

Review of the Joint Health and Well-being Strategy

Context.

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

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

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

Summary of review.

The following table outlines actions taken across the 3 main outcomes

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

These have been RAG rated as follows;

RED – No progress

Amber – Actions began but incomplete

Green – Actions complete.

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

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

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

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

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

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

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

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

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

Next Steps.

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

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

This plan prioritises improved outcomes in key areas;

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

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

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

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

Joint Health & Wellbeing Strategy review

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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