

DRAFT

**Strategic commissioning:  
increasing the contribution of culture to health and  
wellbeing**

**The commissioning landscape in Torbay:  
initial findings**

July 2015

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## **1. Introduction**

The purpose of this paper is to seek to understand the commissioning landscape in Torbay – to identify current commissioning structures, priorities and procedures and to stimulate further discussion on how cultural organisations can further align to corporate needs and priorities.

The information has been compiled through desk research of key documents and one-to-one interviews with contacts in Children’s Services, the Clinical Commissioning Group, Public Health, Adult Social Care and the Community Development Trust. The information gathered is intended to help cultural organisations understand what is happening and explore their approach to further engagement in commissioning and aligning activity to achieve corporate priority outcomes. At this stage the bulk of the document is ‘interview notes’ so needs further digestion and analysis. It is the start of, and a continuation of, a series of conversations.

It is a description of some general themes and directions. There has been a great deal of change in the context of new national policies and budget reductions, so it represents a snapshot and a point from which new ways of working are developing. It is not intended as a fully comprehensive description or fixed picture, but rather the context for further discussions.

It also flags up some opportunities and challenges for the cultural sector to consider and explore further.

## 2. Needs Assessment and some of the big issues

### 2.1 Population

- Torbay has a population of 132,000. Torbay has an older population – the average age is almost 5 years above the national average. As Torbay’s population ages, the potential workforce within the bay to support the retirement age population is expected to decrease. In 2010, there were 2.1 working age people in Torbay for every person of retirement age; this is expected to decrease to around 1.7 people of working age per person of retirement age by 2020. Growth in the over 85 population is likely to cost over £ 1 million more in hospital care alone by 2020.
- Approximately 8% of the population are from BME communities.
- Torbay is within the top 20% most deprived local authority areas for the rank of average score and the rank of local concentration. It is the most deprived local authority in the South West for rank of average score and Torbay’s relative position within the national model of deprivation has worsened in recent years.
- There are pockets of severe deprivation where residents experience significantly poorer outcomes in educational attainment, earnings and life expectancy.
- 22.1% (4,900) children live in poverty.

### 2.2 Health – summary issues

- **Living longer** - Life expectancy is 7.9 years lower for men and 6.3 years lower for women in the most deprived areas of Torbay than in the least deprived areas.
- **Child health** - In Year 6, 18.2% (211) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 79.1\*, worse than the average for England. This represents 20 stays per year. Levels of smoking at time of delivery are worse than the England average.
- **Adult health** - In 2012, 24.0% of adults are classified as obese. The rate of alcohol related harm hospital stays was 858\*, worse than the average for England. This represents 1,184 stays per year. The rate of self-harm hospital stays was 259.2\*, worse than the average for England. This represents 316 stays per year. The rate of smoking related deaths was 281\*. This represents 280 deaths per year. Rates of people killed and seriously injured on roads and TB are better than average.

(\* rate per 100,000 population)

## 2.3 Challenges across the life course

- **Best start in life 0-5.** There are relatively high levels of smoking during pregnancy. Achievement of at least 78 points across the early year's foundation stage, a readiness for school indicator, has been making positive progress in recent years, however this is below the national average.
- **Developing well 5-17** – Torbay experiences a higher than average proportion of pupils with a statement of SEN (Special Educational Needs) at 3.9% of pupils in Torbay schools – higher than the national average and highest in the region. Behavioural, emotional and social difficulties in the primary age population is 26.3% in Torbay, compared to 18.6% for England. Teenage pregnancy is relatively high (though small numbers) and pupil absence is relatively high. Attainment – the percentage attaining 5 A\* - C GCSEs is slightly higher than the regional and England average, however the percentage for A\* - C in English and Maths is lower in both cases. Around 4.2% of 16-18 year olds are NEET and somewhere between 1,000 and 2,000 children in Torbay are young carers. There are approximately 365 'troubled families' in Torbay.
- **Living and working well** – Torbay's 18 – 64 population has significantly higher levels of obesity and lower levels of physical activity. 7.9% of this age group is receiving secondary mental health services and around half of benefits claimants relate to mental and behavioural disorders. High suicide rates have been an issue and whilst these are still higher than the national level they are lower than regional averages. There are higher rates of adults with a learning disability. Torbay's economic worth per head is amongst the lowest in England.
- **Ageing Well** – is about understanding the needs of those from around 45 years and over. It is about reducing and preventing long term conditions, promoting active aging and tackling inequalities. Premature mortality for most long term conditions is similar in Torbay to the England average, with the exception of chronic liver disease including cirrhosis. Long term conditions effect the poorest in Torbay disproportionately. Well over a third of people aged 65+ in Torbay live alone and there are a significantly higher proportion of carers than the England and South West averages.

Sources: Joint Strategic Needs Assessment, Health Profile 2015, Director of Public Health Annual Report 2014

### **3. Corporate overview**

#### **3.1 Corporate Plan 1015 – 2019 (in draft – but fairly complete)**

The council's two major ambitions are:

- A prosperous Torbay
- A healthy Torbay

Action will be targeted in 5 areas:

- Protecting all children and giving them the best start in life
- Promoting healthy lifestyles across Torbay
- Working towards a more prosperous Torbay
- Ensuring Torbay remains an attractive and safe place to live, visit and work
- Protecting and supporting vulnerable adults

To meet the future challenges, the council will:

- Use reducing resources to best effect
- Reduce demand through prevention and innovation
- Have an integrated and joined up approach

#### **3.2 Health and Wellbeing Strategy 2012 – 2015**

##### **Vision**

A healthier Torbay: where we work together to enable everyone to enjoy a healthy, safe and fulfilling life

##### **Three outcomes**

- Children have the best start in life
- A healthy life with reduced gap in life expectancy
- Improved mental health and wellbeing

##### **Three underlying principles**

**First and most** – focussing attention and effort to address the health and wellbeing inequalities that exist between communities in Torbay

**Early intervention** – improving overall outcomes and ultimately reducing cost with a focus on prevention rather than treatment

**Integrated and joined up approach** – joining up planning, commissioning and delivery at a local level

### **3.3. Partnership commissioning**

The Partnership Commissioning Team commissions a range of services for children and adults in Torbay. These include (but are not limited to) housing, care and support services. The focus is on prevention and early intervention. Commissioning is about working together with others to improve and transform services by:

- Finding out what services are needed in Torbay through analysing information on the local population, their care needs, illness, housing, families and children. A priority is to act upon what people tell us they need to help them become or remain independent with long term conditions or to help them manage in a crisis
- Analysing how well existing services meet need and how they need to change to meet future need
- Designing services in partnership with people who use services, carers and other organisations such health, social care and criminal justice staff, the Community Voluntary Sector and independent service providers
- Deciding how these services will be selected. This could be through a tender process
- Agreeing how services will achieve outcomes for individuals and the wider population
- Ensuring service improvement through setting standards for performance, quality and safety and reviewing performance to ensure continuous improvement

Services are commissioned jointly with other areas including the Public Health team in Torbay Council, Criminal Justice services and Community Voluntary services. The team also puts in place arrangements so that people can commission and manage their own services.

Torbay Voice is a group of people who use or have used support services. The aim of Torbay Voice is to: 'Give a voice to people who use services', and to work together with others to improve services. Torbay Voice is inclusive, non-judgmental, welcoming and friendly and new members are always welcome.

## **4. Public Health**

### ***Interview with Caroline Dimond, Director of Public Health, and Gerry Cadogan, Public Health Principal***

In post: Caroline (Interim) from November 2013 and Gerry six years.

#### **Key priorities of the roles:**

- Systems leadership
- The emotional health and wellbeing of children and early help
- Prevention through addressing lifestyles issues and in relation to long term conditions
- Mental health and embedding parity
- Community responsiveness
- Aging well including frail elderly

Gerry:

- Leads on mental health and emotional health and wellbeing across the life course
- Suicide prevention
- Self-harm

#### **Priority outcomes and key challenges**

- Men dying proportionately earlier
- Significant areas of deprivation – low wage low aspiration. Retail offer is not matched to the residential offer – the fewer more affluent go to Plymouth and Exeter
- 7 year difference in life expectancy
- Mental health is a big issue
- Older people – because of the demographics – but also a focus on the young



## **Commissioning**

- Outcomes based, assessment of needs and assets, follow the cycle
- Tend not to do much market development but do co-produce with other partners and the community and voluntary sector
- Governance is through the Health and Wellbeing Board – there is a lot of change here and new members. Have introduced seminars and public sessions with the board. The strategy has 59 elements – needs refreshing. The Board needs to shift to prevention to influence the Acute Trust.
- Have recommissioned Lifestyles Services – there is a prime contractor (ICO – Acute Trust) and the VCS are built into the contract

## **Work with the third sector**

- Aiming to grow the sector, working with the CDT. Gerry has a lot of confidence in them. Public Health has taken over the commissioning of the CDT recently. Put some Public Health funding into the Trust to support work with the sector and Asset Based Community Development.
- Work with Healthwatch – Kevin plays a key role.

## **Work with Cultural organisations**

- Worked with the CDT on the Aging Well bid
- Some suicide work with match funding from the Arts Council
- Work with Professor Green – Professor of Arts and Health University of Exeter – Campaign Against Living Miserably (CALM) and links with street wardens and street pastors

## **Opportunities**

- Conversations with Mary – if the cultural offer understood the health issues and mental health issues we were trying to reach then we could potentially come up with some win-win ideas. Mary speaks our language.
- The Tourist Ticket – could we do the same for residents and engage young people as paying customers – invest to get a return. There is a perception that the offer is focussed on tourists.

- Children and families
- Mental health
- Isolation – high divorce rate
- Self-esteem – across the life course
- Liven up the streets performance and street art
- Social prescribing – lots of opportunities here – there are committed GPs and people at the hospital – great sets of people involved so culture could be built in. Developing the community and voluntary sector to become health trainers/navigators – need a competency framework
- To be part of the culture change in the statutory sector – can culture help us market the change and celebrate?
- Health and community safety/crime links – can culture contribute?
- Work with housing associations and other workforces – to ‘Make every contact count’.

### **Barriers**

- Cost – arts is expensive
- Evidence base
- Don’t know enough about the cultural offer

### **Advice**

- Understand the wellbeing issues of Torbay, such as child and adolescent mental health, work with the groups that exist (Fran is a good source of information) and look to work across a joined up agenda.

### **Follow up**

- Happy to follow up the conversations as part of this programme and keen to pursue the agenda.

## 5. Clinical Commissioning Group

### *Interview with Fran Mason, Senior Manager Pioneer and Joined Up, Southern Devon and Torbay Clinical Commissioning Group*

In post since September 2014 – on secondment – substantive post is Head of Commissioning for Adults

#### **Key priorities of the role**

- Employed by the CCG and the post is part funded by the hospital and the council
- Is one of 14 national NHS pilots for 'Pioneer' started in 2013 - JoinedUp includes all the local NHS and council organisations that are involved in health and care – the CCG, Torbay Hospital, Torbay and Southern Devon Health and Care NHS Trust, Devon Partnership NHS Trust, Torbay Council, Devon County Council, Rowcroft Hospice and Torbay Community Development Trust.

Leaders of these organisations are working together on the JoinedUp Board, which sets common priorities and takes joint decisions. They are working jointly with the voluntary sector and local community groups in an entirely new way, to improve the quality of life of local people.

The overall aim is to join up the health and care system so that patients and people using services don't have to struggle to get what they need. They will be able to tell their story once, and get coordinated care that really meets their individual needs, and which they will be in control of.

- Next big thing is 'Vanguard' – further 'test and learn' around integrated care. (Torbay is not a pilot but will be part of the learning as a 'Pioneer' pilot). Use a predictive risk analysis tool to identify the most frail and to improve information sharing and systems to provide better pathways for this cohort. Vanguard has a locality, multi-agency focus.
- There is also a children and families hub – building community assets and talents and organising developments and support. Use Asset Based Community Development and co-design of services. The Social Work Innovation Fund (SWIFT) of £1.5m supports new ways of working with children and families.

## **Priority Outcomes and key challenges**

- Rolling out multi-disciplinary teams led by primary care in five localities across Torbay and South Devon (three Torbay).
- There are more than 100 integrated projects – they need to be pulled together.

## **Commissioning**

- Currently this is through block contracts with the Integrated Care Organisation using pooled budgets (£348m) from CCG, Adults and Council and later SWIFT.
- Aspiration is around integrated Personal Commissioning – planned around the individual

## **Work with the Third Sector**

- Some grants and some small contracts

## **Work with the cultural sector**

- None currently

## **Opportunities**

- How we look at personal plans in the context of Integrated Personal Commissioning – Project Manager for this is Helen Davis Cox. She is identifying cohorts of people to work with and looking at cost modelling. She is helping people identify aspiration and change the way things are done to give advice to people and influence the workforce.
- The people focus and coproduction approach is good
- Pathway redesign needs to include non-medical interventions and address other issues such as housing and loneliness. Need to support people to value themselves and address some of the poor outcomes for young people.
- Integration needs to address and include non-traditional roles and involve people from different backgrounds as navigators and connectors to free up clinicians to ‘work to the top of their license’.

- Community builders – what’s out there and how can we build on that?
- Patient and Public Voice – Jo Curtis leads in CCG. Torbay Voice Jess Sneddon is link worker.

### **Barriers**

- Cultural organisations need to articulate their offer and develop much closer partnerships with providers
- Similarly we (CCG) need to articulate the outcomes we are seeking

### **Advice**

*‘Understand what we are trying to do and be part of the transformational approach’  
‘Be proactive and come to us with ideas around pathways. Engage with our Wellness co-ordinators*

### **Follow up**

Keen to engage in further discussion

## **6. Adult Social Care**

### ***Interview with Caroline Taylor, Director of Adult Social Care***

In post 3 years (in Torbay for 9 years)

#### **Key priorities of the role**

- Ensure the commissioning of quality and safe services
- Means tested
- Working on integration
- Care Act
- Redesign service in Learning Disabilities, Autism, Mental Health
- Decommissioning services due to reduced funding
- Services for people with complex needs
- Criminal justice and street sleepers

#### **Priority outcomes and key challenges**

- Poor elderly
- Rising dementia
- Blocked acute services
- Impact of welfare reform – 30% are welfare dependent
- Symptoms of seaside areas

#### **Commissioning**

- Principles – Quality outcomes for individuals, keeping people at home, improving health and safety, connectedness and wellbeing, choices and personalisation
- Have a number of block contracts – ICO, Mears, NRS – Mears is the single provider for domiciliary care but there are flexibilities to sub-contract– have moved away

from smaller contracts – need more strategic grip. Facing a wall of demand and not enough cash – the question is can we do it fast enough and cheap enough?

- Personalisation for people with learning disabilities and brokerage systems. Closing in-house centres for a more diverse offer.
- Most commissioning strategic. CCG has a model which is locality based which is still being worked through. Aging Better aims to increase connectivity and take out statutory cost – needs good evidence to convince the medical leads.

### **Work with Voluntary sector**

- Work as a council with the CDT on the Aging Better programme
- Approximately £5million goes to the community and voluntary sector in commissioning with measurable outcomes – not grants - including CAB and disability services.
- ICO moving away from acute to community based services – need reliability and the equivalent of block contracts in the community and voluntary sector to encompass small groups such as the bipolar support group.

### **Work with cultural organisations**

- Most of us as directors support a more diverse offer and welcome the ACE investment. Torbay has a strong ‘am dram’ community – no public money – how do we bring in the funded sector?
- Would support a growing cultural offer for societal solutions

### **Opportunities**

- We are a small population, 135,000, with high demand. The opportunity is to go to a locality model, taking money out of acute care, integrating primary care with social care, and the CDT building befriending, peer to peer support and supporting carers. Culture can be a part of that.
- Need a consistent offer, with confidence of quality and risk being managed
- Could do more in mental health
- Grow the CDT (£200,000 from ASC) but there is a risk we ‘overegg’ this before they have the capacity to deliver

## **Barriers**

- Money
- Turnover of staff in our service and cultural instability – state sector has fewer and fewer people – voluntary sector often has a lot of people but is not well organised.
- CDT could be a prime contractor but is not ready

## **Advice**

- Welcome a cultural offer but it would need to be consistent and part of pathways for vulnerable people

## **Follow up**

Certainly up for further discussion and engagement



## **7. Children's Services**

### ***Interview with Gail Rogers, Principal Commissioner and Projects Director, Children's Services***

In post 15 months

#### **Key priorities in her role**

- Children and Young People's Plan
  - Keeping children safe
  - Keeping children in their communities
  - Keeping children healthy
- Preventing families breaking up
- Promoting children's health
- Attainment – some good – 3 grammar schools in more affluent areas, others less good. Trying to raise aspirations but high teenage pregnancy – 13<sup>th</sup> highest in country
- Reduce poverty – 26% child poverty
- Families 'on the brink' is the highest in the country – low skilled economy and seasonal nature of economy

#### **Priority outcomes and key challenges**

- Keeping families together
- Meeting the PH indicators for children – child obesity getting worryingly high
- Huge number of children Looked After – some coming into the area fleeing violence and looking for somewhere to start again, some related to the low paid economy, some related to the drinking/drugs culture and mental health

#### **Commissioning**

- Adopted a 'Commissioning for Localism' approach 2-3 years ago – which is trying to support smaller providers to enter the market. The market is limited – there are lots of low value contracts and the bigger providers won't do anything for less than £6million. Action for Children run the Children's Centres and Action for Children are also a provider. Some of the bigger bidders tend to win contracts sub-regionally

then sub-contract elements of the services, but then starve the sub-contractors. So the Community Development Trust will help the drive towards 'Commissioning for Localism'.

- Children and Young People are involved in the commissioning process from reviewing bids and being on selection panels to audit and review of services we had a Young Inspector's Programme (being rebranded). Young People also review funding applications for the Youth Service - £90,000 per annum to commit to voluntary sector groups – supporting around 40 groups to deliver local initiatives in neighbourhoods. Developed the 'Ambition and Quality Assurance mark' to improve quality of provision.
- Governance is through the Health and Wellbeing Board and Joint Commissioning Board.
- The Youth Homelessness contract has just been out for retendering. Children's Centres will be retendered next year and some support services for children and young people. We will bring providers together to help develop the specification.
- Commissioning is strategic – there are small grants for locality based work.

### **Work with the Third Sector**

- We have established a Youth Trust to support the development of Children and Young People's Services, support policy, infrastructure support and strive for innovation. This has been in development for 2 years and the company is now set up. Staff will be TUPE's over in September so the Trust will take over what's left of the Youth Service and potentially some other services.

### **Work with Culture**

- Often supported bids with Play Torbay and put some funding towards programmes for culture and creative play. Also worked with Sound Communities and Kate Green. Haven't worked with RIO.
- Youth Cultural Partnership - Play Torbay is lead Agency – has good take up from schools and some quite small organisations have had residencies in Primary Schools for a whole term. (Is this funded by RIO?).

## Opportunities

- I'd like to work with cultural organisations – on an outcomes based model – and develop imaginative approaches, not too prescriptive, and especially in neighbourhoods
- There are lots of children and families with emotional and mental health needs – so there are opportunities to link with CCGs
- Palace Avenue Theatre would be a good opportunity for cultural organisations to showcase what they do. It would make an ideal children's theatre and schools would use (do already but could be expanded).

## Barriers

- The cultural sector lacks cohesion. There are a lot of very small organisations and one-man-bands so it is hard to get strategic. They can be hard to work with as some are very disorganised and get by 'with a wing and a prayer'. They have very limited capacity and lack capital – so the way contracts operate makes it hard for their cash flow – and we need to recognise and work with that

## Advice

*'get organised and articulate what you can offer matched to our strategic outcomes'*

*'I know lots of these organisations but it would be good to have the broader picture about what the offer is. We need to be proactive too – it's a two way thing.'*

*'Plan on a page would be good'.*

## Follow up

Keen to follow up.

## **8. Community Development Trust**

*Interview with Simon Sherbersky, Lead Officer, and Justin Wiggan, programme Manager, Torbay Community Development Trust*

### **Key priorities of the role**

Set up by the council with support from the Voluntary and Community Sector, the CDT was founded to develop a fresh approach to community development and mitigate the impact of funding cuts. It is testing new ways of working through partnership and commissioning.

It is not a delivery organisation, but an infrastructure organisation which can be flexible and innovative.

### **Priority outcomes**

The CDT aims to:

- Increase capacity at the neighbourhood level
- Increase the capacity of the voluntary, community and community enterprise (VCSE) sector to deliver their services
- Support VCSE to work more effectively together to maximise impact
- Increase VCSE partnership work with, and influence on, the statutory agencies
- Increase the flow of funding to the VCSE through and increase in grant applications and the establishment of social enterprises alongside innovative approaches

There is a team of 14 Community Builders – one per neighbourhood – who do asset mapping, connecting, information portal.

The Neighbourhood innovation Fund - £100 K is a two year 'test and learn' arrangement with CCGs to find if we can demonstrate it reduces demand on health services.

Aging Well programme - £6m over six years. The older population is a key group – there is a grey economy – over 50s are at a ratio of 2:1 with under 50s.

### **Work with cultural organisations**

#### **Opportunities**

- Social prescribing – opportunity to pump prime this to include cultural organisations (bid in with ACE). Need to be part of this integrated approach
- the new leadership at the hospital has greater community focus

- the joint commissioning team in the council is an opportunity – it was silo'd – but as yet no culture involved
- tourism and festivals
- tackling social isolation
- Culture board will be key – now set up and Exec lead appointed
- Links with Arts and Health SW and skills development
- Opportunities from birth to death
- Engage with the asset based approach

### **Barriers**

- not joined up
- individual dynamics
- need for a more structured and co-ordinated approach
- not easy to connect with economic development – but there is still the opportunity for culture to straddle social and health outcomes and economic development

### **Advice**

- Come together and demonstrate collaboration and co-ordination
- Provide the evidence base – make the case and demonstrate the value
- Engage with health practitioners to share and develop skills and joint work

## **10. Themes for discussion and development**

### **10.1 The key questions to address in the first instance are: ‘What’s the offer?’, ‘What’s the evidence?’ and ‘how is the sector organised?’**

There is a willingness to engage and a general appreciation that the cultural sector has a role to play in delivering social and health outcomes.

However, there isn’t an understanding of the cultural offer in general terms, or specifically in relation to the contribution to health and social outcomes in terms of the evidence base.

Likewise, although there is awareness of the recently developed Cultural Strategy and Culture Board there is still a lack of understanding about how the sector is organised.

One suggestion was for a plan on a page summarising the offer in outcome terms.

### **10.2 Opportunities to work with other co-ordinators and workforces who have contact at the neighbourhood, community and individual level**

Engaging with workforce groups will enable cultural organisations explain the cultural narrative to groups of workers with day to day contacts in communities.

Specifically, the Community Builders and Wellness co-ordinators seem the most logical to engage with in the first instance, with a view to further exploration of the best way of working together. They will be in touch with the other agencies so should help to act as brokers and conduits for the cultural sector, which obviously has limited capacity.

This should also link in to the development of Social Prescribing in Torbay – which is clearly an important new approach to engage with.

### **10.3 Mental health and children’s mental health emerges as a key priority and there were some other specific avenues for potential follow up.**

Mental health stood out as high on the agenda of all interviewees. This is clearly an area where culture can contribute and needs to demonstrate evidence of impact.

Other opportunities for follow up include:

- Tackling isolation
- Building self-esteem – across the life course

- Supporting carers
- Pathway redesign
- Work with the hospital
- Personal plans
- Community safety

Which of these do we want to pursue? How? Who?

### **10.3 There were some specific culture led initiatives people mentioned.**

- Livening up the streets
- Tourism
- Festivals
- the development of the Palace Avenue Theatre

But there was also the challenge as to how the mainstream cultural offer could be attractive to residents as much as tourists and the opportunities to make the offer more attractive to paying customers.

### **10.4 There were also some ideas about using creativity itself to improve services**

For example, there was specific mention of using arts and culture to:

- Improve patient and public voice
- Help to celebrate and market transformational change and integration

Torbay has demonstrated an openness to creative means of communication – through such activities as the consultation with older people for the Aging Well bid and the presentation of the Director of Public Health Annual Report. So there is scope for innovation here.

### **10.5 Any other observations or themes?**