Wednesday, 25 November 2015

Meeting of the Health and Wellbeing Board

Thursday, 3 December 2015

1.30 pm

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

Members of the Board

Councillor Mills (Chairman)
Mayor Gordon Oliver
Councillor Doggett
Councillor Parrott
Councillor Stockman
Caroline Dimond, Torbay Council
Pat Harris, Healthwatch Torbay
Nick Roberts, South Devon and Torbay Clinical Commissioning Group
Caroline Taylor, Torbay Council
Richard Williams, Torbay Council

Co-opted Members

Tony Hogg, Police & Crime Commissioner
Mairead McAlinden, South Devon Healthcare NHS Foundation Trust
Martin Oxley, Torbay Community Development Trust
Dr Liz Thomas, NHS England
Melanie Walker, Devon Primary Care Trust

For information relating to this meeting or to request a copy in another format or language please contact:

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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 - 6)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 10 October 2015.

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. Joint Health and Wellbeing Strategy (Pages 7 - 21)
To endorse the Joint Health and Wellbeing Strategy.

6. CAMHS Transformation Plan Data (Pages 22 - 30)
To consider the report on the above.

7. Healthy Torbay (Pages 31 - 42)
To consider a report that provides an update on the progress of Healthy Torbay.

8. Work Programme
To note the above.

Minutes of the Health and Wellbeing Board

15 October 2015

-: Present :-

Ian Ansell, Caroline Dimond, Councillor Ian Doggett, Pat Harris, Fran Mason, Mairead McAlinden, Councillor Derek Mills (Chairman), Martin Oxley, Councillor Julien Parrott, Nick Roberts, Councillor Jackie Stockman and Dr Liz Thomas

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11. Apologies

Apologies for absence were received from Mayor Oliver, Richard Williams, Caroline Taylor who was represented by Fran Mason and Tony Hogg who was represented by Ian Ansell.

12. Minutes

The Minutes of the Health and Wellbeing Board held on 18 June 2015 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. CAMHS Transformation Plan Overview

The Board considered a report that sought support for the CAMHS Transformation Plans. Members noted a requirement of the transformation plans was for the ambition of the South Devon and Torbay Clinical Commissioning Group (CCG) to align with the priorities set out in the Department of Health's publication 'Future in Mind'.

The transformation plans set out a number of priorities including:

- eating disorders;
- crisis intervention and intensive home treatment service;
- prevention and resilience and links to the schools pilot;
- funding during the life of the plan;
- infant mental health; and
- an improved Neurological Development Assessment Service.

Members were aware of the issues people had experienced when trying to access the CAMHS Service, whilst they supported the plan and welcomed the ambitious nature of the plans, Members sought information regarding the current position of the CAMHS Service (e.g. numbers accessing the service) and performance measures in order to evaluate whether the transformation plans were affective.

Resolved that the Health and Wellbeing Board:

(i) supports the broad priorities contained within the submitted report as the agreed use of the additional CAMHS funding allocated to the Clinical Commissioning Group's by NHS England;

(ii) member organisations agree to work jointly on the priorities where appropriate; and

(iii) receive updates at appropriate junctures particularly at the plans mid point where implementation can be reviewed and priorities reassessed.

Torbay's Joint Health and Wellbeing Strategy (2015 – 2020); Covering note on draft.

1. **Context - The role of HWBBs and the Joint Health and Wellbeing Strategy (JHWS).**

Statutory health and wellbeing boards were established across the country to encourage local authorities to take a more strategic approach to providing integrated health and local government services.
Specifically their role is to;

- Assess the needs of their local population through the joint strategic needs assessment process
- Produce a local health and wellbeing strategy as the overarching framework within which commissioning plans are developed for health services, social care, public health and other services which the board agrees are relevant
- Promote greater integration and partnership, including joint commissioning, integrated provision, and pooled budgets where appropriate.

Future thinking into the next parliament in general supports an increasing role for the HWBB in integration and over-sight of partners plans.

2. **The 2015 – 2020 JHWS.**

The proposed 2015 – 2020 strategy is a pragmatic approach to producing a JHWS which reflects a number of Joint plans already in existence. It has been considered after discussions with HWBB members.

The suggestion is as follows:

1. That Priorities are identified in the JHWS but that these are delivered through 3 strands;
    a. The Joined-up Health and Social Care Plan
    b. The Healthy Torbay framework
    c. The Community Safety and Adult and Children's Safeguarding plans

2. That an annual review recognises that it maybe possible to bring these 3 strands together at a later stage.

3. That the HWBB members agree a performance and governance structure around the above to ensure the HWBB fulfil its requirements as outlined above.

4. That the HWBB agrees 3-4 key cross-cutting issues each year for particular consideration where there are significant issues to health and well-being.

5. That the emphasis for the JHWS will be on the added value the HWBB can bring through its focus on determinants and cross-cutting issues. This is reflected in strap line / aim - ***"Building a Healthy community"***

Torbay's Joint Health and Wellbeing Strategy.

2015 – 2020

Torbay Council Version

"Building a Healthy community"

Foreword.

This strategy has been developed and approved by the Torbay Health and Well-being Board (HWBB), a board of senior leaders from across the public and voluntary sectors.

This strategy takes into account the Joint Strategic Needs Assessment (JSNA) and the current plans within partner organisations.

Torbay has a national reputation for integrated working and the work of the HWBB and its members has made great strides to further embed this way of working. In the 4 years the HWBB has existed, much has been achieved.

Examples include;

- Work in schools to improve emotional health and support, sex and relationship education and educational aspiration.
- Increases in the number of people screened within care settings for alcohol
- Development of independent living opportunities for people with Learning Difficulties.
- Greater support to carers including young carers.

Since the previous JHWS was written, much work has taken place to bring partners together around a joint plan and it was felt that in this revised and refreshed version, we need to reflect this rather than produce yet another strategy. To this end, the proposed 2015 – 2020 strategy is a pragmatic approach to producing a JHWS which reflects a number of Joint plans already in existence;

a. The Joined-up Health and Social Care Plan
b. The Healthy Torbay framework
c. The Community Safety and Adult and Children's Safeguarding plans

With the emphasis on integration, it is recognised within this strategy is now the over-riding framework which incorporates many of the previous strategies and plans, Thus within Torbay Council, the Children's and Young People plan, the Older People, Active Ageing Strategy and the Supporting Peoples strategy will be taken forward within the Joined-up plan. In addition it is suggested that the HWBB agrees 3-4 key cross-cutting issues each year for particular consideration where there are significant issues to health and well-being.

The emphasis for the JHWS will be on the added value the HWBB can bring through its focus on determinants and cross-cutting issues. This is reflected in strap line / aim - ***"Building a Healthy community"***

1.Introduction.

Health and well-being is complex with a number of different factors coming together which affect how *"healthy"* we feel. We need to recognise that well-being is about not only physical health but also psychological and social health. Depending on our backgrounds and life experiences we tend to each view health and well-being differently and may differ on where we feel the focus of any strategy should be. Our different organisational and professional viewpoints will also differ. We may for example want to ***reduce the number of people dying early*** or ***reduce the gaps in life expectancy*** between genders or neighbourhoods or be concerned about those living with **multiple complex illnesses** and want to increase the **number of years of healthy life led**. Some are particularly concerned with **quality of care** and aim to support people to live **active, independent and dignified lives,** especially into their later years. Others consider building a **resourceful community** is key and others that supporting people to grow up, live and work in a **safe and nurturing environment** and prevent a life of crime a priority especially for those most **vulnerable.**

The years that this strategy covers will also be ones of unprecedented economic challenge and we will all be concerned with how we provide services at **least cost** and as **quickly and effectively** as possible. Collectively we need to agree what particular priorities are important which, if addressed will have the **maximum benefit** for the people we serve.

In order to consider these priorities we need to consider a number of issues;

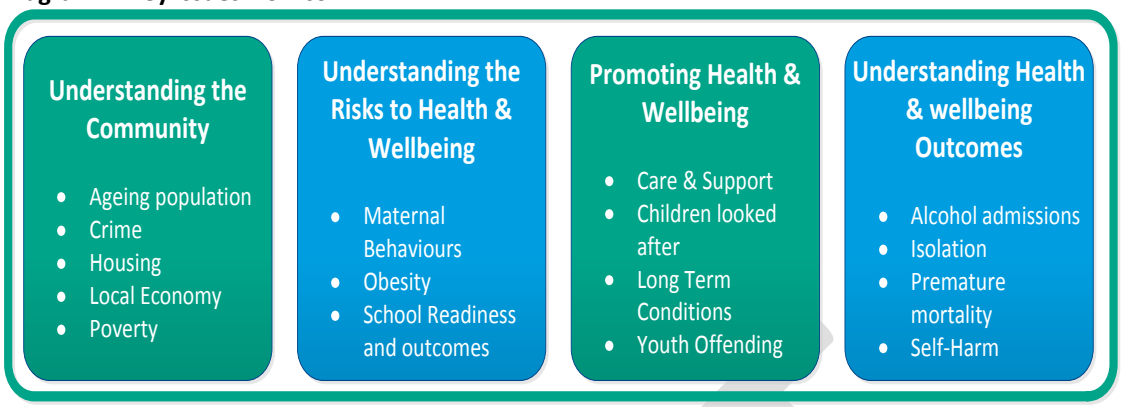
1. ***Health and well-being needs in Torbay and the key drivers of that need***
2. ***What people tell us they would like to see change***
3. ***Government policy – drivers and freedoms.***

2. Health and well-being and key drivers of needs

Many of these areas are described in the Joint Strategic Needs Assessment (JSNA). The JSNA is an extensive document and web-based tool that explores all aspects of Torbay's health and well-being. It's conclusions reminds us that where you live, how you live your life, how you interact with others and the community and environment around you, have as much effect on your health as how your health and care services are managed. It describes how ill health and the causes of ill health differ across life and also how this accumulates throughout life. It further shows that inequalities are evident across in all age groups. In Torbay for example, those living in more deprived areas live shorter lives, have lower qualifications, have more chronic illnesses and disabilities and live longer with poorer health (an extra 5 years on average) which they develop at an earlier age. This is compounded by an ageing population and together this is causing a rising tide of demand on our health and care services.

Key **needs** from the JSNA Torbay are summarised below:

Diagram 1: Key issues from JSNA

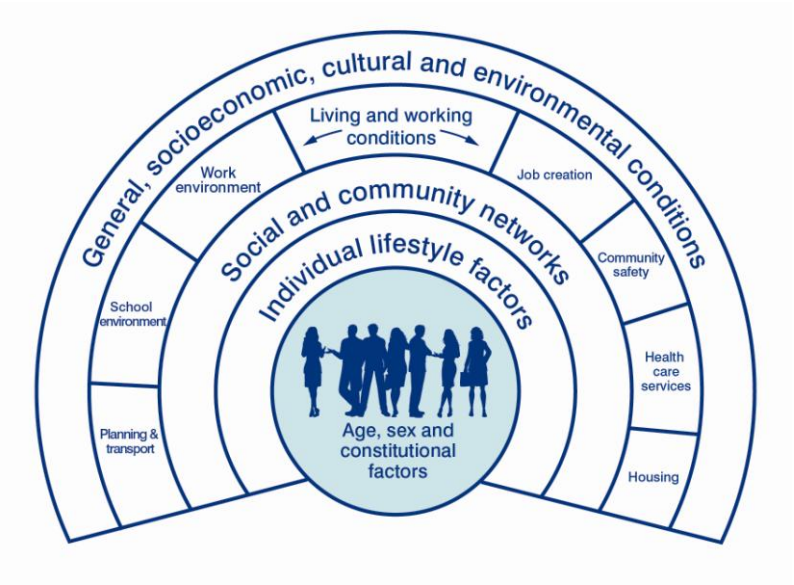


`In Torbay the JSNA tell us that the following factors are particular **drivers of this need**;

Factors affecting well-being	What we know
Individual factors	Men have worse health and shorter lives than women overall We have an ageing population
Lifestyle factors	5 behaviours underlie the 5 main causes of illness and 75% of early deaths - Smoking - Alcohol - Lack of activity - Poor Diet - Lack of social connection
Community factors	There are large numbers of people who are vulnerable linked to high rates of self-harm, suicide, alcohol use and violent crime. There are high numbers of looked after children. Isolation and lack of community connectedness is an issue Care and support services are not fully integrated and access and take-up remains an issue with high levels of unmet needs
Social factors	There are 5 social factors linked to poor health; - Poverty - Employment and joblessness - Crime and community safety - Education and aspiration - Poor Housing
Socioeconomic and cultural conditions	The public sectors are facing unprecedented financial pressure which requires disinvestment in some services

This can be illustrated by the following diagram

Diagram 3: Elements affecting health and well-being Adapted from Dalhgren and whitehead.



3 What people tell us they would like to see change?

Research and consultation both locally and nationally tells us what people want to see from the care services and how they would like to access them. In summary the following 4 areas are important to people

1. Services that address "what matters to people not what is the matter with them". Those specified ; **well-being, quality of life, mobility, independence, social connectedness and confidence to manage.**
2. Move away from the medical model to include issues such as housing and neighbourhood environment when planning services. Make greater use of assets including people, communities, neighbours, volunteers, trainers and champions. Integrated models of care should **support and enable the informal workforce and should ensure Community and Voluntary organisations are FULL partners** in the design and delivery of person centred care.
3. Focus on **information and advice and self-care** to promote personal responsibility and give greater control for patient. Improve communication and access to information and support. Help people to help themselves and to live independently at home.
4. Focus on **prevention and promoting health**, especially for those most at risk with emphasis also in the care services esp. in primary care.

4. The view from the service user.

Both research and our day to day experiences and consultation involving service users tell us that we are still not intervening early enough to address well-being issues as they arise. Thus people often present to emergency departments with severe illness or in psychological crisis, children are taken into care when families break down and people end up in a police cell who are vulnerable and have poor mental health or have turned to violence, crime or addition.

Torbay has made great strides towards integration and is nationally recognised for the work it has done. However there are still case where families and individuals have not been supported early enough and where we could have prevented a costly slide into dependence. We need to create models of care where there is a greater shift in focus to early intervention and prevention and we consider all of people's needs be they housing, debt, behavioural or illness related.

5. Government policy – drivers and freedoms

There are 3 areas of government policy that have an influence on future strategy for health and well-being;

- The NHS 5 year plan
- The Care Act
- Devolution
- Public sector funding

NHS 5 year plam.

The NHS 5 year plan outlines 3 areas for prioritisation

1. Radical upgrade in prevention and public health
2. Greater control for patients and carers though a promotion of self-care and better access to information/
3. Breaking down barriers to how care is provided

Care Act.

Under the Care Act, local authorities must ensure people who live in their areas:

- Receive services that prevent their care needs from becoming more serious
- Can get the information and advice they need to make good decisions about care;
- Have a range of providers offering a choice of high quality, appropriate services.

The Care Act makes clear that local authorities working with other partners, like the NHS, should provide or arrange services that help prevent ongoing care and support.

Devolution.

Devolution offers more freedoms to work collaboratively across organisations.
In the South West, the emerging plan – "*Heart of the South West" has the following areas of focus; Prosperity, Governance, Connectivity, Housing planning, Health, care and well-being integration.*

6. What's already happening in Torbay?

The JHWS needs to reflect the reality of what is already planned locally and to acknowledge the current financial constraints as well as taking note of the evidence of the requirements for system change to improve health in the longer term.

6.1 The Joined-up plan for health, care and well-being services.

Torbay already has a national reputation for integrated care and has led the way nationally in joining up health and social care. Building on this, on 1st October 2015, the hospital and community care providers came together to create an Integrated Care Organisation (ICO) marking another stage in this journey. Further plans are developing to bring primary care, children's social care and mental health together as part of a new Integrated care model and to better align the Community, voluntary and independent sectors with public sector services. This should see more community based work, a focus on prevention and integrated services for all ages.

Across the public sector, there are also areas where performance is being actively addressed locally. Particular issues are;

- Mental health services – though there has been significant improvements in performance and efficiency, issues remain with regard to access to urgent care and assessment and a desire to embed mental health further with other services.

- Demand for and access to Child and Adolescent Mental Health Services

- The numbers of children who are looked after in care.

- Poor reach of current lifestyle services issues such as weight management

- High numbers of A/E attendances and numbers of avoidable emergency admissions

The work to respond to these issues and to the JSNA is being led by a partnership group, the *Joined-up Board and Systems Resilience Group*, where both commissioners and providers within the care systems are working together on this new way of working. These are described in the ***Joined-up plan.***

At end of 2014, the Joined-Up Board (JUB) for South Devon and Torbay agreed there should be a single programme of integration projects managed across the health and social care organisations, co-ordinated by a single programme office. These projects cover NHS and Council services from adult social care, children's services and public health. They are all core to the delivery of better outcomes for people of South Devon and Torbay through a focus on:

- Joining up resources/local multi agency working
- Earlier intervention and prevention,
- Quality and cost improvement

These covered the following agreed priority areas.

1. Early help for children and young families to tackle inequalities and to include emotional health of children
2. Integrated care for people with multiple ill health conditions
3. Mental health embedded within services
4. Ageing well to promote independence and improve quality of life in the older years
5. Building community resourcefulness

The following plans are being taken forward within the Joined-up plan.

1 Financial recovery- Social/other investment
2 Local Integrated Multi-Agency Teams with mental health
3 Social Work Innovation Fund Transformation (SWIFT)
4 Child & Adolescent Mental Health services (CAMHs)
5 Integrated prevention model
6 Care Act implementation
7 Integrated Personal Care planning & commissioning
8 Multi-Long Term conditions
9 Single Point of Contact (SPOC)
10 Outpatient & inpatient innovation
11 Frailty services - acute & community
12 Ageing Well Torbay
13 Older people's mental health and dementia
14 Accommodation-based care

In addition, Health and Social care partners across South Devon and Torbay together through the System Resilience Group (SRG) have received Vanguard status for taking forward work to address issues within Urgent care.

All these issues will be overseen by the Multi-agency Systems Resilience Group.

6.2 Healthy Torbay.

Improving population health however is not just the responsibility of health and social care. The work on integrated care also needs to be underpinned and complemented by interventions designed to tackle the underlying social, economic and environmental determinants of health across populations. As described above, the JHWS also needs to acknowledge the close link between the economy and health and the important role of aspiration and emotional health. It also needs to consider the environment in which people live and play and acknowledge that the health and resourcefulness of a community and its assets needs to be a focus as well as the health of individuals within that community. These areas are described within the ***Healthy Torbay framework****.*

In 2014, Torbay Council approved the Healthy Torbay framework. This covers work across the public and community sectors in a number of areas. The following areas are p**riorities:**

Economy; Employment and skills

There is a clear link between health and the economy. Being materially poor is THE most important factor affecting health but also improving the health of our workforce and tackling unemployment has a clear health benefit.

Though unemployment rates are falling in Torbay, we must continue to work together to improve health by creating local jobs for local people, creating an environment at work that promotes health and aspiration and by promoting opportunities for all in Torbay including those living with poor health and disabilities. There is also a link to **education** as building aspiration and closing the gap in attainment are two key areas of focus to improve both health and wealth across Torbay.

Housing.

There is also a clear link between decent housing and health with homelessness being a particular issue.

Community environment

The way our towns are planned and the environment in which we live has a profound effect on well-being. Planning, transport and building community resourcefulness are key areas of focus and building networks of healthy workplaces and schools.

Within the framework there is also work on Tobacco control, Alcohol, Diet, Physical Activity and sports promotion.

6.3 Community safety and safeguarding.

Finally is has been acknowledged that within Torbay there are groups within our community that are especially vulnerable, more so at this time of economic challenge when resilience is compromised. Services need to develop integrated ways of working across the wider system, including care services, police, probation and the community and voluntary sector to address the particular needs of these groups within our community. Though overall crime is down, there are high levels of violent crime and youth offending and i spring 2015, the Community safety Partnership (CSP) ran a workshop looking at the threats and risks facing many of the most vulnerable people in the Bay. With the financial cuts, many of the services supporting those who are homeless, who have mental health issues and who are living in poverty, are at risk, with the potential that these vulnerable people will fall into a downward spiral of needs. Many of these people are also at risk of or have offended and the Community Safety Partnership has set out to develop an urgent piece of work to describe how we can work differently to support these clients. It is suggested that this is an early priority to be included within the JHWS though recognising also that this work would aim, over time, for integration into the Joined-up plan for health, care and well-being services. The issue of particular priority was protecting vulnerable people including those suffering from Mental health issues, Domestic violence, Alcohol and drug misuse issues and homelessness.

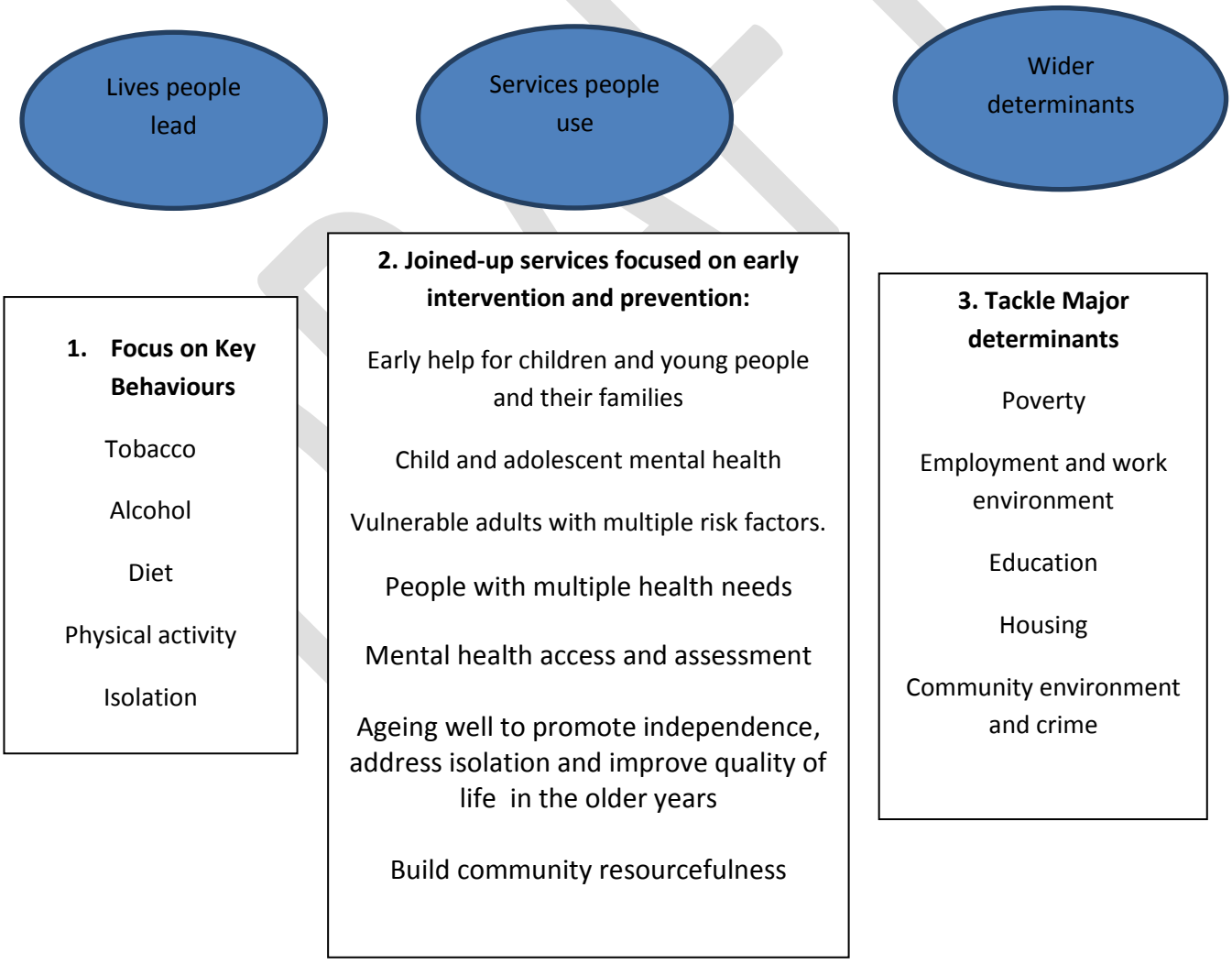
The **Torbay adult and child safeguarding boards** have strategies and action plans to address these risks and the lessons learnt and action arising from this work should also be considered within the JHWS.

7. The proposed approach for Torbay

We are facing a period of unprecedented challenge with escalating costs and demand. Organisations need to work towards a common set of outcomes based on evidence of which issues we should focus on to enable us to "turn the tide" on these costs.
The Joint Health and Well-being strategy needs to outlines how all sectors could work together to improve the overall health and well-being of the people in Torbay and the challenges outlined from the JSNA. Much is already happening and this should be reflected in the strategy.

We need to take an approach in this strategy that focused on all the issues outlined above; How people live their lives, how they use services and where current issues lie and how the factors around them effect their health and well-being. Taking the areas identified above the following summarised the proposed approach.

Diagram 3: Key factors affecting health and well-being in Torbay.



Principles and ways of working.

3.1 A life-course approach.

Patterns of behaviours and ways of life are set in very ***early life*** and have a profound impact on future health and well-being. These patterns dictate future patterns of multi-morbidity. Focusing also on the early years and giving children the best start in life physically, socially and psychologically is therefore incredibly important and of equal urgency to focusing on the old and frail. As children become young adults risk-taking behaviour and vulnerability become embedded so ***developing well*** is another important area. During *adulthood* these behaviours begin to emerge as early signs of disease and opportunities abound to turn future illness around and lessen the likelihood of longer term disability. Even as we age, by focusing on ***ageing well***, promoting exercise, diet and tackling social isolation we can promote independent living and lessen the likelihood of frailty. Finally in the very old we need to ensure people can age and die with dignity and a ***good quality of life in the final years*** Thus to tackle costs and demands and frailty in older age groups requires not only frailty services but action across ALL the life-course.

3.2 A Whole systems approach

Any work within the health and care system also needs to be underpinned and complemented by interventions designed to tackle the underlying social, economic and environmental determinants of health across populations. Thus areas such as planning, crime, housing, planning and transport as well as the wider economy need consideration. Thus we need to ensure health is considered also in local government plans and policies and that determinants are considered in NHS plans and policies.

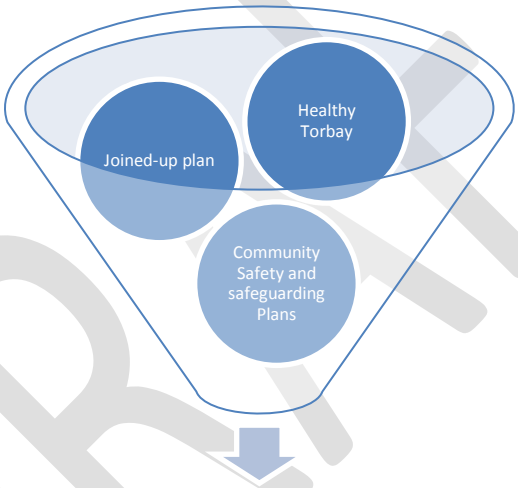
3.2 A focusing on Health Inequalities.

We know from the JSNA that those who live in the more deprived area or who belong to certain groups such as those from BME groups and those with mental health and learning difficulties have worse health. These people not only die younger but spend more years of life suffering from ill health and disability. They often present to the services late and with a greater overall burden of disease for more years that people in more affluent areas. Thus it is imperative we focus on these people, to prevent illness, detect illness earlier and narrow the gap in need, demand and costs that these groups bring. Action is needed in particular in Public Health and in Primary care on tackling lifestyles, access and take-up of services to prevent early escalation of disease.

8.Developing the Joint Health and Well-being strategy?

This JHWS needs to acknowledge the work going on in Torbay in the areas outlined in section 6 above. All 3 of these areas have been developed in conjunction with a review of needs and performance issues as well as considerations of local people's views and government policy. Collectively they address the issues outlined in the proposed model above and aim to be delivered with an outcome based population focus.
It would be counter-productive therefore to duplicate the work already going so it is proposed the JHWS going forward encapsulates the 3 area and plans:

- The **Joined-up plan** to address needs through service re-design and through the building of assets within our communities.
- **Healthy Torbay** with its programmes and plans to address underlying causes of ill health and promote health through assets
- The work of the **Community Safety Partnership and Children and Adults safeguarding** Boards to protect the vulnerable, and address safety at the community and individual level.



Joint Health and well-being Strategy

9. 2015/ 16 priorities.

It is also suggested also that the HWBB identify 3-4 issues each year where a focus across all sectors is needed. These areas should be where the Health and Well-being Board (HWBB) through its membership can bring a greater focus to work on specific areas identified as high risk to health and well-being. These should be reviewed on an annual basis. Criteria for selection should be that these issues cover **both** of the following;

- An area of significant need from the JSNA OR an areas where current performance is poor OR an area what is a key driver of significant quantifiable poor health AND
- HWBB members working together can bring added value to delivery

Discussions to date with members have identified the following common issues

- Urgent mental health support and assessment
- Alcohol
- Domestic violence
- Health, housing and homelessness.

10. Measuring success. TBC

The Health and well-being board will need to agree core metrics to monitor the delivery of the strategy as well as having oversight of both a Joint outcome framework and contract management scorecard.

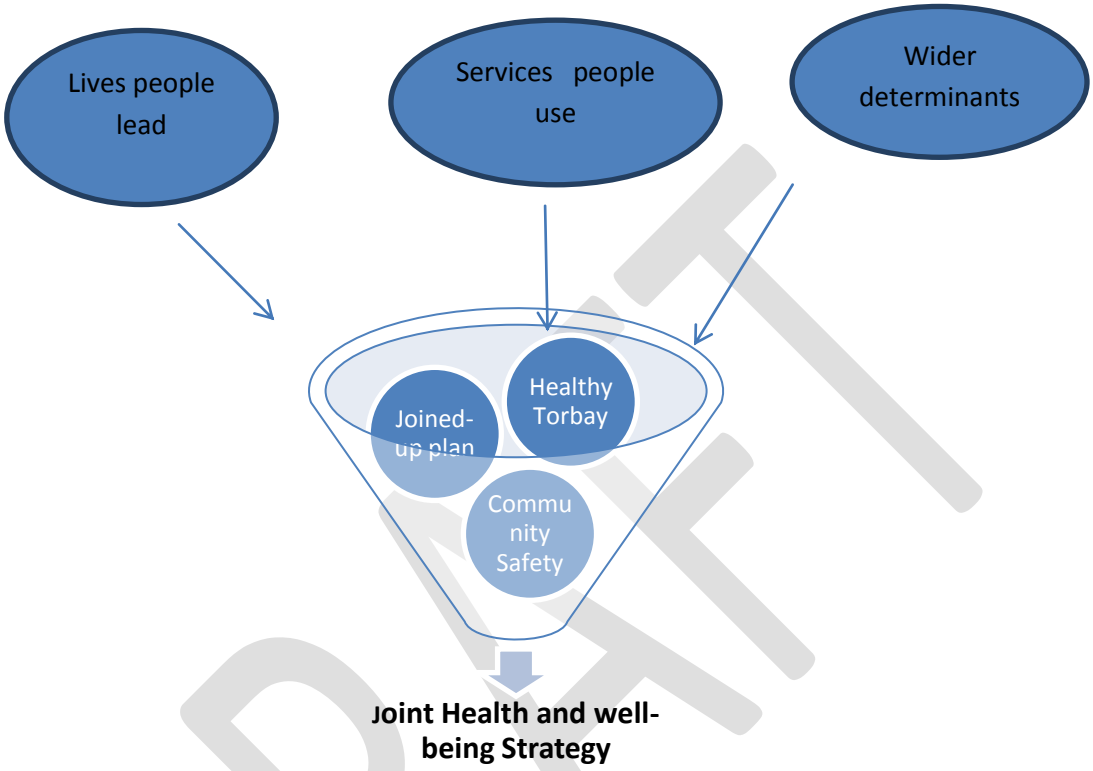
The following are a DRAFT set of proposed over-riding metrics to be considered

Life Course	Key metrics
Early years & developing well	School readiness Non accidental injuries (Self-harm sub-set) 11-18 year olds Numbers of Looked after children Gap in attainment children in receipt of free school meals and others Maternal behaviours (basket) Youth offending Patient/service user experience of care
Living & working well.	Total non-elective admissions Alcohol admissions Mental health assessments (incl within criminal justice settings) Suicide rates Avoidable admissions Patient/service user experience of care Decent homes Homelessness Violent Crime incl. Domestic Violence Employment and income levels
Ageing & dying well	Total non-elective admissions Delayed transfers of care from hospital Proportion of >75 at home 91 days post discharge Permanent admissions of older people to residential & nursing care homes Social isolation Rate of dementia diagnosis Patient/service user experience of care

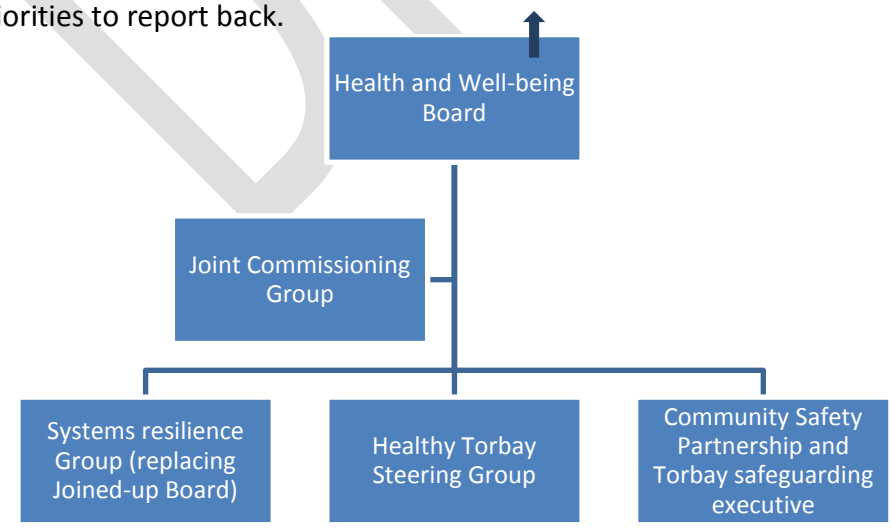
There should also be agreement on reporting of quarterly performance indicators.

11. Governance framework.

It is proposed that within the Governance framework of the HWBB, that the 3 strands that feed into the Joint Health and well-being strategy should be assessed to ensure they reflect the needs identified within the JSNA and the complementary work summarised in Diagram 3 on page 5 as follows



It is suggested that the following groups report into the HWBB via the Joint Commissioning Group.
The HWBB would decide on the most appropriate group to take forward in-year priorities to report back.



NHS
South Devon and Torbay
Clinical Commissioning Group

CAMHS Transformation Plan Data

Date: 20th November 2015

Report by: Jo Hooper, Joint Commissioning Manager, (Childrens)

Report to: Torbay Health and Wellbeing Board

Purpose of Report:

Following the consideration and subsequent agreement by Torbay's Health and Wellbeing Board to support South Devon and Torbay Clinical Commissioning Groups Child and Adolescent Mental Health Service Transformation Plan, the CCG was asked to produce some statistical information on Torbay's CAMHS, to be circulated between meetings, which is set out below.

1. FINANCIAL DATA

NHSE have allocated South Devon and Torbay funding for CAMHS Transformation as below. NHSE have stated this funding is in addition to other streams of funding. They have stated it is recurrent for the life of the parliament and we have been asked to produce spending plans to cover 5 years 15/16 - 19/20. It is SDT CCG's initial intention to split this funding equally over between South Devon and Torbay CAMHS services.

Eating Disorders -this money is designated for CAMHS ED services, but any underspend can be used to support other CAMHS transformation projects, CCG Total £157,724 PA.

Additional CAMHS Transformation funding £ 394,798PA

Current spend on Torbay CAMHS is detailed in sections 2/3 of the CAMHS Transformation plan as follows:

In 2014/15 SDT CCG spent £1,368,000 on the CAMHS service provided in Torbay. In addition to this SDT CCG has committed Parity of Esteem funding for an 'Out of Hours' Service from Virgin Care which will provide crisis assessments and Mental Health Act Assessments when core services are not available. The cost will be £126,000 circa We have also part funded with our colleagues in NEW Devon a children's and young person's Place of Safety £24,268 circa.

In 14/15 schools in Torbay, independent of the CCG, commissioned primary mental health worker roles at a cost of circa £130K PA, from Torbay's CAMHS provider, for 3 years to support their students with their emotional health and wellbeing and build resilience.

In 14/15 £230K of services were commissioned from Torbay CAMHS by Torbay Council, including practitioners for trauma/ abuse, young people displaying sexually harmful behaviour, Looked After Children, Therapeutic Support for Foster Carers and also to work as part of a multi-agency high risk team, with social care, and the Voluntary sector, working with vulnerable young people on the edge of care, those experiencing domestic abuse or those at risk of exploitation.

Additional NHSE spend is detailed in section 4.

2. CAMHS REFERRAL RATES

Referrals Signposted Vs Accepted	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Cumulative YTD Total
Signposted	17	13	10	27	12	17	18	14	10	18	25	21	202
Accepted	66	77	80	75	43	60	86	68	84	128	95	119	981
TOTAL	**83**	**90**	**90**	**102**	**55**	**77**	**104**	**82**	**94**	**146**	**120**	**140**	**1183**

In 2014/15 in an average month 78% of urgent referrals were seen within 1 week. This meets the target set by the CCG and an average of 9 non-urgent patients per month waited over 18 weeks to be seen. The CCG's response to this was detailed in section 2 of the Transformation Plan.

Rates of referrals not accepted will be influenced in the future by the provider's plans for direct access/ self-referral drop in sessions which will enable sign posting or low level advice, deferring entry to a formal CAMHS service at a much earlier stage. By using transformation funding to better support patients in crisis or with eating disorders, existing resources can be put into reducing waiting times for both urgent and non urgent referrals.

3. EATING DISORDERS

NHS England has stated that all CCG's must commission an eating disorder service based on a national hub and spoke model of good practice. This national model describes a service based on a population of 500,000 and a minimum of 50 new referrals per year. Torbay meets neither of these requirements with only 20 new referrals per year and additionally on average has only 1 person is admitted to a T4 placement for eating disorders per year. With such low

figures NHSE suggested Torbay becomes a spoke to Devon's much larger eating disorder service, this would mean the existing staff, good practice, resources and relationships would not be lost.

The ambition of our revised service to reduce treatment length by 2-4 months via more intensive intervention earlier on as described by the Plan – on average patients are currently with our CAMHS service for 12 months.

Data from NHS England shows that two young people from Torbay were in tier 4 beds for eating disorders in 2014/15, staying 385 nights between them. This represents a total cost to NHSE of approximately £257,950 for 2014/15. We believe the real figure may be slightly higher and include Torbay patients who have been coded against a primary need but also have an eating disorder.

South Devon Health Care Foundation NHS Trust, (now part of our local Integrated Care Organisation, Torbay and South Devon Foundation NHS Trust), had 23 medical admissions to its acute children's ward, for eating disorders in 2014/15, for their 3 week refeeding programme. Our ambition is that our new model will reduce these paediatric admissions by 50%.

Our ambition is also to reduce the number of new referrals by 50% and number of Tier 4 admission by 50% through the other mechanisms described in the plan including work with schools, our online offer and direct access/ self-referral drop in sessions linked to clusters of schools.

4. TIER 4 SPECIALIST INPATIENT ADMISSIONS

Data for 14/15 from NHS England shows 35 children or young people from South Devon and Torbay in Tier 4 specialist CAMHS inpatient placements during the course of the year. The total length of stay for all patients was 3897 days, the average stay was 111 days, with at least 1 patient admitted twice during 14/15. This represents an approximate cost of £2,610,990 for 2014/15.

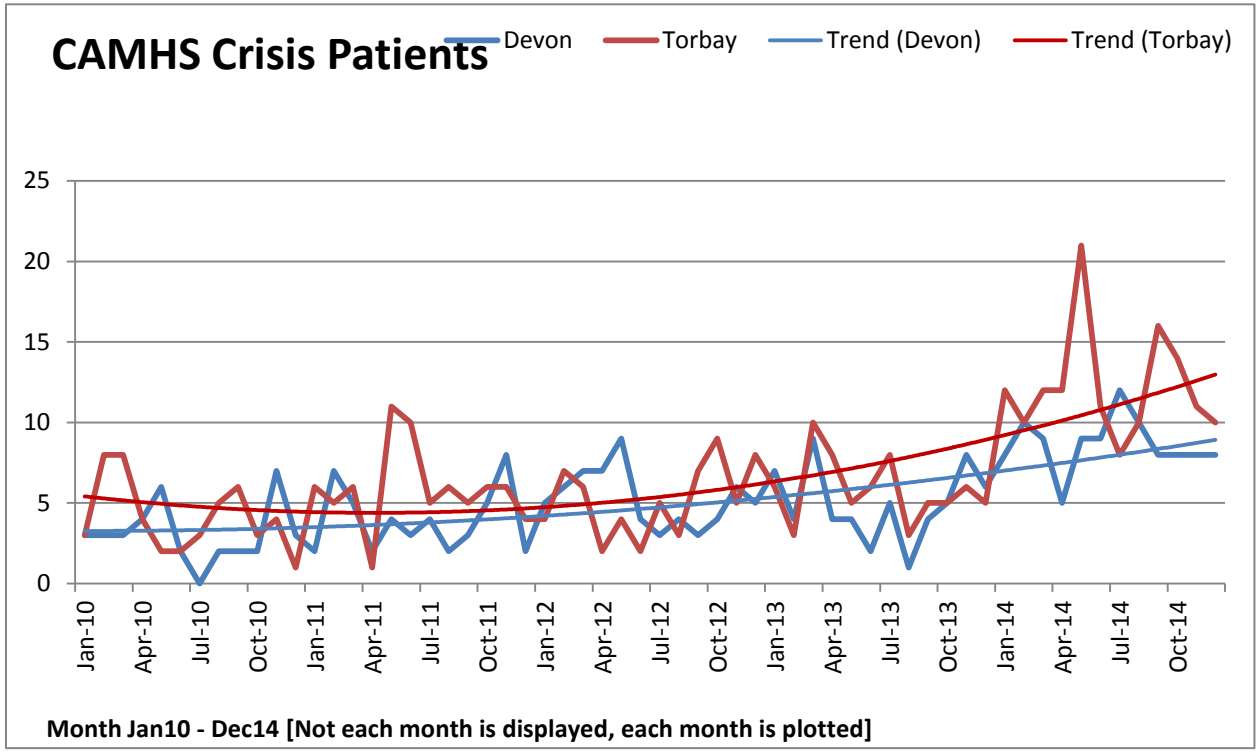
Our ambition is to reduce the number of patients admitted across all specialist placements by 50%. This would be driven by the improvements to the Eating Disorder service, the plans for crisis and intensive home intervention, to keep young people at home or in a placement where that remains the most appropriate place, the online offer, our plans for prevention and resilience including work in schools, direct access/ self-referral and an online provision.

5. YOUNG PEOPLE IN CRISIS

The CCG plans to commission an intensive home treatment and crisis intervention services Monday – Friday 9am-10pm and 9am-5pm Saturday and Sunday in conjunction with a bolstered oncall psychiatry services which would cover the period the CIIHT service was unavailable. This would provide differing levels of support 24/7 to young people either presenting at A&E or likely to. We aim to use this to reduce presentation at A&E by 50%, (40% of those

presenting in mental health crisis listed in the table below are already known to the service and were repeat attenders), and to reduce the number of admission to Tier 4 specialist inpatient facilities, (in 14/15 this was 35), by 50%.

Self- harm	Annual total number of patients under 19, per calendar year
Devon 2010	37
Devon 2011	47
Devon 2012	63
Devon 2013	59
Devon 2014	104
Devon 2015	82 – YTD
Torbay 2010	49
Torbay 2011	71
Torbay 2012	62
Torbay 2013	70
Torbay 2014	148
Torbay 2015	124 – YTD



Intentional self harm covers a wide variety of presentations but is essentially any act of self poisoning or self injury as defined by NICE Quality Standard 34, and could include self harm by drowning, sharp object, fire arm, jumping from a high place. The trend curve on the graph indicates numbers are increasing and the graph and table plot Torbay's figures against Devon.

6. KEY PERFORMANCE INDICATORS

Key performance indicators have not yet been finalised. The establishment of new services will be dependent on NHS England's assurance of our 5 year plan. And each service will have KPI's set accordingly. There will be some national KPI's as follow for Eating Disorders:

- Treatment to start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.

For Routine CAMHS services, these are the reporting requirements we are working towards with the providers:

LEVEL 2 AND 3 SERVICES

All Children referred to the service who meet the criteria will have access to the MHWB service within the agreed timescales, to receive the assessment and care they require	All children to be seen at Choice appointment within 6 weeks
	All children to commence treatment at their partnership appointment within 18 weeks of the receipt of their referral
	All urgent referrals to be triaged within 24 hrs
CYPs with an urgent need will be able to access the service on a fast track basis	All children requiring an urgent appointment will be seen within 1 week
Referrers will be kept informed of the outcomes of their referrals	All referrers will receive a letter detailing the outcome of their referral within 14 days
CHILDREN IN CARE	
	Number of SDQ assessments per annum

	Number of children in care who receive support and input from Level 2/3 MHWB
	Number of children who are refused care from mainstream MWHB
Children in care will benefit from MHWB intervention whilst in care. this will be monitored by use of SDQs	% of children receiving SDQ on discharge
	% of children who improve on their baseline scores on discharge
FOSTER CHILDREN	
Foster carers who meet the criteria will receive support from CAMHS when required	Number so sessional input to foster carers training by CAMHS
DELIBERATE SELF HARM	
For C&YP who have been referred to the service to have received an assessment of need, and a supporting risk assessment, by the end of the working day following referral	Number of self harm referrals received
	Number of C&YP who meet the criteria for an emergency response who are receiving an intervention from an appropriate MHWB service (not necessarily ICSD) with a supporting care plan and risk management plan, within 5 working day of the completed assessment.
For C&YP who have been referred to the service to have received an assessment of need, and a supporting risk assessment, by the end of the working day following referral	
For C&YP who have been referred to the service to receive an appropriate intervention, with care and risk management plan, within 5 working days of the completed assessment	Percentage of C&YP who meet the criteria for an emergency response who are receiving an intervention from an appropriate MHWB service (not necessarily ICSD) with a supporting care plan and risk management plan, within 5 working day of the completed assessment.
INTEGRATED WORKING	

	Number of children referred to a MHWB consultant
	Number of children receiving a MHWB consultation
OUT OF AREA PLACEMENTS	
All children requiring an out of area placement are placed with an approved provider that is CQC registered and that have been assessed and approved by the local MHWB service	Number of children placed out of area.
	Number in approved placement
TRANSITIONS	
17 year olds will have a personalised transition plan that they have been able to contribute to	Percentage of young people at age 17 years and 6 months with transition plan that includes their contribution
Young people will successfully transfer between C&YP and adult services by 18th birthday	Percentage of young people that meet the criteria for adult mental health services who transfer service with an up to date care plan and named adult worker by 18th birthday
CAMHS UNIVERSAL + LEVEL 2 AND 3	
	No of referrals received (no. of referrals)
	No. of children waiting for first choice
	No. of children waiting over 6 weeks from referral to first choice
	Longest wait time from referral to first choice
	Median waiting time from referral to first choice

	No. of children waiting for first partnership
	No. of children waiting more than 12 weeks between referral and first partnership
	Longest wait time from referral to first partnership
	Median wait time from referral to first partnership
	No. of children waiting more than 18 weeks between referral and first partnership
	% of children waiting more than 18 weeks
	No. of children waiting for first specific
	No. of accepted cases
	No. of DNAs first appointment
	No. of children admitted to impatient care - Tier 4 and Paediatric Ward (no. of children)
	No of children delayed transfer of care due to lack of Tier 4 or alternative community package.
	No. of vacancies
	No. of referrals signposted to other services after referral rejection
	No. of recording of an alert for deliberate self harm
	No. of referrals by referral source
	No. of cases closed
	No. of transfers between CAMHS and AMHS services

	No. of urgent cases referred to CAMHS service
	Reason for case closure
	No. of consecutive DNAs
	Referral -> Choice pathway (% seen within 6 weeks)
	Referral -> Partnership pathway (% seen within 18 weeks)
	Referral -> Specific Care Pathway (excluding patients with a previous partnership appointment within a spell) (% seen within 18 weeks)

Title:	Healthy Torbay		
Wards Affected:	All Wards		
To:	Health and Wellbeing Board	**On:**	3 December 2015
Contact:	Caroline Dimond, Director of Public Health		
Telephone:	01803 207344		
Email:	Caroline.dimond@torbay.gov.uk		

Purpose of the report.

- To update the Board on the progress of the Healthy Torbay Framework and Action Plan.
- To identify how the Healthy Torbay framework fits in to the Health and Wellbeing Strategy and other strategies.
- To show how all services can contribute to the Healthy Torbay action plan and to identify any additional areas for joint work across the council that can contribute to the prevention agenda.
- To fully embed Public Health in all council policies, programmes, services and decisions.
- The Board is requested to note the development of a 'Healthy Torbay' Framework and action plan and to support and contribute to the actions.

Healthy Torbay: What it is

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

The Framework consists of a short policy document, an action plan and a performance framework. It has been developed by a council wide steering group led by the Consultant in Public Health with input from all council directorates. This could be developed further into a multi-agency group, as the role of the framework as part of the Health and Wellbeing Strategy is clarified.

Healthy Torbay presents an opportunity to ensure the integration of public health as a function into all of the councils work. This supports the 'Health in all policies' principle, which targets key social determinants of health through a policy response, aiming to tackle health inequalities.

Why we need a wider determinants framework

It is widely recognised that health outcomes owe more to individual's behaviours and to the wider or social determinants than to what is provided by the health care sector. One example of research suggests that social and economic (wider) factors account for 65%, and healthcare only 25%. Therefore there should be a concerted attempt to improve health by tackling the wider determinants.

It also provides an opportunity for cost saving across the whole system, as prevention is more 'cost-effective' than cure. This is confounded by who pays for prevention and who for treatment, but with a more integrated approach in Torbay we should be able to direct expenditure to where it is most effective.

We also need action because of the scale of the need. For example, 67% of all adults in Torbay are overweight or obese, which equates to about 70,000 individuals. This presents a considerable burden to health services, which is only growing. The NHS can only provide weight management services to a small fraction of those who need them. We will not be able to resource or afford this level of treatment, so need to provide alternative prevention solutions.

Another major factor is the levels of deprivation seen in Torbay. Deprivation has increased in recent years, and Torbay is now amongst the top 15% most deprived Local Authorities in England, 46th out of 326 authorities. It is also the most deprived district local authority in the South West.

For Healthy Torbay to be effective, their needs to be a willingness to work across all services and organisations to a common aim, improving health and reducing inequalities. Some actions may conflict with other policy objectives, for example controlling the proliferation of fast food takeaways.

Progress as at November 2015

The development of Healthy Torbay has been informed by the Marmot review 'Fair Society, Healthy Lives'. This independent review proposed the most effective evidence-based strategies for reducing health inequalities in England from 2010.

The Healthy Torbay action plan focuses on ten key priorities: Housing; Planning and the Environment; Transport; Physical Activity; Healthy Schools; Healthy Food; Tobacco Control; Alcohol Control; Healthy Workplaces; and Social Connectedness. The plan identifies what is presently being done in these areas, outcomes and gaps, and proposes strategic actions for the group, identifying leads, milestones and progress.

Key actions have been identified in the plan, including: Ensure health outcomes are embedded in the Housing Strategy; Develop HIA and health checking to use as screening against new developments; Optimise LSTF funding for active travel improvements; Deliver the Healthy Weight Action Plan across main topic areas and life course; Ensure sports and leisure provision targets physical inactivity; Support young families to access healthy food; Develop and run Healthy Schools pilot; Target young people and smoking in pregnancy; Develop a Healthy workplace scheme for SME businesses in Torbay; Support community based activity for older people.

A Performance Framework has also been developed alongside the action plan which identifies both outputs or process measures and outcomes taken from the Public Health Outcomes Framework. The steering group continues to meet on a quarterly basis. It has discussed how to develop a wider forum to involve external partners in our work, by holding a workshop to bring in the wider partners. The group has also examined how to link the Healthy Torbay plan and its work with the emerging corporate plan, especially the 'Promoting healthy lifestyles across Torbay' strand.

Relevant Documents

Healthy Torbay: A framework for action on the wider determinants of health (Full Report)

Healthy Torbay Action Plan

Healthy Torbay Performance Framework

Healthy Torbay Presentation

Fair Society, Healthy Lives. The Marmot Review (2010)

Healthy Torbay Action Plan 2015- 2018 v5 October 2015

Issue	What we are doing	Public Health Outcomes	Gaps?	Proposed Strategic Action by group to address gaps	*Lead and Resource*	*Milestone / proxy*	*Progress / Monitoring as at September 2015*
Housing	Interventions to improve energy efficiency, tackle fuel poverty, and improve housing conditions; 'Cosy Devon' housing energy efficiency scheme with E.ON;	1.15ii Statutory homelessness - households in temporary accommodation; 1.17 Fuel Poverty; 2.07 Hospital admissions caused by unintentional injuries;	To be identified in the Housing Strategy - Is the strategy addressing health issues; Targeting housing interventions at most deprived; Homelessness;	Ensure health outcomes embedded in new Housing Strategy; Link Housing issues with Mental Health programmes and to Ageing Better programme to tackle social isolation and provision of homes fit for life; Link with Fire Service to join home safety checks to fuel poverty issues; Programme to reduce injuries to Children especially at home; Homelessness audit / health needs assessment;	*Julie Sharland / Fran Hughes*		See update by Julie Sharland; Housing Strategy 'My Home is My Life' has been updated in light of Housing HNA, contains a delivery plan. JS is writing an executive summary as part of the strategy.
Planning and the Environment	Planning and health post to work closely with health and planning stakeholders / partners, mainly within the Council / Public Health, to secure high quality outcomes that improve the health and well-being of the population.	1.16 Utilisation of outdoor space for exercise/health reasons	See Planning and Health Officer work plan including Analysis of Planning and health data; Health proofing new developments e.g. using HIA;	See Planning and Health Officer work plan including: transport and accessibility, local food; child poverty; safe, attractive and sustainable communities; Physical Activity; Developing a Planning and Health dataset as part of the JSNA; Use SPAHG checklist for all new developments;	*Andrew Gunther*		Update from AG

Issue	What we are doing	Public Health Outcomes	Gaps?	Proposed Strategic Action by group to address gaps	*Lead and Resource*	*Milestone / proxy*	*Progress / Monitoring as at September 2015*
			Health input to spatial plans;	Require / carry out HIA for major developments;			
Transport	Local Sustainable Transport Fund (LSTF) bid, includes programmes for walking to school, integrated public transport etc.	1.10 Killed and seriously injured casualties on England's roads; 1.14ii The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	Evaluation of transport projects; Linking up projects for active travel with those for physical activity; Making roads safe for all road users introducing 20 mph zones / limits;	LSTF measures – see LSTF Action Plan; including infrastructure improvements to make active travel the easiest option; Evaluation of the LSTF funding – is it improving health and reducing health inequalities; Introduce 20 mph limits on residential roads across Torbay;	*Andrew Gunther / Adam Davison*		Update from AG
Physical Activity (incl Sports & Leisure)	Promote Active Travel (Cycle and walk to work schemes) Sports Development role of Torbay Council provision of recreation / leisure facilities and programmes; Planning measures: Torbay Local Plan and Green Infrastructure Plan; Public Health to fund a Physical Activity	2.13i and ii Percentage of physically active and inactive adults ; 1.16 Utilisation of outdoor space for exercise/health reasons	Lack of joined up / strategic approach to increasing levels of Physical Activity and decreasing sedentary behaviour. Create safe attractive environments using planning measures	Develop Physical Activity Action Plan; Better integration of the Physical Activity agenda with sports, leisure and recreation and with planning and transport; Engage community and voluntary groups e.g. green gyms; Work with NHS at all levels to increase physical activity opportunities / interventions;	*Mark Richards / Kirsty Parker Calland*		**MRi:** Physical Activity Action Plan now in place. Membership includes private sector. Priority areas include: • Tier 1 mapping & activity promotion • Pathways (NICE) • Active ageing • Physical activity & mental health • Vulnerable young people • Greenspace

Issue	What we are doing	Public Health Outcomes	Gaps?	Proposed Strategic Action by group to address gaps	*Lead and Resource*	*Milestone / proxy*	*Progress / Monitoring as at September 2015*
	Coordinator post		Engagement of community sector and NHS				development Links to current streams: • Diabetes Prevention • Ageing Well • Healthy Schools (three schools) • Workplace Health • Active Travel (includes school travel plans)
Healthy Food	Healthy Schools Pilot – focus areas including nutrition, school meals uptake and growing initiatives Working with food businesses to improve healthy choices;	2.06i Excess weight in 4-5 and 10-11 year olds - 4-5 year olds 2.06ii Excess weight in 4-5 and 10-11 year olds - 10-11 year olds	Addressing health inequalities? Making better use of NCMP to inform / advise parents / families of childhood obesity and what we can do; 'Healthy Schools' initiative; Tackle fast food outlets proliferation;	Support parents /families with young children to achieve a better diet, including pre-school nutrition; Work with local retailers, growers, caterers and distributors to improve access to healthy food; Control proliferation of fast food takeaways	*Mike Roberts / Mark Richards*		**MRi:** Healthy Schools Pilot focus areas including nutrition, school meals uptake and growing initiatives. Emphasis on transfer of learning and good practice into the home. NCMP follow-up to be included within the Healthy Schools Pilot in order to increase uptake of family services post programme. Eating out/Healthy Cafés Project through Community Safety – 10 local businesses signed up to improving menu

Issue	What we are doing	Public Health Outcomes	Gaps?	Proposed Strategic Action by group to address gaps	*Lead and Resource*	*Milestone / proxy*	*Progress / Monitoring as at September 2015*
							choices. Work underway to bolster evaluation and learning prior to future expansion
Healthy Schools	Free school meals; Commissioning and uptake of school meal services	2.06	Uncertainty of what is provided across schools: Healthy Schools – can we reinvigorate? Help schools promote healthy diet through new programmes	Develop a Healthy Schools programme / framework and Healthy Schools pilots; Audit of schools to understand what interventions are in place to promote Healthy Schools;	*Sue Matthews / Mark Richards*		**MRi**: See Above
Tobacco Control	Torbay has recently set up a 'Tobacco Control steering group' looking at the wider issues of tobacco, including illegal tobacco and smoking prevention; Carried out the Clear Tobacco Control self-assessment	2.03 Smoking status at time of delivery 2.14 Smoking prevalence - routine & manual	Understanding where we are / what we are doing across the agenda.	See Tobacco Control Action Plan; including Work in schools and with young people to discourage take up; Tackle illegal tobacco; Target pregnancy and following childbirth;	*Mike Roberts*		Tobacco Control Actions focus on Smoking in Pregnancy; smoking cessation prior to surgery and in secondary care; smoking and young people; e-cigarettes; illegal tobacco. Tobacco Control steering group met next on 290915.

Issue	What we are doing	Public Health Outcomes	Gaps?	Proposed Strategic Action by group to address gaps	*Lead and Resource*	*Milestone / proxy*	*Progress / Monitoring as at September 2015*
Healthy Workplace and Job Creation	What Torbay council are doing re their own employees: Wellbeing at Work; Council awarded commit/achieve levels of following standards of Charter to date – Absence Management, Health & Safety, Leadership, Mental Health Awareness, Smoking, Healthy Eating, Physical Activity, Alcohol & substance misuse. HR currently working towards excellence accreditation level of Charter. Torbay Council also offers counselling and coaching.	1.09i Sickness absence - The percentage of employees who had at least one day off in the previous week	No universal Healthy Workplaces scheme for all businesses in Torbay.	(1) Develop a Healthy Workplaces scheme for all businesses in Torbay; (2) More active workplace for Torbay council and NHS employees; In hand for Torbay Council employees. HR researching provision of gym facilities on site & offering yoga/pilates lunchtime sessions in the autumn. (3) Actions for Torbay Council following assessment: Breaks away from the workstation for lunch and discourage eating at desks; Develop a statement or policies to support health lifestyle behaviours i.e. healthy eating and physical activity	*Mike Roberts / Jane May / Fran Hughes*	Torbay Council employees : HR discussed recommendations of Charter Post Assessment Report to plan next steps for Torbay Council employees.	(1) Workshop held 29/06 ; Feasibility project scoping; Employ Health at Work facilitator one day a week to do this work; Health at Work Task group set up and met 14th September; (2) and (3) JM to update Steering Group – done; JM and MR to work on implementing (3) actions for Torbay Council. **MRo/MRi:** Healthy Torbay (new group targeting the wider determinants of health) has Workplace Health as a priority area – updates to be forwarded to the group **KPC** Torbay Council Wellbeing@Work Week w/c 23rd NOV. Input from Lifestyles Team and KPC re programme of events. Torbay Council is now

Issue	What we are doing	Public Health Outcomes	Gaps?	Proposed Strategic Action by group to address gaps	*Lead and Resource*	*Milestone / proxy*	*Progress / Monitoring as at September 2015*
							working towards the Workplace Health Charter (Public Health England) – contact Jane May **MR:** Public Health is now employing Mel Fairbairn on one day a week to take forward the Workplace Health Charter with small/medium Enterprises in Torbay – KPC to support through Exeter Business Games Model
Social Connected -ness	Mental health worker addressing issues including complex needs, vulnerability, special cases, training;	1.06; 1.18 Social Isolation; 1.19 Older peoples perception of safety;	To be identified in Emotional Health and Wellbeing Strategy	Ageing better programme;	*Kevin Brown / Gerry Cadogan*		Meeting held between KB / GC / MR to discuss this work; to be taken to Mental Health redesign board
Alcohol Control and Awareness	Community Safety license premises serving Alcohol, can amend or retract licenses; Alcohol Strategy developing strategic approach to Alchol control and awareness		Alcohol Awareness?	Alcohol Strategy; Premises Licensing Policy	*Bruce Bell*		Alcohol Strategy in development; Joint conversations between public health; community safety and planning

Healthy Torbay Performance Framework

version 1 dated 041115

Healthy Torbay Priority	Strategy / Plan	Areas of work	Outputs / Process measures	Outcomes (PHOF)
Housing	Housing Strategy / Framework	Fuel Poverty / Cold Homes / Energy Efficiency; Homelessness; Injuries in the home / Home Safety;	Housing Strategy for Torbay agreed and signed off with action plan / working group; No of homes where energy efficiency measures delivered; No of homes visited under DSFRS Home Safety Visit Plus scheme; No of homeless – rough sleepers count;	1.15ii Statutory homelessness - households in temporary accommodation; 1.17 Fuel Poverty; 2.07 Hospital admissions caused by unintentional injuries; 2.24 Injury due to falls in the over 65s
Planning and the Environment	Local Development Plan (LDP)	Planning and Health SPD; Require Health Impact Assessment for major development; Planning and Health dataset;	HIA completed and agreed;	1.16 Utilisation of outdoor space for exercise/health reasons
Transport	Local Transport Plan and LSTF	LSTF measures including infrastructure improvements; Promote active travel and make it the easiest option; Road safety - 20 mph limits in residential areas;	Walking and Cycling numbers for Torbay (from DfT report); Schools / workplaces signed up with active travel plan;	1.10 Killed and seriously injured casualties on England's roads; 1.14ii The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime 3.01 Fraction of attributable deaths due to particulate air pollution

Healthy Torbay Priority	Strategy / Plan	Areas of work	Outputs / Process measures	Outcomes (PHOF)
Physical Activity	Physical Activity Action Plan;	Sports and leisure development support; Community engagement;	Assets identified in Torbay area; No of children doing recommended level of PA in school; No. Of visits to leisure / swimming facilities (Council owned / supported);	2.13i and ii Percentage of physically active and inactive adults ; 1.16 Utilisation of outdoor space for exercise/health reasons
Healthy Food	Healthy Weight Strategy	Healthy Schools; Working with food businesses; Sugar reduction;	No. Of schools signed up to Healthy Schools; No. Of food outlets signed up to Childrens Healthy Food Menu; No. Of business signed up to sugar reduction plan;	2.06i Excess weight in 4-5 and 10-11 year olds - 4-5 year olds 2.06ii Excess weight in 4-5 and 10-11 year olds - 10-11 year olds 2.11 Proportion of population meeting recommended 5 a day
Healthy Schools	Healthy Schools	Healthy Schools Programme Healthy Eating element;	Number of schools signed up to Healthy Schools programme;	2.06i Excess weight in 4-5 and 10-11 year olds - 4-5 year olds 2.06ii Excess weight in 4-5 and 10-11 year olds - 10-11 year olds
Tobacco Control	Tobacco Control Action Plan	Tackle Illegal Tobacco; Smoking in pregnancy; Young People; Smoking cessation prior to surgery;	Smoking cessation (successful 4 week quitters); Smoking attributable mortality; Smoking attributable hospital admissions;	2.03 Smoking status at time of delivery 2.14 Smoking prevalence - routine & manual 2.09 Smoking prevalence at 15 year old

Healthy Torbay Priority	Strategy / Plan	Areas of work	Outputs / Process measures	Outcomes (PHOF)
Healthy Workplace		Torbay Council wellbeing at work charter status; Healthy workplace trial scheme; Active workplace; NHS Trust work;	No of businesses in Torbay achieving Wellbeing at Workplace charter;	1.09 Sickness absence
Social Connectedness	??	Public Health Mental Health work; Vulnerability / complex cases; CDT / Ageing better;		1.18 Social connectedness 1.19 Older persons [reception of safety 2.23 Self reported wellbeing
Alcohol Control	Alcohol Strategy	Alcohol Licensing; Planning regulations; Advice and guidance; Brief Interventions;	ARID data?; No of clients sign up for Healthy Lifestyles brief intervention Alcohol;	2.18 Admission for alcohol related conditions