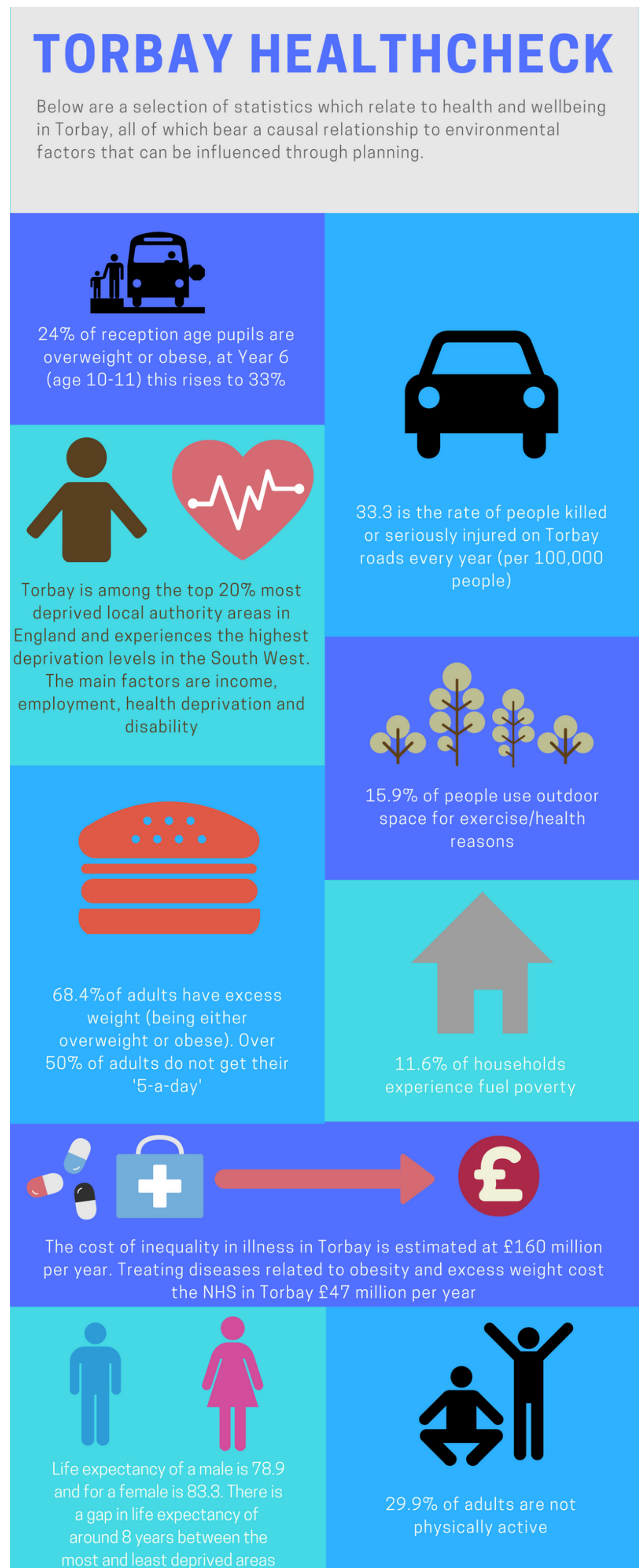
Where can I find information on the health in Torbay?

- There is wealth of statistical information across a multitude of indicators related to health and wellbeing which is publicly available and provides an insight into the state of health in Torbay.

- At a national level, Public Health England publish the Public Health Outcomes Framework (PHOF) on a quarterly basis which collates a wide range of data from a range of sources and form part of the National Statistics. A huge number of indicators are provided across four domains: wider determinants of health, health improvement, health protection, and healthcare and premature mortality. Data can be searched for by local authority area compared to regional and national averages in order to benchmark relative performance: http://www.phoutcomes.info/

- The Torbay Public Health team produces a Joint Strategic Needs Assessment (JSNA) which looks at the current and future health and care needs of the population to inform and guide public health and health commissioning planning. An interactive JSNA for Torbay can be found on our website: http://southdevonandtorbay.info/ . This allows a range of datasets to be searched for via locality or ward level.

- These sources of data provide excellent resources for understanding the context for health in Torbay and the local authority encourages applicants to utilise these resources when preparing planning applications, particularly when considering Health Impact Assessment (HIA).



Healthy food environment

Nutrition and health

- Nutrition is an important factor in determining how healthy the lifestyle of a person is. In the UK, at a regional level within the South West and within Torbay, there is a significant public health problem stemming from the high amounts of calorie rich, energy dense food which is consumed on average across the population, across the life-course (children through to adults). This lifestyle trait is a key factor leading to significant levels of excess weight and obesity being manifest within the population.

Obesity and excess weight in Torbay

- The prevalence of obesity and excess weight in Torbay has increased sharply over the years. It is estimated by the Department of Health that diseases related to obesity and excess weight cost the NHS £44 million in 2010.

- Being overweight and obese shortens life expectancy and increases the risk of developing many diseases including coronary heart disease, type 2 diabetes, stroke and some cancers.

- The proportion of children who are measured at Reception stage of school as being either overweight or obese is 24.2%. This figure rises to 33.5% at Year 6. Both of these figures are significantly worse than the regional average for the South West.

- Among adults 66.8% are overweight (2 out of 3 people) of which 40% of these people are obese.

The relationship between excess weight, nutrition and hot food takeaways

- The government-commissioned Foresight Report of 2007 examined the reasons for the rising and significant levels of obesity and concluded that there were a 'complex web' of factors involved ranging from unhealthy diets, low levels of physical activity as well as subtler causes such as societal influences and environmental factors which can make it difficult to make healthy choices.

- Torbay has an adopted Healthy Weight Strategy which provides the foundation for a multi-agency approach to tackling obesity, facilitated by the Council and its partners. This approach supports national guidance which states that 'locally tailored strategies' should be mobilised to tackle rising obesity based on local evidence and in partnership.

- There is evidence to suggest that the presence of hot food takeaways in high numbers has a relationship with increased levels of excess weight and obesity. A 2009 US study showed a positive correlation between obesity and concentration of large numbers of takeaways. Camden Council carried out a literature review of evidence and found that the evidence supported the view that although not the sole causal factor contributing to diet and obesity, the availability of fast food was a significant contributing factor.

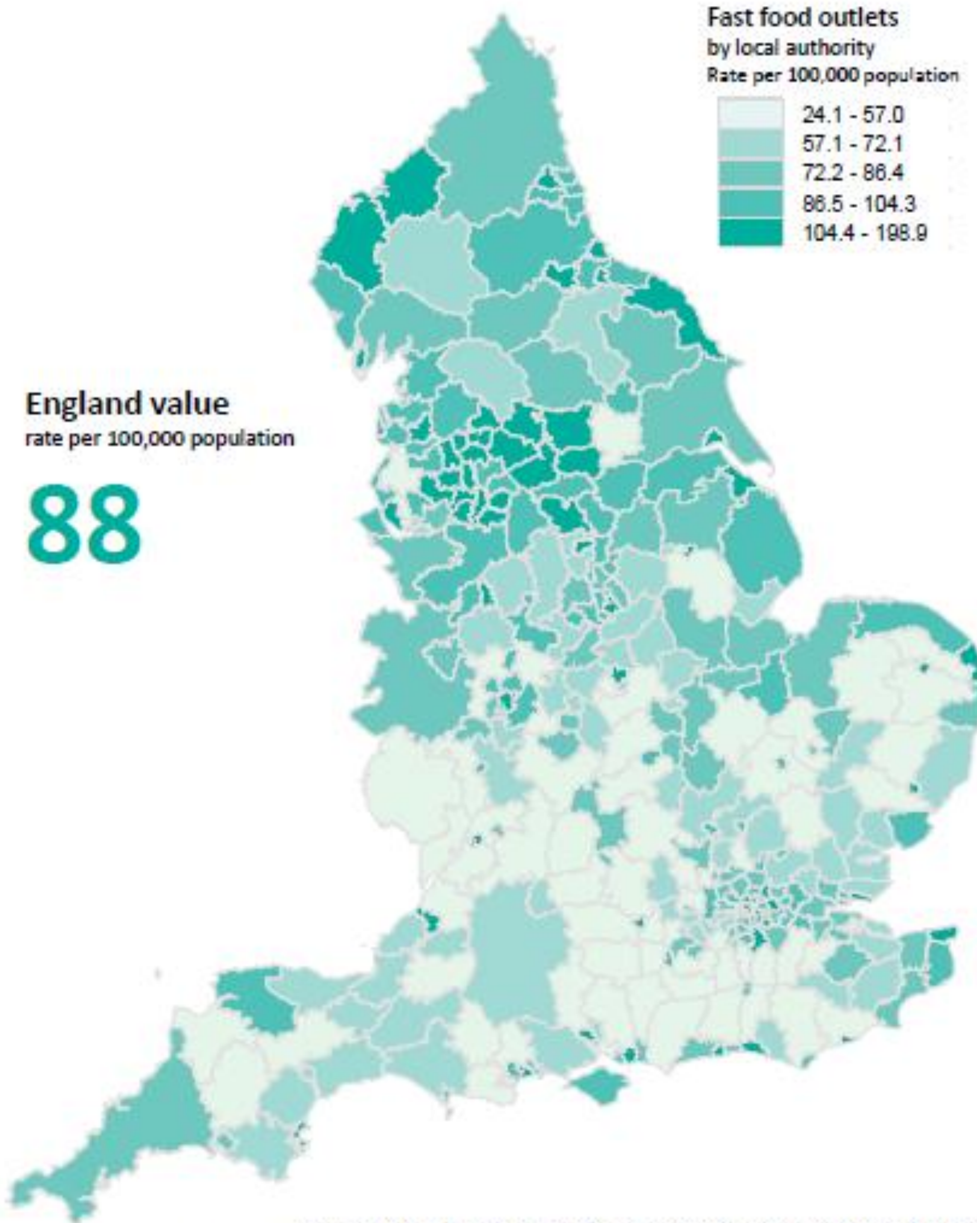
Prevalence of hot food takeaways in Torbay

- Evidence from Public Health England indicates that Torbay has approximately 160 'fast food' outlets. This figure means that there are approximately 120.3 outlets per 100,000 population in Torbay, a figure which shows Torbay having the highest concentration of fast food outlets of any local authority in the South West region and in the highest 7% of local authorities in the whole of England (23rd out of a total of 324).

Public Health England

Obesity and the environment

Density of fast food outlets



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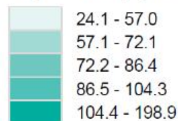
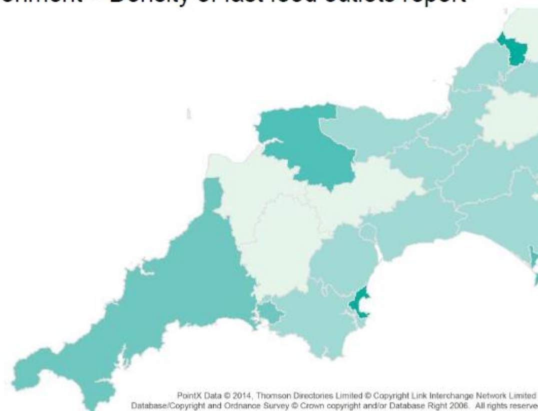
National Obesity Observatory (NOO):

Obesity and the environment – Density of fast food outlets report 2016

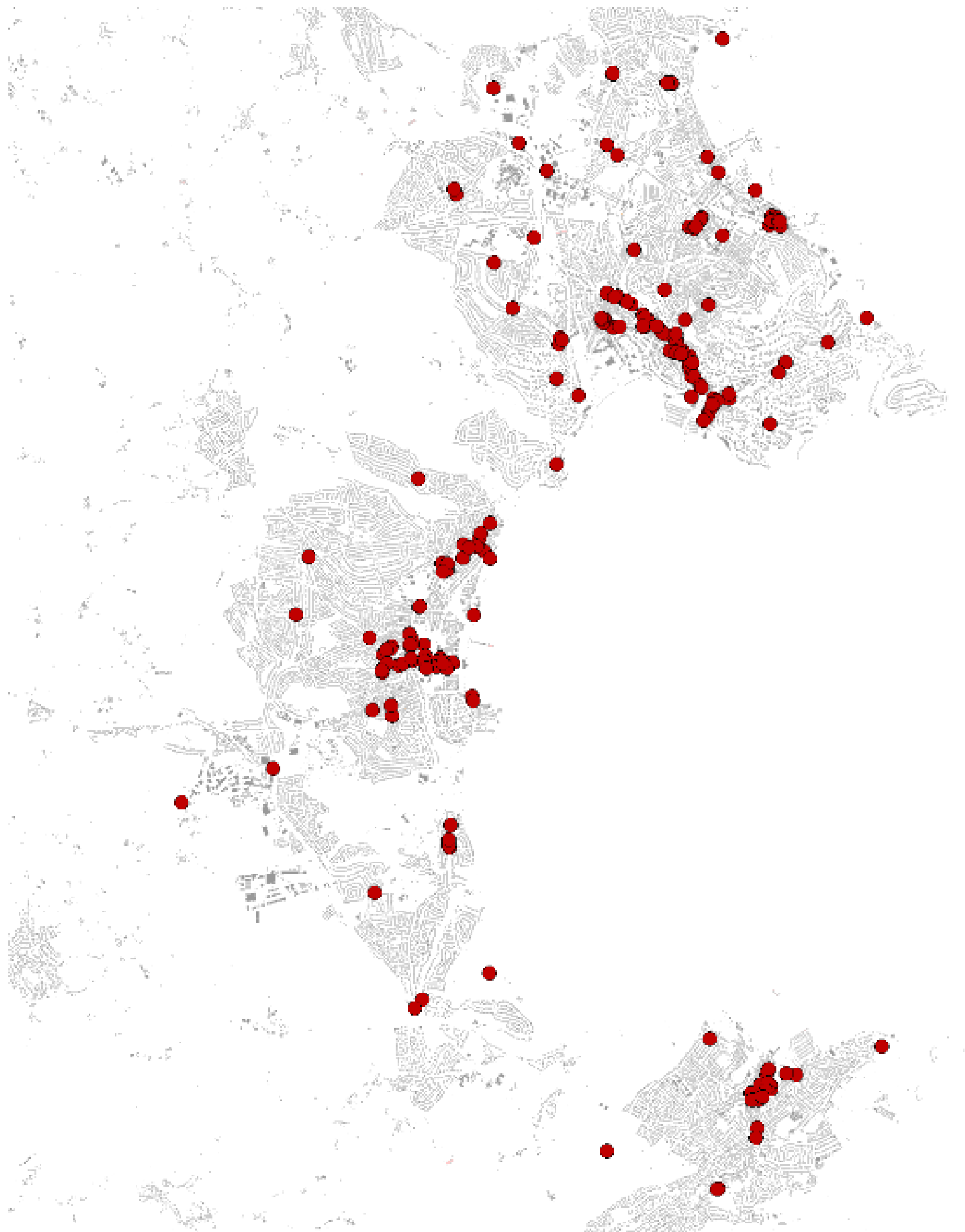
Fast food outlets
by local authority
Rate per 100,000 population





- Torbay Council has undertaken its own mapping and analysis of hot food takeaways within Torbay. Hot food takeaways have a specific classification under the Use Classes Order. That is to say they are classed as A5 uses ('Hot Food Takeaways') which can sell hot food for consumption off the premises. There are well over 100 premises which fall into the A5 category in Torbay. In addition, Torbay has a significant number of A3 Restaurants which have elements of hot food takeaway as part of their offer. When these A3 establishments are added to the A5 premises the number of places which hot food takeaway meals can be purchased in Torbay rises to well over 200.

Figure 5: Distribution of A5 uses across Torbay:



Torbay Local Plan policy context and SPD guidance

- Policy SC1 (Healthy Bay) of the Torbay Local Plan provides that 'all development should contribute to improving the health and wellbeing of the community' including through 'helping to deliver healthy lifestyles'.

- The guidance within this chapter relates to this policy with reference to dealing with planning applications which relate to development which provide for fast food elements (in relation to A5 and some A3 uses).

Guidance for managing planning applications which have an element of fast food to promote healthy food environments

1. Applications for new A5 hot food takeaways will be approved within existing town, district, local and neighbourhood centres where:

    - The facility will not lead to an over-concentration of A5 uses within any one individual centre. A5 uses should not overly dominate the streetscene and encompass more than 10% of the retail frontage.

    - The facility is more than 400 metres from an entrance to a secondary school, youth centre or leisure centre.

In accordance with Policy SC1 of the Torbay Local Plan, evidence should be submitted alongside a planning application for an A5 use (e.g. a proportionate Health Impact Assessment) outlining the measures taken to ensure that providing an A5 use will not lead to any worsening in the overall rate of hot food takeaway concentration and/or the opportunities to promote healthy lifestyles.

2. In relation to the above, planning applications in relation to existing and new A3 uses which intend to have an increase or new element of A5 hot food takeaway use incorporated as part of their use, will also be considered in the light of the above guidance proportionate to the extent of the overall impact of the 'A5 aspect'.

Community Investment Areas

Community Investment Areas

- The Local Plan designates a number of areas within Torbay as 'Community Investment Areas'. These areas relate to areas of significant deprivation (defined as falling within the top 20% most deprived areas in England). Within these areas the Local Plan requires development proposals to take this into account.

Reducing inequalities through positive investment in the environment

- Development proposals should pay special attention to considering ways through which they will support healthier outcomes (including reducing levels of deprivation within these areas) – see Policy SC1

- Positive investment will be considered which has the potential to close the gap and reduce inequality within these areas in lieu of other planning gains which would normally be sought (e.g. affordable housing) – see Policy SS11. Under these circumstances evidence of the relative benefit of providing different planning gains instead of affordable housing provision should be provided.

Provide a good standard of residential accommodation

- Small and medium sized homes will be retained. Change of use of these homes to Houses in Multiple Occupation (HMOs) or small flats will be resisted and guided in accordance with Policy SS11, DE1, DE2, DE3 and H4.

Index of Multiple Deprivation (IMD) 2015

- The Torbay Local Plan based the boundaries for the Community Investment Areas on data from 2010. Since the adoption of the Local Plan, the IMD has been updated (2015). This shows a worsening in levels of deprivation in Torbay since 2010. The total population and area classed as falling within the top 20% most deprived has increased. In order to reflect this change, this SPD updated the boundaries which relates to Community Investment Areas so that the new boundaries reflect the latest data.

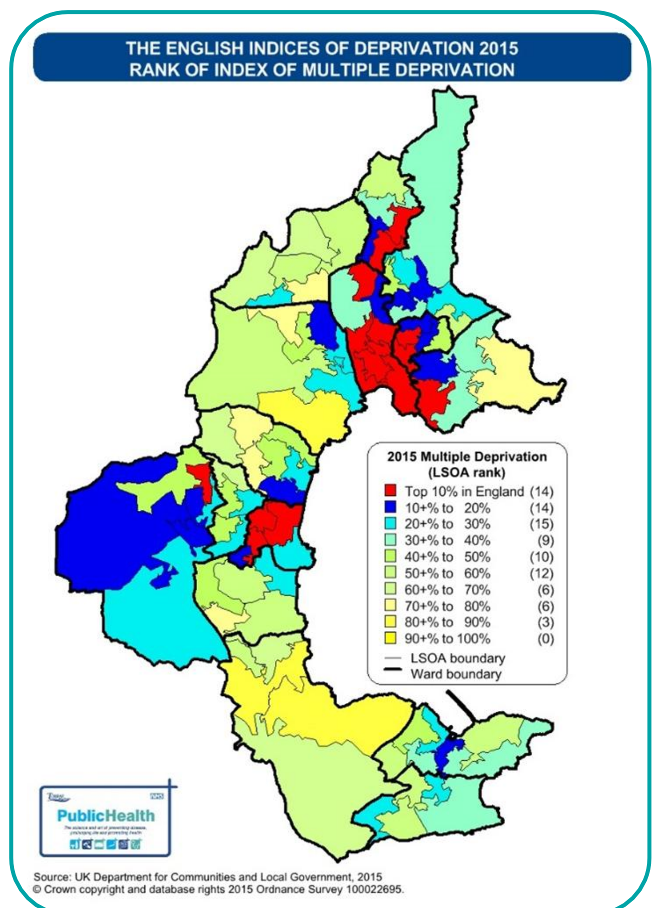
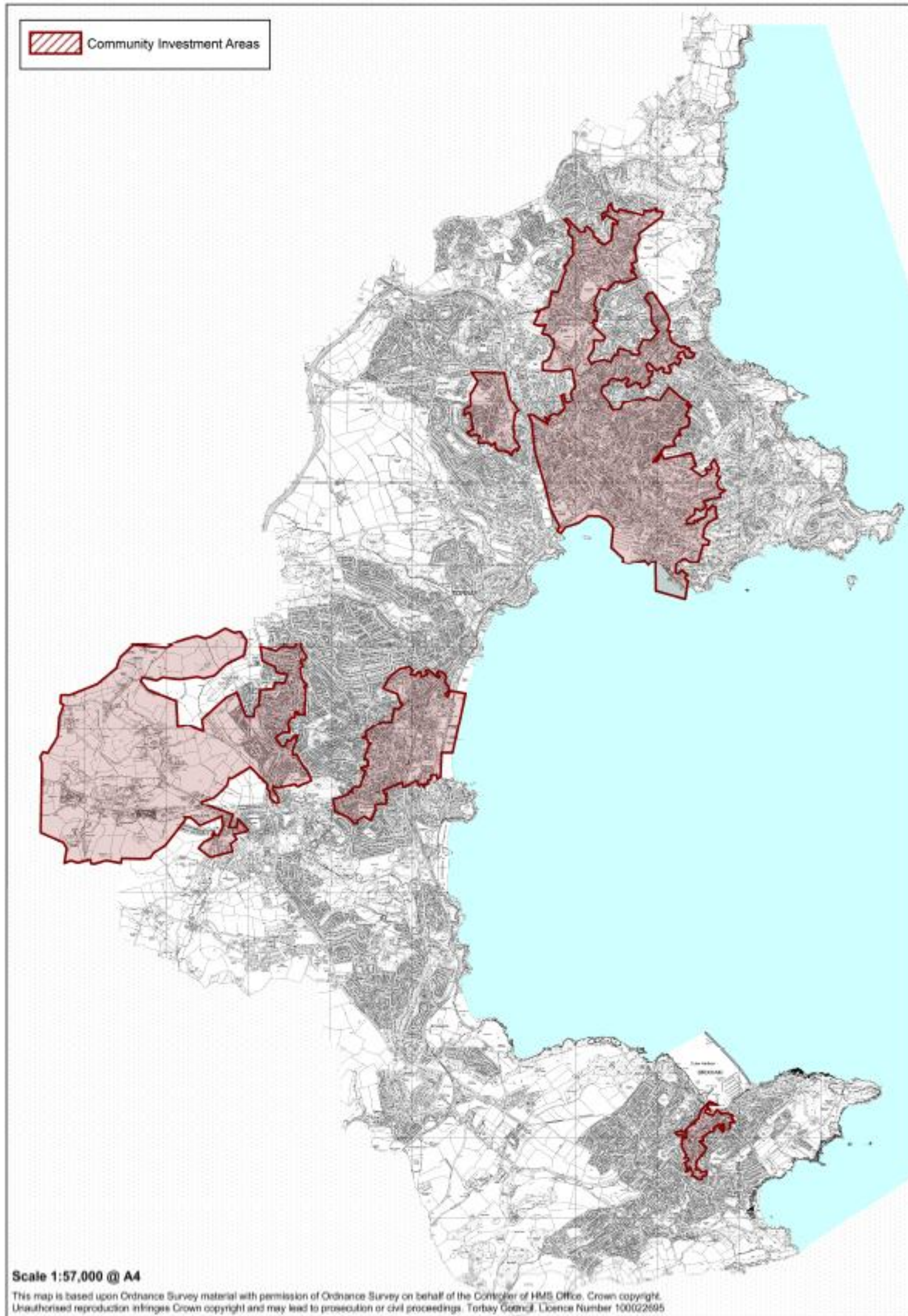


Figure 6: Map to show location of updated Community Investment Areas reflected the Lower Super Output Areas (LSOAs) falling within the top 20% ranked most deprived LSOAs in England. Note that this updates the CIA boundaries reflected in the Torbay Local Plan 2012-2030 Policies Maps Booklet.



Houses in Multiple Occupation (HMOs)

- Proposals to form new HMOs are managed principally by Local Plan policy H4 as well as SS11, DE1, DE2 and DE3.

Policy H4 Houses in Multiple Occupation (HMOs)

The conversion of HMOs to self-contained dwellings will be encouraged and supported.

Applications for new buildings or sub-division of existing buildings into non-self-contained residential accommodation (HMOs) will only be permitted where the following criteria are met:

1. The property is located within easy reach of public transport and community facilities;
2. An acceptable standard of residential accommodation can be provided;
3. The scale and nature of the use would not harm neighbourhood amenity, for example by way of noise, general disturbance, litter, on-street parking or impact on visual amenity;
4. The proposal would not lead to an over-concentration of similar uses that could exacerbate existing social and economic deprivation or lead to a community becoming imbalanced;
5. The proposal would not adversely affect the character of holiday areas, particularly Core Tourism Investment Areas;
6. Adequate storage facilities can be provided for cycles, waste and recycling collection; and
7. There is supervision by a resident owner or manager, or an appropriate alternative level of supervision. The ongoing management will be secured through condition or s106 Planning Obligations where appropriate.

- Point 4 of Policy H4 refers to HMOs being permitted where they would not lead to an over-concentration or exacerbate social and economic deprivation. In Torbay, we know that within our most deprived areas (Community Investment Areas) there tends to be a greater amount of smaller residential accommodation, including HMOs. Whilst these properties, properly managed and of a good design in an appropriate setting, can provide affordable, low cost accommodation to occupants, there has been an increase in the provision of these accommodation types which has the potential to lead to imbalanced communities and an overconcentration of these uses. This imbalance may worsen relative levels of deprivation and inequality within these areas compared to the rest of the Bay. Therefore, the presumption in Community Investment Areas (and Core Tourism Investment Areas) will be that HMOs will not be permitted (where they require planning permission).

- HMO proposals will only be permitted where the accommodation represents a good standard of accommodation to enable occupants to live a healthy lifestyle (Policy SC1). This is particularly the case in terms of facilities available for communal activity, kitchen facilities to promote home cooking and adequate room sizes. Smaller rooms will be conditioned for single occupancy as part of the planning decision in order to manage issues of overcrowding.

Healthy Design

Torbay Healthy Planning Checklist

- In considering development proposals, the following 'Torbay Healthy Planning Checklist' can be used by applicants to act as a prompt for issues related to health and wellbeing in Torbay which might apply to development proposals. The checklist is compatible with Torbay Local Plan policies and can be used in addition to support other assessments which the Council specifies to interpret good quality design such as 'Building for Life' (see Policy DE2 of the Local Plan).

- Note that the checklist provides a series of questions which could be asked of development proposals. Depending on the nature of the development proposal, not all questions will be relevant. If an answer to a question is 'yes' this means a development proposal will have adequately considered the issue – the reasons for this should then be documented within the design and access statement or elsewhere within the planning application (or HIA if applicable). If an answer to a relevant question is 'no' then this may indicate that this is an issue which warrants further consideration in order to be compliant with Torbay Local Plan policies with respect to this issue.

- The issues listed are not meant to be exhaustive in terms of the healthy planning considerations which might apply to a development proposal but are meant to provide a framework for guiding and embedding health principles into urban design. The issues are grouped around four themes: Travel Torbay, Healthy Homes, Healthy Places and Prosperous Bay.

Torbay Healthy Planning Checklist			
Travel Torbay			
Issue	**Questions**	**Torbay Local Plan policy requirements/ standards**	**Importance to health and wellbeing in Torbay**
Promoting active travel	**Will the proposal encourage and enable walking and cycling?** Issues of relevance could include adequate cycle storage space and measures to promote modal shift as part of Travel Plans. Also consider the transport network (so that footpaths and cycle routes are direct and convenient)	Policy TA1, TA2, TA3	Increasing the ability of people to undertake active travel increases mobility, physical activity and accessibility. In particular, enabling active travel offers one of the best ways of increasing overall levels of physical activity across the whole population. Modal shift towards active travel so that less trips are undertaken by car, improves air quality, road safety and congestion.

Road safety	**Does the proposal make it safer to undertake transport journeys?** Consider all modes of travel where relevant. Applicable concerns could include traffic calming, pedestrian crossings, lighting, highway visibility and impact on existing/new routes.	Policy TA1, TA2, TA3	Road safety measures can be crucial in reducing the likelihood of road traffic collisions, involving walkers, cyclists and vehicles. Increasing the standard of road safety can have positive impacts on increasing the attractiveness of active travel as a travel choice for people.
Public transport	**Is the development accessible via public transport? Are there opportunities to improve access?** Consider existing routes, services and facilities.	Policy TA1, TA2, TA3	Public transport is important for offering connections between where people live, work, and use services. Promoting public transport is a key component of the sustainable transport hierarchy.
Healthy Homes			
Issue	**Questions**	**Policy requirements/ standards**	**Importance to health and wellbeing in Torbay**
Healthy living	**Does the proposal provide adequate internal living spaces?** Note the TLP standards, i.e. does it meet the National Space Standard? Is adequate space for waste and recycling storage provided? Are adequate kitchen facilities to encourage home food preparation provided?	DE3, SC1, SS11	Adequate living space is crucial in terms of the quality of life of occupants and affecting healthy lifestyle choices. Development proposals should support good quality living environments which in turn are more likely to promote better outcomes for public health.

Accessible homes	**Does the proposal consider the needs of the disabled and those with particular accessibility needs?** Consider the specific needs of the occupants and promote inclusive design. Note specific TLP accessibility requirement for larger housing developments.	H6	Promoting accessibility for all users will help to reduce inequalities in health. Torbay has an ageing population demographic which is likely to increase - enabling better access for these groups (including by supporting dwelling adaptations) will support independent living.
Affordable housing and mixed communities	**Does the proposal provide affordable housing? Will it support mixed and balanced communities?** Consider the contribution towards meeting housing need. Affordable housing should be integrated throughout larger development schemes and the design should be of the same standard as private accommodation so that communities are balanced.	H2	Affordable housing (in various forms) can help provide socially inclusive communities and helps support the needs of people who are unable to access market accommodation due to affordability issues (e.g. young people in Torbay). Providing mixed and balanced communities reduces inequality and supports better social networks.

Healthy Places			
Issue	**Questions**	**Policy requirements/ standards**	**Importance to health and wellbeing in Torbay**
Construction	**Does the proposal minimise the impact of construction on noise, air, land and water pollution?** **Is full opportunity taken to reduce waste production and maximise recycling?** **Are there opportunities for local labour to be utilised during construction, including training /education opportunities?**	SS2, SS14, SC3, W1, W2,	There are a number of ways in which the construction phase of development can impact on health which need to be considered fully. Pollution and waste impacts are important in terms of directly impacting existing communities (physical and mental health). Supporting local labour and education offers a wealth of potential positive benefits on health and wellbeing.
Pollution	**Is pollution to air, land and water minimised?** Consider site layout, landscaping, direct mitigation measures, travel planning, etc.	TA1, W1, DE1, DE3, ER2, ER3	Air quality is an important wider determinant of health for respiratory conditions and cancer. Noise impacts can effect mental health and wellbeing.

Open and green spaces/assets	**Does the proposal retain existing open and green spaces, support the management/ improvement of existing spaces and/or provide new spaces for the use of the local population?** Consider access, quality and useability of spaces. Proposals for long-term management should be understood. **Will the proposal contribute to preserving and enhancing green infrastructure assets such as street trees, living roofs, green walls, etc?**	SS8, SS9, C4	Access to good quality open and green space is associated with positive impacts on health in terms of promoting physical activity, children's play and recreation, mental wellbeing, connecting with nature and reducing inequalities. Spaces should be well integrated into the public realm and meet the needs/demands of the local community.
Biodiversity	**Does the proposal contribute to nature conservation and biodiversity?** Overall net gains for biodiversity should be achieved through the planning process.	SS8, SS9, NC1	Supporting biodiversity and ecology can help increase access to nature which supports mental health and wellbeing.
Local food growing	**Does the proposal provide opportunities for local food growing, for instance through the provision of allotments or suitable greenspace?** Note Policy SC4 for specific requirements for allotments (on schemes of 30+ dwellings).	SC4	Supporting local food growing opportunities supports physical activity, healthy nutrition, connecting with nature and social interaction

Flood risk	**Does the proposal ensure there is no increased risk of flooding (no net increase in surface run off) wither within or external to the site?**	ER1	The direct impacts of flooding can be both physical and mental. The stress of cleaning up after flooding events and worrying about future risk can be acute. Torbay has been designated a Critical Drainage Area and therefore the importance of reducing flood risk through reducing surface water run-off is crucial. The impact of climate change must be taken into account in future-proofing the future health impacts from flooding on the population.
Overheating	**Does the proposal take account of and respond to the impacts of overheating?** Consider orientation, layout, the use of green infrastructure and the users of the development scheme.	ES1	Torbay experiences a warmer climate than the UK average. Climate change will mean that instances of summertime overheating will increase. This can cause detrimental health impacts for those in housing, workplaces or using outdoor environments (physical and mental). Older persons and very young persons are more susceptible to overheating effects.

Prosperous Bay			
Issue	**Questions**	**Policy requirements/ standards**	**Importance to health and wellbeing in Torbay**
Local employment and healthy workplaces	**Does the proposal provide opportunities for or support the conditions needed to provide growth in local employment (jobs)?** Consider both temporary construction and permanent end-use jobs. **Will the proposal support healthy lifestyles for employees?**	TC1, SS1, SS4, SS5, SC3	Growth in the number and quality of local jobs is important in supporting socio-economic benefits. Economic outcomes are closely linked to health outcomes and vice -versa.
Access to and impact on local health services	**Has the impact on local health services been considered and addressed? (Primary, secondary and adult social care).**	SC1, H6	Accessibility and quality of provision of health services has implication for the quality of care and treatment.
Access to local food	**Is there opportunity to access a range of local food?** **Does the proposal avoid an over-concentration of hot food takeaways?** **Are there opportunities for allotments and/or community food growing?**	SS11, SC1, Healthy Torbay SPD guidance	A proliferation of hot food takeaways can halve negative impacts on local nutrition and contribute to higher prevalence of obesity and excess weight.

Public realm	**Does the design of public realm contribute to creating safe, inclusive and quality environments which encourage social interaction and healthy lifestyles?**	DE1, DE2, DE3, SC1	Public realm/space is crucial in terms of affecting the sense of wellbeing, security and belonging. It is key in promoting physical activity and contributing to vibrant communities. Opportunities to inspire engagement in cultural activities (including arts) through careful design should be sought where possible.
Education	Has the impact on educational needs and offers been assessed?	SC3	Access to high quality education opportunties is associated with future earning potential, ability to enter the job market and self-esteem.

Health Impact Assessment

What is Health Impact Assessment (HIA)?

- HIA is most commonly defined as "a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population" (European Centre for Health Policy, 1999).

- HIA, applied for the purposes of development management in Torbay, is a process and tool for assessing both the potential positive and negative impacts of a proposal on health and wellbeing and suggests ways in which opportunities to improve health can be maximised and risks to health or negative impacts on health minimised.

Why carry out a Health Impact Assessment (HIA)?

- Spatial planning and development has the potential to impact upon a wide range of matters which can affect the health and wellbeing of the population in Torbay. Particularly in relation to the wider determinants of health, these impacts can be complex and there are often multiple factors in relation to a development proposal which can affect these determinants. It is important that for significant developments in Torbay that decisions taken on planning applications are fully informed of the impacts on population health and wellbeing that are likely to be created from the implementation of a development proposal. Moreover, HIA, applied early in the planning process can positively help inform the production of development proposals forming part of planning applications so that higher quality development, achieving better health outcomes, can be attained.

- Policy SC1 Healthy Bay of the Torbay Local Plan requires screening for HIA to be undertaken for planning applications which deliver 30 or more residential dwellings or 1,000 sq metres of foorspace. Screening for HIA may also be required for developments below this threshold if there are good reasons to indicate that a proposal may give rise to a significant impact on health. Torbay Council encourages applicants to discuss this requirement with the local planning authority in the early stages of the production of planning applications (for instance at pre-application stage).

Relationship to other assessments (EIA, Design and Access Statements)

- Where applicants are required to undertake other assessments in addition to HIA as part of the submission of their planning application, it may make sense to combine those assessments. For instance, where development proposals require Environmental Impact Assessment (EIA) it may make sense to integrate health impacts into the methodology for the EIA. This provides advantages in terms of assessing impacts holistically, using the data sourced from different assessments to help inform each other and avoiding duplication of overlapping data. Where the need for EIA is detailed through a screening and scoping opinion of the local planning authority, the Council will also advise and discuss with the applicant of how the need for HIA (if relevant) can be best incorporated.

- In cases where EIA is not required but HIA is required, the HIA should form a stand-alone assessment and separate submission document to the local authority as part of planning applications. It is not recommended that HIA forms part of the Design and Access Statement however the Design and Access Statement should draw on the outcomes of HIA (cross reference) where relevant to support how the design of

development proposals has influenced the creation of proposals which contribute to the health and wellbeing of the community.

- HIA is designed to support and inform the decision-making process, not replace it.

How to carry out HIA

- There is no statutory framework for defining how HIA should be carried out, however the procedural process is now well established and the main steps are commonly recognised as the following:

  1. Screening
  2. Scoping
  3. Appraisal
  4. Developing and making recommendations
  5. Ongoing monitoring and evaluation

  These steps are further described within this section of this SPD. The process for conducting these steps is also illustrated via a flowchart called 'Developer's guide to process for undertaking HIA in Torbay' (Figure 7)

Screening

- Screening is a preliminary assessment of what health impacts might arise from a development proposal and informs the decision of whether the proposal would benefit from further assessment. As a standalone exercise (even without further HIA) the exercise may prove to be useful in helping to gain a better understanding of how a proposal impacts on health and wellbeing and can inform the development of proposals that respond positively to addressing issues of health and wellbeing. To assist the screening task, a HIA Screening Matrix (Figure 8) is included as part of this chapter and should be used in conjunction with the 'health and wellbeing determinants checklist' (Figure 9). It is recommended that applicants use this matrix format to provide information as part of screening their development proposals for further HIA. Exhaustive detail is not necessary or indeed sometimes possible at this stage. However, it should be possible to complete the various sections in the matrix to provide a clearer idea of what the main issues/effects are likely to be. It can also be useful in determining what potential effects any more detailed appraisal should focus on (i.e. used to inform later scoping if necessary).

- Once the HIA Screening assessment has been completed it should be sent to the Council for their comment and review. If, on balance, the proposal would appear to benefit from a more detailed HIA, then a fuller appraisal will be requested to be conducted.

Scoping

- Once the decision to undertake a more detailed HIA is taken, the next stage of the process is to scope the significant likely impacts. This stage of the HIA process aims to understand the key issues which should be focused on as part of the detailed HIA and ensure that they are addressed in sufficient detail. Impacts and health issues which are unlikely to be significant can be 'scoped out'.

- To assist this stage, applicants are encouraged to utilise the 'Torbay Healthy Planning Checklist' (see Healthy Urban Design section of this SPD).

- As well as looking at the impacts, it is important that the applicant and the local authority is clear on the methodology for the HIA and sources of data to be used. With regards to data, the local planning authority will seek to signpost applicants to sources of available local health data contained in documents such as the Joint Strategic Needs Assessment, etc. Any new data required to understand the health impacts of a particular health issue will be limited to that

which is relevant and proportionate to the development proposal.

- The local planning authority will agree the scope of the HIA in discussion with the applicant prior to the HIA being undertaken. It may be necessary to involve local stakeholders in the scoping stage of the HIA, indeed this is positively encouraged as part of the community consultation and engagement process. The form of engagement can take many forms and may include focus groups, questionnaires, public meetings, etc.

Appraisal

- The aim of the appraisal is to analyse all of the potential health impacts using the evidence which was identified as part of the scoping stage. Evidence can be quantitative, qualitative or a mixture of both but it is important that any gaps or uncertainties in the evidence base with regards to a particular issue are documented as part of the assessment. The development proposal should be examined closely with all the key elements of the scheme and their relationship to the wider determinants of health recorded.

- The assessment should build on the information gathered at the screening and scoping stages. Significant impacts which were identified earlier should be investigated in more detail and there should also be scope within the assessment to consider any unidentified impacts that were not considered earlier. To do this, the appraisal should be systematic and transparent about how the impacts were identified. The use of a checklist, building and expanding on the Torbay Healthy Planning Checklist and HIA Screening Matrix Template, to act as an aide memoir may be helpful in this regard.

Developing and making recommendations

- Recommendations should aim to eliminate/or minimise the potential negative impacts of a proposal which are identified as part of the appraisal and create or maximise positive impacts, where there is realistic opportunity to do so.

- It is important to provide a coherent and holistic set of recommendations which relate to the proposal as a whole. It is likely that individual recommendations relating to tackling a specific impact may themselves impact upon a different feature of the development (e.g. a recommendation for significantly reduced car parking whilst potentially stimulating modal shift may impact upon the economic viability of a commercial building – both can be considered health impacts). This therefore requires coming to a view on which recommendations should/could be taken forward in order to deliver the maximum overall benefits for health and support the deliverability of the scheme.

- Note that as part of making recommendations (and the appraisal) itself the local authority expects that clear evidence of community engagement is provided as part of the report. The local authority places significant importance on community intelligence informing HIA.

Ongoing monitoring and evaluation

- It will often be necessary that future monitoring is carried out regarding a development proposal in order to check the health impacts arising. Indeed, recommendations on the nature of monitoring are expected to be included as part of the recommendations. Any monitoring should be proportionate to the development proposal.

Figure 7: Developer's guide to process for undertake HIA in Torbay

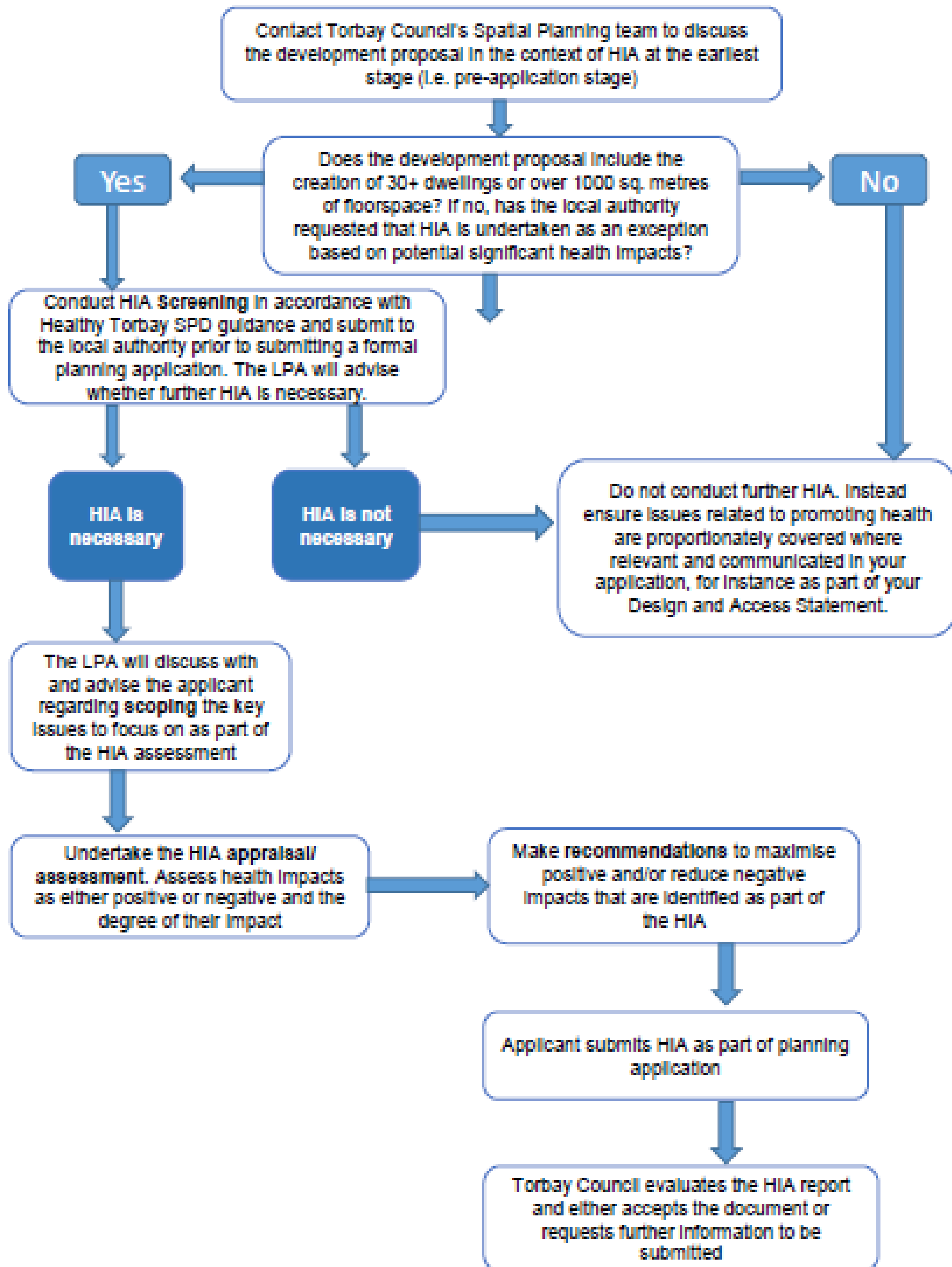


Figure 8: HIA Screening Matrix Template

Health and wellbeing determinants	List health impacts identified	Positive or negative	Population groups affected	Is this impact significant?	Justification and reasoning
Individual lifestyles					
Social and community influences					
Living and Environmental conditions					
Economic conditions					
Access and quality of services					
Any other direct or indirect effects on health					

Figure 9: HIA Health and wellbeing wider determinants and population groups checklist (to assist with completing the 'HIA Screening Matrix Template')

WIDER DETERMINANTS	
Lifestyles	• Diet and nutrition • Opportunities for physical exercise • Use of alcohol, cigarettes, non-prescribed drugs • Sexual activity • Other risk-taking activity
Social and community influences on health	• Family organisation and roles • Citizen power and influence • Social support and social networks • Social cohesion / inclusion • Crime and community safety
Living/environmental conditions affecting health	• Built environment • Neighbourhood design • Walking and Cycling routes (active travel) • Housing • Indoor environment • Noise (from traffic, industry, neighbourhood) • Air quality and pollution • Attractiveness of area • Natural Environment (access to green and open space) • Smell/odour/nuisance • Waste disposal • Road hazards • Accidental Injury and hazards • Quality and safety of play areas • Contaminated Land
Economic conditions affecting health	• Unemployment • Income • Economic inactivity • Type of employment • Workplace conditions • Economic Development
Access and quality of services	• Health and Medical services • Adult and Social Care services • Leisure and recreation • Shops and commercial services • Healthy Food • Public amenities • Public Transport • Education and training • Information technology

POPULATION GROUPS (Vulnerable or disadvantaged)	
Note that the target groups you identify as vulnerable or disadvantaged will depend on the characteristics of the local population and the nature of the proposal itself. The most disadvantaged and/or vulnerable groups are those which will exhibit a number of characteristics, for example children in living poverty. This list is therefore just a guide and you may like to focus on groups that have multiple disadvantages. You will also want to assess the impact on the general adult population and/or assess the impact separately on men and women. Please note that this list is a guide and is not exhaustive.	
Age related groups	• Children and young people • Older people
Income related groups	• People on low income • Economically inactive • Unemployed • People who are unable to work due to ill health
Groups who suffer discrimination or other social disadvantage	• People with disabilities • Long term chronically ill • Refugee groups • Travellers • Single parent families • LGBT community • Ethnic minority groups • Homeless
Geographical issues	• People living in areas known to exhibit poor economic and/or health indicators (e.g. deprived areas in the top 20% of rank for deprivation – 'Community Investment Areas') • People living in isolated/rural areas • People unable to access services and facilities

Supporting new models of care

Health and care facilities

- The local authority supports the delivery and management of facilities relating to providing health and care in line with the aims and plans of the Integrated Care Organisation in Torbay. The local authority will work with its partners in at Torbay and South Devon NHS Foundation Trust (TSDFT) and the South Devon and Torbay Clinical Commissioning Group to support proposals which deliver and support health and wellbeing in Torbay. This includes primary services, secondary services and adult social care.

New Models of Care

- Delivering new models of care in Torbay is a shared aim of public sector health partners (forming part of the Torbay Healthy and Wellbeing Board) in the Bay. It means focusing on the health and wellbeing of the local population, preventing ill health and improving the quality of care and support, working in partnership with communities. Care will be increasingly centred around people and the communities in which they live

Figure 10: Vision for care and support (taken from A Market Position Statement for Torbay for Adult Social Care and Support and Children's Services 2016)

Managing development proposals for health and care facilties

- In making decision on development proposals which relate to health and care facilities, the local authority will consult and engage with its partners to ensure that development proposals align with and support the delivery of a Healthy Torbay. Where relevant these partners will engage in the development process to offer advice and input into development proposals. Applicants should pay particular attention to relevant guidance such as the local authorities Market Position Statement for Torbay for Adult Social Care and Support and Children's Services 2016 and the South Devon and Torbay Local Estates Strategy (and any future updated versions).

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TORBAY Health & Wellbeing BOARD

Working together for a healthier Torbay

Title:	Joint Health and Wellbeing Strategy – Annual Review 2016/2017 and Work Programme 2017/2018		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	16 March 2017
Contact:	Caroline Dimond		
Telephone:	01803 207344		
Email:	caroline.dimond@torbay.gov.uk		

1. Purpose

1.1 To provide a summary of the work undertaken by the Board over the past year and to determine the Work Programme and membership of the Board moving forward.

2. Recommendation

2.1 That the End of Year report be considered, notes and published alongside the Joint Health and Wellbeing Strategy.

2.2 That the Work Programme be approved for 2017/2018.

2.3 That the Chairs of the Health and Wellbeing Board, Children's and Adults Safeguarding Boards and the Community Safety Partner meet to determine whether arrangements between the boards can be streamlined including any potential changes to the membership of the Health and Wellbeing Board.

3. Supporting Information

3.1 Torbay's Joint Health and Wellbeing Strategy was agreed in December 2015 covering the period 2015-2020. At the time, it was agreed that the Strategy would be reviewed on an annual basis with the view that the three strands of the Strategy (namely the Joined-up Plan, the Health Torbay framework and the Community Safety and Adult and Children's Safeguarding plans) may be brought together at a later stage.

3.2 Attached at Appendix 1 is the End of Year report which makes recommendations for a consolidation of priorities for the Health and Wellbeing Board into six areas over the coming year. It is clear that work to deliver the Health and Wellbeing Strategy is being delivered by a range of groups which sit below the Health and Wellbeing Board. It is recommended that this continue but that the Health and Wellbeing Board provide the assurance mechanism.

3.3 Therefore it is recommended that the Board meets twice a year to receive Highlight Reports on each of its six priorities and, at each meeting, performs a "deep dive" into one of the two priorities – namely "Support for vulnerable adults and families" (but focussing on domestic abuse, alcohol and homelessness) and "Shifting the focus to prevention and early intervention" (but focussing on mental health and community resourcefulness). This is shown in the proposed Work Programme for the Board for 2017/2018 which is attached at Appendix 2.

3.4 A meeting of the Chairs of the Health and Wellbeing Board, Community Safety Partnership and the Children's and Adults Safeguarding Boards is currently planned to decide where the operational and strategic decisions and governance should lie for the priorities outlined above. It is recommended that those Chairs review how the governance arrangements can be streamlines and whether the membership of the Health and Wellbeing Board should be amended.

Appendices

Appendix 1 – End of Year Report 2016/2017

Appendix 2 – Work Programme 2017/2018

Torbay's Joint Health and Wellbeing Strategy 2015-2020

End of Year Report – 2016/2017

The Joint Health and Wellbeing Strategy was agreed in December 2015. This End of Year report sets out what we said we would do, what we achieved, the changes in national and local priorities since the Strategy was agreed and what we plan to focus on over the coming year.

1. What did we set out to do in 2016/17?

In setting Torbay's Joint Health and Wellbeing Strategy last year, we considered the findings of the following:

- The Joint Strategic Needs Assessment (JSNA)
- Stakeholder views
- Service user views
- Current performance challenges
- Current policy drivers and strategies:
    - The Joined-up Plan
    - Healthy Torbay
    - The plans of the Community Safety Partnership and the Adults and Children's Safeguarding Boards.

The following were the key factors affecting health and well-being that were identified from the above.

Lives people lead	Services people use	Wider determinants
Focus on key behaviours	**Joined-up services focused on early intervention and prevention**	**Tackle major developments**
Tobacco	Early help for children and young people and their families	Poverty
Alcohol	Child and adolescent mental health	Employment and work environment
Diet	Vulnerable adults with multiple risk factors.	Education
Physical activity	People with multiple health needs	Housing
Isolation	Mental health access and assessment	Community environment and crime
	Ageing well to promote independence, address isolation and improve quality of life in the older years	
	Build community resourcefulness	

We reflected this in the priorities from the then key policies

We then came together to identify priority areas that were:

- An area of significant need from the JSNA
  OR
- An area where current performance is poor
  OR
- An area that is a key driver of significant quantifiable poor health

  AND

- That the members of the Health and Wellbeing Board, working together, can bring added value to delivery

Thus in 2016 /17, the following priorities were chosen;

- Mental health
- Alcohol
- Domestic violence

2. What did we achieve?

2.1 Mental health

A Health and Wellbeing Board Seminar was led by senior officers from Torbay Council and the Clinical Commissioning Group (CCG) to look at the opportunities to shift the services for mental health towards earlier intervention and prevention. Titled "The case for change", we looked at the issue of emotional health and well-being across the life-course and the evidence of both effectiveness and on the return on investment for a number of interventions. As a result of this a proposal was made to increase the emphasis on prevention and early intervention.

Following on from this a CCG-led two day workshop was held in November 2016 to look at current mental health system dynamics and opportunities for change. This meeting confirmed the need to focus on prevention and early intervention alongside work to look at system inefficiencies within current patient flows.

Current work is on-going looking specifically at the blocks and flow within our local system and comparing this against national and international evidence for interventions that could resolve these blockages and release savings. This work together with some work within schools to look at drivers of poor mental well-being will be completed by the end of March 2017.

2.2 Alcohol

The current work on alcohol was presented at the Health and Wellbeing Board in January 2017. A new strategy had been developed and consulted on led by Public Health. There are four targeted areas for action within this strategy which have specific action plans against them.

- Criminal justice led by Community Safety
- Trading standards led by Community Safety
- Treatment services led by Public Health
- Children's led by Children's Services

A steering group oversees this work chaired by the commissioning lead for the CCG. Progress to date has been:

- The rollout of ID scanners or ID checking procedures in licence premises to address underage drinking.
- 20 licensed premises have registered for 'Best Bar None' scheme.
- A Club Host Pilot has been run that seeks to reduce the risk of vulnerability (particularly sexual vulnerability) within the Evening and Night Time Economy.
- Adult substance misuse treatment services have clear protocols and processes around assessing harm to children and referrals are being received with no delay in service.
- Alcohol screening is embedded in the learning and development programme to support implementation of the new model of care

Unfortunately there have been issues in progressing this work due to capacity limitations of some of the Thematic Leads which has impacted on their ability to attend the Alcohol Steering Group as well as the completion and dissemination of update reports for the Group. There has also been insufficient analyst capacity to support the development of the performance dashboard contents to monitor progress on a contemporaneous basis.

2.3 Domestic Abuse

Domestic abuse was considered at a number of meetings of the Health and Wellbeing Board. Consideration was given to:

- Governance framework
- Results of a community health needs assessment

- Results of a task and finish group to resolve critical funding issue.

As a result of this and action by the Community Safety Partnership, the following has been agreed with funding being made available by Torbay Council when it set its budget in February 2017:

- Appointment of a Domestic Abuse and Sexual Violence (DASV) coordinator
- Ensure on-going funding for current DASV services
- Review the current DASV strategy and action plan

At the same time, a joint bid with Devon has been made to the Home Office to take forward work on some of the gaps identified from the needs assessment and user view survey.

We hope that the above will enable us to more forward at pace to improve access to services for both victims and perpetrators of DASV.

In January 2017, the leadership for this area of work passed to the Director of Public Health. Work will be undertaken across the Adult Safeguarding Board and Community Safety Partnership as well as the Health and Wellbeing Board. In the coming months a refresh will be undertaken of the current Strategy and Action Plan. This will be done in conjunction with stakeholders. The Action Plan will be delivered within a new governance framework.

2.4 Health, Housing and Homelessness

This was not a specific priority of the Health and Wellbeing Board in 2016/2017. However the links between health, housing and homelessness where recognised by the Board. The following sets out the achievements across the partnership in this sector.

- There has been work on community equipment with the potential for tele care in housing to ensure healthy homes fit for all stages of life - as per housing strategy priority. This will maximise the benefit of disabled facilities grant in promoting healthy and safe homes as part of our integrated better care fund.

- An Occupational Therapist (OT) has been employed within the Home Improvement Agency to advise/oversee adaptations to support healthy and accessible housing. The OT to the commissioned community equipment service also proves complex aids to enable people to remain healthy at home for longer including at the end of their lives and to prevent falls in the home.

- Work is underway with the extra care housing provider to make environment dementia friendly.

- Torbay Council is working with the CCG and Devon County Council to implement the NHS England Vanguard framework for enhanced care in care homes.

- The Council is working with the Foundation Trust to develop a supported living commissioning framework which incorporates health as well as social care and support outcomes.

- Torbay Council is funding a homeless hospital discharge worker in the Foundation Trust to improve health outcomes and a specific GP service at the hostel for the homeless

Housing is a key part of our wider health and care commissioning and market strategy to ensure we have a suitable range of accommodation based care and support to meet the needs of people following a health crisis or period in hospital and to step down from more intensive forms of care.

A particular issue is vulnerable people with challenging risks, the so called "toxic combination" of issues such as Domestic Abuse and Sexual Violence, offending, homelessness, drug and alcohol issues and mental health problems. This is the subject of a Torbay Council transformation project where a System Optimisation Group involving a number of organisations who work with these clients are working to align contracts and develop appropriate referral mechanisms.

3. What changes affected health and wellbeing policy in 2016/17?

A key development has been the introduction of Sustainability and Transformation Plans – an initiative led by NHS England. This and other major policy / strategic developments that impact on health and well-being are outlined in this section.

3.1 Sustainability and Transformation Plans and the South Devon and Torbay Accountable Care Community

In 2016 the Department of Health set out a programme for Sustainability and Transformation Plans (STPs). Locally, our STP footprint is wider Devon and to respond to this and to acknowledge the history of integrated work in Torbay, agreement has been reached to work as an **Accountable Care Community (ACC)** across South Devon and Torbay. This is NHS led but the Local Authorities are being asked to sign up as partners to this process. The ACC is developing plans in six key areas. This has replaced the original Joined-up Plan.

Within the ACC there is a focus on following priority areas:

- Integrated Community Care (including primary care)
- Urgent Care
- Elective Care
- Placed People
- Prevention
- Medicines optimization
- Acute Services Review

Mental health and learning disabilities and children and young people will be cross-cutting across all areas.

Most of the work to respond to these issues and to the Joint Strategic Needs Assessment is being led by a partnership group, the **Systems Delivery Group**, where both commissioners and providers within the care systems are working together on this new way of working. This links to the Wider Devon STP workstreams.

An important component is the delivery of the New Model of Care, the development of which has been subject to an extensive consultation. As a result of this consultation, most of those areas outlined within the Joined-up Plan will now fall under this remit, as shown in the following table.

ACC area of focus	Link to Joined-up Plan objectives	Link to Joined-up Plan priorities
Prevention & early intervention Integrated care model Primary care Mental health & learning disabilities Acute hospital & specialist services Productivity Children & young people	Building Community resourcefulness Integrated care for people with multiple ill health conditions Ageing well to promote independence and improve quality of cate in the older years Mental Health embedded in all services Early help for children and young families to tackle inequalities and to include emotional health of children	Development of an Integrated prevention model Development of Local Integrated Multi-Agency Teams with mental health Development of Integrated Personal Care planning & commissioning Delivery of Multi-Long Term conditions clinics Development of a Single Point of Contact (SPOC) Outpatient & inpatient innovation work Development of Frailty services - acute & community Delivery of Ageing Well Torbay Improvements to Older people's mental health and dementia Improvements to accommodation-based care Work to deliver Financial recovery- Social/other investment Care Act implementation Improvements in Child & Adolescent Mental Health services Work within Children's services on early intervention with the Social Work Innovation Fund (SWIFT) – now early help

3.2 Plans of the Police and Crime Commissioner

The challenges from the Police and Crime Commissioner are set out as follows with those areas in **bold** reflecting common areas.

1. Connecting our communities and the police
2. **Preventing and deterring crime**
3. Protecting people at **risk of abuse and those who are vulnerable** -safeguarding the vulnerable and keeping them safe from harm
4. Providing **high quality and timely support to victims of crime** to help them recover and get justice by improving the criminal justice system
5. Getting the best out of the police and making **best use of our resources**, developing our workforce and **working well in partnership** with others

3.3 Community Safety Partnership

Torbay's Community Safety Partnership has identified two key community safety priorities. Again, those is **bold** reflect common areas.

1. **Domestic abuse and sexual violence**
2. Violent crime associated with problematic **alcohol** use

Other priority areas identified within our strategic assessment (based on analysis of threat, risk and harm) are:

- Violent crime associated with alcohol and the night time economy
- Re-offending
- Cyber crime
- Child sexual exploitation
- Modern slavery
- Hate crime
- Violent extremism

3.4 Children's Safeguarding Board

Priorities for 2017/18 are:

- To enhance the understanding of **neglect** amongst professionals across Torbay by developing a Neglect Strategy which will include the provision of tools to better identify indicators of neglect, and understand what interventions are available to support and protect children affected by and or at risk of neglect.

- Ensure that Board partners recognise the needs of children and young people when considering the **impact of substance misuse, mental health problems, domestic abuse and learning difficulties in adults**.

- To ensure a **coordinated multi-agency approach and response to key safeguarding issues,** including;
    - Missing, Exploited and Trafficked Children and Young People, High Risk Adolescents, Radicalisation and the 'PREVENT' Agenda.

- Embedding Early Help - Ensure that Board members have a shared understanding of Early Help and their role in identifying emerging problems as well as how information sharing with other professionals will support this.

3.5 Adults Safeguarding Board

Priorities for 17/18 are

- Asset Based Interventions for Safeguarding in the Community
- Mental Health and Vulnerability
- Domestic Violence and Abuse
- Best Use of Resources on the Market

3.6 2017/18 Financial challenges

The greatest challenge to the ambitions of the Joint Health and Wellbeing Strategy is the public sector financial situation both locally and nationally. This had led to the following:

- Focus of all plans on savings.
  Within the Council this is detailed in the Council's Efficiency Plan and within the NHS this is detailed within the Systems Savings Plan
- Linked to the above, increased needs for vulnerable adults
- Threats to funding for the Community and voluntary sector.

4. How should we reflect these changes in our priorities for 2017/2018?

The development of the Sustainability and Transformation Plan, the Accountable Care Community plans, the priorities within the Police and Crime Plan and our Community Safety and Safeguarding Boards do not indicate that there needs to be any significant changes to the focus of the Joint Health and Wellbeing Strategy. The drivers of poor health and the policy responses also remain broadly the same as in section 1 above, though we will need to consider the refreshed Joint Strategic Needs Assessment (JSNA) which is due in June 2017.

It is suggested therefore that:

- The over-riding priorities for the Joint Health and Wellbeing Strategy should remain the same despite the changes in policy and organisational framework described in section 4 above. However, we should take the opportunity to describe these priorities in a more succinct way.

- The Health and Wellbeing Board should focus on areas where working in a wider partnership forum bring particular benefits.

With this in mind, the following six areas are suggested as priorities.

4.1 Priority 1: Shifting the focus to prevention

There is still a desire, as evidenced in the priority areas of our main stakeholder groups, to continue to shift the focus to prevention and early intervention. This work is being led by the South Devon and Torbay Prevention Board. It is an STP, ACC, Torbay Council and Community Safety priority. It includes work on community resourcefulness though building the community and voluntary sector is wider than this agenda.

Related to the above, the Council has also identified a Transformation Project which aims to ensure that community and voluntary sector services are delivered in a joined up manner to deliver agreed overall outcomes.

4.2 Priority 2: Creating happy, healthy places to live

There is a continued recognition that we need to focus on the determinants of health and wellbeing. This work is being led by the Healthy Torbay framework which, in addition to the "business as usual" work areas in Phase 1, is seeking to work with partners to "go faster further" in three focused areas:

- Economics
- Environment
- Social

In these three areas, partners will be invited to come together to identify a small number of high impact projects and / or modify current ways of working to make greater use of the currently available resources. This Phase II of the Healthy Torbay work will necessarily involve a wide range of partners across the Bay area and seeks to build on the momentum and enthusiasm in our Communities for improving wellbeing.

We anticipate an emphasis on emotional health and wellbeing – this being a 'golden thread' running through the six priority areas.

4.3 Priority 3: Giving children and young people the best start in life

Partners are working to ensure there is a system-wide early intervention approach to children's behavioural, educational and safeguarding issues. Some of the current developments include:

- Early Help re-development led by Children's Services
- The Torbay Neglect Strategy, being led by a sub-group of the Torbay Safeguarding Children's Board
- The 0-19 years integrated contract work jointly led by Public Health and Children's Services.
- Schools partnership work locally looking at how to manage challenging behaviour within schools and across the education system.
- Development of systemic plans to improve emotional health and wellbeing as part of the children and young people's mental health. This is a local transformation plan being led by South Devon and Torbay Clinical Commissioning Group.

An important common component of the above work is emotional health and well-being, with a clear link to trauma and systemic responses to managing the impact and effect of single or multiple traumatic experiences in childhood. The effects of trauma in childhood may have impacts continuing well on into adulthood as evidenced by international and development work on Adverse Childhood Experiences.

It is recognised that we need to look afresh at these challenges and consider if we could work further and better together by reviewing some of the above work streams together. A focus on agreeing specific drivers of emotional wellbeing and the development of a clear partnership work plan to address these drivers is needed. Agreement is also need as to where this work should report to.

4.4 Priority 4: Improving the quality of care and safety for vulnerable adults and families

Arising from the work of the Community Safety Partnership, but also from the Safeguarding Boards, is the need to consider the needs of particularly vulnerable adults and families living challenging lives. This work is being taken forward as a Council-led Transformation Project.

The aim of the project is to provide co-ordinated, integrated, holistic support for people with complex risk factors. These people may be known to a number of services but not necessarily meet the eligibility criteria for a single service - or who may be excluded from services, fail to engage, or become revolving door clients.

These are likely to be people with a combination of the following risk factors:

- Substance misuse problems
- Homelessness and risk of homelessness
- Domestic Abuse and sexual violence (both victims and perpetrators)
- Offending and victims of crime
- Mental ill-health, including personality disorders.

4.5 Priority 5: Enabling older people in Torbay to age well

This piece of work is considering how we can enable our older population to age well. The Community Development Trust-led Ageing Well programme has come to the end of the first of three cycles of delivery so there are opportunities to reflect and consider the second test and learn phase.

4.6 Priority 6: Mental health promotion and early intervention.

Mental health must be a focus within all the above. This remains a priority to ensure that, within the system (including the STP), the focus remains on promotion on emotional health and well-being and prevention and early intervention of mental ill health.

5. How can we take the Joint Health and Wellbeing Strategy priorities forward?

Many of the above strands have their own reporting frameworks and we need to consider how the Health and Wellbeing Board can add value to this process. The following outlines the current process and the suggested way this could link to the Board during 2017/2018.

JHWS Priority area	Current main reporting body	Possible HWB role – support and challenge	Possible Focus for 2017/18
Priority 1: **Shifting the focus to prevention and early intervention**	**Prevention Board** - Reports to System Delivery Group and to Torbay Council Transformation Board	**One highlight report each year plus one deep dive**	**Building community resourcefulness**
Priority 2: **Creating happy, healthy places to live**	**Healthy Torbay Steering Group** Currently reports to Health and Wellbeing Board	**Biannual highlight report**	**Emotional health and wellbeing**
Priority 3: **Children and Young People – focus on emotional health**	**Early Help and Children's Improvement Board**	**Biannual highlight report**	**Emotional Health and wellbeing** **Adverse childhood experiences**
Priority 4: **Support for Vulnerable Adults and families**	**System Optimisation Group** Reports to Torbay Council Transformation Board **DASV Steering Group – Reports to HWB** **Alcohol Steering group Reports to HWB**	**One highlight report each year plus one deep dive**	**Care and support of vulnerable adults and families** **Homelessness** **Domestic Abuse and sexual violence** **Alcohol**
Priority 5: **Promoting Active Ageing**	**Ageing Well Board Proposal to report to HWB**	**Biannual highlight report**	**Isolation**
Priority 6: **Mental health prevention and early intervention**	**STP Mental Health Board**	**Biannual highlight report**	**Prevention and early intervention of mental health illness**

TORBAY Health & Wellbeing BOARD

Working together for a healthier Torbay

Health and Wellbeing Board

Work Programme 2017-2018

Date	Item Name	Lead Officer(s)/ Organisation	Notes including decision/action being requested
6 July 2017	Election of Chairman		
	Appointment of Vice-chairman		
	Highlight Report – Shifting the focus to prevention and early intervention	Chair of the Prevention Board	What has been achieved in the past six months? What are the blockages? What is the planned activity for the next six months?
	Highlight Report – Creating happy, healthy places to live	Chair of Healthy Torbay Steering Group	
	Highlight Report – Children and Young People	Director of Children's Services	
	Highlight Report – Promoting Active Ageing	Chair of the Ageing Well Board	
	Highlight Report – Mental health prevention and early intervention	Chair of STP Mental Health Board	
	Deep Dive – Support for vulnerable adults and families	Chair of Systems Optimisation Group	To include domestic abuse, alcohol and homelessness
6 December 2017	Highlight Report – Support for vulnerable adults and families	Chair of Systems Optimisation Group	What has been achieved in the past six months? What are the blockages? What is the planned activity for the next six months?
	Highlight Report – Creating happy, healthy places to live	Chair of Healthy Torbay Steering Group	
	Highlight Report – Children and Young People	Director of Children's Services	
	Highlight Report – Promoting Active Ageing	Chair of the Ageing Well Board	
	Highlight Report – Mental health prevention and early intervention	Chair of STP Mental Health Board	
	Deep Dive – Shifting the focus to prevention and early intervention	Chair of the Prevention Board	To include mental health and community resourcefulness

Last updated: 8 February 2017

Sue McDermott AWT Programme Manager

Visioning Framework for Ageing positively in Torbay

Executive Summary

The Health & Wellbeing Board recognised there was not an active strategy responding to the needs and opportunities of the ageing population in Torbay, and subsequently the Ageing Well Torbay Programme Board offered to lead the development of an Ageing Strategy for Torbay, using an engagement-led approach with people over 50.

Data Collection and Sample size

Focus groups were arranged as café style events and we tried to reach the most isolated people including guests at a memory café, a mental health peer support group and a sheltered housing complex. To ensure people could also send in their views, a freepost 'burning issue' postcard was designed and delivered to various GP surgeries and libraries across Torbay.

Twenty events were held, and 339 people participated, 63 gave their views through postcards and 17 completed our online Survey.

Summary of Findings

The people in later life, we met could see what the challenges were, and as well as identifying solutions or improvements to existing services, they were identifying what they could do to help themselves and offering to volunteer, share skills, and help others. They felt they were part of the solution, rather than being part of a problem, and that they had untapped skills and experience.

The main barriers and facilitators to ageing well that people over 50 identified were:

More accessible advice and information people are not seeking advice because they often do not where to go, or cannot get to advice sessions, or have little knowledge of welfare benefits and financial issues, and have assumed they would not be entitled.

Greater access to public spaces, buildings and the natural environment including coastal paths, woods, the sea front and public parks, with better maintained paths, access to public toilets, and planting in public parks.

Reducing perceived inequalities in health care particularly difficulties in accessing GP appointments.

More help and support to enable people to stay in their own homes such as adaptations/assistive technology, stair-lifts, shower/wet rooms rather than baths, low-cost, trusted DIY/gardeners/tree cutters, handymen.

Support to remain as independent for as long as possible
The lack of floating support workers or home aids were noted but there was also recognition that this could also be met through more supportive neighbourliness.

More affordable care providers and care homes.

Affordable, accessible and reliable public transport enables people to stay independent and socially connected, and for some small, local bus routes, the bus is a community hub. People suggested that they would be willing to pay nominal fares to keep minor non-financially viable bus services going, rather than losing them.

More befriending or buddying was highlighted, someone an older person could call on or rely on to go to places with, would not only reduce feelings of isolation but also increase feelings of security and safety. This is currently also being met through the AWT Wellbeing Coordination Project.

More opportunities for socialising, a greater variety of activities, clubs and groups The AWT Neighbourhood and Wellbeing Co-ordination Projects both hold small budgets for enabling the setting up of locally run interest groups, and have launched craft groups, community cafes and are currently developing two new Men in Sheds groups. This will also be one of the commissioning outcomes of the AWT Innovation Fund to be launched after Easter 2017.

More opportunities for people over 50 to be part of the solution to ageing well - barriers to offering support to others includes the belief they will be viewed as intrusive or nosey, and often what stops people asking for help or support is a lack of knowledge of what is available, pride, and not wanting to be seen as a burden. Currently the Ageing Well Torbay Neighbourhoods project is stimulating the grass roots re-growth of communities, enabling opportunities for natural connections, reciprocity and inter-dependence through the creation of 13 time-banks. This informal volunteering enables individuals to give and receive practical help, overcoming many of the barriers mentioned above.

Improved communication and better distribution of information people felt better distributed hard copies of information, Freephone numbers or more physical places to go to find out more information would help. AWT has been supporting the creation of Community magazines (nine so far) and also the development of the Orb, but throughout the discussions, it became apparent that 'word of mouth' is also a powerful way for older people to share information and find out about different groups, and that organised events provided the good opportunities to facilitate this.

Improved access to information technology is also a significant inhibitor for people over 50. It is likely that one of the commissioning outcomes for AWT in years 3 and 4 will also be digital inclusion.

Improved planning for ageing well - The idea of people in later life co-curating a "How to" guide on ageing, was frequently mentioned, including suggestions on how to 'age proof aspects of

their lives' and recognising their responsibility to stay healthy and looking after themselves. This is an action which will be taken forward through Ageing Well Torbay.

Conclusions

Almost 400 people in later life have identified the gaps, challenges and improvements needed with existing services, and also what they could do to help themselves and how they could help others.

We believe the next step in the development of the 5 year Ageing Well Strategy, now needs buy in from a wider range of strategic partners.

The Health and Wellbeing Board agrees the creation of a 'task and finish' group, and that membership of this group will also include a selection of people in later life, so that the strategy is truly co-developed and co-produced.

Through the participation sessions, Ageing Well Torbay has already identified a core of older people who have untapped skills and experience, and want to be part of the designing services and solutions. We believe the AWT led development of the Older Persons' Assembly could facilitate this, and also that this engagement between local stakeholders and people in later life provides a natural fit with the Transform Ageing programme which will be launched in May 2017.

Introduction

The Health & Wellbeing Board recognised there was not an active strategy responding to the needs and opportunities of the ageing population in Torbay, and subsequently the Ageing Well Torbay Programme Board offered to lead the development of an Ageing Strategy for Torbay, using an engagement-led approach with people over 50.

This proposal was agreed by the Health & Wellbeing Board in June '16, with the understanding that the initial findings and visioning for the five-year Ageing Strategy for Torbay would be presented to the Health and Wellbeing Board in March 2017 for consideration.

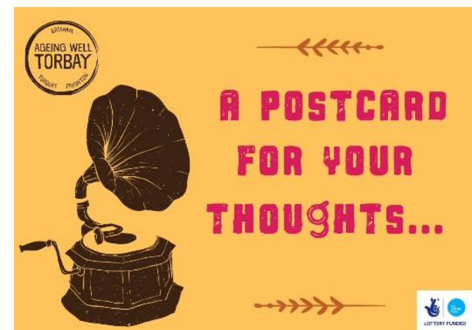
Aims of the study

The aim of the study was to explore the feelings and views of people over 50, about their experiences of ageing in Torbay, their ideas for improving cultures, structures, and services, what inhibits or facilitates positive ageing, what contributes to social isolation and how far Torbay has come since the last Positive Ageing strategy.

Data Collection and Analysis

Focus groups were arranged as café style events with food to share so that people would feel welcome, valued and relaxed enough to talk freely. These were called 'Food for Thought sessions.' We tried to reach the most isolated people including guests at a memory café, a mental health peer support group and a sheltered housing complex.

To ensure people could also send in their views, a freepost 'burning issue' postcard was designed and delivered to various GP surgeries and libraries across Torbay as well as to our delivery partners. They were also handed out at events, for attendees to give to their neighbours and people they know in their communities.



Open questions were used, that related back to the original aspirations identified by older people in the first street survey carried out by Torbay Community Development Trust.

These included:

How can we change attitudes to and perceptions of ageing?

What helps with ageing positively?

What would help you fulfil your personal aspirations?

What helps you feel connected to your friends and family?

What would support you to feel your life has purpose and value?

What would help you feel more connected to your neighbourhood?

What would help you stay connected to your natural surroundings?

What would age-friendly housing be like for you?

What would age-friendly transport be like for you?

What support services would you like to see available?

At the focus groups, the questions were on large sheets, and people wrote their own post it notes and added them to the sheets but there was a facilitator on each table who could scribe if needed. All comments were recorded, even if they were slightly off topic as they were then put into a more relevant category later. People genuinely enjoyed the opportunity to get together and meet others, hear each other and discuss what they thought.
All the comments, were then analysed and themed into categories or issues; sometimes categories overlapped and affected each other, or could be paired as both facilitator and inhibitor.

Sample size

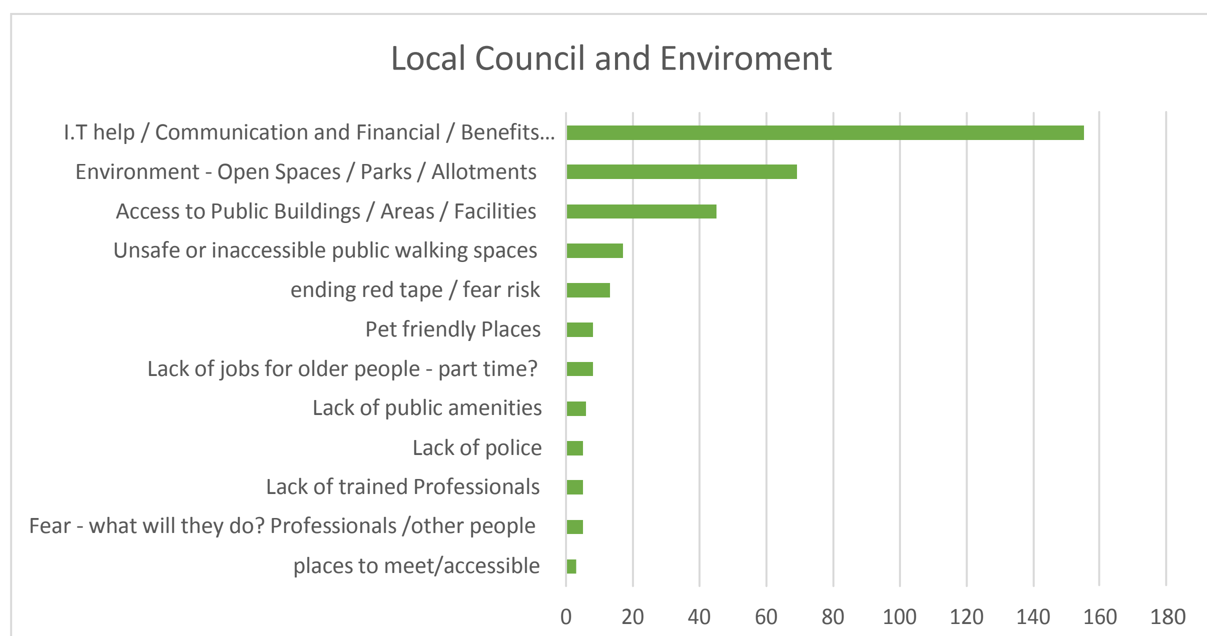
Twenty events were held, and 339 people participated, 63 gave their views through postcards and 17 completed our online Survey.

Torbay Council

People recognised that access to the natural environment particularly open public spaces such coastal paths, woods, the sea front and public parks, were beneficial to their physical and mental wellbeing, however they felt that these spaces were not always maintained as well as they could be, or accessible. Some mentioned uneven or poorly maintained paths, the lack of public toilets, or reduced planting in public parks. Greater access to public buildings and facilities was also called for.

“The council shouldn’t be able to take our pieces of land given to the people”
“A reduced "local" fee for our many attractions, organised trips”
“Why close public toilets? Older people need to use them more frequently and it makes going out for longer times harder”
“Car parking is very expensive and often the car parks are full”
“Cycle paths for mobility scooters”

However, many participants also offered their time and skills to help keep public places maintained, especially gardens weeded, planted and litter picked up.



The majority of people we spoke to wanted more accessible advice and information. There was recognition that people were not seeking advice because they often did not where to go, or could not get to advice sessions, or had so little knowledge of welfare benefits and financial issues, they had assumed they would not be entitled. The need for better communication and assistance – especially after bereavement or changes in life courses were noted (retirement, redundancy, disability, caring, and ill-health).

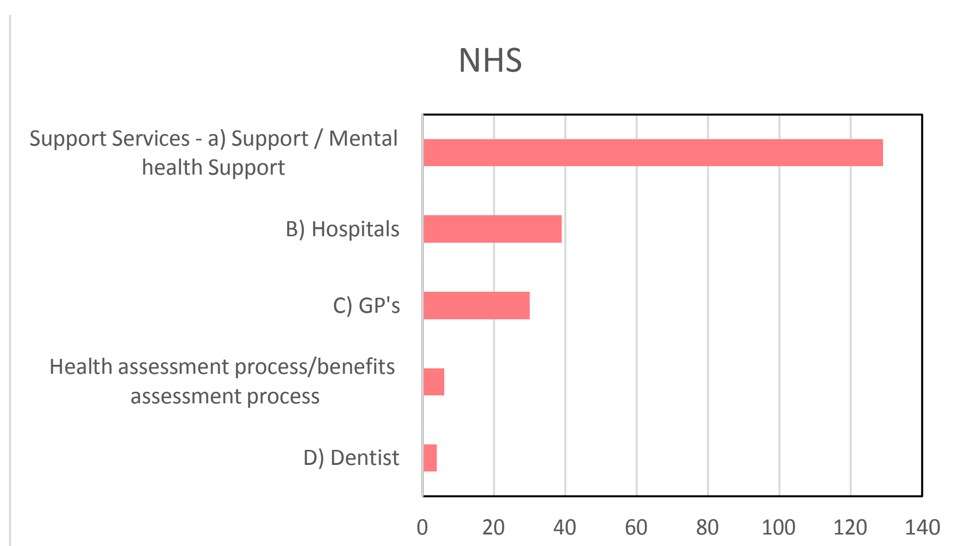
The other significant barrier identified was the increasing digitalisation of services – local GP surgeries and access to welfare benefits. Also recognised was that those not digitally included often lose out on cheaper deals for household utilities, car and house insurance.

Help with using and accessing IT was also identified as a way of keeping in greater contact with family and friends (see Ageing Well Torbay outcomes).

"Help with form filling…why are they so complicated…why are we not informed about what we are entitled to"
"Financial advice …what are we entitled to"
"Central resource or space for all queries e.g. benefits, transport, housing etc. filling in forms, in an accessible location."
"Specialist claim form writer to assist with disability claims and support forms."
"I can't afford to retire because of bedroom tax"
"Old people can't afford to put heating on"

Health and Support Service

The highest number of comments (129) we received about health was regarding the lack of support services in general, and particularly mental health support. People also mentioned difficulties in accessing appointments with their GP, via phone or being able to get to the surgery, also gatekeeping. There were also some feelings that the health service discriminated against older people, either seeing them as using scant resources or not being worth investing in treatment due to age.



"Mental Health Support….we need support/drop in groups/places to go for help…"

"Can't get a GP appointment, have to queue at 8am in morning outside surgery - Barbaric"

"Better access to GP's (mine always has a long wait or busy)"

"Help with getting to hospital – was told to get an ambulance– felt like was wasting ambulance's time, or depriving someone else"

"Remove perceived discrimination in health service against older people"

"Healthy eating advice and cooking lessons to stay healthy."

"More NHS Dentists"

"Much more social care to prevent hospital admissions"

"Local version of the Samaritans for the over 60's"

"GP surgeries to be available 7 days a week"

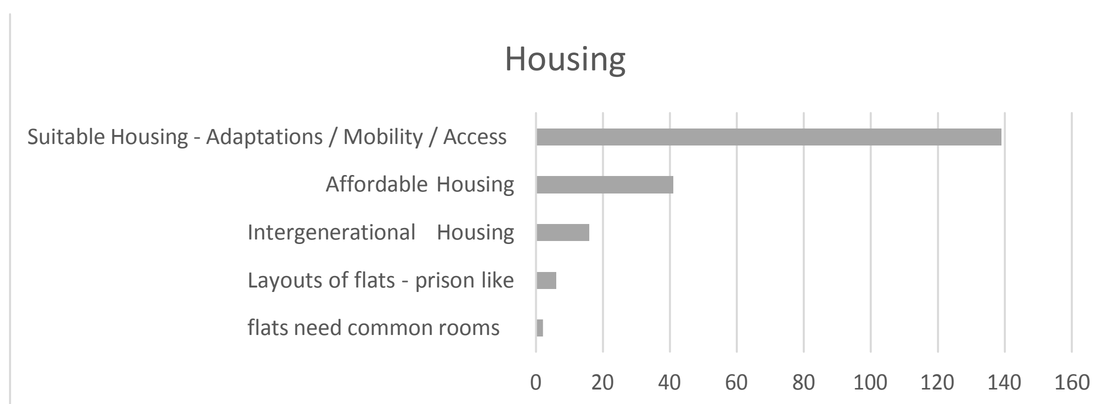
Housing

There were different views about age-friendly housing, ranging from people in later life not wanting to be housed with others their age:

"Don't isolate old people with older people – housing them in one site and limited means to get out and about."

"Mixed age housing – students with over 50's or even people in their 50's with the older generation 70's/ 80's.

To people saying inter-generational housing doesn't always work, especially if play areas or areas where younger people congregate are noisy and near residential areas.



The financial and emotional cost of moving was recognised as a huge impact on their wellbeing and many thought there should be more help and support to enable people to stay in their own homes such as adaptations/assistive technology, stair-lifts, shower/wet rooms rather than baths, low-cost, trusted DIY/gardeners/tree cutters, handymen.

Others wanted more affordable care providers and care homes – (with fees and costs causing worry and concern about the future). Feeling secure and safe at home was also mentioned, with ideas about lower cost lifeline pendants, and also 'wardens or a designated person they could go to or would check on them. '

Increasing the amount of pet-friendly housing was frequently mentioned as a desired improvement – recognising the benefits of company, exercise and also facilitating contact with others.

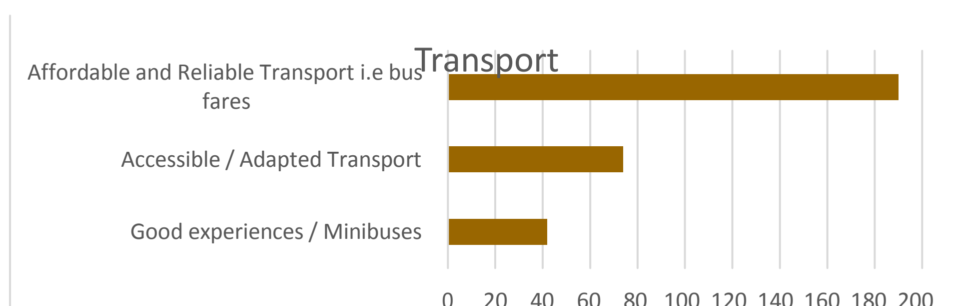
A significant number of residents in blocks of flats, and sheltered housing identified the need for common rooms and more organised activities, to increase socialisation and feelings of belonging. Also accessible shared gardens to facilitate coming together. Many residents in flats said that despite living close to others they felt isolated by the layout of their buildings.

There was little knowledge about extra housing schemes, but there was recognition that the housing chosen or used by people in early later life, often becomes inaccessible or isolating in late, later life (secluded, detached housing off public transport routes, on hills, with stairs). This was identified as a 'self-help' issue where

"Wide doors for wheelchairs"
"Pet friendly"
"Adapt to give/keep independence"
"Activities and entertainment in the evenings"
"Warden Assistance, live in if possible"
"Live in, warden controlled gives peace of mind – cost of alarm/assistance devices too expensive"
"Wet rooms or showers, not baths!"
"Maintenance free gardens or access to garden services at affordable prices"
"Social housing/supported housing, more options and support!"
"More support and advice to access housing…"

Transport

Transport came up both as a facilitator and inhibitor of ageing well, with 190 people commenting on the importance of affordable and reliable public transport in enabling them to stay independent and socially connected.



People recognised that some minor routes mainly used by older people with bus passes might not be financially viable, and suggested that they would be willing to pay nominal fares to keep services going rather than losing them.
For some on the small, local bus routes, buses were not just transport but a community hub, providing scarce but valuable opportunity to meet and socialise with neighbours. Drivers were praised for becoming familiar enough with riders, so that they felt there was meaningful contact, they were noticed if they missed a journey. Others mentioned that they had used travelling on buses across the bay, as an affordable way to reduce feelings isolation, and fill their day with meaningful activity, the journey itself as the destination.

Over 75 people commented on the need for more accessible or adapted transport, particularly for wheelchair users, but also for greater understanding that people may need more time to get on the bus and sit safely, or to get up and leave the bus at their stop. Minibuses were frequently mentioned as solutions to needs for low cost, localised transport, and there were significant requests for more affordable volunteer driver schemes across the bay.

“Easy access – single decker’s difficult for wheelchair to manoeuver into”

“More transport, accessible transport”

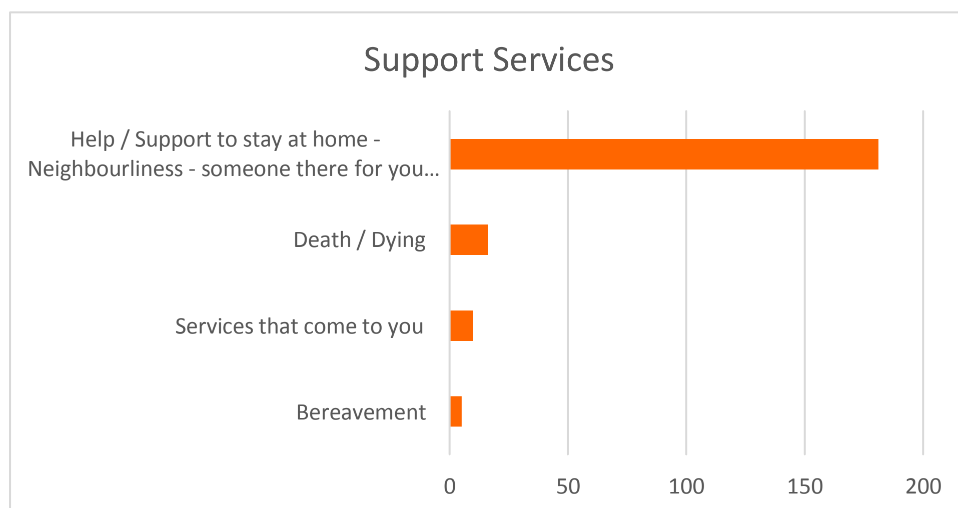
“Our local drivers know us and know the routes, they are very helpful and kind.”

“Better rail discounts for over 50’s”

“Torbay bus service very good…. We know people who use the buses as a way of having company”

Support

Many of the older people we spoke to wanted to stay at home or remain as independent for as long as possible but recognised they needed support. There were 181 comments, related to the need for additional help, but also recognition that this might not be a paid -for service, it could come through supportive neighbourliness, i.e. able older people identifying that they could help their less able neighbours. Tasks such as changing light bulbs, hanging curtains, turning mattresses, putting out dustbins, moving furniture, clearing lofts and attics were mentioned.



Person centred care was important, in their own homes (including chiropody, shopping, cleaning, personal care) and not feeling rushed. The lack of floating support workers or home aids were noted, and also the need for low cost accessible centres where people could go to socialise and meet others – like lunch clubs but also available at weekends.

Befriending was also highlighted, someone either they could call on or rely on, to go to places with, would not only reduce feelings of isolation but also increase feelings of security and safety. Some older people without nearby family members or close social circles worry about dying alone and no one knowing. Others are concerned about support so they can have choices at the end of life, to be able to die at home if they wished and to die with dignity. Older people often felt unaware of the potential options and services available to support them, most felt that there needs to be more communication and discussion with older people and services about life changes, planning for the future, including the potential need for social care support services, residential care, the options available and how to access them.

"Help with the garden"

"Bring back support workers"

"Continuity with care package providers"

"Personal shoppers to help you stay independent"

"Advice on how to grow old i.e. pensions, funerals, social care, transport and legal advice"

"Bereavement Support"

"Peer support for getting older and dying"

"More help and advice – accessing and battling services such as social services."

"Befriending….. Willing to help if something organised"

"Somewhere to go. Maybe all day as most places are either am or afternoon, we need something all day."

Befriending others…. Listening!!

Social Activities

The majority (246) of comments from people were that they enjoyed and wanted more opportunities for socialising, particularly a greater variety of activities, clubs and groups. However they also recognised that there might be available activities they were not aware of due to poor communication or publicity. Other significant barriers identified were affordability (more than £5 for an activity was felt to be too expensive), limited public transport or parking and also care/toileting issues which all were highlighted as affecting accessibility.

The other significant barrier to taking part in activities was 'having someone to go with or share the experience with'. Many (125) comments related to more opportunities and places to meet in local communities i.e. community cafes. People wanted local, welcoming spaces, particularly for the

younger people in later life, and different to existing luncheon clubs which were felt to be for the older age range.

A further 132 comments indicated the need and enjoyment of exercise, keeping fit and maintaining good health. The lack of male interest activities was noted, as was the feeling that it is often harder for men to socialise.

"Welcoming Community Centre"

"Keep older people active and interested in local events this would show everyone we have purpose and age is just a number"

"Keeping fit and active in mind and body mixing with all age groups we can all learn new things"

"Guided tours, mobility help, going in groups."

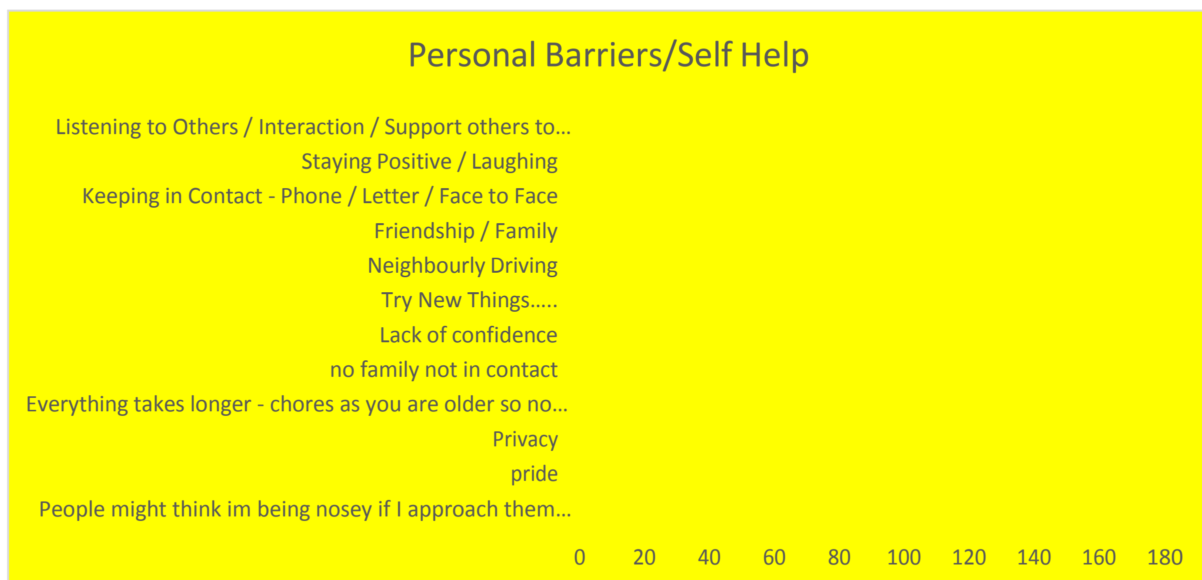
"Life courses and updates on anything to help with brain function and performance"

"Run local quizzes (with transport organised) events i.e. Fish and chip night with a quiz or ploughman's lunch"

"An understanding of what activities are needed in the area via feedback sessions."

Self help

There was substantial recognition that people over 50 are a crucial part of the solution to ageing positively; providing informal befriending and buddying, the most physically able and fit doing neighbourly driving or helping and supporting others with maintenance or gardening to stay in their homes. Over 167 comments related to listening to others, interaction and supporting others to join in. There was understanding that lack of confidence and trying new things or doing things alone can be too daunting for people to begin with. Identified barriers to support others, included worries about 'red tape' ('would I need to be checked?'), and misunderstanding of motives, ('would people think I was just being nosey'?).
A significant amount of comments also related to the importance of being positive, and that often by helping others it helped them too.



"Helping all our neighbours, give them a smile, a chat etc."

"Once you join one group you find out about other things and it grows."

"Help others, but also to help yourself."

"Getting out of the house would be great….just talking to people….going for coffee…"

"Always look ahead, plan for the future, share experiences. Be prepared"

"Eat well and look after ourselves. Create a How to Age Well Guide"

"Stop thinking of ourselves as old, stop thinking of the youth as a threat – we are all people with talents. Let us share experiences."

"Look for volunteer work…NHS wants drivers, supporting people a couple of days a week…"

"Doing voluntary work and helping others – e.g. meal time companions helping people get to appointments"

"Exercise diet and social interaction"

"Being taken seriously and encouraged to fully participate. My knowledge and expertise being valued"

Summary of Findings

The people in later life, we met could see what the challenges were, and as well as identifying solutions or improvements to existing services, they were identifying what they could do to help themselves and offering to volunteer, share skills, and help others. They felt they were part of the solution, rather than being part of a problem, and that they had untapped skills and experience.

The main barriers and facilitators to ageing well that people over 50 identified were:

More accessible advice and information people are not seeking advice because they often do not where to go, or cannot get to advice sessions, or have little knowledge of welfare benefits and financial issues, and have assumed they would not be entitled.

Greater access to public spaces, buildings and the natural environment including coastal paths, woods, the sea front and public parks, with better maintained paths, access to public toilets, and planting in public parks.

Reducing perceived inequalities in health care particularly difficulties in accessing GP appointments.

More help and support to enable people to stay in their own homes such as adaptations/assistive technology, stair-lifts, shower/wet rooms rather than baths, low-cost, trusted DIY/gardeners/tree cutters, handymen.

Support to remain as independent for as long as possible
The lack of floating support workers or home aids were noted but there was also recognition that this could also be met through more supportive neighbourliness.

More affordable care providers and care homes.

Affordable, accessible and reliable public transport enables people to stay independent and socially connected, and for some small, local bus routes, the bus is a community hub. People suggested that they would be willing to pay nominal fares to keep minor non-financially viable bus services going, rather than losing them.

More befriending or buddying was highlighted, someone an older person could call on or rely on to go to places with, would not only reduce feelings of isolation but also increase feelings of security and safety. This is currently also being met through the AWT Wellbeing Coordination Project.

More opportunities for socialising, a greater variety of activities, clubs and groups The AWT Neighbourhood and Wellbeing Co-ordination Projects both hold small budgets for enabling the setting up of locally run interest groups, and have launched craft groups, community cafes and are currently developing two new Men in Sheds groups. This will also be one of the commissioning outcomes of the AWT Innovation Fund to be launched after Easter 2017.

More opportunities for people over 50 to be part of the solution to ageing well - barriers to offering support to others includes the belief they will be viewed as intrusive or nosey, and often what stops people asking for help or support is a lack of knowledge of what is

available, pride, and not wanting to be seen as a burden. Currently the Ageing Well Torbay Neighbourhoods project is stimulating the grass roots re-growth of communities, enabling opportunities for natural connections, reciprocity and inter-dependence through the creation of 13 time-banks. This informal volunteering enables individuals to give and receive practical help, overcoming many of the barriers mentioned above.

Improved communication and better distribution of information

People felt better distributed hard copies of information, Freephone numbers or more physical places to go to find out more information would help. AWT has been supporting the creation of Community magazines (nine so far) and also the development of the Orb, but throughout the discussions, it became apparent that 'word of mouth' is also a powerful way for older people to share information and find out about different groups, and that organised events provided the good opportunities to facilitate this.

Improved access to information technology is also a significant inhibitor for people over 50. It is likely that one of the commissioning outcomes for AWT in years 3 and 4 will also be digital inclusion.

Improved planning for ageing well - The idea of people in later life co-curating a "How to" guide on ageing, was frequently mentioned, including suggestions on how to 'age proof aspects of their lives' and recognising their responsibility to stay healthy and looking after themselves. This is an action which will be taken forward through Ageing Well Torbay.

Conclusions

Almost 400 people in later life have identified the challenges and improvements needed with existing services, but also what they could do to help themselves and how they could help others.

We believe the next step in the development of the 5 year Ageing Well Strategy, now needs buy in from a wider range of strategic partners.

We propose that the Health & Wellbeing Board agrees the creation of a 'task and finish' group, and that membership of this group will also include a selection of people in later life, so that the strategy is truly co-developed and co-produced.

Through the participation sessions, Ageing Well Torbay has already identified a core of older people who have untapped skills and experience, and want to be part of the solution. We believe the AWT led development of the Older Persons' Assembly could facilitate this. This engagement between local stakeholders and people in later life also provides a natural fit with the Transform Ageing Programme which will be launched in May 2017.

TORBAY Health & Wellbeing BOARD

Working together for a healthier Torbay

Title:	Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Torbay Council, Plymouth Council and Cornwall and the Isles of Scilly Councils		
Wards Affected:	All		
To:	Health and Wellbeing Board	**On:**	16 March 2017
Contact:	Caroline Dimond		
Telephone:	01803 207344		
Email:	Caroline.dimond@torbay.gcsx.gov.uk		

1. Purpose

1.1 To consider the 2015/2016 Annual Health Protection Report which provides a summary of the assurance functions of the Health Protection Committee.

2. Recommendation

2.1 That the report be noted.

3. Supporting Information

3.1 The Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council and Cornwall and the Isles of Scilly Councils is appended.

The report considers the following domains of health protection:

- Communicable disease control and environmental hazards;
- Immunisation and screening; and
- Health care associated infections.

The report summarises action taken to date against the programme of health protection work priorities established by the committee for the period 2015 to 2016.

4. Relationship to Joint Strategic Needs Assessment

4.1 The JSNA contains uptake rates for immunisation, screening and other health protection issues relevant to Torbay

5. Relationship to Joint Health and Wellbeing Strategy

- The report gives assurance for health protection,
- Health Care Associated infections
- Prevention and control of infectious diseases
- Surveillance including influenza
- Immunisation and screening
- Emergency planning
- Work-plan progress 2010/2016
- Work programme 2016/17

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

6.1 The report includes a health protection work-plan 16/17. Areas for attention include anti-microbial resistance updates; review of local immunisation groups and following the Ebola Outbreak a port health review throughout Devon.

Appendices

Appendix 1 – Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council and Cornwall and the Isles of Scilly Councils.

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

Minutes of Health Protection Committee meetings and relevant circulars from Public Health England.

Agenda Item 9
Appendix 1

Public Health Devon

Devon County Council

Health Protection Report for the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council and Cornwall and the Isles of Scilly Councils

2015 - 2016

1. Introduction

1.1 The following report to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly provides a summary of the assurance functions of the Health Protection Committee (of the four Boards) and significant matters considered for the period from 1st April 2015 to the 31st March 2016.

1.2 The report considers the following domains of health protection:

- Communicable disease control and environmental hazards
- Immunisation and screening
- Health care associated infections.

1.3 The report summarises action taken to date against the programme of health protection work priorities established by the committee for the period 2015 to 2016.

2. Assurance Arrangements

2.1 On 1st April 2013 significant changes took place in the health and social care landscape following implementation of the new NHS and Social Care Act (2012). At this time, the majority of former NHS Public Health responsibilities transferred to upper tier and unitary local authorities including the statutory responsibilities of the Director of Public Health.

2.2 With regards to health protection, local authorities through their Director of Public Health, require assurance that appropriate arrangements are in place to protect the public's health. The scope of health protection in this context includes:

- Prevention and control of infectious diseases
- National immunisation and screening programmes
- Health care associated infections
- Emergency planning and response (including severe weather and environmental hazards.

2.3 The Health Protection Committee (and its Terms of Reference) has been formally mandated by the Health and Wellbeing Boards of Devon County Council, Plymouth City Council and Torbay Council. Cornwall Council and the Council of the Isles of Scilly co-operate in the Committee and may formally join in the future.

2.4 The aim of the Health Protection Committee is to provide assurance to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly that adequate arrangements are in place for the prevention, surveillance, planning and response to communicable Disease and environmental hazards required to protect the public's health.

2.5 Terms of Reference (Appendix 1) for the Committee were agreed by Local Authority Directors of Public Health, their Health Protection Lead Officers as well as representatives from Public Health England (including Consultant in Communicable Disease Control), NHS England Area Team and the Clinical Commissioning Groups.

2.6 By serving four upper tier Local Authorities, the Committee allows health protection expertise from four public health teams to be pooled in order to share skill and maximise capacity. Furthermore, for external partners whose health protection functions serve a larger geographic footprint, this model reduces the burden on them to attend multiple health protection meetings with similar terms of reference and to consider system-wide risk more efficiently and effectively.

2.7 The Committee has a number of health protection subgroups supporting it to identify risks across the system of health protection and agree mitigating activities for which the Committee provides control and oversight. As illustrated in Appendix 2, these include:

- Health Care Associated Infection Programme Group
- Health Protection Advisory Group for wider Devon
- Devon, Cornwall and Isles of Scilly Screening and Immunisation Overview Group
- Local Health Resilience Partnership

2.8 Through the Local Authority Health Protection Lead Officers (Consultants in Public Health), Terms of Reference for each of these groups have been reviewed to ensure they reflect the assurance arrangements overseen by the Health Protection Committee.

2.9 The Lead Officers meet prior to the Health Protection Committee convening to review surveillance and performance monitoring information in order to identify health protection risks and/or underperformance. Officers are responsible for liaising with relevant partners to ensure that actions have been agreed to mitigate against a particular risk identified or to improve performance. The outcomes of these discussions are formally reported to the Health Protection Committee for consideration and agreement.

2.10 Meetings of the Committee between 1st April 2015 and 31st March 2016 were held on 6th May 2015, 5th August 2015, 7th October 2015, 2nd December 2015 and the 3rd February 2016.

2.11 A memorandum of understanding which specifies the roles and responsibilities of the various agencies involved in Health Protection has been drawn up.

3. Prevention and Control of Infectious Diseases

Organisational Roles/Responsibilities

3.1 NHS England has responsibility for managing/overseeing the NHS response to an incident, ensuring that relevant NHS resources are mobilised and commanding/ directing NHS resources as necessary. Additionally NHS England is responsible for ensuring that their contracted providers will deliver an appropriate clinical response to any incident that threatens the public's health.

3.2 Public Health England through its consultants in communicable disease control will lead the epidemiological investigation and the specialist health protection response to public health outbreaks/incidents and has responsibility to declare a health protection incident, major or otherwise.

3.3 The Clinical Commissioning Group's role is to ensure through contractual arrangements with provider organisations that healthcare resources are made available to respond to health protection incidents or outbreaks (including screening/diagnostic and treatment services) although financial arrangements have yet to be finalised.

3.4 The Local Authority through the Director of Public Health or their designate has overall responsibility for the strategic oversight of an incident/outbreak impacting on their population's health. They should ensure that an appropriate response is put in place by NHS England and Public Health England supported by the Clinical Commissioning Group. In addition, they must be assured that the local health protection system is robust enough to respond appropriately in order to protect the local population's health and that risks have been identified, are mitigated against and adequately controlled.

Surveillance Arrangements

3.5 Public Health England provide a quarterly centre report for its catchment; Devon, Cornwall and the Isles of Scilly and Somerset. The report provides epidemiological information on cases and outbreaks of communicable diseases of public health importance. A quarterly report is also produced at the Devon County Council, Torbay Council and Plymouth City Council level.

3.6 Two weekly bulletins are also produced throughout the winter months that provide surveillance information on influenza and influenza like illness and infectious intestinal disease activity (including norovirus). These bulletins report information for the Public Health England Centre geography (Devon, Cornwall and the Isles of Scilly and Somerset).

3.7 The Health Protection Advisory Group, convened quarterly, provides a forum for hospital microbiologists, environmental health officers, consultants in public health and infection control nurses to share intelligence and any risks identified in local arrangements to manage communicable disease incidence.

Tuberculosis

3.8 Devon and Cornwall continue to have a low incidence of Tuberculosis relative to the UK as a whole and to Torbay and Plymouth. The year 2015-16 was a relatively quiet one in Tuberculosis terms with no new outbreaks.

Figure 1: Tuberculosis rate per 100,000 population by upper tier local authority of residence. South West 2014

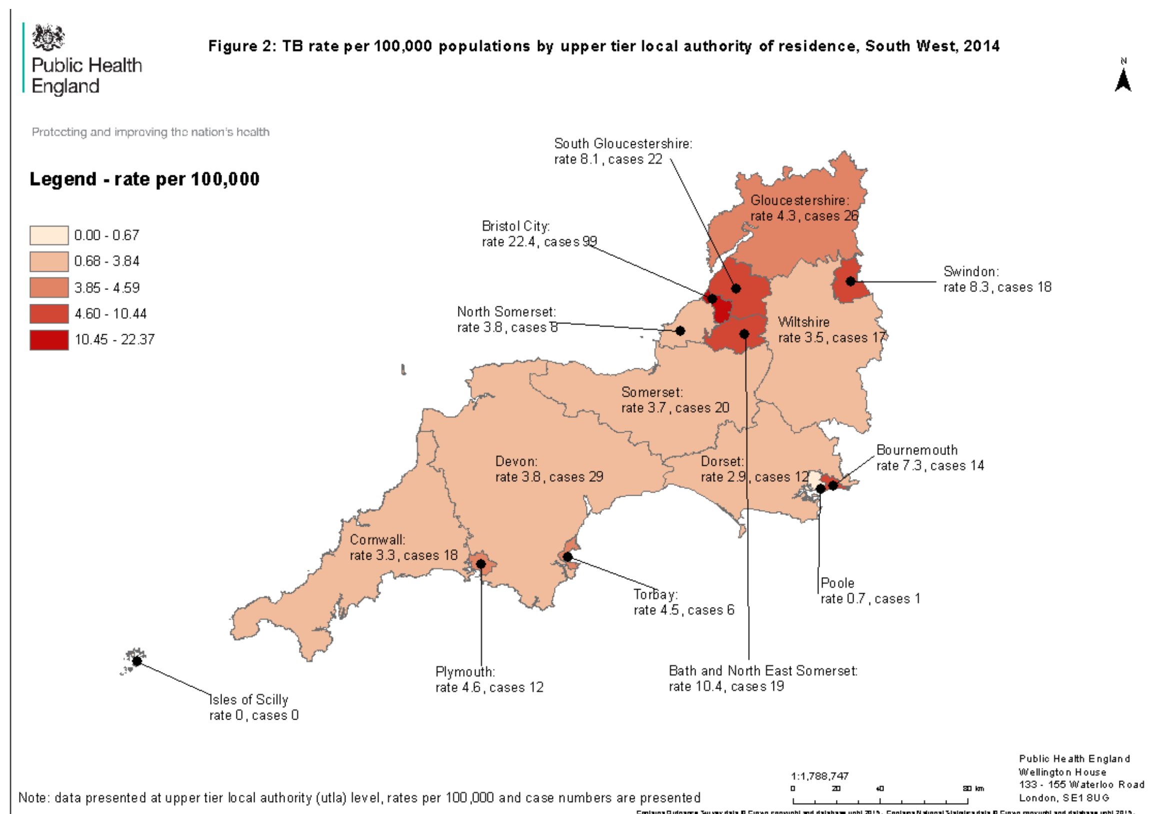


Table 1: Tuberculosis, annual rates by Local Authority 2012-14

	2012	2013	2014
Cornwall	3.3	2.4	3.3
Devon	4.0	3.6	3.8
Plymouth	7.8	4.6	4.6
Torbay	3.8	7.6	4.5

3.9 The incidence rates of Tuberculosis for the local authorities in the far South West are still low compared to national urban rates, although the trend is upwards.

Norovirus 2013-14

3.10 Norovirus is the most common cause of infectious gastroenteritis (diarrhoea and vomiting) in England and Wales and is highly infectious. The illness is generally mild and people usually recover fully within two to three days. Infections can occur at any age because immunity does not last. Historically known as 'winter vomiting disease', the virus is more prominent during the winter months, but can occur at any time of year. Outbreaks are common in semi-closed environments such as hospitals, nursing homes, schools and cruise ships.

3.11 As illustrated in the table below norovirus vomiting, diarrhoea, and gastroenteritis consultation rates overall have been low compared to the average year. In comparison to the five yearly average, laboratory reports for England were 13% less than average and the syndromic surveillance should be seen in this light. The graphics cannot be used to estimate burden of disease as many cases will never be reported.

Figure 2: Weekly counts of laboratory reports of Norovirus in residents of Cornwall, Devon, Isles of Scilly, Plymouth and Torbay Upper Tier Local Authorities, Week 14 2015 (week commencing March 30th 2015) to Week 13 2016 (week commencing March 28th 2016)

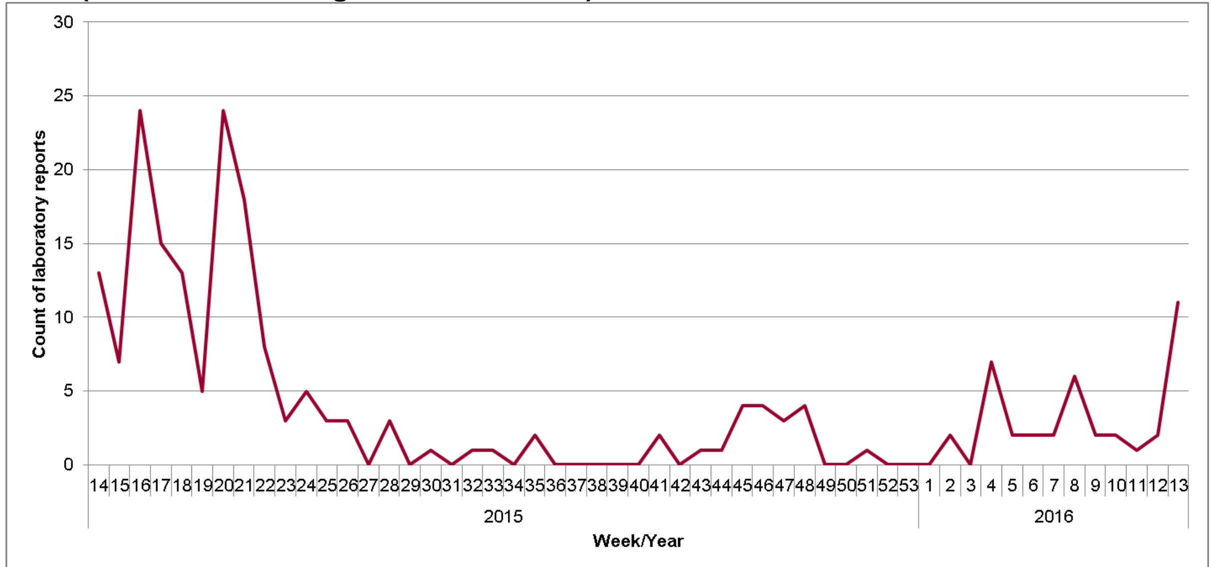
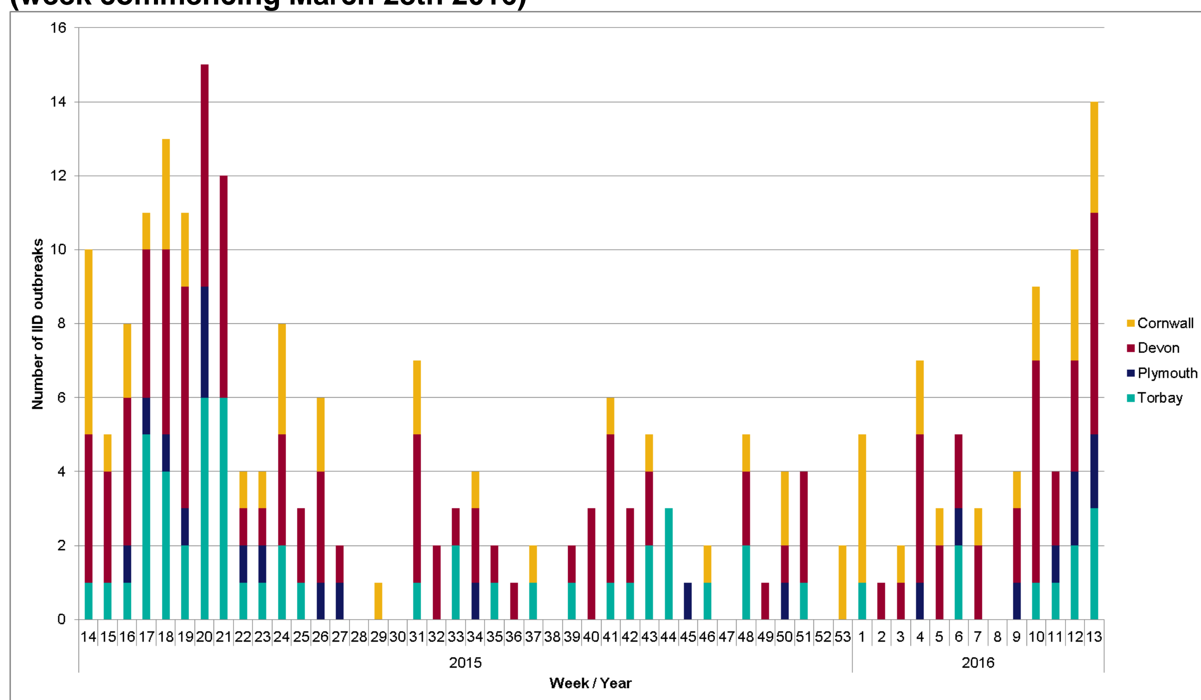


Table 2: Annual numbers of Norovirus isolations by Upper Tier local Authority for the last three years

	April 2013 to March 2014	April 2014 to March 2015	April 2015 to March 2016
Cornwall & Isles of Scilly	116	116	79
Devon	82	149	59
Plymouth	43	39	18
Torbay	44	102	45

Figure 3: Weekly counts of reports of infectious intestinal disease (IID) outbreaks (suspected or laboratory confirmed) by upper tier local authorities, Week 14 2015 (week commencing March 30th 2015) to Week 13 2016 (week commencing March 28th 2016)



3.12 The majority of outbreaks in the winter 2015-16 have occurred in the first three months of 2016 largely paralleling the incidence of symptoms in the community.

Table 3: All reports of infectious intestinal disease outbreaks (suspected or laboratory confirmed) by upper tier local authority, Devon, Torbay, Plymouth, Cornwall and Isles of Scilly combined, 2015 Week 14 - 2016 Week 13

Upper tier lower authority	Total Norovirus outbreaks 2015 -2016
Cornwall & Isles of Scilly	50
Devon	108
Plymouth	20
Torbay	58

Source: Public Health England HNORS & HPZone

Table 4: All reports of infectious intestinal disease outbreaks by month Torbay, Plymouth, Devon, Cornwall and Isles of Scilly, 2015 - 2016.

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No of outbreaks	42	45	23	8	11	5	20	8	11	15	12	36

Table 5: Total number of outbreaks, 2015-16 by setting for the four upper tier Local Authorities

Upper Tier Local Authority	Total Number of IID outbreaks reported March 2015 – April 2016				
	Hospital	Nursing/care home	Education/ nursery	Other	Total
Devon	50	47	28	10	135
Plymouth	3	27	7	0	37
Torbay	17	7	9	4	37
Devon Total	**70**	**81**	**44**	**14**	**209**

3.13 In order to support best practice regarding infection control in the management of norovirus, Local Authority Public Health Teams working with Public Health England cascaded information across health and social care services including care homes before the winter season began.

Scarlet Fever 2015-16

3.14 Scarlet fever is a common childhood infection caused by Streptococcus pyogenes (also known as Group A Streptococcus [GAS]). Some people carry these bacteria in their nose and throat, or on their skin without suffering active infections. Under some circumstances and in some people, GAS can cause infections such as pharyngitis, impetigo and scarlet fever (these are regarded as non-invasive infections). On rare occasions they can cause severe disease, including streptococcal toxic shock syndrome, necrotising fasciitis, and other invasive GAS (iGAS) infection.

3.15 Routine national surveillance data for invasive and non-invasive GAS infections suggests a cyclical pattern with higher incidence peaks evident in notifications approximately every four years. Seasonal trends show that increased levels of GAS infections typically occur between December and April, with peak incidence usually in March.

3.16 Public Health England reported an increased rate of scarlet fever notifications across England (Table 6) in 2013-14 and 2014-15. This pattern of high incidence has been repeated in 2015-2016 with a 12.7% increase in cases nationally between September and April continuing the year-on-year increase. Devon, Cornwall and Somerset have however a slightly lower than average incidence compared to the rest of England and this has shown a less abrupt increase over the two seasons.

Table 6: Scarlet fever, rate of notifications Jan 2014 – Mar 2016 per 100,000 population

	Jan – Mar 2014	**April-June 2014**	**July– Sept 2014**	**Oct – Dec 2014**	**Jan – Mar 2015**	**April– June 2015**	**July– Sept 2015**	**Oct– Dec 2015**	**Jan– Mar 2016**
Torbay	3.0	10.5	2.3	3.8	23.3	8.3	1.6	3.0	8.3
Plymouth	4.2	8.0	1.6	2.3	11.8	6.9	3.8	2.7	12.6
Devon	9.7	6.0	1.6	3.0	8.9	7.6	2.6	6.8	13.1
Cornwall	6.4	6.9	1.5	2.9	4.7	5.3	2.9	2.0	11.5

Table 7: Invasive Group A Streptococcal infection per 100,000 population

	Jan–Mar 2014	April–June 2014	July–Sep 2014	Oct–Dec 2014	Jan–Mar 2015	April–June 2015	July–Sept 2015	Oct–Dec 2015	Jan–Mar 2016
Cornwall	1.5	1.1	0.9	0.5	1.1	1.8	0.7	0.7	0.9
Devon	0.9	1.7	2.0	0.7	1.8	2.1	1.2	0.7	1.6
Plymouth	0.4	1.1	1.1	1.5	0.4	0.8	1.1	0.4	1.5
Torbay	1.5	0.8	1.5	2.3	3.8	3.8	2.3	1.5	0.0

3.17 Devon continues to have a relatively high incidence of invasive group A Streptococcal infections.

3.18 Locally, in order to reduce ongoing transmission, Local Authority Public Health Teams wrote again to schools and child care facilities providing information about the increase in cases and reiterating infection control advice. Public Health England wrote to General Practitioners to make them aware of the high incidence and the need to diagnose and treat the infection promptly to minimise spread.

Seasonal influenza

3.19 The winter of 2015-16 was one of moderate flu activity. This year the seasonal 'flu 'A' strain component was a good match to the circulating strain and offered good protection to those vaccinated, the live nasal vaccine for children seems to have been particularly effective. The period of maximal flu activity came late in the winter and was relatively long- lived so caused a substantial burden of disease.

Figure 4: Weekly counts of laboratory reports of Influenza A and Influenza B in residents of Cornwall, Devon, Isles of Scilly, Plymouth and Torbay upper tier local authorities, Week 14 2015 (week commencing March 30th 2015) to Week 13 2016 (week commencing March 28th 2016)

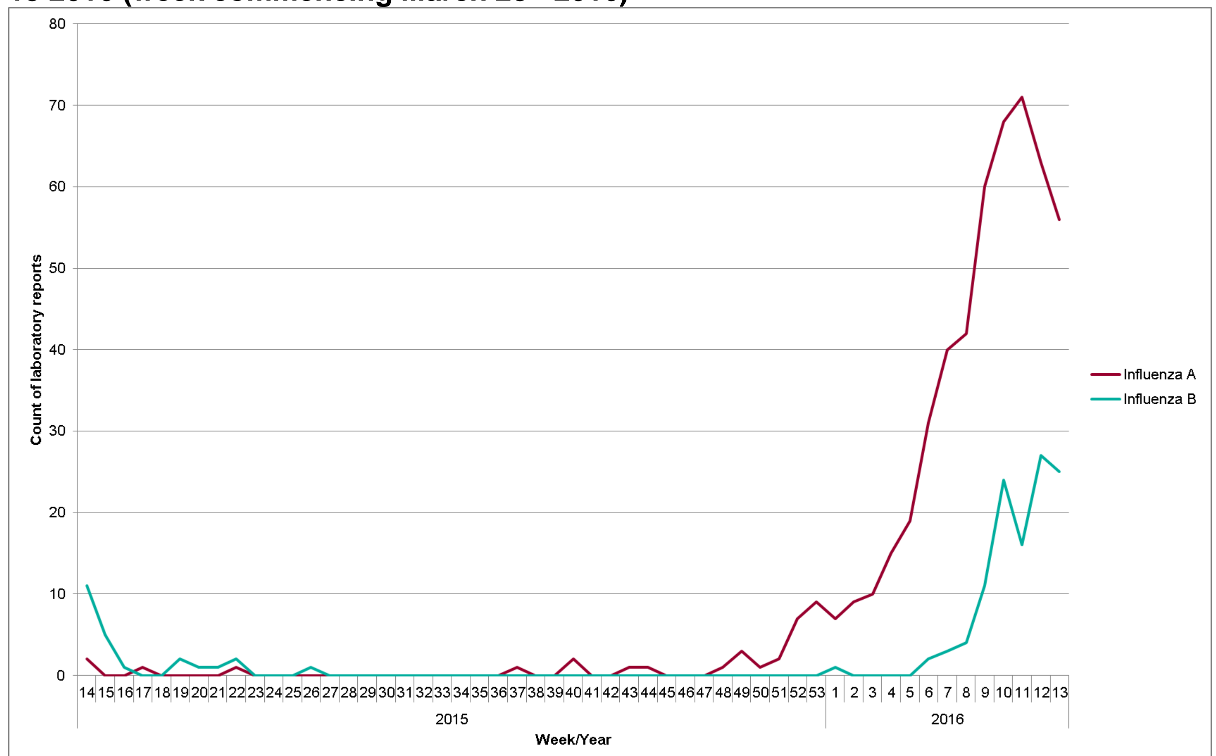


Figure 5: GP (in hours) influenza-like illness consultation rate, Cornwall (including Isles of Scilly), Devon, Plymouth, Torbay and England, Week 14 2015 (week commencing March 30th 2015) to Week 13 2016 (week commencing March 28th 2016)*

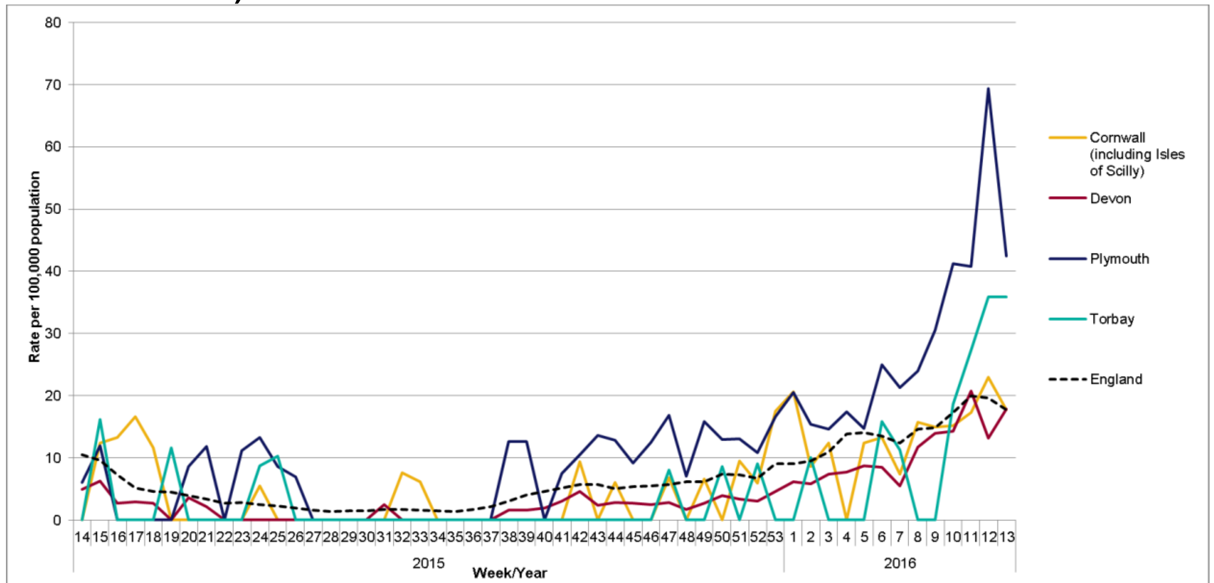


Table 8: Total number of flu outbreaks in 2015-16 by Upper tier Local Authority

	Number of flu outbreaks
Cornwall	6
Isles of Scilly	0
Devon	9
Plymouth	7
Torbay	2

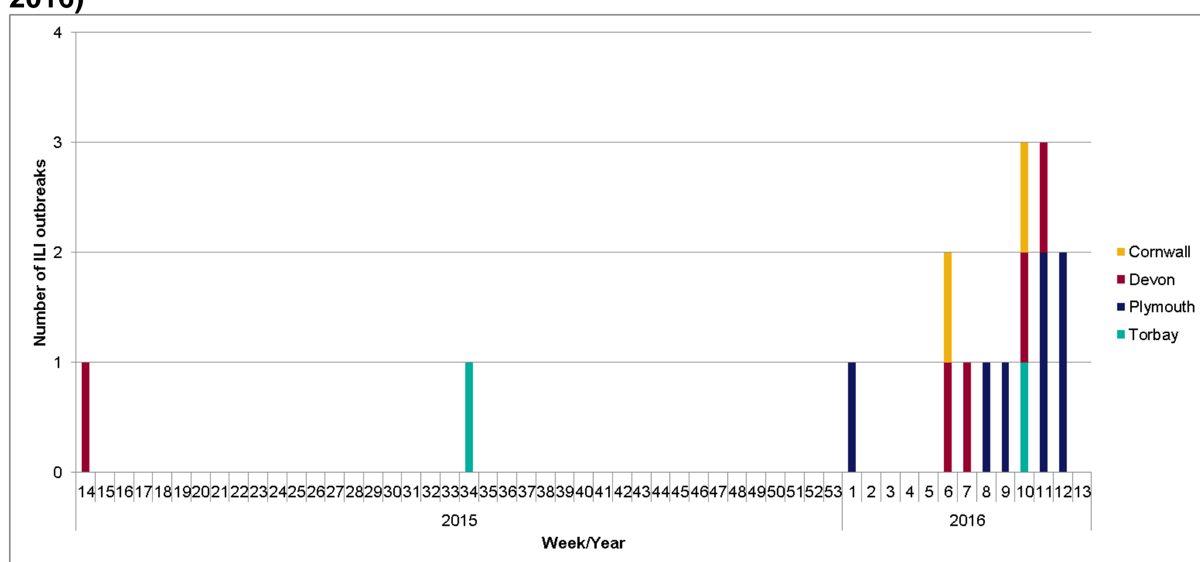
Table 9: Total number of flu outbreaks for 2015-16 by month

Month	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
No of outbreaks	1	0	0	0	2	0	0	0	0	1	5	15

Table 10: Total number of flu outbreaks 2015-16 by setting and Upper tier Local Authority

Upper Tier Local Authority	Total number of influenza-like illness outbreaks reported April 2015 - March 2016				
	Hospital	Nursing/care home	Education/ Nursery	Other	**Total**
Devon	1	1	5	2	**9**
Plymouth	2	0	5	0	**7**
Torbay	0	1	1	0	**2**
Cornwall	2	2	2	0	**6**
Total	**5**	**4**	**13**	**2**	**24**

Figure 6: Weekly counts of reports of influenza like illness (ILI) outbreaks (suspected or laboratory confirmed) by UTLA, Week 14 2015 (week commencing March 30th 2015) to Week 13 2016 (week commencing March 28th 2016)



4. Immunisation and Screening

Organisational Roles/Responsibilities

4.1 NHS England commission most national screening and immunisation programmes through Local Area Teams.

4.2 Public Health England is responsible for setting screening and immunisation policy through expert groups (the National Screening Committee and Joint Committee on Vaccination and Immunisation). At a local level, specialist public health staff employed by Public Health England, are embedded in the NHS Local Area Teams to

provide accountability for the commissioning of the programmes and provide system leadership.

4.3 Local Authorities through the Director of Public Health require assurance that screening and immunisation services are operating safely whilst maximising coverage and uptake within their local population. Public Health Teams responsible for both protecting and improving the health of their local population under the leadership of the Director of Public Health are required to support Public Health England in projects that seek to improve programme coverage and uptake.

Surveillance Arrangements

4.4 Public Health England Screening and Immunisation Coordinators provide quarterly reports for each of the national immunisation and screening programmes. Due to data capture mechanisms (with the exception of the seasonal influenza vaccination programme) real time data are not available for each programme and reports are normally two calendar quarters in arrears. Reports are considered by lead Local Authority Consultants in Public Health and any risks identified are considered with Public Health England specialists to agree mitigating activities.

4.5 Incidents that occur in the delivery of programmes should be reported to the Director of Public Health for the Local Authority and to the Health Protection Committee.

4.6 Peninsula Immunisation and Screening Oversight Groups form part of the assurance mechanism to identify risks to delivery across all programmes and are attended by lead Local Authority Consultants in Public Health. In addition, specific programme groups are convened to oversee their development, most notably when changes to a programme have been agreed at a national level.

Immunisation Activity and Changes to the National Immunisation Programme 2015-16

4.7 The period 2015-16 saw significant activity regarding immunisation programmes and changes to the national immunisation schedule. The schedule for the Meningitis C immunisation has been changed, replacing a dose at four months with a booster in adolescence with effect from June 2013. Overall, rates of meningococcal disease have declined over the last few years (Figure 7), but rates of meningococcal Group W disease have increased (Figure 8), particularly in teenagers. In response to this, the final dose of Meningococcal Group C vaccine has been replaced with MenACWY to include Group W to protect children better. The Group B meningitis vaccine was introduced into the childhood immunisation programme in September 2015. The supply situation for BCG vaccine has not improved, and only a few individuals are receiving vaccination. However, a waiting list of eligible vaccinees is being kept, so that if the vaccine supply eases, these individuals can be invited for vaccination.

Figure 7: Rate of meningococcal disease per 100,000 population 2005 to 2015 by upper tier local authority for Devon, Torbay, Plymouth, Cornwall and the Isles of Scilly

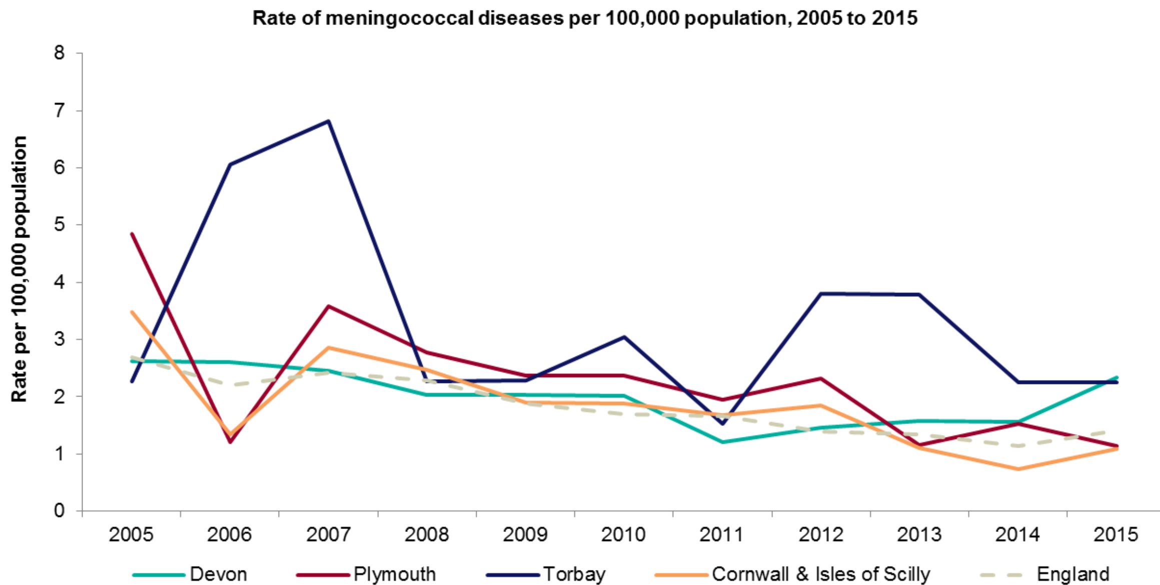
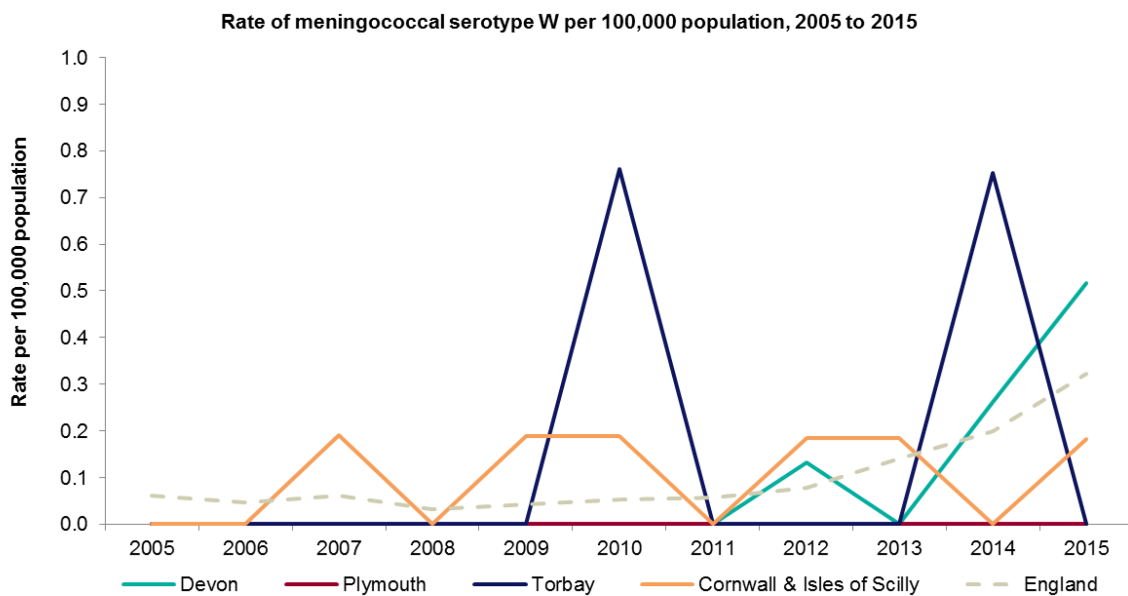


Figure 8: Rate of Group W meningococcal infection per 100,000 population, 2005 to 2015 by Upper tier local authority



4.8 Childhood flu vaccination for all two and three year olds was extended to four year olds in the Winter of 2014-15, and in the winter of 2015-16 this was extended to children in school years 1 and 2.

4.9 The booster dose of Pertussis for pregnant women has been continued, and is due to continue for the foreseeable future. However, although the rate of Pertussis infection

in the population has declined from the peak in 2012, but after declining in 2013 and 2014, the incidence now seems to have levelled out at a high level. The booster dose in pregnancy is being retained to continue the protection of neonates, who are most vulnerable to Pertussis.

Table 11: Pertussis notification rates Jan 2014 – Mar 2016 per 100,000 population

	Jan–Mar 2014	April–June 2014	July–Sept 2014	Oct–Dec 2014	Jan–Mar 2015	April–June 2015	July–July 2015	Oct–Dec 2015	Jan–Mar 2016
Cornwall	0.9	0.5	0.5	0.4	0.4	0.7	2.0	2.7	2.4
Devon	0.7	2.1	2.5	2.1	0.7	2.7	5.7	4.1	3.0
Plymouth	1.5	0.4	1.5	1.1	0.8	1.9	1.9	4.2	1.5
Torbay	1.5	0.0	0.8	0.0	0.0	1.5	3.8	3.8	9.0

4.10 A priority area identified by the Health Protection Committee was to increase uptake of seasonal influenza vaccine, especially in groups under 65 years of age considered at risk due to underlying health conditions and who are eligible for free vaccination through the national programme. This was on the basis of poor uptake in this cohort following the 2014-15 programme reported at Clinical Commissioning Group level.

Table 12: Public Health England Seasonal flu vaccination figures 1 September 2015 – 31 January 2016 by Upper Tier Local Authority

	2015-16 season %					
	2 year olds	3 year olds	4 year old	Pregnant women	Under 65 at risk	Over 65
Cornwall	31.6	36.2	38.8	38.1	45.6	69.4
Devon	42.7	42.5	33.9	43.4	42.0	69.8
Plymouth	32.0	38.0	30.7	42.9	44.9	71.5
Torbay	32.8	39.4	32.4	36.6	40.6	66.4

Table 13: Seasonal flu vaccination figures 1st September 2015 – 31 January 2016 by CCG

Clinical Commissioning Group	% of practices responding	65+ % vaccinated	6m-65 at risks % vaccinated	Pregnant women % vaccinated
NEW Devon	99.2%	70.3%	43.1%	43.0%
South Devon & Torbay	97.1%	67.6%	40.3%	40.7%
NHS Kernow	98.5%	69.4%	45.6%	38.1%
England	99.8%	71.0%	45.1%	42.3%
Target	100%	75%	75%	N/A

Source: ImmForm, Public Health England, Public Health England weekly bulletin

Table14 : Flu vaccine uptake in Pre-school children by CCG

Children						
Age/risk	**Age 2**	**Age 2 at risk**	**Age 3**	**Age 3 at risk**	**Age 4**	**Age 4 at risk**
NHS Kernow	39.8%	49.6%	40.7%	55.8%	36.5%	50.4%
NEW Devon	33.6%	43.2%	39.1%	55.4%	30.7%	48.8%
South Devon & Torbay	31.2%	45.7%	35.6%	53.8%	33.3%	45.1%
England	35.0%	48.3%	37.0%	52.3%	29.1%	47.3%

4.11 Compared to last year the uptake of flu vaccine has fallen for children across the age spectrum. This may in part be due to uncertainty about the provider of this vaccination in the 2015-16 season. This should be more settled in 2016-17.

Table 15: School aged Children's flu vaccinations by Upper tier local authority 2015 -2016

	Age 5 -6	**Age 7- 8**
Kernow	30.3%	25.2%
Isles of Scilly	77.8%	87.5%
Devon	36.3%	32.9%
Plymouth	31.7%	28.9%
Torbay	49.6%	44.6%
England	54.4%	52.9%

4.12 There is a major initiative to increase flu vaccine uptake amongst frontline healthcare workers, in recognition of the benefits this brings both in reducing risk to patients, and in improved business resilience.

Table 16: Flu vaccine uptake 2015 – 16 by Employer

Trust	**Uptake % Frontline workers**
South Devon Foundation Trust	51.0
Northern Devon Healthcare Trust	38.4
Royal Cornwall Hospitals Trust	39.5
Royal Devon and Exeter Foundation Trust	50.5
Cornwall Partnership Trust	20.9
Plymouth Hospitals Trust	53.4
Devon Partnership Trust	55.3
South West Ambulance Service Trust	42.5
NHS Area Health Care Works Average	43.1

4.13 In Devon local authority 122 staff were immunised for the 2014-15 season, a significant improvement on the previous year. In the 2015-16 season only 64 front-line staff were immunised.

4.14 Learning from the programme is being fed into plans to support flu vaccination uptake in 2016-17 across Devon Cornwall and Isle of Scilly's and Bristol, Gloucester and Wiltshire areas. Issues around the effectiveness of the vaccine, and the timing and visibility of the national media campaign, were identified as barriers to improving uptake locally, and addressing these will be crucial if uptake is to be sustained or increased in 2016-17.

5. Health Care Associated Infections

Organisational Roles/Responsibilities

5.1 NHS England set out and monitor the NHS Outcomes Framework which includes Domain Five (safety), treating and caring for people in a safe environment and protecting them from avoidable harm. The Area Teams of NHS England hold local Clinical Commissioning Groups to account for performance against indicators under this domain, which includes incidence of healthcare associated methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia and incidence of *Clostridium difficile* (CDI).

5.2 Public Health England through its consultants in communicable disease control will lead the epidemiological investigation and the specialist health protection response to wider community non-hospital outbreaks, unless multiple hospital sites are affected simultaneously, and has responsibility to declare a health protection incident.

5.3 The clinical commissioning group's role is to ensure through contractual arrangements with provider organisations that health care associated infection standard operating procedures are in all provider contracts and are monitored regularly. Northern Eastern and Western Devon and South Devon and Torbay Clinical Commissioning Groups employ a lead nurse for health care associated infections. This is an assurance and advisory role. In addition, they must be assured that the Infection Prevention and Control Teams, covering the hospital and NHS community healthcare provided services sector, are robust enough to respond appropriately to protect the local population's health and that risks of health care associated infection have been identified, are mitigated against and adequately controlled.

5.4 The Local Authority through the Director of Public Health or their designate has overall responsibility for the strategic oversight of a health care associated infection incident impacting on their population's health. They should ensure that an appropriate response is put in place by NHS England and Public Health England supported by the Clinical Commissioning Group.

Health Care Associated Infection Programme Group

5.5 The group was formed as a sub group of the Health Protection Committee. Its function is to work towards the elimination of avoidable health care associated infections (HCAI) for the population of Devon, Cornwall and the Isles of Scilly including the Unitary Authorities of Plymouth and Torbay, receiving health and social care interventions in clinical, home and residential care environments, through the

identification of risks, the planning of risk mitigation actions and the sharing of best practice in the field.

5.6 It is a cross-agency forum involving Acute and Community NHS Trusts, Ambulance and Out of Hours Doctors, Public Health, Public Health England, Medicines Optimisation and NHS England Area Team. The group met for the first time in March 2014 and has since convened three times a year through a single workshop event and two teleconference calls.

6. Healthcare Associated Infections

6.1 Health Care Associated Infections (HCAIs) is a key indicator of safe and effective patient care and is represented in the NHS Outcomes Framework 2015-16 under outcome 5 ‘treating and caring for people in a safe environment and protecting them from avoidable harm’.

6.2 This report includes data from April 2015 - Mar 2016, unless otherwise stated.

MRSA

NEW Devon Clinical Commissioning Group

6.3 Five cases in NEW Devon Clinical Commissioning Group as at the end of March 2016. Four were community acquired and one in an acute hospital none of the five cases were connected. All cases have had Post Infection Reviews (PIRs) completed and lessons learned shared with relevant involved teams.

NHS Kernow Clinical Commissioning Group

6.4 Ten cases in Cornwall patients for 2015-16. Two acute assigned, three clinical commissioning groups assigned, four third party assigned and one case in arbitration at the time of reporting. One patient accounted for three cases and three other cases were in IV drug users.

South Devon and Torbay Clinical Commissioning Group

6.5 **Table 17: Actual Numbers to date 2015-16 (Ambitions 2015-16)**

MRSA bacteraemia	Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016
Torbay and South Devon Foundation Trust (0pa)	0	1	0	0
Clinical Commisioning Group (0pa)	0	0	0	2

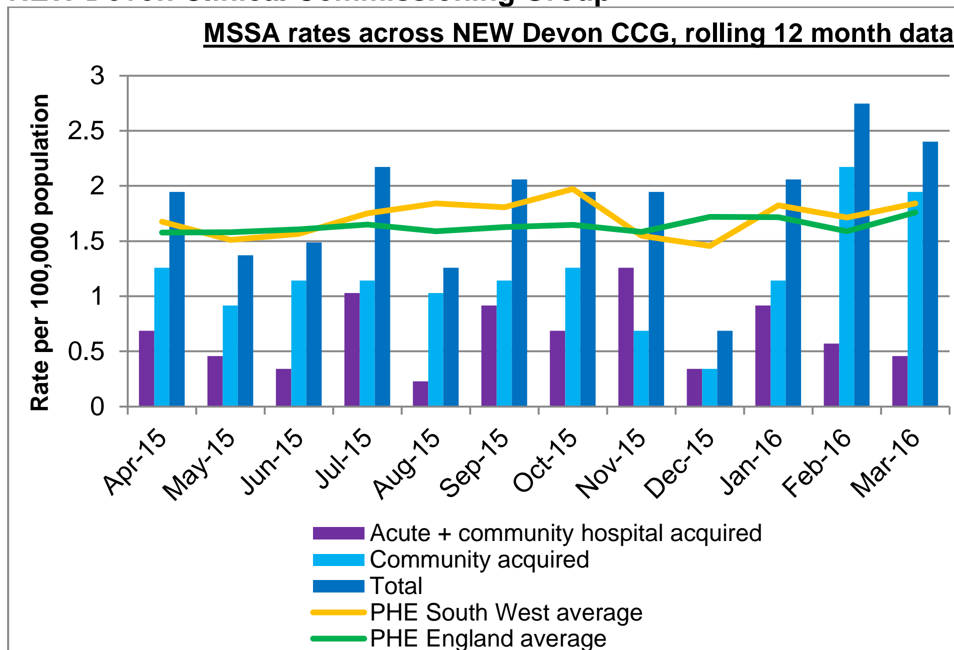
Actual Numbers to date 2015-16 reportable on MESS but no External targets (Internal KPI stated)

MSSA

NEW Devon Clinical Commissioning Group

6.6 MSSA bacteraemia rates for the NEW Devon Clinical Commissioning Group population have fluctuated above and below the Public Health England, England and South West average rate lines. Providers of hospital and community services provide information to the clinical commissioning group as part of their performance reporting obligations. In hospital bacteraemias will be targeted for more local investigation by providers as part of their 2016-17 Health Care Associated Infections Reduction Plan in order to identify any learning that might be used to reduce rates. The GP significant event audit process as described in the December 2015 HPC report is the only current method of learning about these infections in the community and developing strategy to reduce their incidence.

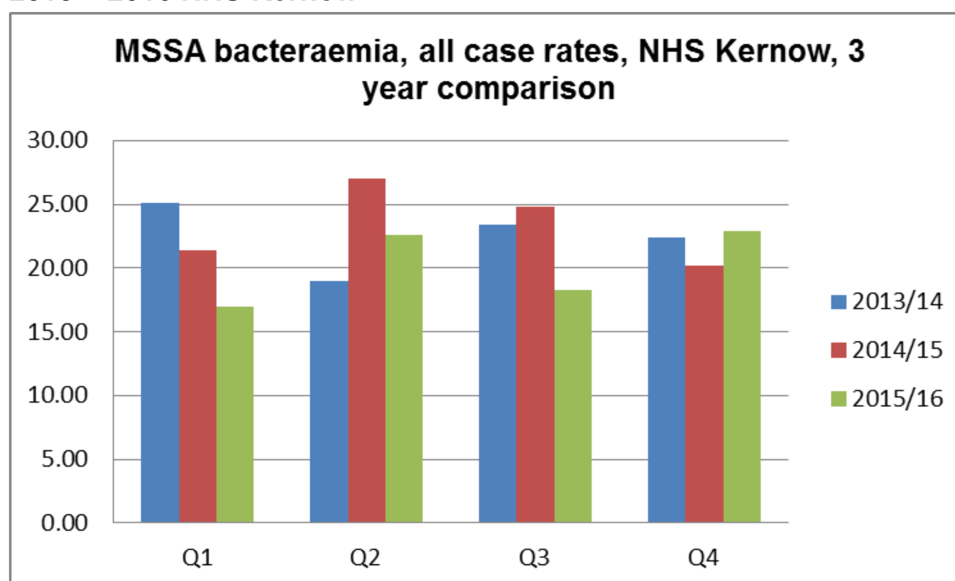
Figure 9: Methicillin sensitive staphylococcus aureus bacteraemias by month for NEW Devon Clinical Commissioning Group



NHS Kernow Clinical Commissioning Group

6.7 MSSA features in reduction plans for acute and community services. The GP significant event audit process as described in the December 2015 Health Protection Committee report has not begun in Cornwall to date.

Figure 10: Methicillin sensitive staphylococcus aureus bacteraemia, all ages, 2013 – 2016 NHS Kernow



South Devon and Torbay Clinical Commissioning Group

6.8 **Table 18: Actual Numbers to date 2015-16 reportable on MESS but no External targets (Internal KPI stated)**

MSSA bacteraemia*	Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016
Torbay Hospital (local target 12)	4	1	3	0
Clinical Commissioning Group (local target 45)	13	12	10	16

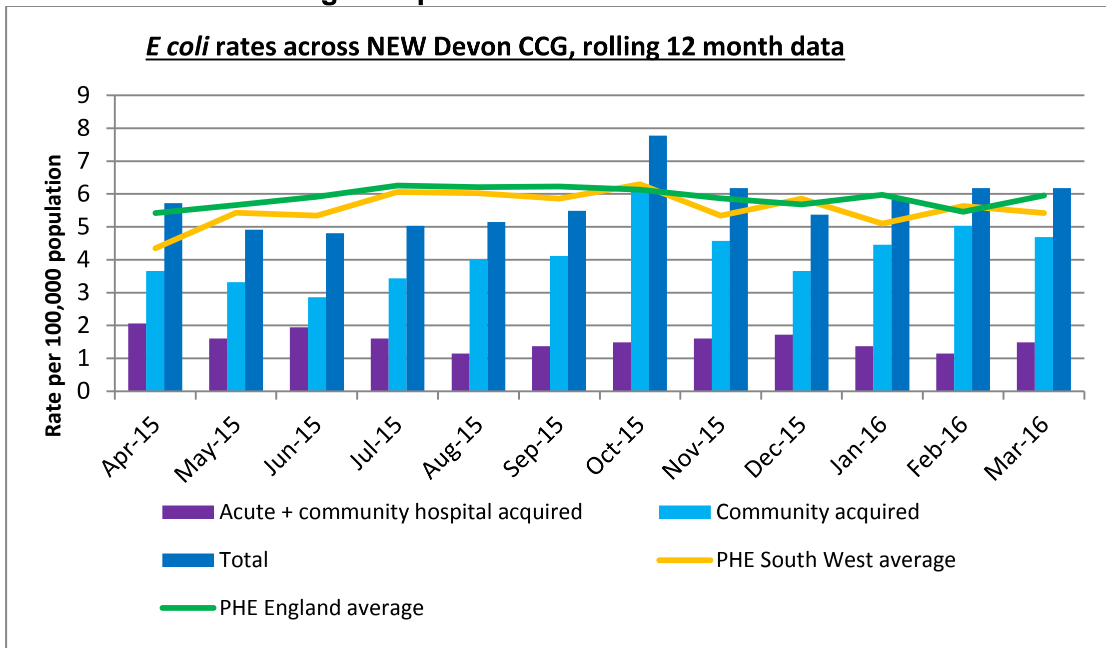
*Denotes internal target not a DH target

E.coli bacteraemia

NEW Devon Clinical Commissioning Group

6.9 E. coli bacteraemias for the NEW Devon Clinical Commissioning Group hospital sector and clinical commissioning group population in the rolling 12 months as shown in the graph below broadly track the averages provided by Public Health England for England and the South West. The Clinical Commissioning Group Health Care Associated Infection Team monitor data by locality and hospital to scrutinise trends and enable performance to be questioned as required. E. coli bacteraemias like MSSA should be subject by Trusts to identify learning to reduce rates as part of their Health Care Associated Infections Reduction Plan in 2016-17.

Figure 11: Rates of E.coli bacteraemia, by month, 2015 – 2016 for NEW Devon Clinical Commissioning Group



NHS Kernow

6.10 An increase in Ecoli rates has been noted locally.

Figure 12: E.coli bacteraemias, NHS Kernow all ages 2013-2016

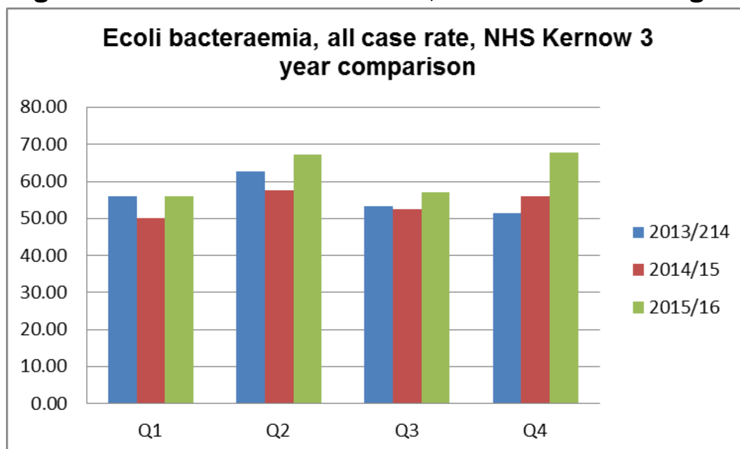
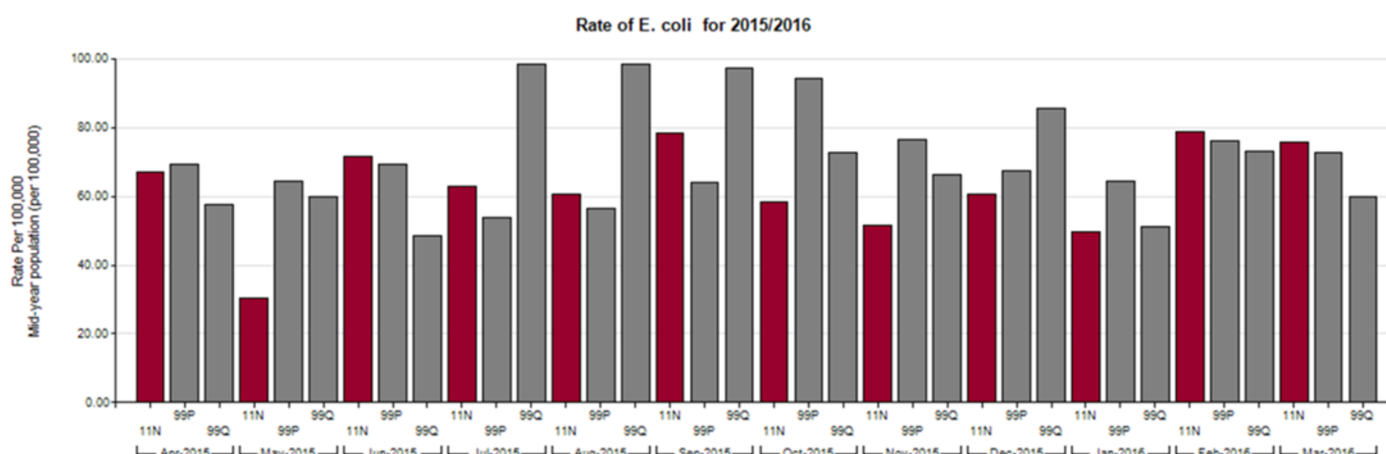


Figure 13: The benchmarking graph below shows a varied picture across the patch.



South Devon and Torbay Clinical Commissioning Group

Table 19: Actual Numbers to date 2015-16 reportable on MESS but no External targets (Internal KPI stated).

E.coli bacteraemia*	Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016
Torbay Hospital (local target 22)	6	5	12	4
CCG (local target 169)	31	51	42	31

*Denotes internal target not a DH target

C. difficile infection

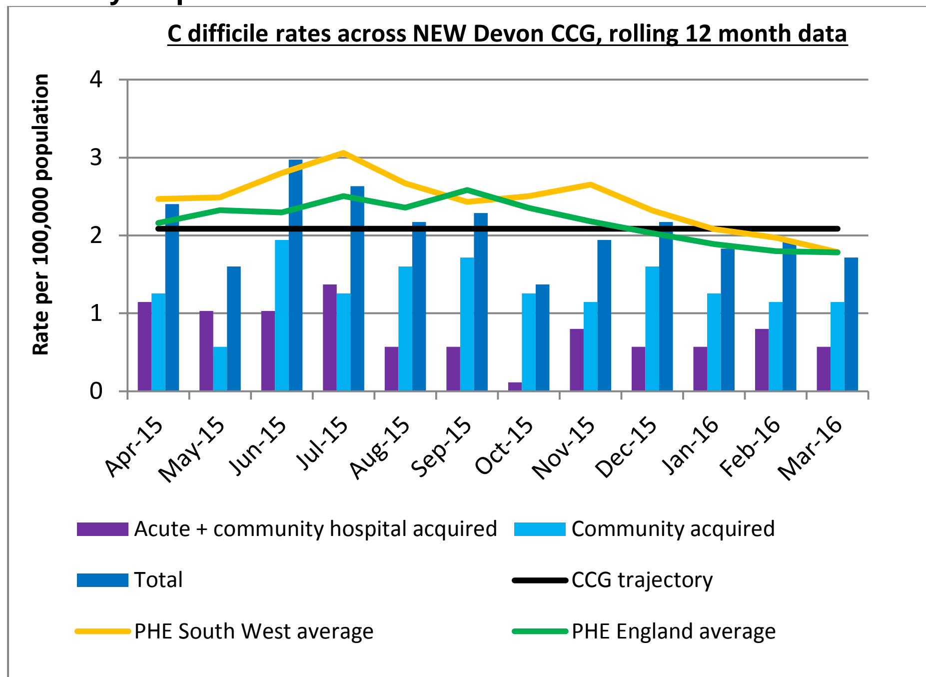
NEW Devon Clinical Commissioning Group

6.11 The graph below shows community acquired infection (CAI) and hospital acquired infection (HAI) cases of C. difficile infection. The community acquired infection cases, which make up the larger proportion of the population cases, are not scrutinised for avoidability like those in acute and community hospitals. A system to inform General Practices of these cases and request Significant Event Audits (SEAs) on behalf of NHS England South, South West is in place.

6.12 The Clinical Commissioning Group exceeded its nationally set trajectory of 219 cases with a total of 221 cases though given that the rates are normally less than the England and South West averages it is reasonable to conclude that C. difficile infection is reasonably under control.

6.13 To reduce community rates would require investment of time and money in antimicrobial stewardship into the community, either through GP antimicrobial pharmacists or clinical commissioning group commissioned Microbiologist outreach services. The Clinical Commissioning Group will not be offering a local CQUIN to Acute Trusts on the exploration of value of a community infection management service as raised in the previous report. The Clinical Commissioning Group will only be offering national CQUINs in 2016-17 for Acute Trusts due to the overarching situation of the Success Regime.

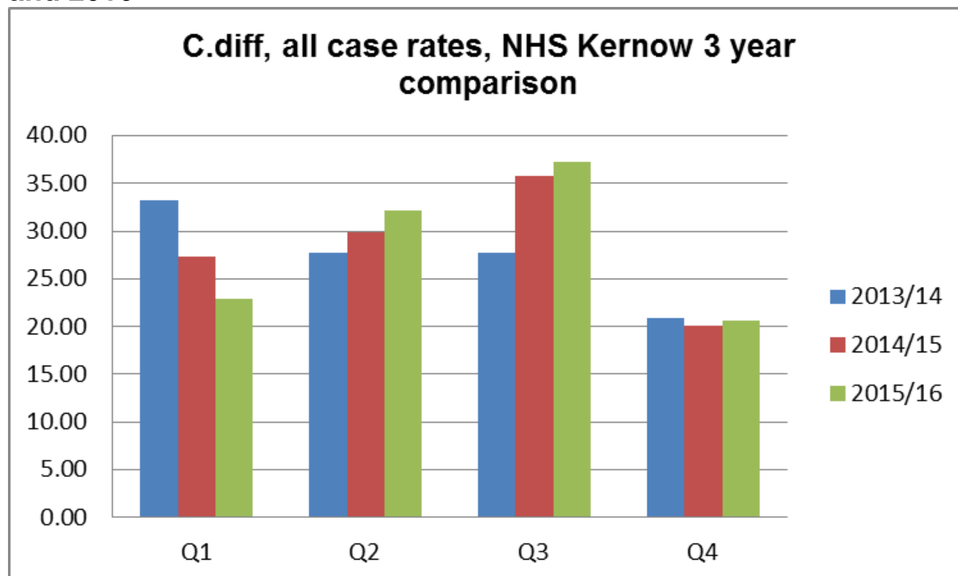
Figure 14: Rates of C.difficile infection, by month, 2015–16 for hospital and community acquired infections for NEW Devon CCG



NHS Kernow Clinical Commissioning Group

6.14 The Clinical Commissioning Group exceeded the 2015-16 objective of 25.00 with an outturn of 28.12 (per 100,000 population) which is below the SW figure of 29.23. The majority of acute cases being assessed as avoidable via the lapse in care system.

Figure 15: C.difficile infection rates by quarter for NHS Kernow between 2013 and 2016



South Devon and Torbay Clinical Commissioning Group

6.15 C.difficile cases remain above the set trajectory and are among the highest in the South West. The c.difficile group is reviewing the number of stools tested per bed

days. Initial investigations show that Torbay Hospital test more stools per bed days than other hospitals in Devon.

6.16 The South Devon and Torbay Clinical Commissioning Group multi-agency Antimicrobial Stewardship group held its first meeting.

6.17 Torbay Hospital is reviewing acute cases of c.difficile initial diagnosis. On first review a number were admitted with an initial diagnosis of sepsis.

Table 20: Actual Numbers to date 2015-16 (Ambitions 2015-16)

C.DIFFICILE	Apr-Jun 2015	Jul-Sept 2015	Oct-Dec 2015	Jan-Mar 2016
Torbay Hospital (national target 18)	11 (Five Lapses in Care)	8 (Four Lapses in Care)	4 *(One Lapse in Care)*	3 (no lapse in care)
Community beds (local target 44)*	1	2 (One Lapse in Care)	1	
Clinical Commissioning Group (97pa)	29	30	31	

*Denotes internal target not a DH target

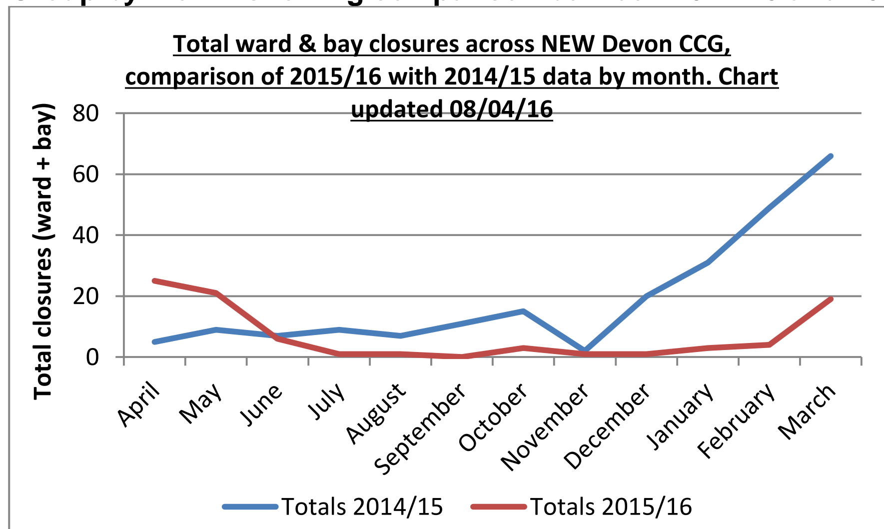
6.18 We have also had an incident where a single case of c.difficile from a community hospital was attributed to the acute trust. At this time Public Health England were unable to change this to the correct reporting trust.

Outbreaks

NEW Devon Clinical Commissioning Group

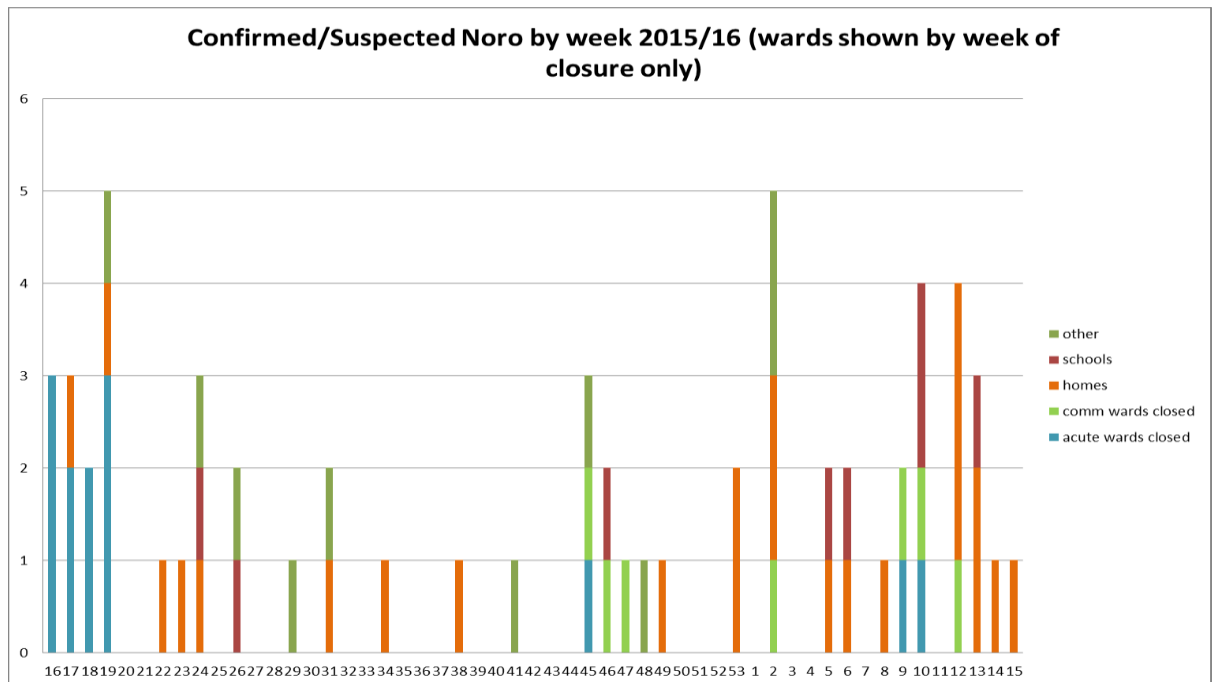
6.19 The following outbreaks graph shows the amount of ward and bay closures occurring in NEW Devon Clinical Commissioning Group hospitals as a proxy for the impact on service. The influenza season presented late in accounting for some of the upturn in February and March 2016.

Figure 16: Ward and Bay closures across NEW Devon Clinical Commissioning Group by month showing comparison between 2014-15 and 2015-16



NHS Kernow Clinical Commissioning Group

6.20 **Figure 17: The chart below shows combined hospital and community outbreaks with limited acute activity despite some community outbreaks.**



South Devon and Torbay Clinical Commissioning Group

6.21 In this period (January–March 2016) South Devon and Torbay Clinical Commissioning Group have had five bay closures, one ward closures and one community hospital closure due to Norovirus. One ward was closed due to influenza.

6.22 There have been one outbreak (diarrhoea and vomiting) in a local school, one in a nursery, four in a residential homes and three in hotels. All were reported as diarrhoea and vomiting.

Health Care Associated Programme Group

6.23 The Health Care Associated Infection Programme Group held a telecall on 24th March 2016. New risks were identified to the healthcare system which was antimicrobial resistance and influenza outbreaks and precautions causing service impact.

6.24 The Health Care Associated Infection Programme Group annual summer workshop was held on 5th July 2016. Attendance was low but the quality of discussions were high. Two potential new risk areas were identified to add to the Group's list for onward sharing with the Health Protection Committee:

- No community infection management service
- No community infection prevention and control service

6.25 The Group held its annual workshop on 5th July 2016 where risks and mitigations were debated in relation to the two new risks (as above) and sepsis, which remains a high priority.

6.26 Influenza activity in Trusts has declined after a winter period of high activity causing ward and part ward closures. Between mid-January until the end of February Plymouth Hospitals Trust had 15 wards affected by flu restrictions with one ward being affected for six weeks continuously. Royal Devon & Exeter had five wards affected during the same period

6.27 Seasonal outbreak reports are requested from Trusts where normal operating capacity was compromised under Serious Incident Reporting (SIRI) arrangements.

- Antimicrobial Resistance Group; need to ensure this programme is expanded and reported upon.
- Review Locality Immunisation Groups (governance structure).
- Childhood Flu review.
- Antimicrobial Resistance Group; need to ensure this programme is expanded and reported upon.
- Review Locality Immunisation Groups (governance structure).
- Childhood Flu review.

Ebola Virus Disease

6.28 The outbreak of Ebola virus disease (EVD) in West Africa first reported in March 2014 has ended, with a total of 28,616 cases and 11,310 deaths at June 2016.

6.29 Much has been learned about the virus, including how it can re-activate in survivors, and be transmissible in semen for months after recovery.

Outbreaks and Incidents

6.30 There was a relatively high level of influenza A activity late in the year, and there were flu outbreaks in both Dartmoor and Exeter prisons.

6.31 A Plymouth primary school suffered an outbreak of influenza which affected about a third of its pupils.

6.32 There was an outbreak of food poisoning at a Birthday party held at a local outdoor facility due to Clostridium perfringens thought to be from beef.

6.33 A small number of acute Hepatitis B cases have occurred which are thought to be linked to sex between men.

6.34 There was an outbreak of confirmed Measles infection in the Ashburton/Buckfastleigh area which involved nine confirmed, three probable and two possible cases. The infection was originally imported and then spread in a community where immunisation rates were relatively low.

Emergency planning and Exercises

Exercise Mallard

6.35 A pandemic flu multi-agency exercise was held in October 2015. The aim of the exercise was to test the local pandemic influenza plans of the health community and partners in Devon, Cornwall and the Isles of Scilly area. This was a scenario based exercise, with feedback on the key challenges faced at each stage, and discussion

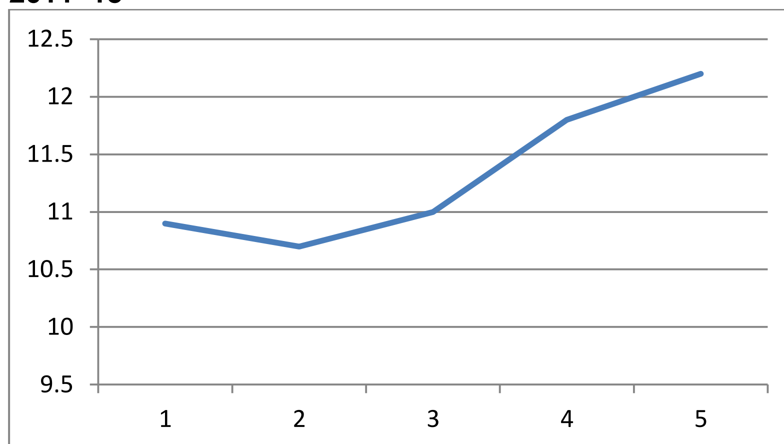
on how some of these challenges might be overcome. A debrief was held which allowed agencies to identify and rectify any identified shortcomings in plans.

Exercise Leda

6.36 This was an internal Devon County Council exercise run to test fitness for purpose of internal plans and to check business continuity readiness.

6.37 **Antimicrobial resistance** – a successful antimicrobial resistance steering group is established in Cornwall and this approach has now begun in Devon. A first exploratory telecall was held on the 14th January 2016, since then draft terms of reference have been drawn up and development of the group, in discussion with the group in Cornwall will be pursued in 2016-17. A brief report of the Cornwall group's activity in the last year is attached below. Torbay are also planning a group, but this group has yet to meet. Antimicrobial resistance continues to increase, as illustrated by the following graphs:

Figure 18: Percentage resistance to cefotaxime by E.coli in bacteraemias from 2011–15



6.38 Cefotaxime is a third generation cephalosporin, used to treat meningitis and septicaemia, typhoid and other Salmonella bacteraemias. Significant resistance would severely limit the use of this antibiotic and force the use of 'last resort' antibiotics.

Figure 19: Percentage resistance by E.coli bacteraemias to Ampicillin/ clavulanate combination

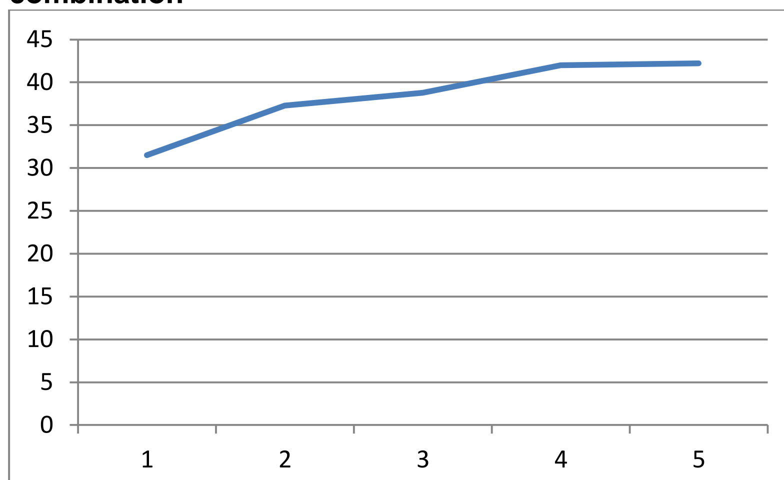
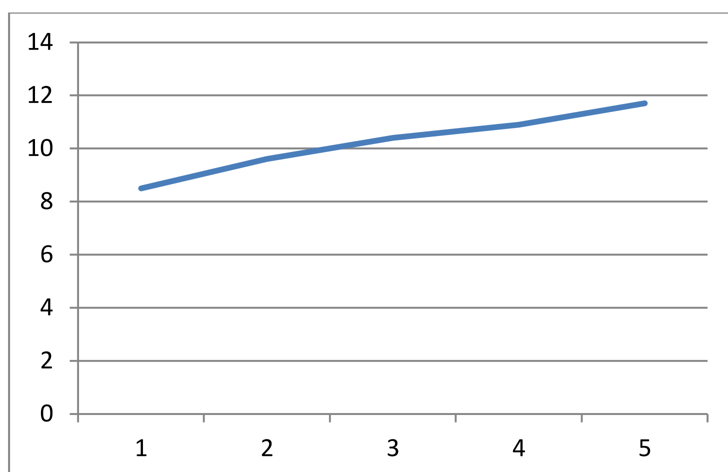


Figure 20: Percentage resistance of E.coli bacteraemias to piperacillin/ tazobactam



6.39 Clavulanate and tazobactam are beta lactamase inhibitors which allow broad spectrum antibiotics such as ampicillin/amoxicillin and piperacillin to be used against bacteria which produce a beta lactamase which degrades the penicillin group of antibiotics. They are extremely useful and widely used antibiotics and if resistance becomes too high other antibiotics will need to be used. This process continues, and useful antibiotics become useless as 'first line' treatments for serious infections as the risk of failure becomes unacceptable. Unfortunately, the supply of new antibiotics is not keeping pace with antibiotic resistance, so the use of antibiotics is under increasing threat. For 2016-17 the NEW Devon Clinical Commissioning Group Medicines Optimisation Team have identified co-amoxiclav prescribing as an area of focus because some local outliers in community prescribing have been identified.

6.40 There needs to be a constant effort to reduce inappropriate use of antibiotics and to focus antibiotic therapy as much as possible.

Report from Cornwall Antimicrobial Resistance Group (CARG) – Neil Powell

6.41 In response to the UK Five Year Antimicrobial Resistance Strategy (2013 to 2018) key stakeholders within Cornwall have set up the Cornwall Antimicrobial Resistance Group (CARG) to implement the strategy locally. The first meeting took place on 23rd January 2014. The group is chaired by Denis Cronin, Public Health Consultant and convenes five times a year.

6.42 The 2015 Cornwall Antimicrobial Resistance Group outputs have included exploring novel diagnostics, education and training, antibiotic consumption analysis, veterinary surgeon and dental representation and antibiotic resistance surveillance.

6.43 The group reviewed the evidence for, and the feasibility of introducing point of care 'C' reactive protein (POC CRP) testing in to GP surgeries. Kernow out-of-hours GP service trialled this diagnostic in 2015 which indicates an active disease process. A funding source for wider roll out to GP surgeries was unsuccessful. A community hospital with an attached urgent care centre expressed an interest however in this point-of-care diagnostic and a work plan is underway.

6.44 A business case for state of the art diagnostic technology (MALDI-TOF MS) and procalcitonin testing, which is a specific marker for bacterial infection was submitted for consideration at the Royal Cornwall Hospital.

AMR

6.45 Antibiotic prescription numbers in primary care dropped by 6.7% between 2014 and 2015 as a result of the Clinical Commissioning Group delivered NHS Quality Premium. These successes were not replicated in the secondary care setting but work is underway to reduce antibiotic prescribing at the Royal Cornwall hospital to meet the 2015-16 antibiotic stewardship CQUIN targets.

6.46 The group now has good veterinary representation from the Animal and Plant Health Agency (APHA) and the Cornwall Veterinary Association. Farmer working groups are to be set up to provide farmers with peer support around antibiotic practices in farms and will form part of a University of Bristol veterinary surgeon PhD.

6.47 The group has successfully sought dental representation with plans to audit dental prescribing and gather baseline dental antibiotic prescribing.

6.48 Resistance to penicillin and erythromycin in *Streptococcus pneumoniae* isolated from blood cultures in Cornwall between 2013 and 2015 remains static at (6% and 11% respectively). Resistance in the Gram negative organism *Klebsiella pneumoniae* isolated from blood samples between 2013 and 2015 has remained broadly stable; 9.5% resistance to ciprofloxacin, 6.4% to third generation cephalosporins, 5.5% to gentamicin and 0.26% to carbapenems. Between 2013 and 2015 there was statistically significant increases in *Escherichia coli* resistance to gentamicin (9.4%) but resistance to quinolones has remained broadly stable at 11.2%.

7. Work Programme 2015-16 - Progress

Influenza vaccine for key staff

7.1 2015-16 the uptake of seasonal flu vaccine by frontline workers at Devon County Council was only 19 vaccines, 51 other people accessed flu vaccine because they were eligible under another priority group.

Hepatitis C Strategy and Implementation

7.2 Hepatitis C is a blood borne virus which is a significant preventable and treatable cause of liver disease. The most common means of transmission in the United Kingdom is through intravenous drug use with shared equipment – it is estimated that nine out of 10 cases of Hepatitis C in this country are caused by injecting illegal drugs.

7.3 RISE Hepatitis C pathways, direct referral pathways are set for Exeter, Torbay and Derriford. Barnstaple is still requiring a GP referral. However, there are plans to improve the accessibility of the service in North Devon for Barnstaple RISE clients. There are about 50 hepatitis C positive clients in North Devon that are currently not accessing treatment and improving access could change this.

7.4 Tuberculosis strategy objective is to continue to work with Public Health England on the new Tuberculosis Board to implement a strategy for the control of Tuberculosis in the South West. The Board is now established, and cohort review is established and running in both the East and the West of Devon.

7.5 South East and South West England have joined up to form the 'South Tuberculosis Control Board'.

Tuberculosis Strategy. 'Areas for action' – an update on progress

7.6 **Improve access to services and ensure early diagnosis:**

- Awareness raising work is underway with development of literature, Videos and animation.
- Royal College of General Practice's Tuberculosis e-learning module is being updated to include latent Tuberculosis infection.
- Working with Tuberculosis alert to update and provide support material for latent Tuberculosis infection programmes.
- Work to better understand delays from symptom onset to treatment onset is being undertaken by the national surveillance team using enhanced Tuberculosis system and local Tuberculosis register data.

7.7 **Provide universal access to high quality diagnostics:**

- Public Health England are currently reviewing Tuberculosis laboratory services, once complete, a 'task & finish' group will be established to take forward this 'area for action'.
- Tuberculosis is a priority area for the implementation of Whole Genome Sequencing (WGS) technology for both Public Health England and NHS England; and work is underway to introduce Whole Genome Sequencing for Tuberculosis in 2016.

7.8 **Improve treatment and care services:**

- National Tuberculosis service specification is drafted and circulated for use by Tuberculosis Control Boards, Clinical Commissioning Groupss and clinicians.
- This service specification can be used in the commissioning of Tuberculosis services, development of key performance indicators and assessment of local Tuberculosis services.
- Tuberculosis Control Boards are working with local Tuberculosis stakeholders to support Tuberculosis clinical networks, and are encouraged to reflect on the British Tuberculosis Society 'model Tuberculosis networks' document. In the far South West, there are two Tuberculosis networks, covering the West and the East.
- Public Health England have undertaken a Tuberculosis Health Needs Assessment and a strategy and action plan is being written.

7.9 **Ensure comprehensive contact tracing:**

The national Tuberculosis service specification has added clarity to the expectations of contact tracing.

7.10 **Improve BCG vaccination uptake:**

BCG vaccination is a continuing problem due to problems with supply, but subject to availability there is a commitment to improve uptake.

7.11 **Reduce drug-resistant Tuberculosis:**

Public Health England is working with NHS England on a needs assessment of facilities for the public health management of multi-drug resistant Tuberculosis patients, this work will contribute to the review of the Infectious Diseases Service Specification that the NHS England Specialised Commissioning Team aims to carry out in mid-2016.

7.12 **Tackle Tuberculosis in under-served populations:**

A work stream is planned for 2016, a task & finish group is being established.

7.13 **Systematically implement new entrant latent Tuberculosis screening:**

This has been the focus of much of the national team and newly formed Latent Tuberculosis Boards work since the summer; however this is not yet being implemented in the low incidence areas of the far South West.

7.14 Procurement of the latent tuberculosis infection test analysis has been completed and clinical commissioning groups and the successful providers are working on implementation.

7.15 NHS England will review 2015-16 activity and performance of Clinical Commissioning Groups Latent Tuberculosis Infection Programmes as part of its review for support into 2016-17.

7.16 A national suite of materials to support latent Tuberculosis infection testing and treatment has been written by Public Health England and NHS England and is available on the Tuberculosis screening webpage.

7.17 **Strengthen surveillance and monitoring**

The Tuberculosis Strategy Monitoring Indicators, available via the Public Health England Fingertips tool, have been updated with 2014 data.

7.18 **Ensure an appropriate workforce to deliver Tuberculosis control:**

- A Review of the Tuberculosis nursing workforce was commissioned by Public Health England and published in July 2105. Public Health England has established a nursing workforce development group to take forward the recommendations of the Tuberculosis nursing workforce report.
- A piece of work is planned for 2016 with the Centre for Workforce Intelligence (CfWI) that will review the non-clinical Tuberculosis workforce. Two national Tuberculosis workforce development study days are planned for 2016.

7.19 **Key next phases:**

- Tuberculosis Control Boards will increasingly engage with local stakeholders.
- Tuberculosis Control Boards will assess local Tuberculosis services against a locally adapted Tuberculosis service specification, identify any gaps in provision and develop plans to meet these gaps.

- The new entrant latent Tuberculosis infection testing and treatment programmes in the 58 high incidence clinical commissioning groups will be rolled out. Monitoring and reporting systems for the latent Tuberculosis programme will be established.
- Tackling the needs of the under-served will be taken forward, awareness raising work and work to improve treatment and care services will continue.

7.20 **Work programme 2016-17**

- Involvement with Short Sermon this year is an exercise year and Plymouth and Cornwall will be involved in Exercise short sermon.
- Antimicrobial resistance – Cornwall have succeeded in establishing a flourishing and successful group and Plymouth, Devon and Torbay need to emulate this.
- Review locality Immunisation groups and the childhood flu programme – the locality groups have just been reformed to ensure that they remain relevant and fit-for-purpose, they need to be connected into local authorities and providers as well as Public Health England. The childhood flu programme now covers a range of ages and is delivered by a variety of providers in a number of settings, which lends itself to evaluation to see which is most effective and efficient.
- Childhood Flu review – now that there is a diversity of provision of the childhood flu programme, there is an opportunity to evaluate the most successful approaches.
- Port Health Review – following the Ebola outbreak, it has become clear that the variety of small ports in the South West do not have Port Health plans to allow them to know how to respond in an unfamiliar situation. Teignbridge council, in association with Public Health England have produced a framework plan which ports can customise for their needs.
- Lyme disease – Exmoor, Dartmoor and the Blackdown Hills are relatively high in ticks and every year people catch Lyme disease from tick bites. It is proposed to run a local awareness campaign in National tick week with the support of Public Health England.

7. Authors

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APPENDIX 1

Terms of Reference for the Health Protection Committee of the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly

1. Aim, Scope & Objectives

Aim

1.1 To provide assurance to the Health and Wellbeing Boards of Devon County Council, Plymouth City Council, Torbay Council, Cornwall Council and the Council of the Isles of Scilly that adequate arrangements are in place for the prevention, surveillance, planning and response required to protect the public's health.

Scope

1.2 The scope of health protection to be considered by the committee will include prevention and control of infectious diseases, immunisation and screening, health-care associated infections, non-infectious environmental hazards and emergency planning and response (including severe weather, environmental and non-environmental hazards).

Objectives

1.3 To provide strategic oversight of the health protection system operating across Devon, Plymouth, Torbay, Cornwall Council and the Council of the Isles of Scilly.

1.4 To oversee the development, monitoring and review of a memorandum of understanding that outlines the roles and responsibilities of the Public Health England Centre, NHS England Area Team, Clinical Commissioning Groups (Northern Eastern and Western Devon & South Devon & Torbay and Kernow) and upper tier/lower tier / unitary authorities in relation to health protection.

1.5 To provide oversight of health protection intelligence reported to the committee and be appraised of risks, incidents or areas of underperformance.

1.6 To review and challenge the quality of health protection plans and arrangements to mitigate against any risks, incidents or areas of under-performance.

1.7 To share and escalate risks, incidents and under-performance to appropriate bodies (e.g. Health and Wellbeing Boards / Local Health Resilience Partnership, NHS England) when health protection plans and arrangements are insufficient to protect the public. The escalation route will depend on the risk or area of under-performance.

1.8 To agree an annual programme of work to further improve local health protection arrangements as informed by the respective Health and Wellbeing Strategies for Devon, Plymouth, Torbay, Cornwall Council and the Council of the Isles of Scilly and

their Director of Public Health's Annual Report and Joint Strategic Needs Assessments.

1.9 To review and challenge arrangements for the delivery of existing and new national screening and immunisation programmes or extensions to existing programmes.

1.10 To promote reduction in inequalities in health protection across Devon, Plymouth, Torbay and Kernow.

1.11 To oversee and ratify an annual Health Protection Committee annual report.

2. Membership

Chair: Director of Public Health

Members: *Chair – Health Protection Advisory Group (Public Health England CCDC/Health Protection Consultant)

*Chair - Devon, Cornwall and Isles of Scilly Screening & Immunisation Oversight Group – Consultant in Public Health
*Chair – Local Health Resilience Partnership

*Chair – Health Care Associated Infections Programme Board
Consultants in Public Health / Health Protection Lead Officers – (Devon County Council, Plymouth City Council, Torbay, Cornwall Council)

Head of Public Health Commissioning (Area Team – NHS England)

Head of Emergency Planning Resilience & Response – (Area Team – NHS England)

Chief Nursing Officer – (Northern Eastern and Western Devon Clinical Commissioning Group)

Director of Quality Governance – (South Devon and Torbay Clinical Commissioning Group)

3. Meetings & Conduct of Business

3.1 The Chairperson of the Health Protection Committee will be a Director of Public Health from either Devon County Council, Plymouth City Council, Torbay or Cornwall Council. Directors of Public Health serving these councils will review this position annually.

3.2 The quorum of the meeting will comprise the Chairperson of the Health Protection Committee or their deputy, the Chairperson of each of the four groups listed in 2 above (*) or their representative with delegated authority to make decisions on their behalf, at least one Local Authority Consultant in Public Health (Health Protection Lead Officer) and at least one of either the Chief Nursing Officer (Northern Eastern

and Western Devon Clinical Commissioning Group or the Quality and Safety Lead (South Devon and Torbay Clinical Commissioning Group).

3.3 All meeting papers will be circulated at least seven days in advance of the meeting date.

3.4 The agenda (standing items listed in 3.6 below) and minutes will be formally recorded. Minutes listing all agreed actions will be circulated to members and those in attendance within 14 working days of the meeting.

3.5 Meetings will be held bi-monthly.

3.6 Standing agenda items will include the following:

- *Screening and Immunisation performance and risk monitoring*
- *Health Protection Report for the Health Protection Committee*
- *Work-programme update*
- *Any other business.*

3.7 A report of the meeting will be forwarded to members of the Health and Wellbeing Boards for Devon County Council, Plymouth City Council and Torbay Council and Cornwall and the Isles of Scilly Council and Local Health Resilience Partnership.

3.8 Terms of reference will be reviewed annually.

4. Author

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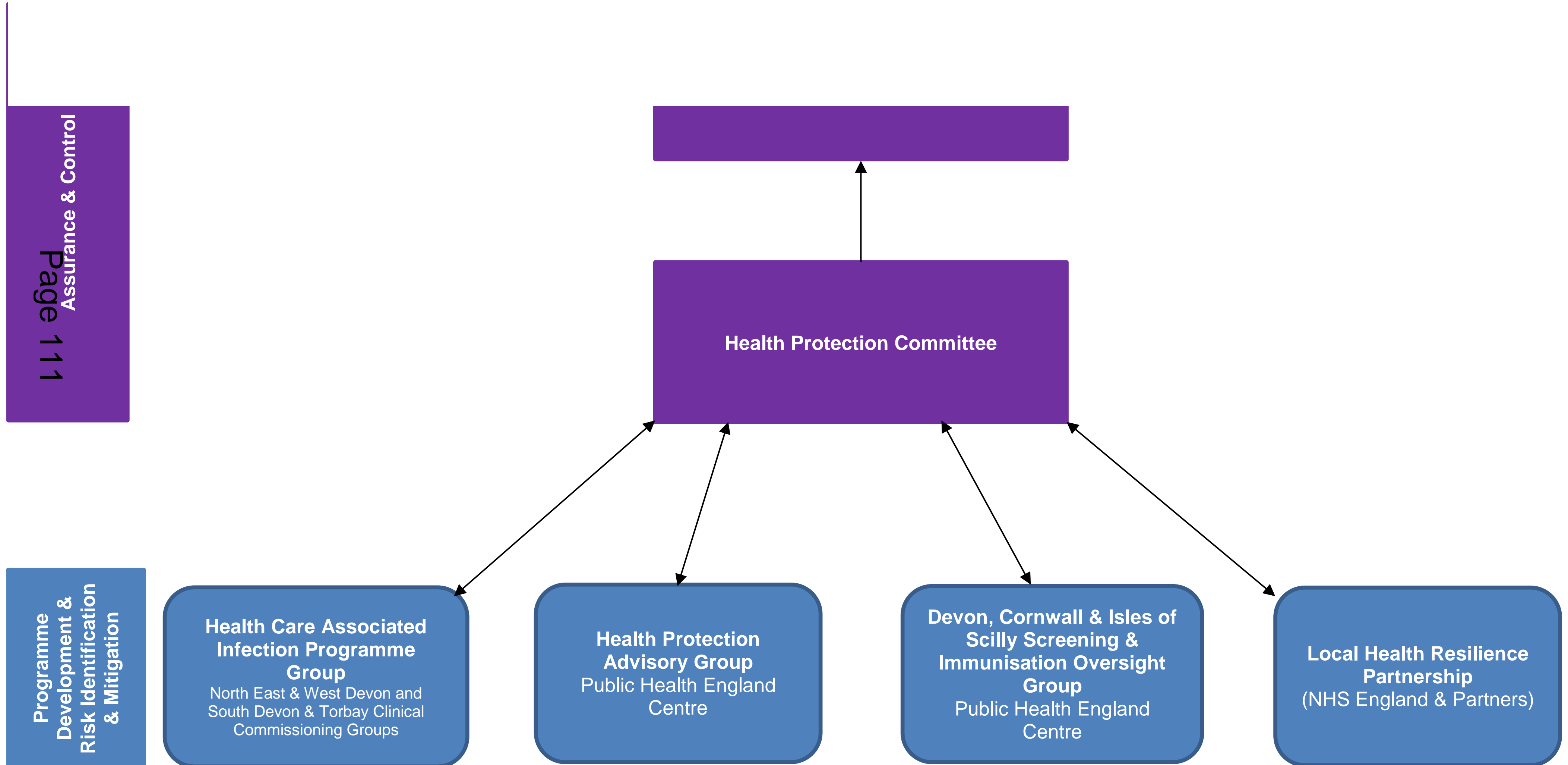
Reviewed 5th August 2015

APPENDIX 2

Health Protection Committee Reporting to the Devon, Plymouth, Torbay, Cornwall and Council of the Isles of Scilly Health & Wellbeing Boards and its Relationship to Existing or Planned Health Protection Partnership Forums



TORBAY Health & Wellbeing BOARD
Working together for a healthier Torbay

Joint Health and Wellbeing Strategy
Assurance Framework in relation to Joined Up Plans

February 2017

Area within Plan	**Update on progress**	**Relevant KPIS**
Financial recovery- Social/other investment - Caroline Taylor	March 2016 Two commissioners have a risk share in place for the main provider – the ICO – from 1 October 2015. The health and care system remains under financial pressure but shared schemes to reduce cost and deal with demand are progressing. Social investment is still being pursued and opportunities for external grant aid encouraged for the benefit of our communities. Vanguard status has given some additional investment. February 2017 The health and care system is financially challenged. There is a local plan to reduce costs in 17/18 by £40m which requires some significant changes to services, workforce and efficiency- it is still in line with the care model we are working to as a system and the Health and Wellbeing Strategy for Torbay. NHS and Council colleagues are working with wider Devon on an STP plan and that is still emerging as a potential place based approach with an overarching strategic commissioning entity- but finance is still under great pressure. Social Impact Bonds were explored but have not been developed due to sharp reductions in public sector budgets meaning that if the bond is successful it could not easily be paid back to investors. Out local position is no worse than other health and care systems in England.	Council element of the risk share – 9% of any overspend over agreed deficit – Currently breakeven
Local Integrated Multi-Agency Teams (LMAT) with mental health - Helen Wilding	March 2016 Work commenced with Plymouth & Exeter Universities to validate baseline modelling already undertaken, and develop success measures. Engagement events with staff in Coastal/ Paignton/Brixham localities have taken place to clarify vision and inform operational delivery plans. Implementation of locality plan for Coastal has commenced. Discussions commenced and steering group set up with GP colleagues to define the medical input to LMATs and clinical governance/accountability.	

Area within Plan	Update on progress	Relevant KPIS
	Plan developed for integrated medicines management in LMATs Early conversations with South West Ambulance Service Trust and Devon Partnership Trust to clarify LMAT vision and scope integrated working opportunities.	
Social Work Innovation Fund Transformation (SWIFT) - Gail Rogers	March 2016 The Torbay Public Service Trust (TPST) is established with sign up from all key Partners in the Bay. Their first co-commissioning project is around Domestic Violence and Abuse (DVA). £50,000 was awarded by the Big Lottery to undertake development work, and a company i-Three has been appointed to complete work by the end of May. A full proposal for a new model of DVA intervention based on social investment financing will go the TPST and to the Lottery for further funding. An Integration Board has been set up to prepare for the integration of the children's services workforce into the new ICO. A timeline for this has been prepared, and a new six-month post of Director of Children's Safeguarding will be recruited to sit within the ICO and support the incoming service within its new organisation. Work is ongoing with the Department for Education who are supportive of the move, and need to give a formal approval within the next two months. The first Early Help Practice/Hub has been launched in Brixham with over fifty professionals and members of the Community and Voluntary Sector in attendance to hear about team around the family working, and a concerted approach to working with the whole family. Training will be rolled out beginning in April, and a new Team around the Family co-ordinator is being recruited to support the process. It is intended that the model is rolled out in Paignton and then Torquay in the next six months. The model is being evaluated by the Peninsular Medical School. February 2017 The Director of Children's Services has been in discussion with Torbay Public Service Trust (TPST) partners around the Social Investment Bond for Domestic Abuse. The outcome of those initial discussions is that we are not able to move forward at this stage given the wider financial circumstances of partners and the complexities associated with determining the quantum and distribution of cashable savings and return to investors. The DCS is preparing a position statement for TPST partners which will be completed in March.	Reduction in Child Protection and Children Looked After and a reduction in referrals into the Multi-Agency Safeguarding Hub

Area within Plan	Update on progress	Relevant KPIS
	Work to determine an alternative delivery model for children's social care services is progressing with the DfE Commissioner shortly to make a recommendation to the Minister on next steps. A range of options remain under consideration. An Early Help Task and Finish Group chaired by the Interim Assistant Director has held a number of meetings with partners and stakeholders to revise the strategy and threshold documents. A revised MASH referral form and single front door, incorporating Early Help referrals have now been implemented.	
Child & Adolescent Mental Health services (CAMHS) - Louise Arrow	March 2016 Commissioning Manager Louise Arrow has been appointed to lead on this work. Started 22/2/16 An all age out of hours psychiatry service was operational from 1/12/15. Children place of safety has now been established and is operating. No children from Torbay have been admitted to police custody for mental health issues since it has been in operation. NHS England have formally assured the Transformation Plan. Additional funding was received for extending Psychiatric Liaison. 9-10pm Mon-Fri 9-5 on Saturday/Sunday and Bank holidays. A multi agency self harm pathway group has been formed which is looking at how we can develop services at specialist, targeted and preventative levels. February 2017 *Local Transformation Plan (LTP):* this was signed off by the Health and Wellbeing Board and is now published on the CCG website. Current indications are that there will need to be an annual refresh which will need to be signed off by the Health and Wellbeing board. Terms of reference and the governance structure has been agreed for work streams focused around: self harm, resilience, crisis, workforce, infant mental health. Workstreams around Children in Care have already been started. *Waiting List Initiative:* additional non-recurrent money was released from NHS E to reduce waiting times within CAMHs. This funding was for the time frame October 2016 – March 2017 only.	Maximum length of wait/ referring agent/numbers seen Reduce self-harm attendances by 10%. This has been taken from the Integrated Care and Support Bid. As the group develops its work and a more detailed pathway is developed KPIs will be identified.

Area within Plan	Update on progress	Relevant KPIS
	Place of Safety: Funding has been permanently agreed for this resource. The place of safety is based at Plymbridge House, Plymouth. No children from Torbay have been admitted to police custody for mental health issues since it has been in operation. *Vanguard Crisis Trial:* Non recurrent funding has been secured for a pilot in Torbay for 12 months. CYPs/their families and other community-based practitioners/professionals will be able to contact the team when a CYP is approaching/in mental health crisis. The team will triage over the phone and then undertake where necessary further assessment/risk management. This will take place in the community (where safe to do so); avoiding presentation at emergency departments. Following this, the team will provide up to 8 weeks intervention to reduce/manage the crisis with the CYP either then being discharged or stepped down to CAMHs. If the CYP presents at the emergency department the team can still be contacted and the same process undertaken. This will operate 9am -10pm 7 days a week. Results will be evaluated and used to inform future service design.	
Integrated prevention model - Caroline Dimond	March 2016 A Prevention Board has been set up for South Devon and Torbay with membership across NHS, Councils and Community and voluntary sectors An Integrated Prevention Strategy has been agreed covering; - Promotion of well-being - Prevention - Self-care An action plan has been developed and is actively monitored. This includes a mapping exercise to enable community and voluntary sector involvement. A prevention strand will be embedded within the transformation team of the Foundation Trust. Priorities for early work have been identified together with a model of ways of working and approach which will include a change in the way we interact and behave with clients or patients. February 2017 The Prevention Board continues to meet on a monthly basis and partners now work a day a week on this agenda.	A set of metrics is being worked up with partners and will be presented at a future HWBB seminar.

Area within Plan	Update on progress	Relevant KPIS
	Three enabling workstreams have been established to create and develop the core products essential to implementing the prevention strategy: • Workstream 1: Prevention, Wellbeing and Self-care Learning and Development Package • Workstream 2: Information assets for wellbeing and prevention • Workstream 3: Community resourcefulness • Key outputs from these workstreams to date have been: • Shared information repository went live on 1 February. https://edit.southdevonandtorbayccg.nhs.uk/prevention-and-self-care/Pages/default.aspx • Initial learning and development packages created. • Rollout of awareness sessions across TSDFT localities. • Identification of community assets and activities being sought from people presenting to front line services. This process is ongoing and iterative, with the focus being on those service areas and localities that are seeking to access community resources to support self-care, prevention and wellbeing. This information is used to identify information assets being used and to assess their effectiveness. • Pathways for informing future community asset development developed. CDT &CVS approaches in place for developing new informal groups that are identified by frontline health & social care practitioners. • Community grants mode developed. First stage of roll out has commenced in South Devon. This will enable departments / partners to embed prevention/ early intervention and self- case within department / partners workplans. This work will now include progress against the STP wide prevention work and the six 17/18 strands. Work in this area includes - Development of challenge papers to recommend specific areas where short-	

Area within Plan	Update on progress	Relevant KPIS
	term savings can be made - Development of an alternative funding model - Reporting via System Delivery Group with regular flash reports Risks identifies are in 3 areas; - Capacity to develop tools and deliver at scale - Staff feeling pressure and stress so lea willingness to take on new ways of working - Evaluation support needed and not yet clarified	
Care Act implementation - Fran Mason / Caroline Taylor	March 2016 The first part of the Care Act has been implemented. However, implementation of the second part has been postponed and we are awaiting a future Government announcement. February 2017 The Care Act has been implemented by the ICO and in social care services commissioned from Devon Partnership Trust. A market strategy for Torbay has been developed to support the duty of the Local Authority to shape the market.	
Integrated Personal Care planning & commissioning - Helen Davies-Cox	September 2016 An initial site in Totnes is successfully up and running, delivering outcomes that matter to individuals. Policy documents to support the process are undergoing formal ratification. A training/development model (including active listening, motivational interviewing, coaching and enabling) has been developed and tested co-productively with practitioners. A site in Paignton/Brixham has been identified however; the further recruitment of more individuals onto the IPC approach has been delayed pending evaluation and a signed Memorandum of Understanding between local organisational leaders and NHS England. February 2017 A Memorandum of Understanding has been agreed and signed by all relevant parties. The ICO, CCG and the Local Authority are due to meet to reconsidering priority areas	

Area within Plan	Update on progress	Relevant KPIS
	for 2017/2018 with a proposed roll-out across Torbay. The training program has been embedded within the ICO's Learning & Development Programme: Strengths Based Approach. The Patient Activation Measure tool is being tested locally with a number of groups including the Young Adult Carer's and with the Stroke Association in Torbay. It is in the development stage for the lower limb service, the Parkinson's service and there have been exploratory discussions with the Living Well at Home project. A bid for the ADASS 'Community Catalysts and Power to Change' was submitted in February 2017 regarding an identified opportunity to develop community networking and responsiveness. This is an innovative concept that suggests that through working in collaboration with online connectors/influencers it should be possible to stimulate a local community response to help fill identified gaps in community assets in particular around developing and maintaining community connections that support people to live a fulfilled life, improve well-being and stay living at home. Through the Integrated Personal Care 'Directory of Support Voluntary Sector Partners Programme', Torbay has been successful in bidding for the HOPE self-management programme, developed by Coventry University and partners. HOPE uses positive psychology evidence-based activities, such as goal setting, action planning, mindfulness and gratitude diaries, to create an upward spiral of positive emotions leading to improved confidence, social support, happiness and well-being. The funding will provide up to 36 service users + 50 staff to undergo HOPE programme training and up to 30 facilitators to embed and sustain the HOPE Programme in local services https://hopeprogramme.coventry.ac.uk/ This type of peer support programme has been evidenced to be a cost effective approach by NESTA (Realising the Value) leading to significant improvements for people with long-term physical and mental health conditions across a range of health and wellbeing outcomes including: • Individuals' knowledge, skills and confidence to manage their health and care ('patient activation').	

Area within Plan	Update on progress	Relevant KPIS
	• Physical functioning and ability to self-care. • Quality of life. • Social functioning and perceived support	
Multi-Long Term conditions - Helen Wilding	March 2016 Recruitment moving forward, three medics and nurse posts being recruited currently with the intention of commencing specialist training in Spring 2016. Work ongoing to ensure this service is embedded within the LMATs and not seen as a 'separate' service.	
Single Point of Contact (SPOC) - Helen Wilding	March 2016 Engagement with zone teams, service leads and Transformational Assistant Directors to inform development of the business case for SPOC. Fully costed options appraisal developed with recommendations for operational model. Recommendations for SPOC endorsed at Care Model Operational Group. Model for SPOC endorsed at Executive level by Strategic Planning Group	
Outpatient & inpatient innovation - Helen Wilding	March 2016 Musculoskeletal (MSK) Funding has been approved by the ICO Executive team for the expansion of the MSK Access Pathway to Spinal and Foot and Ankle conditions. Care models have been defined for both areas with an expected service start date of 01/05/16 Seeking Advice in the ICO (SAICO) (Referral Management) Implementation took place as planned – minor issues have arisen and are being dealt with as they happen. Process for unprotecting incoming forms circulated. Trauma and orthopaedics are happy to implement SAICO for shoulders and hands on 4 April 2016. On-going Web-ex training dates have been planned and uploaded onto intranet.	
Frailty services - acute & community	March 2016 Successfully recruited therapist and co-ordinator to join frailty nurse in next phase of	

Area within Plan	Update on progress	Relevant KPIS
- Helen Wilding	project. Team have developed clear objectives for next 3 and 6 months. Acute pathway co-designed and defined with stakeholders and pathway simulation complete. Audit work undertaken to identify potential cohort, service criteria agreed. Comprehensive Geriatric Assessment and brief screening tools developed and trialled. Early conversations with Organisational Development team regarding embedding strengths-based approach to practice. Questionnaire developed to obtain qualitative patient experience feedback. <u>Discharge-to-assess</u> Focus groups have been held and process mapping is underway. There has been liaison with the Frailty Unit and Acute Therapists and co-ordination with In Reach.	
Ageing Well Torbay - Simon Sherbersky	<u>March 2016</u> AWT is a six year national lottery programme funded by BIG Lottery Ageing Better: Fulfilling Lives. The programme dates are 1 April 2015 – 31 March 2021. The programme is nine months in to the first year of delivery. There are four main areas of delivery covering: 1. Neighbourhoods Model (Community Builders and Timebank initiatives). 2. Raising Aspiration & Service Redesign (Guided Conversations). 3. Evaluation. 4. Positive Ageing. Summary of progress: 1. Community Builders team is now operational, 13 CB's in post covering all neighbourhoods across Torbay. 12 Timebanks have been set up. 2. A number of organisations have been commissioned to undertake guided conversations these are: a. Wellbeing Coordination - Age UK Torbay & Brixham Does Care b. Mutual Caring - Mencap	Ageing Well Programme Outcomes By 2021, 6000 isolated older people feel re-connected with friends, their communities and where they live through an increased sense of 'neighbourliness' and engagement in a broader range of accessible/affordable activities. By 2021, 1250 older people feel their lives have value and purpose as life changes, contributing their time, skills and knowledge to their

Area within Plan	Update on progress	Relevant KPIS
	c. Circles of Support - Carers Trust Phoenix (formerly Cross Roads Care) d. Mysupportbroker e. Torbay Navigators (British Redcross) – funded by BIG Lottery - Reaching Communities not Ageing Well. 3. An open tender process has been undertaken to appoint an evaluation partner for the full term of the programme. SERIO, a research department within Plymouth University has been contracted to undertake: a. Process evaluation b. Impact evaluation c. Cost Benefit Analysis d. Citizen evaluators It is the aim for SERIO to work with Torbay Metrics and Evaluation Group to ensure a joined up approach to evaluation and learning is shared across partners. SERIO are currently implementing BIG Lottery's National Evaluation, called the Common measurements Framework and working with currently delivery partners and Programme partners to finalise a local evaluation framework. A key milestone is to produce by March 2017 a full evaluation report. This report will establish what has worked, what hasn't, why and provide recommendations for the second round of delivery covering April 2017 – March 2019. 4. Positive Ageing, Ageing Well formally launched 1st October 2015 (International Older People's Day). A four day festival to celebrate ageing ran between 1st – 4th October with over 80 events held by local community groups along with voluntary and public sector partners across the bay. A Comms Plan has been produced and now being implemented, a new website has been launched www.torbaycdt.org.uk. A key task to be completed is to recruit a Participation Development Officer. This post will work with and support Torbay Older Citizens Forum to become a strong voice for older people resident in Torbay. One round of recruitment has taken	community, viewing older age as an opportunity. By 2021, 4650 older people have high personal, learning and service aspirations for later life facilitated by better information, advice and more integrated services, that older people design and produce with organisations. By 2021, 20% more local residents value older people. Ageing is celebrated and viewed more positively by all.

Area within Plan	Update on progress	Relevant KPIS
	place but Ageing Well did not appoint. Key partnership activities: 1. Evaluation of Ageing Well Torbay. Ageing Well to be linked to Torbay Metrics and Evaluation Group and the wider evaluation work which is taking place across Torbay with public sector partners. 2. Guided conversations models linking with the development of Local Multi Agency teams. Ageing Well commissioned services will provide the guided conversation element for LMAT's and the Multi-Longterm conditions clinic. September 2016 Since the last meeting two further Ageing Well Projects are now on-line (July 2016): 1. Wellbeing Coordination - Age UK Torbay & Brixham Does Care 2. Mysupportbroker The other projects continue to meet their milestones and we anticipate a full evaluation report by March 2017. A new Participation officer has been recruited and part of this post's role will be to bring together a panel of older people to co-curate a visioning strategy for positive ageing in Torbay. A new Programme Manager, Sue McDermott was also recruited in July 2016. The Programme's second Ageing Well Festival will take place on 1st and 2nd October. It is a smaller event than last year, with taster sessions of activities on Saturday and free entry at Torre Abbey and a spread of community lunches at low or no cost across Torbay on Sunday. February 2017 The Ageing Well Festival saw over 500 people at Torre Abbey, and over 360 guests at the Sunday lunches arranged throughout the Bay in different neighbourhoods by the community builders; some have become a regular fixture. The Steering Group has	

Area within Plan	Update on progress	Relevant KPIS
	decided to run an Ageing Well Symposium in May 2017, in addition to a Festival in October. The Participation Development Officer and Comms Team have run almost 30 'Food for Thought' events and captured the views and voices of almost 400 people over 50. The results of these focus groups have been themed and written into a briefing document for the AWT Programme Board, which will shortly be making decisions what to commission for years 3 and 4 using the main Big Lottery funding, and also agreeing which outcomes the Innovation Fund will be commissioning around.	
Older people's mental health and dementia - Derek O'Toole	February 2017 Current Dementia Diagnosis rates are 52% for Torbay, against a national target of 67%. This gap is being addressed by a specific Dementia Diagnosis Action Plan, which has identified opportunities to work with Primary Care, Voluntary Sector and Nursing Homes to improve the diagnosis rate. Additionally, we have been working with Devon County Council and NHS NEW Devon Clinical Commissioning Group to review the Dementia Adviser service. This has resulted in a revised specification, which supports individuals, carers and their families throughout the Dementia journey. We are in the process of recruiting to a dedicated Dementia GP Clinical resource, to assist in the delivery of both Dementia Diagnosis Plan and the 10 Point Dementia Action Plan. It is anticipated that the post will be recruited to in Q1 of 2017/18. Work has been undertaken at the Older Persons Mental Health Steering Group (at which the CCG is represented by Vikki Cochran, Commissioning Manager), to identify the common escalation points for individuals who have Dementia. This could be due to a change in their condition, an admission to hospital for a physical illness or carer 'burnout'. A stakeholder group is due to be held in Q1 2017/18, which will bring together service users, carers, voluntary sector, Mental and Physical Health providers, to agree revised pathways to reduce the impact of the escalation points.	

Area within Plan	Update on progress	Relevant KPIS
	An Arts and Health project has been developed, with support from the Arts Council, to provide support to individuals over 50 years of age, who have anxiety and/or depression. This project aims to help build resilience and reduce isolation, using Art and Culture as a medium.	
Accommodation-based care and support - Fran Mason	March 2016 Housing strategy agreed by Council. Tender for extra care housing in progress and design of new extra care scheme to deliver additional units planned Peninsular framework in development for commissioning of residential and specialist children's services Development of outcomes based framework for care homes February 2017 A joint commissioning framework with Devon County Council for residential and nursing homes has been developed with procurement due by October 2017.	Additional 60 units of extra care housing by 2018/19 Develop accommodation, care and support strategy by April 2017 Peninsular Framework in place by September 2017 Outcomes based framework in place by Summer 2017

Development of the Healthy Torbay monitoring framework

Phase 1 of the Healthy Torbay Framework centred on raising awareness of the wider determinants of health within Torbay Council, capturing linked work already underway and developing cross department upstream interventions. The framework included a set of **Work Areas** covering a broad spectrum including the built environment, lifestyle behaviours and social and physical connectivity.

We have been working to develop the monitoring of Healthy Torbay into a more robust and meaningful framework including measures of success for each of the Work Areas. This is to include national indicators such as those featured in the Public Health Outcomes Framework (PHOF) as well as important localised measures to both complement the national indicators as well as making the performance applicable and meaningful at the local level - giving a more immediate sense as to whether we are 'making a difference.' A good example is in regard to Physical Activity where we are restricted in the PHOF to useful but limited survey data on current levels of adult physical activity and inactivity set against Chief Medical Officer Guidelines. By capturing local data in regard to projects such as Active Mum's, Street Games and Beginners Running we can establish some local proxies for success, especially when the data includes take-up from our areas of inequality, where levels of inactivity and obesity are highest.

Phase 2 of the Healthy Torbay Framework will see the broad based Work Areas listed above continue as 'business per usual' alongside partnership work in three **Focus Areas: Social, Environment** and **Economic** as well as a communications campaign. Our intention is that each of these Focus Areas will include a small number of **Flagship Projects** – each featuring innovative, high impact delivery to be identified and overseen by a partnership **Community of Practice** that will now not only comprise Local Authority members but will also include external partners, such as the NHS, local communities and the voluntary and commercial sectors.

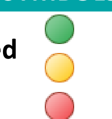
As we progress Healthy Torbay our intention is that the 'business as usual' aspect will continue to be monitored and that project update reports will be produced for the three new Focus Areas. We have worked to develop the monitoring framework and this pack provides examples (such as Physical Activity and

Healthy Torbay - Phase 1 'Business as Usual'

Sig	Code	Public Health Outcomes Framework (PHOF): Outcome Indicators	Housing	Planning & Environment	Transport	Physical Activity	Healthy Food	Healthy Children	Tobacco Control	Healthy Workplace	Social Isolation	Alcohol Control & Awareness	Adult Emotional Health & wellbeing	Poverty & Job Creation	Domestic Abuse & Sexual Violence	Time Period	Torbay Value	National Value	Unit of measure	Guide
			Work Areas																	
Yellow	1.10	Killed and seriously injured (KSI) casualties on England's roads (Persons)		✔	✔											2012-14	34.1	39.3	Per 100,000	Lower is Better
-	1.11	Domestic Abuse													✔	2014-15	20.9	20.4	Per 1,000	Lower is Better
Red	1.17	Fuel poverty(Persons)	✔													2013	12.8	10.4	%	Lower is Better
Red	2.03	Smoking status at time of delivery							✔							2014-15	16.1	11.4	%	Lower is Better
Yellow	2.14	Smoking prevalence - routine and manual							✔							2014	29.5	28.0	%	Lower is Better
Red	2.18	Admission episodes for alcohol-related conditions - narrow definition										✔				2014-15	770.0	641.0	Per 100,000	Lower is Better
-	3.01	Fraction of mortality attributable to air pollution														2013	3.90	5.3	%	Lower is Better
Yellow	1.02i	School Readiness: The percentage of children achieving a good level of development at the end of reception						✔								2014-15	64.4	66.3	%	Higher is Better
Yellow	1.09i	Sickness absence - the percentage of employees who had at least one day off in the previous week								✔						2011-13	2.0	2.4	%	Lower is Better
Yellow	1.09ii	Sickness absence - the percentage of working days lost due to sickness absence								✔						2011-13	1.4	1.5	%	Lower is Better
Red	1.12i	Violent crime (including sexual violence) hospital admissions for violence													✔	2013-15	55.4	47.5	Per 100,000	Lower is Better
-	1.14ii	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime		✔	✔											2011	4.6	5.2	%	Lower is Better
Green	1.15ii	Statutory homelessness - households in temporary accommodation(Persons)	✔													2014-15	0.4	2.8	Per 1,000	Lower is Better
Yellow	1.18i	Social Isolation: percentage of adult social care users who have as much social contact as they would like									✔					2014-15	43.9	44.8	%	Higher is Better
Yellow	1.18ii	Social Isolation: percentage of adult carers who have as much social contact as they would like									✔					2014-15	41.5	38.5	%	Higher is Better
Red	2.06i	Excess weight in 4-5 year olds				✔	✔	✔								2014-15	24.1	21.9	%	Lower is Better
Yellow	2.06ii	Excess weight in 10-11 year olds				✔	✔	✔								2014-15	32.1	33.2	%	Lower is Better
Yellow	2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years)(Persons)	✔					✔								2014-15	137.5	137.5	Per 10,000	Lower is Better
Yellow	2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)(Persons)	✔					✔								2014-15	121.2	109.6	Per 10,000	Lower is Better
Red	2.07ii	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24 years)(Persons)	✔													2014-15	189.2	131.7	Per 10,000	Lower is Better
Red	2.09i	Smoking prevalence at age 15 - current smokers (WAY survey)							✔							2014-15	13.6	8.2	%	Lower is Better
Red	2.09ii	Smoking prevalence at age 15 - regular smokers (WAY survey)							✔							2014-15	10.4	5.5	%	Lower is Better
Yellow	2.09iii	Smoking prevalence at age 15 - occasional smokers (WAY survey)							✔							2014-15	3.2	2.7	%	Lower is Better
Yellow	2.11i	Proportion of the population meeting the recommended '5 a day'					✔									2015	49.5	52.3	%	Higher is Better
Red	2.13i	Percentage of physically active and inactive adults - active adults		✔	✔	✔										2014	52.4	57.0	%	Higher is Better
Red	2.13ii	Percentage of physically active and inactive adults - inactive adults		✔	✔	✔										2014	34.2	27.7	%	Lower is Better
Red	2.23i	Self-reported wellbeing - people with a low satisfaction score											✔			2014-15	6.9	4.8	%	Lower is Better
Red	2.23iv	Self-reported wellbeing - people with a high anxiety score											✔			2014-15	22.6	19.4	%	Lower is Better
Yellow	2.24i	Injuries due to falls in people aged 65 and over(Persons)	✔													2014/15	2,038.41	2124.6	Per 100,000	Lower is Better
		Output Measures																		
	1	Number of homes where energy efficiency measures delivered	✔													2015-16				
	2	Number of homes visited under DSFRS Home Safety Visit Plus scheme	✔													2015-16			Count	Higher is Better
	3	Number of Homeless rough sleepers	✔													2013	5.0		Count	Lower is Better
	4	HIA completed		✔												2015/16	5.0		Count	Higher is Better
	5	HIA agreed		✔												2015/16	1.0		Count	Higher is Better
	6	HIA agreed		✔												2016/17	10.0	10.0	Count	Higher is Better
	7	HIA agreed		✔												2017/18	20.0	10.0	Count	Higher is Better
	8	Active Mums				✔														
	9	School Games				✔														
	10	Change of Life Clubs				✔														
	11	Street Games				✔														
	12	Beginner Running				✔														
	13	Bay Walks				✔														
	14	School Meal Inspections completed					✔													
	15	NCMP metrics to be confirmed					✔													
	16	Sugar Reduction metrics to be confirmed					✔													
	17	Voluntary Improvement Plans delivered					✔													
	19	Number of food outlets signed up to Childrens Healthy Food Menu					✔													
	20	Tier 2 Weight Management activity					✔													
	21	Tier 3 Weight Management activity					✔													
	22	Tier 2 - achieving weight loss					✔													
	23	Tier 3 - achieving weight loss					✔													
	26	Smoking attributable mortality							✔							2011-13	280.8	288.7	Per 100,000	Lower is Better
	27	Smoking attributable hospital admissions							✔							2013-14	1987.0	1645	Per 100,000	Lower is Better
	28	Numbers of businesses achieving Wellbeing at Workplace charter								✔						2015-16 YTD	1.0		Count	Higher is Better
	29	Number of businesses signed up the the Wellbeing at work charter								✔						2015-16 YTD	1.0		Count	Higher is Better
	30	Number of mental health cases									✔									
	31	Alcohol Related Assaults										✔								
	32	Other Alcohol Related Injury										✔								
	33	Number of new presentations to the Lifestyles Service - Alcohol Only										✔								

SIGNIFICANCE SYMBOLS

Significance represents the statistical signficance based on England figures



Significantly Better
Not Significant
Significantly Worse

DRAFT

Healthy Torbay Priority - Physical Activity

Strategy/Plan	Areas of Work
Physical Activity Action Plan	Activities to promote wellbeing and inclusion/Sports and Leisure Development/Promotion of Active Travel/Development of Tier 1

Output/Process Measures

Indictors	RAG	Time Period	Torbay Value	Target	National Value	Unit of Measure	Notes
Active Mums membership		2014				Count	
Active Mums increased Physical Activity		2014				%	Email to Kirsty to identify how increased PA is actually being measured.
School Games							
Change of Life Clubs							
Street Games membership		2014					
Beginner Running membership		2014				Count	
Beginner running increased Physical Activity		2014				%	Email to Kirsty to identify how increased PA is actually being measured.
Bay Walks							

2.13i - Percentage of physically active and inactive adults - active adults

60%
40%
20%
0%
2012 2013 2014
Torbay England

Inequalities

Local and National Inequalities Data unavailable

Interpretation

Latest data for 2014 shows that torbay (52.4%) is significantly worse compared to the England average (57%). Previously for 2012 and 2013, Torbay was not significantly different compared to the England average.

Response

Commissioning responsibility - **PH Budget cost - £** **Lead PH -**
Main PH role:

2.13ii - Percentage of physically active and inactive adults - inactive adults

40%
30%
20%
10%
0%
2012 2013 2014
Torbay England

Inequalities

Local and National Inequalities Data unavailable

Interpretation

Torbay continues to be significantly worse compared to the England average. In 2014, 34.2% of physically active adults and inactive adults were inactive.

Response

Commissioning responsibility - **PH Budget cost - £** **Lead PH -**
Main PH role:

WAY - Percentage with 3 or more risky behaviours

60%
40%
20%
0%
2012 2013 2014
Torbay England

Inequalities

Local and National Inequalities Data unavailable

Interpretation

Response

Commissioning responsibility - **PH Budget cost - £** **Lead PH -**
Main PH role:

WAY - Percentage with a mean daily sedentary time in the last week over 7 hours per day

40%
30%
20%
10%
0%
2012 2013 2014
Torbay England

Inequalities

Local and National Inequalities Data unavailable

Interpretation

Response

Commissioning responsibility - **PH Budget cost - £** **Lead PH -**
Main PH role:

Healthy Torbay Priority - Healthy Food

Strategy/Plan	Areas of Work
Healthy Weight Strategy	Proactive follow-up of NCMP data/Healthy Schools Pilot/Commercial Menus/Growing initiatives

Output/Process Measures

Indictors	RAG	Time Period	Torbay Value	Target	National Value	Unit of Measure	Notes
School Meal Routine Inspections						Count	
School Meal voluntary improvement plans agreed and in progress							
NCMP metrics to be confirmed							
Sugar Reduction metrics to be confirmed							
Voluntary Improvement Plans delivered							
Number of schools signed up to Healthy Schools	-	2014/15	3	-	-	Count	
Number of food outlets signed up to Childrens Healthy Food Menu	-	2014/15	7	10 -20	-	Count	
Tier 2 Weight Management activity						Count	
Tier 3 Weight Management activity						Count	
Tier 1 - achieving weight loss						%	
Tier 2 - achieving weight loss							
Tier 3 - achieving weight loss							
Tier 4 - achieving weight loss						%	

2.06i - Excess weight in 4-5 and 10-11 year olds (4-5 year olds)

Inequalities (2012/13 - 2014/15)

Interpretation

Torbay continues to be significantly worse compared to the England average for excess weight in reception children. Latest data shows that almost 1 in 4 reception children (24.1%) are either overweight or obese. There is a weak association between this indicator and deprivation and although the value in the most deprived is higher than the least deprived, it is not signficantly different.

Response

Commissioning responsibility - **PH Budget cost - £** **Lead PH -**

Main PH role:

2.06ii - Excess weight in 4-5 and 10-11 year olds (10-11 year olds)

Inequalities (2012/13 - 2014/15)

Interpretation

Torbay (32.1%) remains not signficantly different compared to the England average (33.2%), yet almost 1 in Year 6 pupils are either overweight or obese. There is a strong association between this indicator and deprivation with the difference between most deprived and least deprived being significantly different.

Response

Commissioning responsibility - **PH Budget cost - £** **Lead PH -**

Main PH role:

2.11 - Proportion of population meeting recommended 5 a day

Inequalities

Local inequalities data unavailable

Interpretation

This indicator forms part of the Sport England Active People Survey. People surveyed are 16+ years. The proportions calculated from this indicator are only based on the proportion of people who took part in the survey.

Response

Commissioning responsibility - **PH Budget cost - £** **Lead PH -**

Main PH role:

WAY - Percentage with 3 or more risky behaviours

Inequalities

Local inequalities data unavailable

Interpretation

Recent data for 2014/15 shows that Torbay is significantly worse compared to the England average for the % of 15 year olds engaging with 3 or more risky behaviours.

Response

Commissioning responsibility - **PH Budget cost - £** **Lead PH -**

Main PH role: