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Date: Monday, 26 March 2018

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Dear Member

HEALTH AND WELLBEING BOARD - WEDNESDAY, 28 MARCH 2018

I am now able to enclose, for consideration at the Wednesday, 28 March 2018 meeting of the Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
10.	**2018-20 Joint Strategic Needs Assessment for Torbay**	(Pages 240 - 289)
12.	**Better Care Fund**	(Pages 290 - 304)

Yours sincerely

Lisa Antrobus
Clerk

2018 – 2020

Joint Strategic Needs Assessment

for Torbay

Contents

Quick Facts about Torbay and Torbay residents:

133,883 people live in Torbay
(2016)

There are, on average, **3.8 births** per day
(2014/16)

Housing conditions are **worse** in Torbay, with **45% living** in the **most deprived** quintile in England for indoor deprivation

285 children were looked after by the Local Authority, equivalent to 112 per 10,000
(2017)

On an average **day**, the **spend** across 6 public sector organisations is around **£2.5M**
(2015/16)

The average age in Torbay is **44.8 years**
(2016)

There are, on average, **4.8 deaths** per day
(2013/15)

There are, on average, **145** attendances at **A & E per day**
With an average age of 43.8 years
(2016/17)

Around **66,400** (68%) adults are **overweight** or **obese** in Torbay
(2016)

3.7% are aged 85 years and over
(2016)

Life expectancy at birth **83.3** years for **females** **78.9** years for **males**
(2013/15)

There are, on average, **170 admissions** to hospital per day
With an average age of 55.8 years
(2016/17)

Around **18,100** adults in Torbay **smoke**
(2016)

There are **12 GP practices**, and **37 Pharmacies** Serving Torbay

I am delighted that we have developed an Assessment that provides a comprehensive picture of the key issues facing the population of Torbay. It is important that we understand these issues, and that we plan the services we deliver according to the health and well-being needs of the local population.

The 2018 Joint Strategic needs Assessment (JSNA) brings together data from a range of partners across the South Devon and Torbay community. It identifies key issues which leaders, planners and commissioners can concentrate on for the following years.

As with other areas in the UK, we face a number of health and wellbeing issues in Torbay. The statistics show that two out of every three adults are overweight, with one in four being deemed obese. In primary schools, one in five children is obese by the time they reach Year 6.

We have an ageing population - one in four adults is aged over 65 and this statistic is increasing. Torbay also has a high number of households which fall in the poverty category, high levels of frailty, and there are high rates of alcohol related admissions to hospitals and mortality due to corresponding liver disease.

With this in mind, it is vital for upstream interventions to be strengthened. By preventing ill health in the first place through healthy lifestyles and choices, the healthier we can keep individuals, society, and our health and economic systems.

I hope you enjoy reading this document and that it helps you better understand your community or the community you serve and that you will use this document to help you plan services and interventions that best suit your community needs.

Chairman

Health and Wellbeing Board

This is the sixth Joint Strategic Needs Assessment (JSNA) to be written for Torbay since 2007. This JSNA presents the most acute levels of social challenge within the Torbay population so far.

The last 10 years has seen a consistent set of issues highlighted. The key challenges facing the population and the organisations that serve the population are highlighted below.

- **Inequalities** have been widening as relative deprivation worsens; Torbay is ranked as the most deprived local authority in the South West region
- **Children**
  - The number of children looked after by the local authority remains amongst the highest in England
  - Around 1 in 4 children continue to live in households where income is less than 60% of the median income (living in poverty)
- Torbay's **economy** is amongst the weakest in England, and has declined in recent years
- **Risk taking behaviours**
  - Around 6 out of 10 adults in Torbay are overweight or obese
  - Around 1 in 6 adults in Torbay smoke
  - There are high levels of alcohol related admissions to hospital
  - Torbay has high levels of self-harm in the population
- There are high levels of **vulnerability** in the population, with high levels of specialist need cohorts and high levels of mental ill health
- We have an **ageing population** with the number of people aged over 85 expected to increase by around 3,000 (56%) over the next decade or so. Increasing numbers are expected to be frail and require support from health and social care services.
- **Public sector spend** is around £2.5M per day in Torbay, across 6 areas. Spend associated with an ageing population and a consequence of risk taking behaviours is expected to increase.

There are opportunities for specific needs assessments to understand the specific needs of defined cohorts, such as those with Learning Disabilities or children looked after.

This document is part of the JSNA in Torbay, a large part of the JSNA is the district, town and electoral ward profiles which cover the life course. These can be found at: www.southdevonandtorbay.info/jsna

Torbay offers an unrivalled quality of life for individuals and families. With its natural environment, clean air, climate, location, excellent schools, growing arts and cultural sector, low crime rate and wide range of outdoor activities, mean that Torbay provides everyone the opportunity to live a healthy and fulfilled life.

Torbay covers an area of over 24 square miles, located in South Devon, known as the English Riviera. It is made up of the three towns of Torquay, Paignton and Brixham and comprises over 20 beaches and secluded coves along 22 miles of coastline located around the east facing natural harbour of Tor Bay.

With a population of over 133,000, Torbay is the second largest urban area within the Heart of the South West. Not only a popular tourist destination, Torbay is also a retirement destination for many fit, active, skilled and affluent older people which is reflected in the population structure.

Like many coastal areas, Torbay has its challenges. There are high levels of poverty and deprivation, with not enough opportunities for young people. Torbay currently has a predominantly low-wage, low-skill economy and an over reliance on the tourism industry. Our ageing population means that an ever higher proportion of diminishing public resource is spent on care.

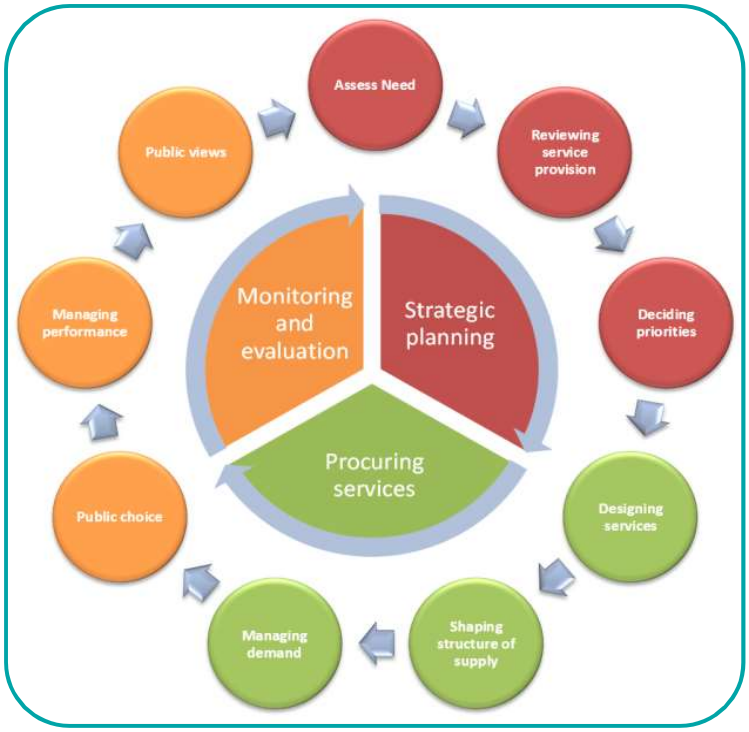
Figure 1: An overview of the Torbay area

Background

The Torbay Joint Strategic Needs Assessment (JSNA) is not a standalone document but a suite of documents, web tools and presentations which help to analyse the ***health needs of populations to inform and guide commissioning*** of health, wellbeing and social care services within the local authority area [2]. The JSNA is a means by which ***local leaders work together to understand and agree the needs of the local population*** [3]. JSNAs, along with health and wellbeing strategies enable commissioners to plan and commission more effective and integrated services to meet the needs of the Torbay population [3], in particular for the most vulnerable, and for groups with the worst health outcomes, and to help reduce the overall inequalities that exist.

This diagram of the commissioning cycle (Figure 2) shows a way of breaking the cycle down into three main stages: Strategic Planning, Providing Services, and Monitoring and Evaluation. The JSNA supports the strategic planning by identifying the needs within communities. Understanding the needs of the population informs and influences commissioning intentions and priorities.

Figure 2: Commissioning cycle



Source: http://commissioning.libraryservices.nhs.uk/

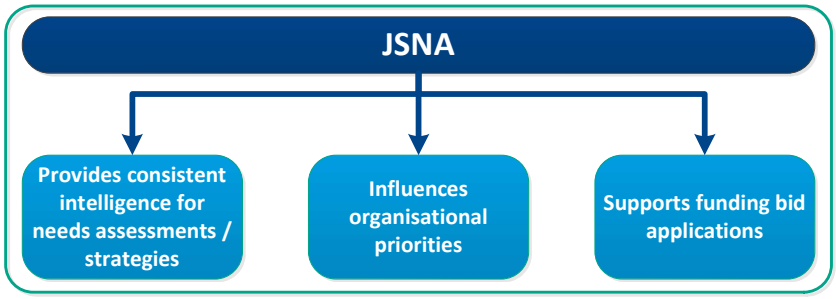
Helping people to live longer and healthier lives is not simply about the healthcare received through GPs or at hospital, it is also about the ***wider social determinants of where we live and work*** [4]. The collective action of agencies is needed today to promote the health of tomorrow's older population. Preventing ***ill health starts before birth, and continues to accumulate throughout individuals' lives*** [4].

The Local Government and Public Involvement in Health Act 2007 [7] required Primary Care Trusts (PCTs) and Local Authorities to produce a JSNA of the health and well-being of their local community. From April 2013, Local Authorities and Clinical Commissioning Groups (CCG) have

equal and explicit obligations to prepare JSNA, under the governance of the health and well-being board [8].

The approach to the JSNA in Torbay is to provide a collection of narrative and data interpretation to support the community, the voluntary sector and statutory organisations across Torbay. This ***approach then provides a consistency of multi-agency data*** to support strategies, commissioning and needs assessments across Torbay, illustrated in figure 3 below.

Figure 3: Influences of JSNA



The structure of the JSNA

This document represents a written JSNA narrative for Torbay. It highlights the key challenges and issues facing the population of Torbay across the life course, as well as highlighting areas of spend and opportunity. In addition to this document, there is a series of two page profiles highlighting key population outcomes across the life course and across different communities. The structure of the JSNA is presented in figure 4 below.

Figure 5 shows that the written report is supported by a set of profiles for Torbay covering different stages of the life course and across the different communities in Torbay. For example, the electoral wards in Torbay each have a 2 page summary highlighting key outcomes for those aged 0 to 4 (starting well). Further details of the life course are presented below.

Figure 4: Structure of 2018 JSNA

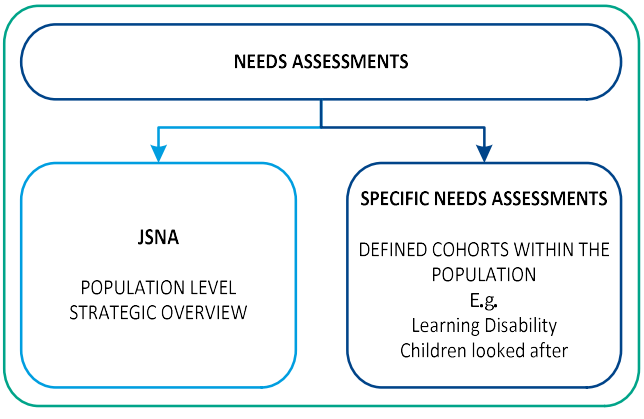
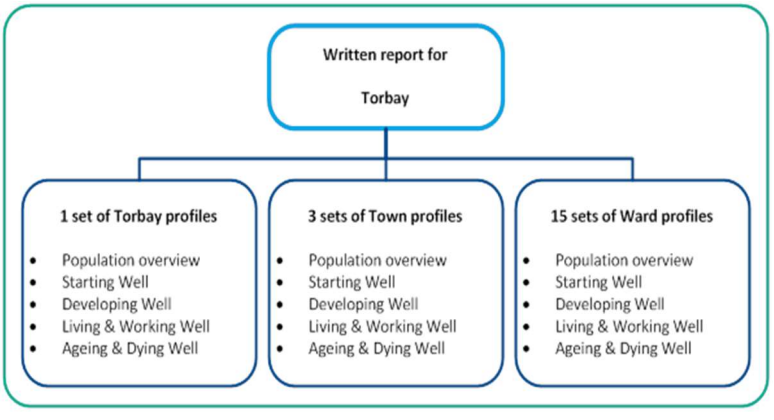


Figure 5: Structure of 2018 JSNA



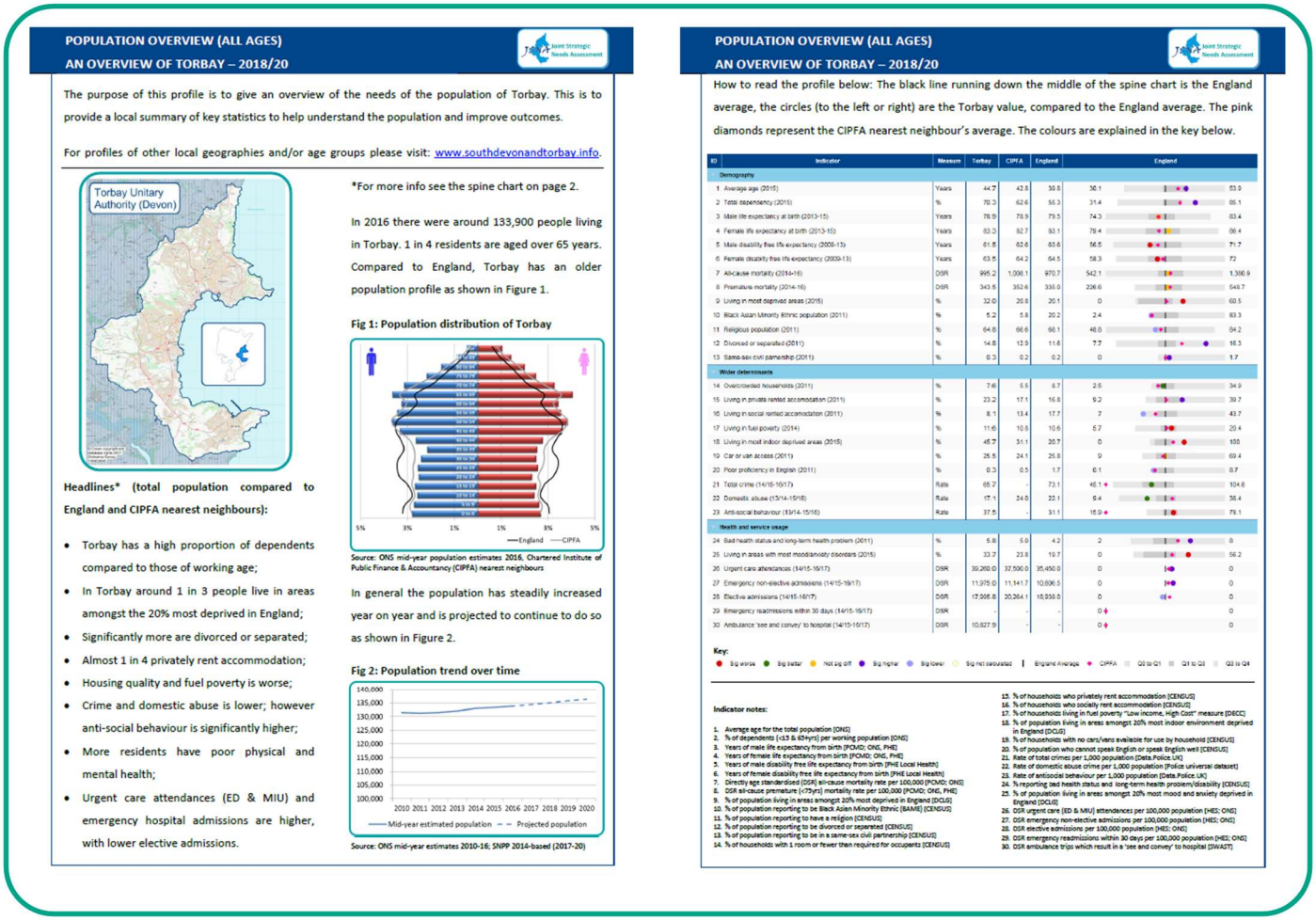
The content of the profiles was derived from a multi-agency workshop held in May 2017. The workshop was attended with representation and contributions from the following areas;

Table 1: JSNA contributors

Citizens Advice Bureau	Torbay Public Health Commissioners	Devon and Cornwall Constabulary
Torbay Adult Social Care commissioners	Health Watch Torbay	Department for Work and Pensions
Torbay Children's services commissioners	Torbay Development Agency	Torbay Councillors
South Devon and Torbay Clinical Commissioning Group	Torbay and South Devon NHS Foundation Trust	

Output from the workshop formed the content list for the profiles. There are 5 profiles for each geographical area, covering the life course. In total there are 95 profiles, covering the life course across Torbay, the towns and electoral wards.

Figure 6: Torbay Population overview profile – EXAMPLE PROFILE



Larger copies of the profiles are available at www.southdevonandtorbay.info/jsna

This written narrative is themed into the following chapters:

- **Inequalities** – highlights differences in outcomes across our communities
- **Prevention** – identifies ways to consider upstream approaches to risk factors
- **Public sector spend** – examines public sector spend in Torbay compared to other areas
- **Life course chapters** – each chapter presents a summary of key age specific challenges affecting the population of Torbay
    - **Population overview** sets the scene for the current & future population structure across Torbay. It includes top level population overviews
    - **Starting Well** is about understanding the needs of the population through pregnancy, birth and for the first few years of life.
    - **Developing Well** is about understanding the needs of the population between the ages of 5 and 24.
    - **Living and Working Well** is about understanding the needs of the working age population.
    - **Ageing and Dying Well** is about understanding the needs of those from around 65 years and over.

The Torbay JSNA is wider than the set of profiles and this narrative report. The JSNA includes specific overviews of conditions, diseases or analysis of specific cohorts within the population.

The JSNA can be accessed at: www.southdevonandtorbay.info/jsna

Life course

A life course approach enables an understanding of needs and risks to health and wellbeing at different points along the path of life. For example, ***our needs as babies and in our early years differ significantly to our needs and risks to health and wellbeing as we enter adulthood or retirement***. Understanding the risks to health and wellbeing at different points along the path of life enables opportunities to promote positive health and wellbeing and to prevent future ill health, or to understand the potential burden of disease that may need to be considered in delivering services.

Understanding needs across the life course also enables an understanding of exposures in childhood, adolescence and early adult life and how they influence the risk of disease and socio-economic position in later life [5]. Understanding the influence of risk in this way may help to prevent future generations experiencing some of the illnesses of today.

Comparisons

The Chartered Institute of Public Finance and Accountancy (CIPFA), working with local authorities, have developed an approach to aid benchmarking and comparing similar local authorities. CIPFA have developed a methodology that allows local authorities to compare themselves with similar authorities. These are known as nearest neighbours. Torbay's nearest neighbours are presented, with some demographic information, in table 2 below.

Contextualisation presented within this report, and across the JSNA profiles, shows a statistic for 'CIPFA'. The statistic is the average of the nearest neighbours. The statistics are constructed through a robust way to ensure the stats are comparable, for example, calculating appropriate numerators and denominators, or age specific rates.

Table 2: Torbay's nearest neighbours

Nearest Neighbour Model (CIPFA)	Deprivation score (IMD 2015)	Total Population (2015)	Aged 65 and over	% of Pop aged 65+
Blackpool	42.0	139,600	28,400	20.3%
Bournemouth	21.8	194,500	34,900	17.9%
Cornwall	23.8	549,400	131,900	24.0%
Darlington	23.6	105,400	20,500	19.4%
East Riding of Yorkshire	15.8	336,700	82,600	24.5%
Isle of Wight	23.1	139,400	37,000	26.5%
North East Lincolnshire	30.9	159,600	31,100	19.5%
North Somerset	15.8	209,900	48,800	23.2%
North Tyneside	21.3	202,500	39,200	19.4%
Northumberland	20.5	315,300	72,700	23.1%
Poole	15.2	150,600	33,100	22.0%
Redcar & Cleveland	28.6	135,300	29,200	21.6%
Sefton	25.7	273,700	61,800	22.6%
Southend-on-Sea	24.5	178,700	34,000	19.0%
Torbay	28.8	133,400	34,300	25.7%
Wirral	26.9	320,900	67,000	20.9%

Source: CIPFA

Analysis around South Devon and Torbay Clinical Commissioning spend compares the local CCG to its equivalent nearest neighbours, referred to as RightCare.

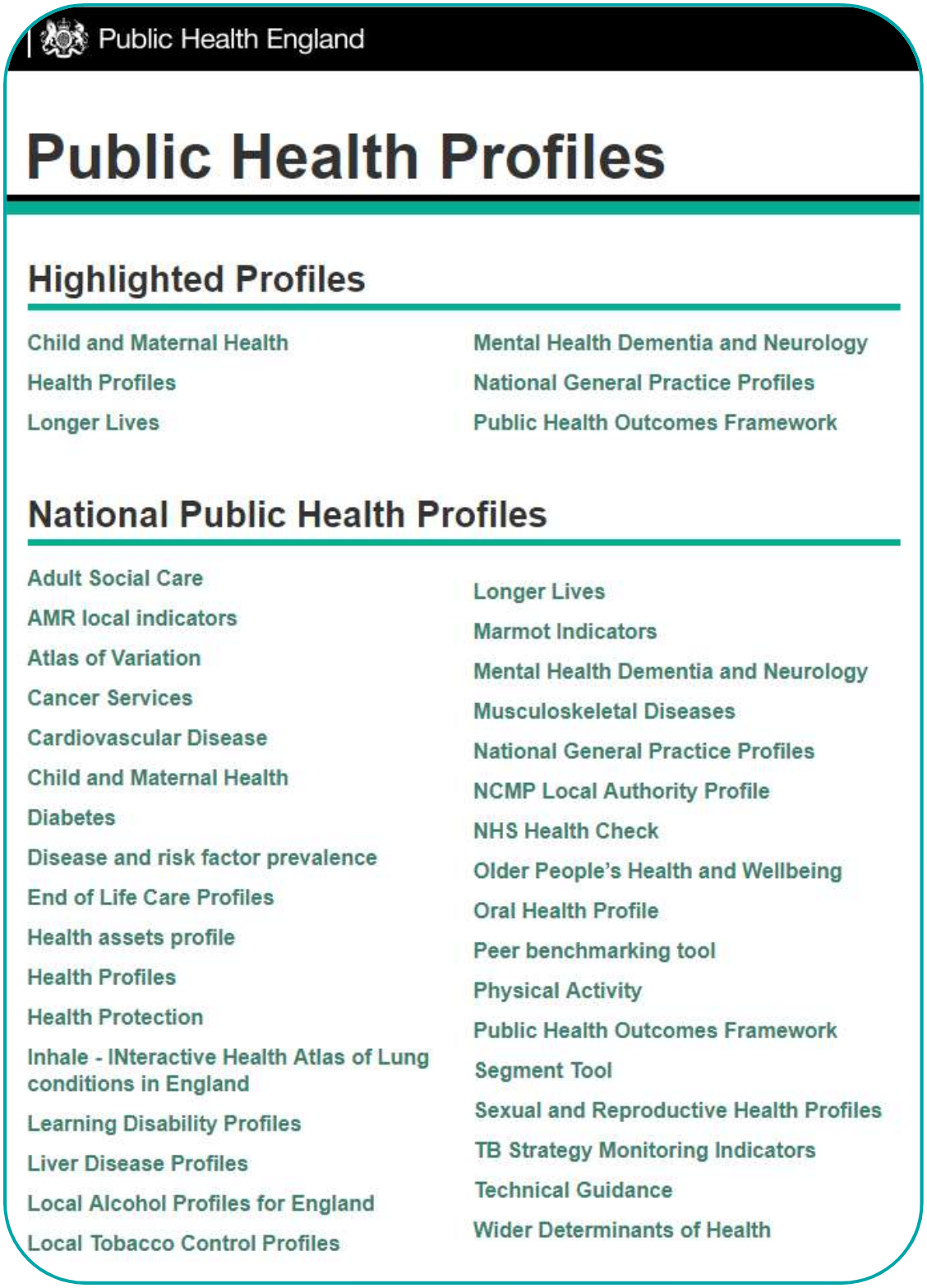
Further information on RightCare nearest neighbours, or comparator groups can be found at https://www.england.nhs.uk/rightcare/

Additional profiles

Further information and profiles are available from Public Health England. These contextualise Torbay against a national perspective, as well as against Torbay's CIPFA neighbours.

Further profiles are available at: https://fingertips.phe.org.uk/

Figure 7: Public Health Profiles

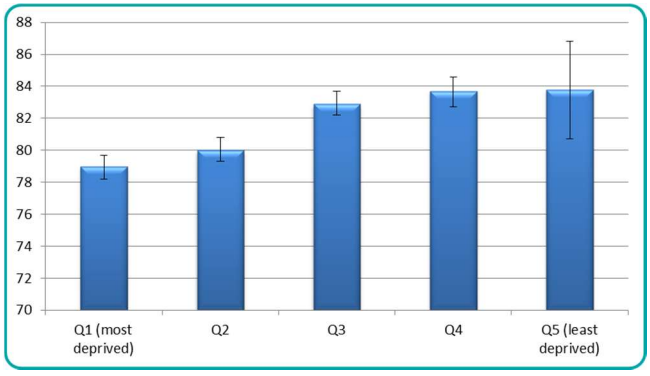


Inequalities are evident across the life course, from ***children being born in more deprived areas expected to experience shorter life expectancy (figure 8)***; to working age persons with lower or no qualifications; to premature mortality.

In order to begin to reduce inequalities, an understanding of the complex web of issues is required. There is evidence to suggest that ***disadvantage starts before birth and accumulates throughout life*** [1]. To reduce inequalities across the life course, it is important to reduce early disadvantage, poorer outcomes from pregnancy and birth, and during childhood.

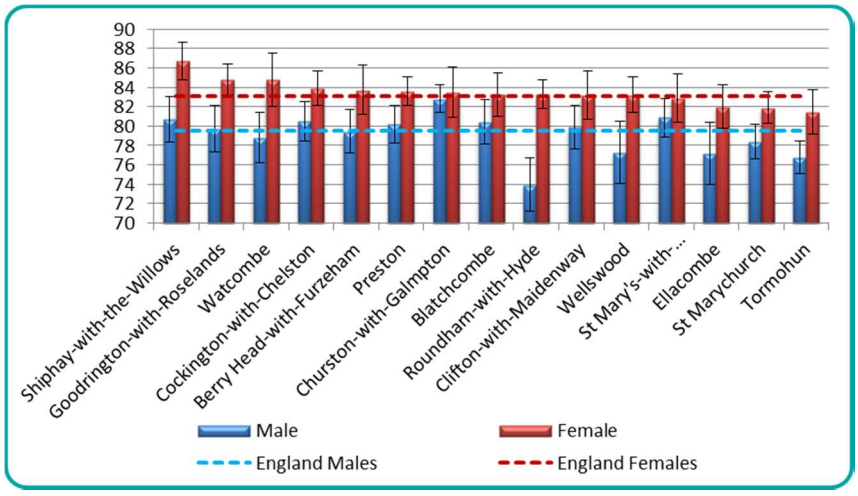
Health inequalities are when different people experience different outcomes. For example, higher rates of people dying prematurely in one community compared to another community (figure 9). There is a well evidenced relationship between poorer communities, in terms of income, and poorer health outcomes such as life expectancy [1].

Figure 8: 2014/15 Life expectancy at birth by deprivation quintile across Torbay



Source: PCMD, NOMIS and ONS

Figure 9: 2013/15 Life expectancy at birth by electoral ward and sex across Torbay compared to England



Source: PCMD, NOMIS and ONS

The gap in life expectancy at birth between communities across South Devon and Torbay is around 8.9 years for males and 5.2 years for females.

Whilst people in our more deprived communities tend to die earlier than those in the least deprived, they also tend to spend more of their life in poor health. The gap between disability free life expectancy and life expectancy is widest in our poorer communities (left hand side of figures 10 and 11). The gap is smallest at the less deprived end of the spectrum, right hand side of figures 10 and 11.

Communities in Torbay are represented by the red dots in the two charts. The lower banding of dots represents the disability free life expectancy experienced in communities, whilst the upper banding of dots represents the life expectancy on communities. The gap between these two community measures, represents an inequality across communities.

Figure 10: Female life expectancy and disability free life expectancy at birth, by neighbourhood deprivation level, England, 2009 to 2013

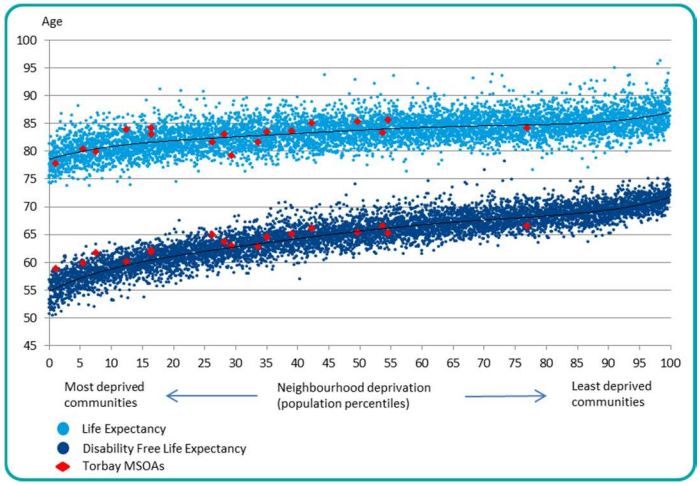
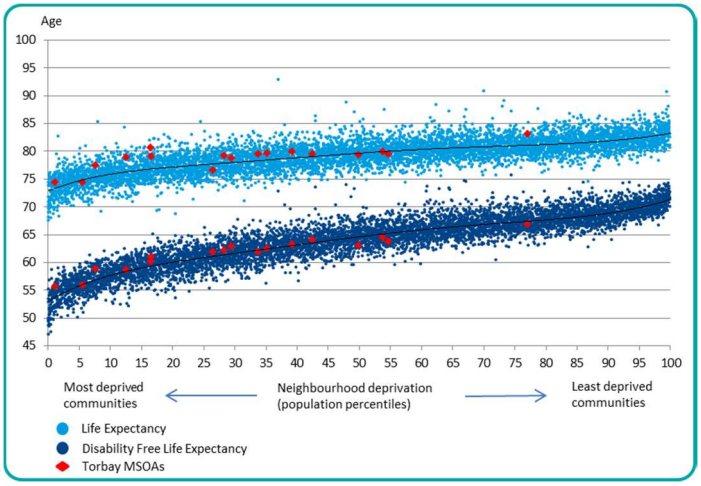


Figure 11: Male life expectancy and disability free life expectancy at birth, by neighbourhood deprivation level, England, 2009 to 2013



Source: ONS

What this means is that, on average, the more deprived **female** populations in Torbay can expect to live **their last 23.8 years of life with a disability** compared to those in the least deprived (16.2 years) population, and **still expect to die around 8.3 years earlier**. For the males population in the most deprived communities of Torbay, they can expect to live **their last 20.5 years of life with a disability** compared to those in the least deprived (14.7 years) population, and **still expect to die around 8.7 years earlier.** Proportionately, people in Torbay's more deprived communities spend a larger amount of their life in need of some increased level of support.

Life expectancy for both females and males has increased over time. A gap between the sexes remains with females, on average, living longer than males. It is of particular note that whilst life expectancy has been increasing, disability free life expectancy has decreased. This suggests that the population are ageing in poorer health, and this may in turn have a negative impact on the demand for support services to manage a population in poorer health.

Figure 12: Female Disability-free life expectancy and life expectancy over time

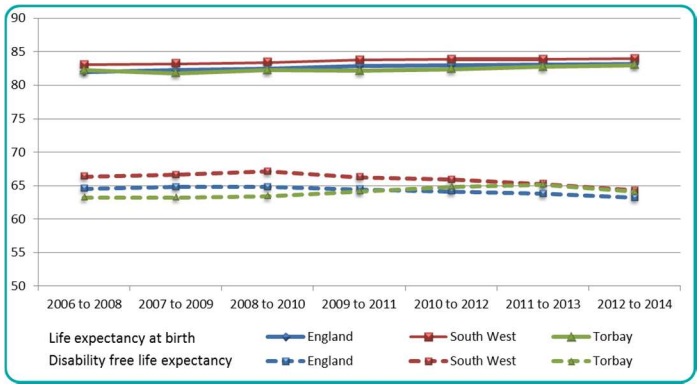
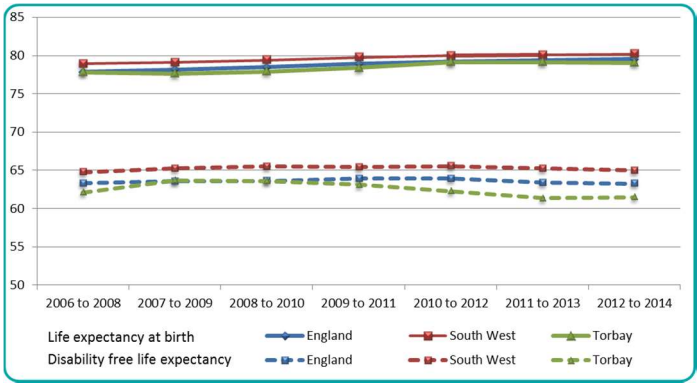


Figure 13: Male Disability-free life expectancy and life expectancy over time



Source: ONS

Figures 10 and 11 (above) show that ***people in our more deprived communities live for longer with a disability***. This population needs to access care for a relatively longer period of time. Reducing the gap between disability free life expectancy and life expectancy would result in significant financial savings to the public purse.

Reducing inequalities in health does not require a separate health agenda, but action across the whole of society [1]. Inequalities in health are not simply about levelling out the burden of disease across the population, as ***good health is not simply a measure of the absence of disease***. Where we live, and who we are, all impact on health, and inequalities.

At a national level, it is estimated that the cost of inequality in illness accounts for productivity losses of around £32 billion per year [1]. Proportionately, in ***Torbay*** this could represent a ***cost of inequality in illness of around £75 to £80 million per year***. That would include lost taxes, higher welfare payments and higher NHS healthcare costs. The figure presented is based on a national population spend per head being applied to the South Devon and Torbay population; it has not been adjusted for deprivation, age or sex. It does however represent a wider system perspective on costs.

In 2015, Torbay's overall position for multiple deprivation rank of average rank was 46th out of 326 district local authorities and 37th out of 152 upper tier Local authorities in England. Compared to the South West of England, Torbay is ranked as the most deprived on a range of summary

measures (including income and employment deprivation summary measures). Torbay's position is relatively worse than for previous versions of the IMD (index of Multiple Deprivation).

For local authority districts, Torbay is ranked within the top 20% most deprived local authorities in England (figure 14), and when compared to CIPFA statistical neighbours, Torbay has the second highest levels of multiple deprivation (table 3).

Table 3: Torbay's nearest unitary neighbours

CIPFA nearest neighbour (district LA rank of 326)	IMD rank of average rank	
	2010	2015
Blackpool	10	4
Torbay	**49**	**46**
North East Lincolnshire	78	65
Cornwall	82	68
Redcar and Cleveland	71	78
Isle of Wight	106	83
Sefton	114	102
Southend-on-Sea	117	105
Wirral	103	106
Bournemouth	96	117
Darlington	104	122
North Tyneside	124	138
Northumberland	144	145
Poole	187	208
East Riding of Yorkshire	216	215
North Somerset	224	224

Source: CIPFA nearest unitary authority neighbours, 2015

Figure 14: Average rank summary measure of the 2015 IMD, for local authority districts

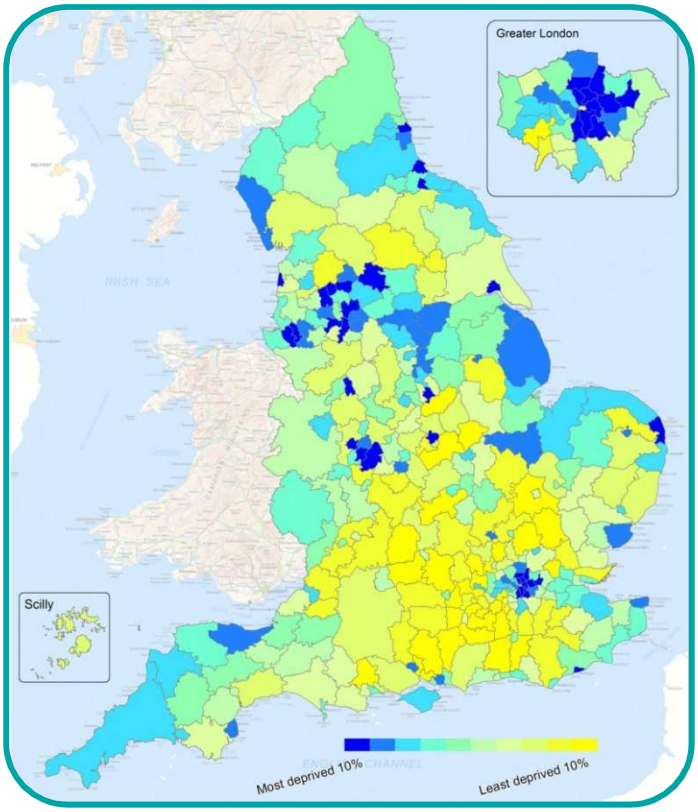
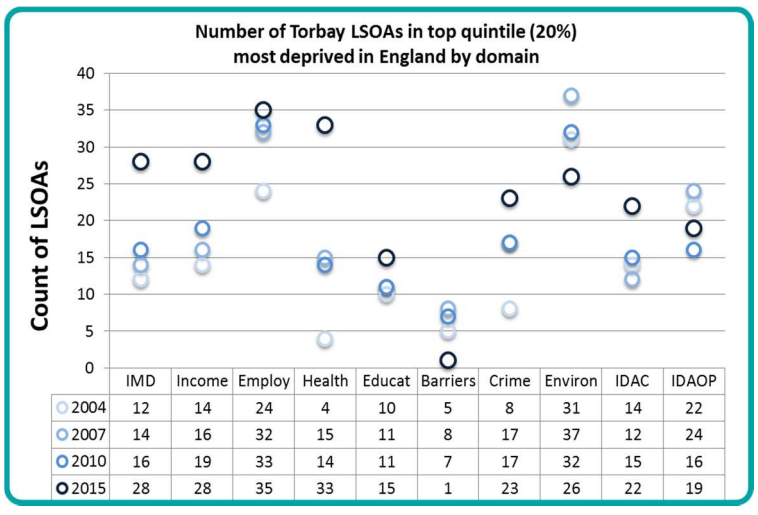


Figure 15: Change in count of LSOAs in Torbay in the top 20% most deprived in England

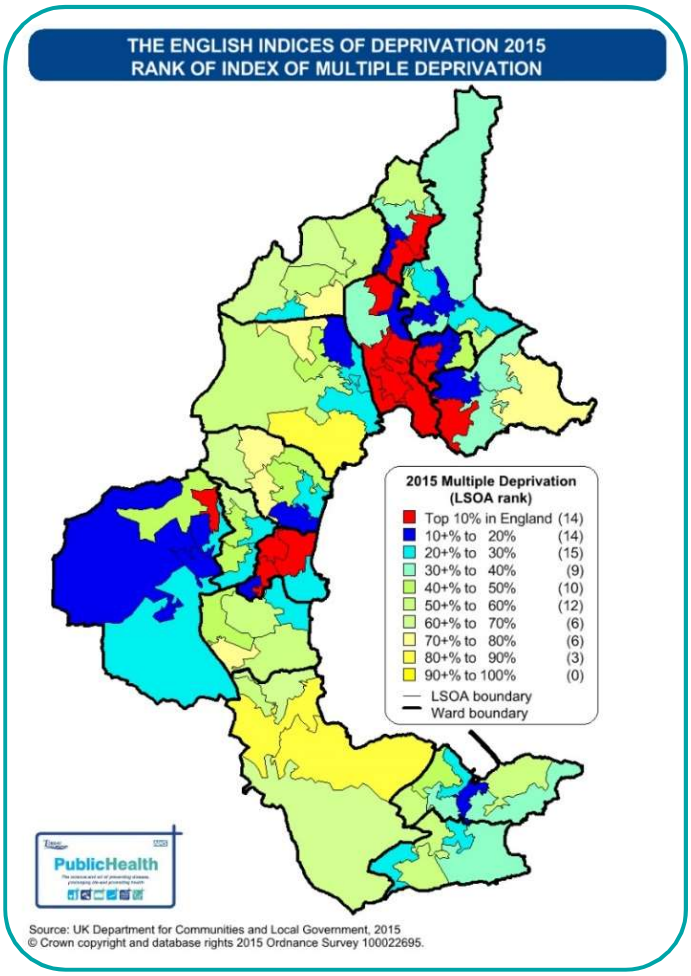


	IMD	Income	Employ	Health	Educat	Barriers	Crime	Environ	IDAC	IDAOP
2004	12	14	24	4	10	5	8	31	14	22
2007	14	16	32	15	11	8	17	37	12	24
2010	16	19	33	14	11	7	17	32	15	16
2015	28	28	35	33	15	1	23	26	22	19

Since 2004 the number of areas in Torbay in the top 20% most deprived in England has increased (figure 15). The darker circles represent the 2015 indices of multiple deprivation.

There are currently 28 areas in Torbay in the top 20% most deprived in England; up from 12 in 2004. These areas are presented in red and dark blue in fig 16 below.

Figure 16: 2015 rank of index of multiple deprivation



Wider determinants of health

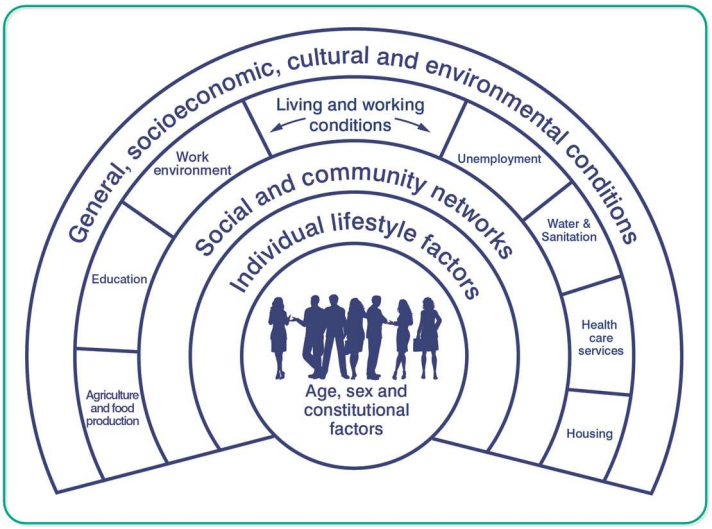
Whilst it is not possible to change some of our individual determinants of health, such as our age, our sex at birth and our genetic makeup (family history). There are other factors that we can try to influence that impact on health and wellbeing, such as the environment in which we live, our ability to work and the lifestyle choices we make. Figure 17 illustrates the main influences on health [6]. These influences are known as the ***wider determinants of health.***

The layers presented in figure 17 include:

- **individual lifestyle factors** such as smoking habits, diet and physical activity have the potential to promote or damage health
- **social and community network** interactions with friends, relatives and mutual support within a community can sustain people's health

- **wider influences** on health include living and working conditions, food supplies, access to essential goods and services, and the overall economic, cultural and environmental conditions prevalent in society as a whole

Figure 17: Wider determinants of health [6]



Influencing these layers, across the life course, is required to reduce inequalities, such as the gap in life expectancy, and improve the health and wellbeing of the South Devon and Torbay population.

Social and economic factors are estimated to contribute to 40% of health outcomes, made up of education (10%), employment (10%), income (10%), family and social support (5%) and community safety (5%). Contributions are illustrated in figure 18 below.

Figure 18: contribution of determinants to health outcomes

HEALTH BEHAVIOURS (30%)	TOBACCO USE (10%)	
	DIET AND EXERCISE (10%)	
	ALCOHOL USE (5%)	SEXUAL ACTIVITY (5%)
CLINICAL CARE (20%)	ACCESS TO CARE (10%)	
	QUALITY OF CARE (10%)	
SOCIAL AND ECONOMIC FACTORS (40%)	EDUCATION (10%)	
	EMPLOYMENT (10%)	
	INCOME (10%)	
	FAMILY AND SOCIAL SUPPORT (5%)	COMMUNITY SAFETY (5%)
PHYSICAL ENVIRONMENT (10%)	AIR QUALITY (5%)	BUILT ENVIRONMENT (5%)

Source: County Health, Rankings Working Paper. Madison (WI): University of Wisconsin Population Health Institute, 2010 [9]

Prevention means different things to different people, and there are different perceptions and perspectives of prevention. From a population level perspective, illustrated in fig 20 as health improvement opportunities to prevent the need for treatment services are more cost effective than treating people, to tertiary prevention that aims to prevent the worsening or repeat need for treatment.

For example, continuously pulling people out of the river downstream (fig 19) takes resources and over time would be more costly than simply fixing the bridge and preventing people falling into the river in the first place. This could be applied to any treatment or activity based services.

Figure 19: Upstream – Downstream opportunities to reduce costs

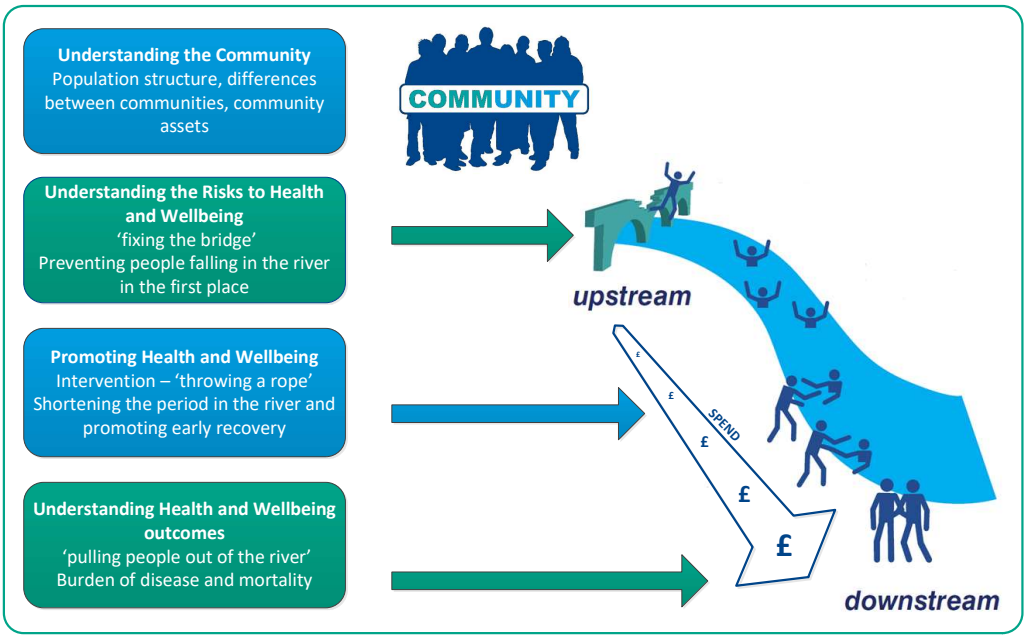
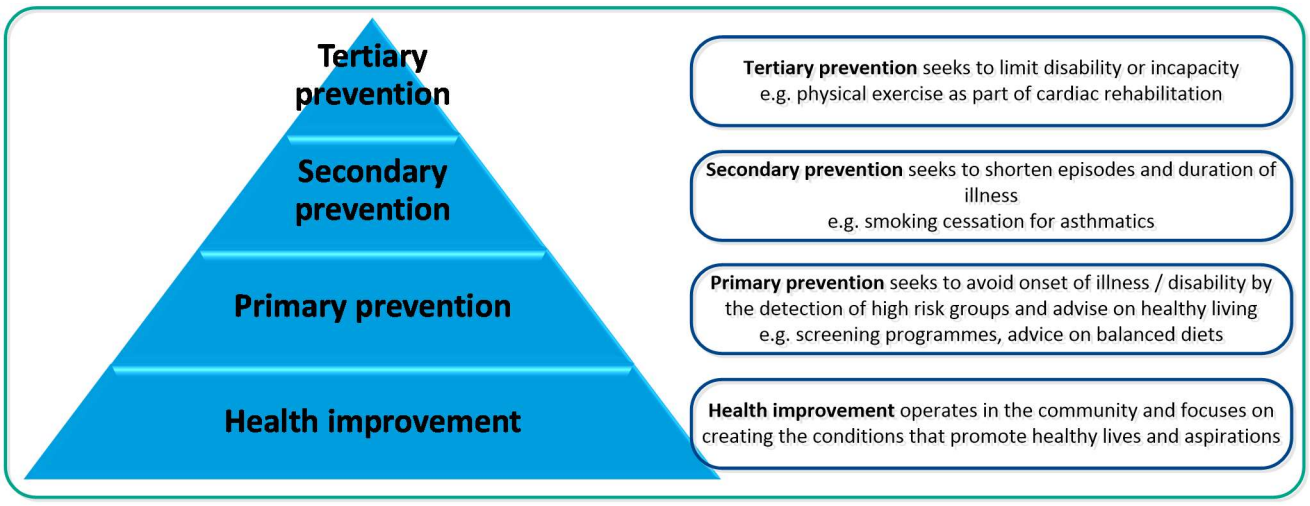


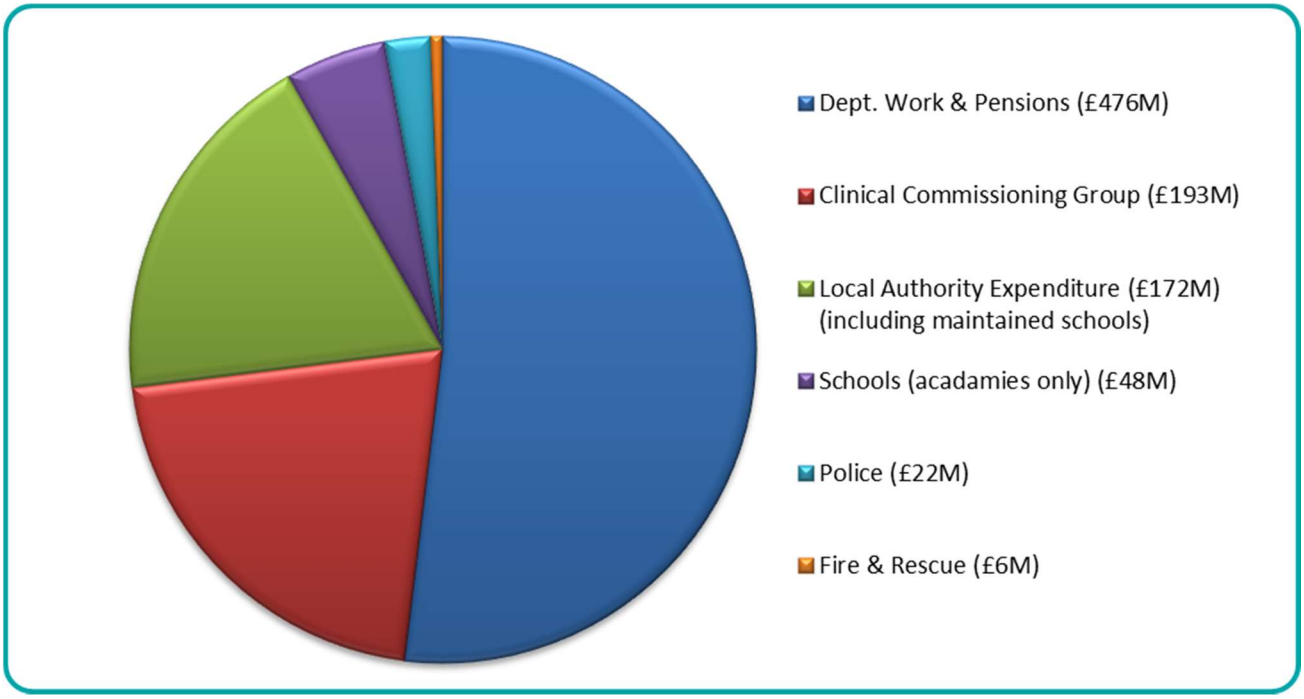
Figure 20: Prevention opportunities



The public sector includes services commissioned and provided for the public. This includes support services such as benefits, as well as schools, hospitals and refuse collection. This includes central government, national agencies, local NHS organisations and Torbay Council.

In 2015/16 around £920M was spent by 6 public sector bodies in Torbay, which equates to around £2.5M per day. Over half of spend was through the Department of Work and Pensions, spending £476M. The breakdown of spend is shown in figure 21.

Figure 21: Estimated spend across 6 public sector agencies in 2015 / 16



Source: Revenue Accounts, schools block allocation, benefit expenditure – gov.uk

Data for the Clinical Commissioning Group has been apportioned based on resident population, with a Torbay figure allocated according to population. The data is not adjusted for age or deprivation.

The same apportioned based methodology has been applied to both the Police (Devon and Cornwall Constabulary) and Fire and Rescue (Devon and Somerset Fire and Rescue Service).

The data is published and in the public domain, and analysis of CIPFA nearest neighbours has been undertaken to add further contextualisation where possible.

Department for Work and Pensions spend 2015/16

The department for work and pensions spent around £476M in Torbay in 2015/16. Around £250M was spent on state pension, and with Torbay's more aged demographic, this explains Torbay's higher than average spend DWP spend per head of population.

Spend on Job Seekers Allowance was around £5.4M, and represented a relatively small proportion of overall spend by the department for work and pensions.

Figure 22: DWP spend per head – 2015-16

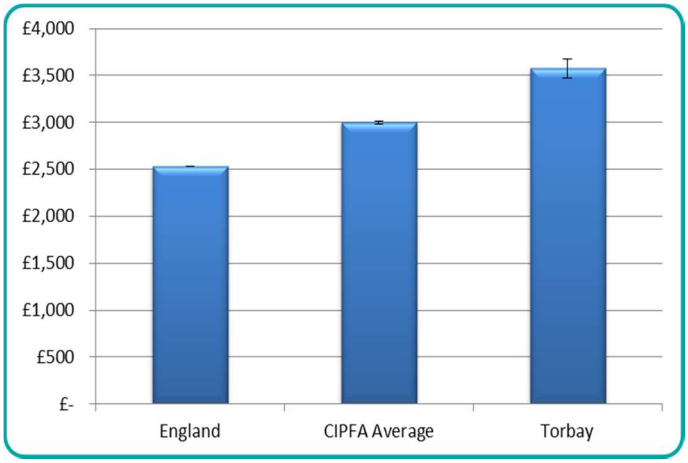
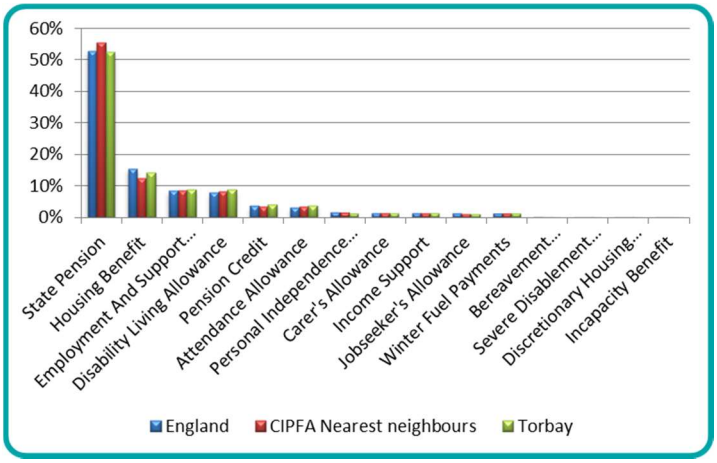


Figure 23: Proportion of DWP spend by benefit



Source: DWP Benefit Expenditure, gov.uk

South Devon Clinical Commissioning Group spend 2015/16

Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. There are now 207 CCGs in England.

Commissioning is about getting the best possible health outcomes for the local population. This involves assessing local needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as hospitals, clinics, community health bodies, etc. It is an ongoing process. CCGs must constantly respond and adapt to changing local circumstances. They are responsible for the health of their entire population, and measured by how much they improve outcomes.

The South Devon and Torbay CCG is responsible for commissioning health services for the Torbay population, as well as around 40% of the South Hams and 80% of the Teignbridge populations. In 2015/16 the South Devon and Torbay CCG total spend was around £387M (CCG Breakdown of Programme Costs 2015/16 Plans). Apportion based on resident population, equates to an estimated spend of £193M for the population of Torbay. The following spend

analysis (figures 24 and 25) is across the whole CCG footprint. The average spend is based on CCG allocation. As a health geography, there are different comparator groups, the South Devon and Torbay CCG has a group of similar organisations, referred to as RightCare. Details of the CCGs that form this group can be found at: https://www.england.nhs.uk/rightcare/products/

South Devon and Torbay have a similar spend per head of population when compared to their RightCare average, however it is higher than the England average (fig 24). The South Devon and Torbay CCG spend more per head on acute and community services (fig 25) – the majority will be commissioned from Torbay and South Devon NHS foundation trust.

Figure 24: CCG spend per head of registered population – 2015/16 (South Devon and Torbay)

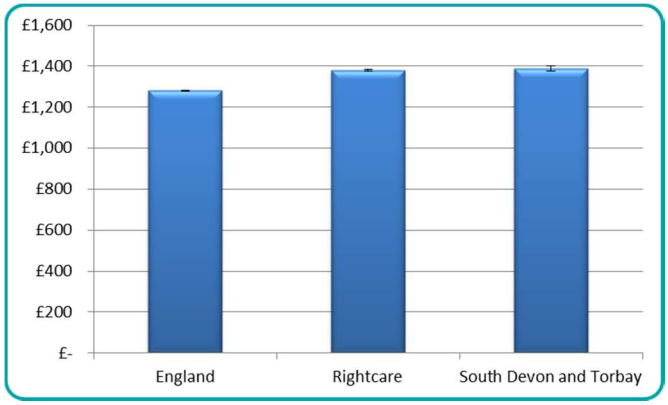
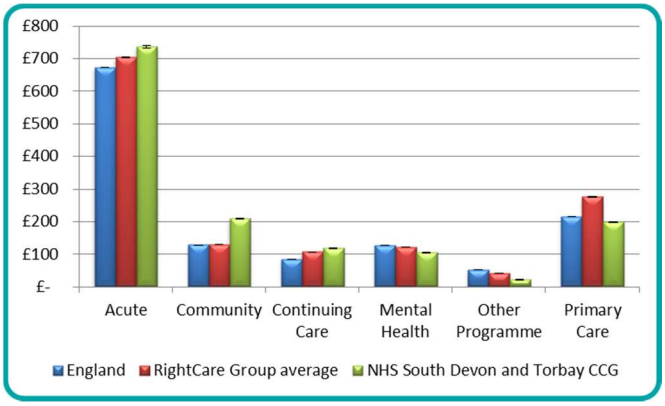


Figure 25: CCG Spend per head of registered population 2015/16 Plans (South Devon and Torbay)



Source: CCG Breakdown of Programme Costs 2015/16 Plans

Further analysis of Torbay registered patients by the CCG PBR data (payments by results) shows that the average spend per head increases with age. Allowing for demographic change, estimates suggest an increase of £7.3M between 2017 and 2025.

Figure 26: Three year average spend per head of population (Torbay)

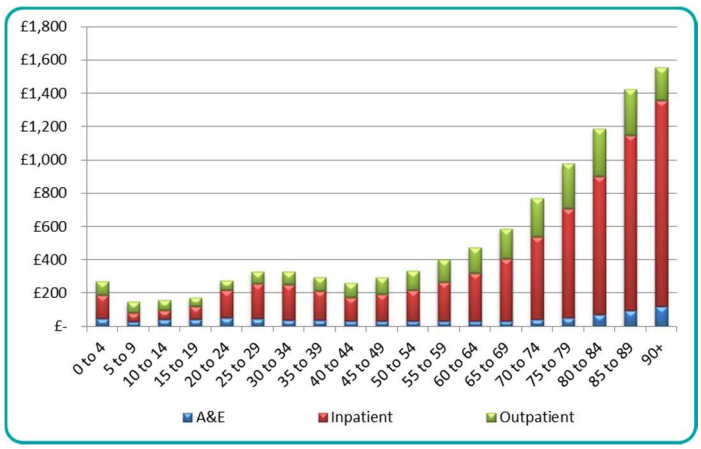
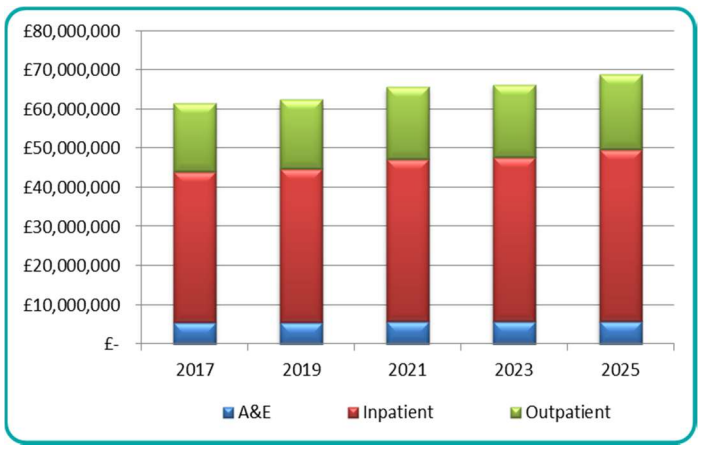


Figure 27: Forecasted spend (Torbay)



Source: 2014 Subnational population projections, ONS; South Devon and Torbay CCG, SUS

Local Authority (Torbay Council) Revenue Accounts 2015/16

Torbay council is an upper tier unitary local authority, responsible for providing services to the population of Torbay. Local government in England and Wales is funded through:

- grants from central government (about 54%) made up mainly of redistributed business rates, including the Revenue Support Grant and the Public Health grant
- and locally raised funding (about 46%) which includes council tax (charged to local people) and other sources such as car parks, parking permits and the hire of sports facilities

However this system is currently going through a major change. By 2020 the Government has committed to phasing out central grants for local government, so that local government will be funded entirely through locally retained business rates and council tax. The aim of this move is to encourage local authorities to promote local economic growth and to be financially self-sufficient. This system of 100% Business Rate Retention is still being designed by DCLG. https://www.lgiu.org.uk/local-government-facts-and-figures/

In Torbay, the revenue account budget for 2017-18, revenue account data for total service expenditure is £164M. The £164M is distributed across different service areas, such as Adult social care, children's social care and other services. The distribution is presented in figure 28

Figure 28: Revenue Account Budget 2017-18:

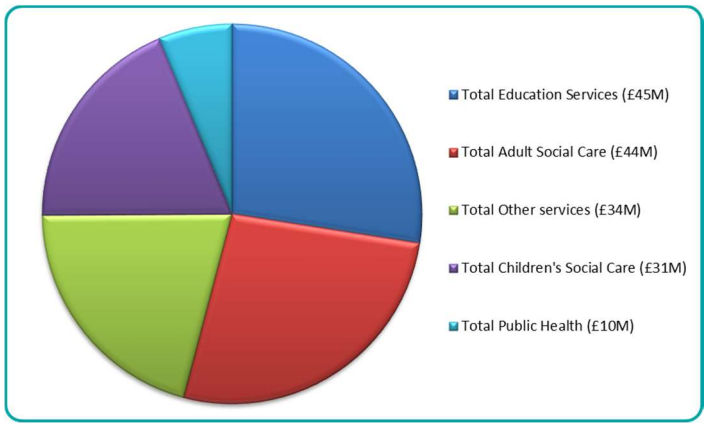
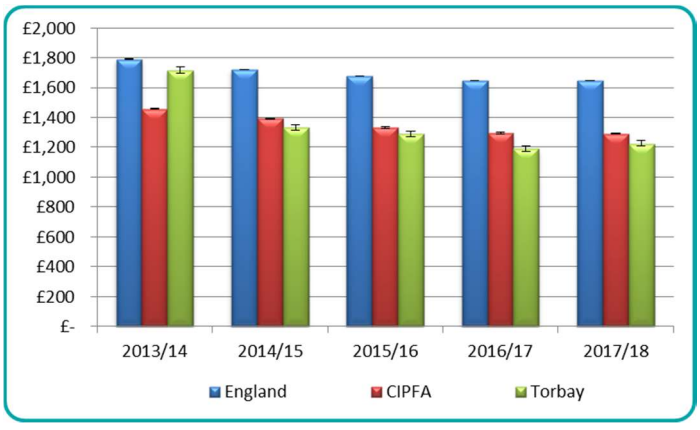


Figure 29: Total Service Expenditure (£ per head of total population)



Source: Local authority revenue expenditure and financing, gov.uk

Torbay's expenditure per head of population is significantly lower than the England average, and also significantly lower than the CIPFA nearest neighbours average. The expenditure per head reduced significantly over recent years, as shown in fig 29.

Further analysis across Children's Social Care, Education, Adult Social Care and Public Health follow.

With an increase in academy schools, the expenditure for maintained education that came through the local authority decreased. This change is important to understand to interpret fig 30. Torbay has a significantly higher rate of children looked after than most other authorities across England, and the costs of children's social care per head of 0 to 19 year olds shows that Torbay spends around 40% more than both the England and CIPFA averages (fig 31).

Figure 30: Total Education Services
(£ per head of 0 to 19 year olds)

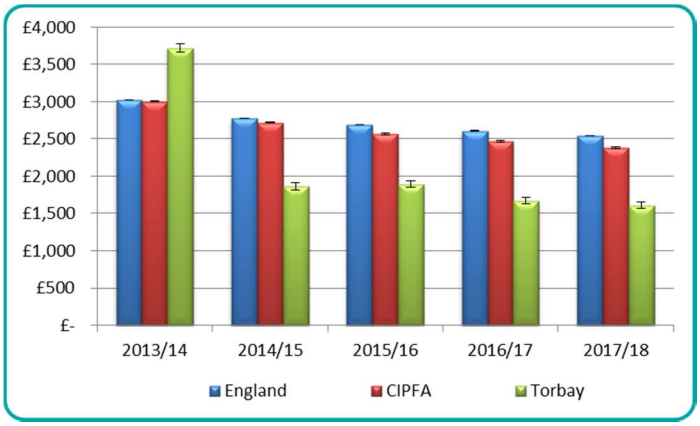
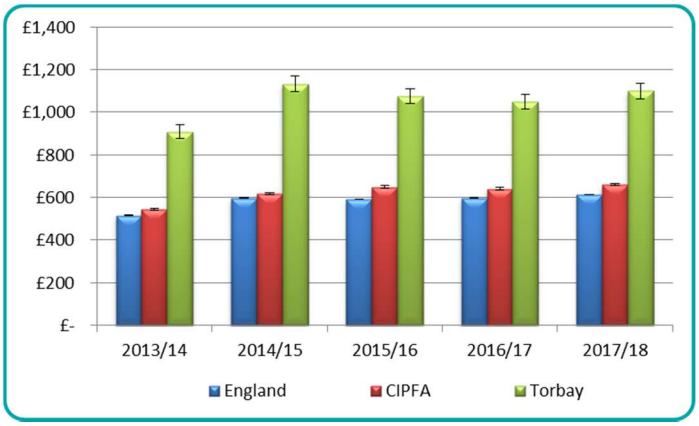


Figure 31: Total Children's Social Care
(£ per head of 0 to 19 year olds)



Source: Local authority revenue expenditure and financing, gov.uk

A great majority of children who become looked after do so because of abuse, neglect or family dysfunction that causes acute stress among family members [10]. These risk factors tend to be higher in populations with higher levels of deprivation.

Figure 32: Total Adult Social Care
(£ per head of 18+)

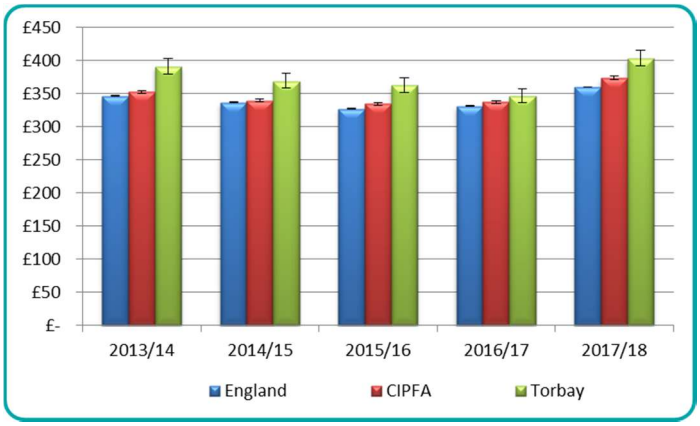
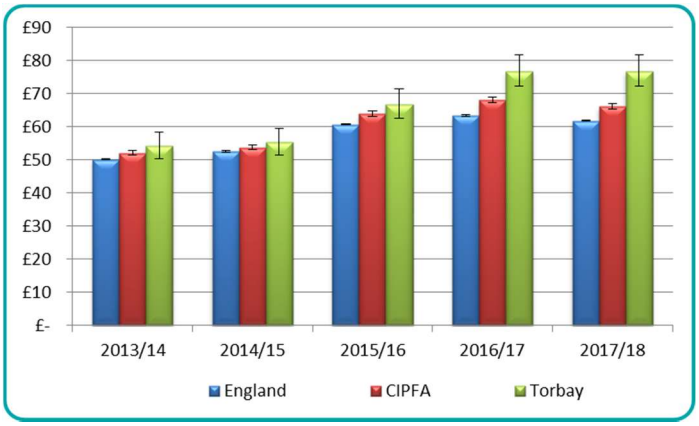


Figure 33: Total Public Health
(£ per head of total population)



Source: Local authority revenue expenditure and financing, gov.uk

With a more aged population, we expected Torbay to have higher levels of adult social care need compared to the England population, and therefore a higher expenditure per head of population. Torbay's population is expected to continue to have an increase in an older demographic, and this is expected to continue to increase need for adult social care.

Inequalities across the population of England mean that Local Authorities require different levels of Public Health funding. Public Health England and the Department of Health have funded local authority areas relative to the scale or size of need in their population. In essence, this is an application of proportionate universalism [1]

There is a significant evidence base that identifies greater needs in populations with greater levels of relative deprivation [1]

An analysis of spend and outcome (figures 34 and 35) suggests that Torbay's overall outcomes are similar to the England average (represented by 'PH' in figure 34). Specific outliers for Torbay in relation to overall local authority spend and outcome identified by the SPOT tool suggest children's social services, along with planning and cultural services, have higher levels of spend and worse outcomes compared to the England average.

Within the portfolio of Public Health services, there is variation of spend and outcomes - shown in figure 35. Drug and alcohol services can be seen as higher spend and worse outcomes (Drug); this is primarily driven by alcohol specific admissions to hospital, and also claimants of benefits due to alcoholism. Not all of these outcomes are commissioned through public health in the local authority setting.

Figure 34: Torbay 2016 Spend and Outcomes

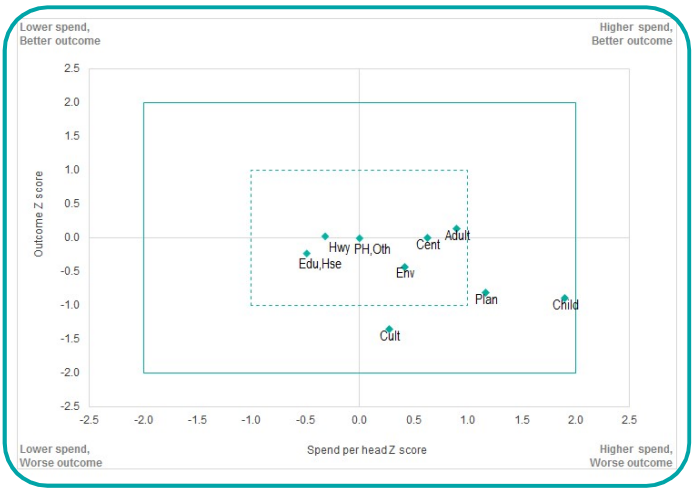
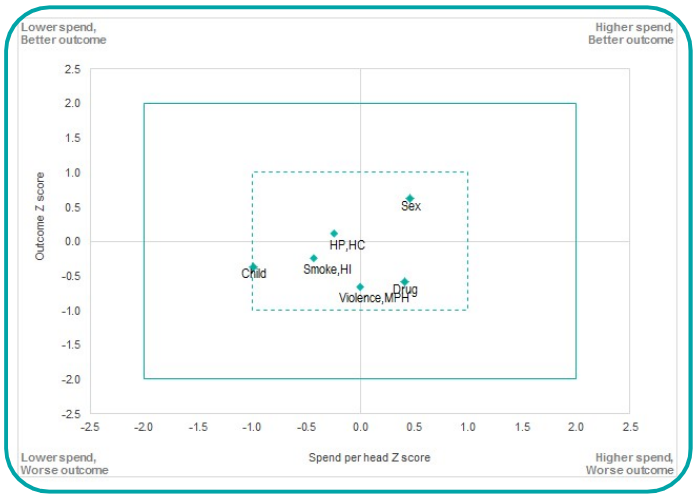


Figure 35: Torbay 2016 Public Health spend and outcomes



Source: Public Health England, Spend and Outcome Tool (SPOT)

This section provides an overview of the Torbay population, including population estimates and projections and a chart of key indicators and outcomes.

Torbay has a resident population of 133,883 (2016 Mid-Year Estimate), with 51.5% female and 48.5% male. Torbay's population structure continues to experience an older demographic, as shown in the population pyramid (fig 36) below.

Figure 36: population pyramid for Torbay compared to England, 2016

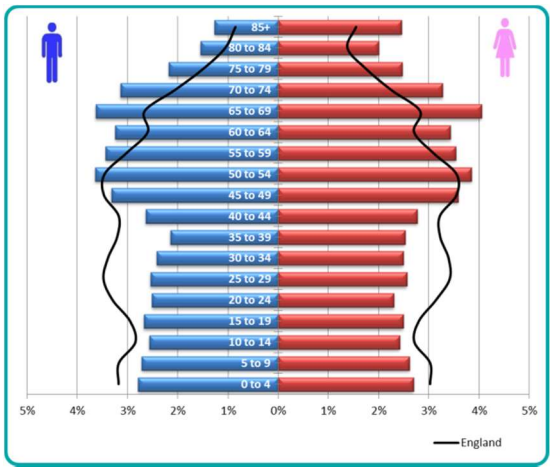
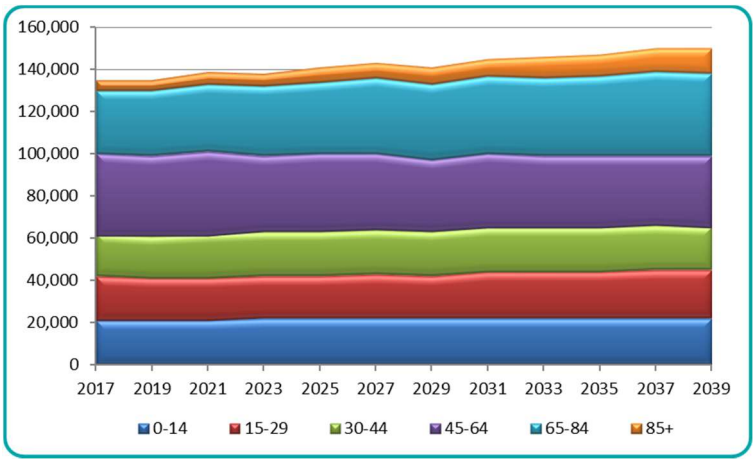


Figure 37: Population projections for Torbay



Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

Torbay's population is projected to increase over the coming years. The under 65 population shows modest growth while the over 65 population shows significant growth (shown visually in fig 37 and tabulated in table 4). Torbay's over 85 population is expected to double over the next twenty years. These significant increases in the older population are expected to drive increasing demand on support and treatment services.

Table 4: population estimates by year and age group

Age Group	2017	2018	2019	2020	2025	2030
0-14	21,131	21,336	21,535	21,663	22,071	21,990
15-29	20,598	20,436	20,312	20,256	19,891	20,453
30-44	19,896	19,820	19,770	19,867	20,965	21,158
45-64	37,501	37,560	37,623	37,573	36,419	34,554
65-84	30,212	30,696	31,121	31,540	34,033	36,944
85+	5,142	5,228	5,332	5,466	6,429	8,039
Total	134,481	135,077	135,691	136,366	139,809	143,140

Source: NOMIS, 2014 based subnational population projections

How to read the profile: The black line running down the middle of the spine chart is the England average, the circles (to the left or right) are the Torbay value, compared to the England average, The diamonds represent the CIPFA average. The colours are explained in the key.

Figure 38: Population overview profile

ID	Indicator	Measure	Torbay	CIPFA	England	England
Demography						
1	Average age (2015)	Years	44.7	42.8	39.8	30.1 – 53.9
2	Total dependency (2015)	Ratio	70.3	62.6	55.3	31.4 – 85.1
3	Male life expectancy at birth (2013-15)	Years	78.9	78.9	79.5	74.3 – 83.4
4	Female life expectancy at birth (2013-15)	Years	83.3	82.7	83.1	79.4 – 86.4
5	Male disability free life expectancy (2009-13)	Years	61.5	62.6	63.6	56.5 – 71.7
6	Female disabilty free life expectancy (2009-13)	Years	63.5	64.2	64.5	58.3 – 72
7	All-cause mortality (2014-16)	DSR	995.2	1,008.1	970.7	542.1 – 1,380.9
8	Premature mortality (2014-16)	DSR	343.5	352.6	335.0	226.6 – 548.7
9	Living in most deprived areas (2015)	%	32.0	20.8	20.1	0 – 60.5
10	Black Asian Minority Ethnic population (2011)	%	5.2	5.8	20.2	2.4 – 83.3
11	Religious population (2011)	%	64.8	66.6	68.1	48.8 – 84.2
12	Divorced or separated (2011)	%	14.8	12.9	11.6	7.7 – 16.3
13	Same-sex civil parnership (2011)	%	0.3	0.2	0.2	0 – 1.7
Wider determinants						
14	Overcrowded households (2011)	%	7.6	5.5	8.7	2.5 – 34.9
15	Living in private rented accomodation (2011)	%	23.2	17.1	16.8	9.2 – 39.7
16	Living in social rented accomodation (2011)	%	8.1	13.4	17.7	7 – 43.7
17	Living in fuel poverty (2014)	%	11.6	10.8	10.6	5.7 – 20.4
18	Living in most indoor deprived areas (2015)	%	45.7	31.1	20.7	0 – 100
19	No car or van access (2011)	%	25.5	24.1	25.8	9 – 69.4
20	Poor proficiency in English (2011)	%	0.3	0.5	1.7	0.1 – 8.7
21	Total crime (14/15-16/17)	Rate	65.7	-	73.1	45.1 – 104.8
22	Domestic abuse (13/14-15/16)	Rate	17.1	24.0	22.1	9.4 – 38.4
23	Anti-social behaviour (13/14-15/16)	Rate	37.5	-	31.1	15.9 – 78.1
Health and service usage						
24	Bad health status and long-term health problem (2011)	%	5.8	5.0	4.2	2 – 8
25	Living in areas with most mood/anxiety disorders (2015)	%	33.7	23.8	19.7	0 – 56.2
26	Urgent care attendances (14/15-16/17)	DSR	39,260.0	37,500.0	35,450.0	0 – 0
27	Emergency non-elective admissions (14/15-16/17)	DSR	11,975.0	11,141.7	10,606.5	0 – 0
28	Elective admissions (14/15-16/17)	DSR	17,995.8	20,264.1	18,939.0	0 – 0
29	Emergency readmissions within 30 days (14/15-16/17)	DSR	-	-	-	0 – 0
30	Ambulance 'see and convey' to hospital (14/15-16/17)	DSR	10,827.9	-	-	0 – 0

Sig worse | Sig better | Not sig diff | Sig higher | Sig lower | Sig not calculated | England Average | CIPFA | Q0 to Q1 | Q1 to Q3 | Q3 to Q4

Indicator notes:

1. Average age for the total population [ONS]
2. % of dependents (<15 & 65+yrs) per working population [ONS]
3. Years of male life expectancy from birth [PCMD; ONS, PHE]
4. Years of female life expectancy from birth [PCMD; ONS, PHE]
5. Years of male disability free life expectancy from birth [PHE Local Health]
6. Years of female disability free life expectancy from birth [PHE Local Health]
7. Directly age standardised (DSR) all-cause mortality rate per 100,000 [PCMD; ONS]
8. DSR all-cause premature (<75yrs) mortality rate per 100,000 [PCMD; ONS, PHE]
9. % of population living in areas amongst 20% most deprived in England [DCLG]
10. % of population reporting to be Black Asian Minority Ethnic (BAME) [CENSUS]
11. % of population reporting to have a religion [CENSUS]
12. % of population reporting to be divorced or separated [CENSUS]
13. % of population reporting to be in a same-sex civil partnership [CENSUS]
14. % of households with 1 room or fewer than required for occupants [CENSUS]
15. % of households who privately rent accommodation [CENSUS]
16. % of households who socially rent accommodation [CENSUS]
17. % of households living in fuel poverty "Low income, High Cost" measure [DECC]
18. % of population living in areas amongst 20% most indoor environment deprived in England [DCLG]
19. % of households with no cars/vans available for use by household [CENSUS]
20. % of population who cannot speak English or speak English well [CENSUS]
21. Rate of total crimes per 1,000 population [Data.Police.UK]
22. Rate of domestic abuse crime per 1,000 population [Police universal dataset]
23. Rate of antisocial behaviour per 1,000 population [Data.Police.UK]
24. % reporting bad health status and long-term health problem/disability [CENSUS]
25. % of population living in areas amongst 20% most mood and anxiety deprived in England [DCLG]
26. DSR urgent care (ED & MIU) attendances per 100,000 population [HES; ONS]
27. DSR emergency non-elective admissions per 100,000 population [HES; ONS]
28. DSR elective admissions per 100,000 population [HES; ONS]
29. DSR emergency readmissions within 30 days per 100,000 population [HES; ONS]
30. DSR ambulance trips which result in a 'see and convey' to hospital [SWAST]

Larger copies of the profiles are available at www.southdevonandtorbay.info/jsna

Highlights from the overview profile:

- Torbay's aged population has further challenges in higher levels of dependency. Where there are higher levels of dependent population per working age population. This is important with regards to the potential workforce within Torbay.
- Torbay has one of the highest levels of divorced or separated in the country.
- There are higher proportions of the population living in the private rented sector and lower levels living in social housing in Torbay.
- Rates of reported crime and domestic abuse are lower in Torbay, whilst levels of anti-social behaviour are higher.
- There are high levels of self-reported bad health in the population, and a lot of people living with mood or anxiety disorders.
- There are higher rates of emergency admissions to hospital and lower levels of elective admissions.

Mortality

At different stages of life, there are different leading causes of mortality. Overall, circulatory related diseases are the leading cause of mortality in the Torbay population and account for around 1 in 4 deaths.

Table 5: Leading cause of death in Torbay (Apr 2012 to Mar 2017) all persons

Age	1st	2nd	3rd	Total deaths by age group
1 to 19	Perinatal (7)	Nervous system (5)	Sudden infant death syndrome (5)	31
20 to 34	Suicide (17)	Cancer (8)	Circulatory (5)	55
35 to 49	Cancer (61)	Circulatory (45)	Suicide (27)	207
50 to 64	Cancer (323)	Circulatory (168)	Respiratory (89)	769
65 to 79	Cancer (925)	Circulatory (613)	Respiratory (321)	2,358
80+	Circulatory (1,612)	Cancer (959)	Respiratory (855)	5,487
All ages	Circulatory (2,444)	Cancer (2,278)	Respiratory (1,282)	8,899

Source: Primary Care Mortality Database, Open Exeter

Population segmentation

Mosaic is a dataset produced by Experian as a cross-channel consumer classification system designed to help users understand the demographics, lifestyles, preferences and behaviours of the UK adult population in detail. This is achieved by allocating individuals and households (by postcode) into one of 15 'Groups' and 66 detailed 'Types'. Using postcode data from the 2015 GP registration database, the top two Mosaic groups in Torbay are:

1. F **Senior Security** (Elderly people with assets who are enjoying a comfortable retirement) 19.6% of postcodes in Torbay - Senior Security are elderly singles and couples who are still living independently in comfortable homes that they own. Property equity gives them a reassuring level of financial security. This group includes people who have remained in family homes after their children have left, and those who have chosen to downsize to live among others of similar ages and lifestyles

2. L **Transient Renters** (single people privately renting low cost homes for the short term) - 14.5% of postcodes in Torbay - Transient Renters are single people who pay modest rents for low cost homes. Mainly younger people, they are highly transient, often living in a property for only a short length of time before moving on. Households in this group are typically aged in their 20s and 30s and are either living alone or house-sharing. Very few people are married and there are few children.

Figure 39: Mosaic groups (based on postcodes) across Torbay

Your area or file:
Torbay compared to England population
Comparison area or file:
National - England (Population)

Experian Mosaic Public Sector

Date: **01/10/2017**

Mosaic Public Sector classifies all consumers in the United Kingdom by allocating them to one of 15 Groups and 66 Types. These paint a rich picture of UK citizens in terms of their socio-economic and socio-cultural behaviour.

Mosaic Public Sector Groups	Your area/file	%	Comp.	% Pen.	%	Index
A Country Living	38	1.14	3,203,337	5.95	0.00	19
B Prestige Positions	215	6.45	3,923,430	7.29	0.01	89
C City Prosperity	6	0.18	2,418,976	4.50	0.00	4
D Domestic Success	132	3.96	4,698,954	8.73	0.00	45
E Suburban Stability	291	8.74	3,270,026	6.08	0.01	144
F Senior Security	652	19.57	4,401,414	8.18	0.01	239
G Rural Reality	30	0.90	2,905,648	5.40	0.00	17
H Aspiring Homemakers	314	9.43	5,164,013	9.60	0.01	98
I Urban Cohesion	75	2.25	3,486,375	6.48	0.00	35
J Rental Hubs	302	9.07	3,959,916	7.36	0.01	123
K Modest Traditions	243	7.30	2,411,770	4.48	0.01	163
L Transient Renters	484	14.53	3,438,627	6.39	0.01	227
M Family Basics	162	4.86	4,347,048	8.08	0.00	60
N Vintage Value	353	10.60	3,091,881	5.75	0.01	184
O Municipal Challenge	34	1.02	3,091,844	5.75	0.00	18
Total	3,331		53,813,459		0.01	100

This section brings together key information around Torbay's younger population. It includes population estimates for the 0 to 24 year old population, as well as presenting key challenges and outcomes for the population. The section is presented in two parts, starting well and developing well. Starting well is about understanding the needs of the population from pregnancy, birth and for the first few years of life. Developing well is about understanding the needs of the population between the ages of 5 and 17.

Population

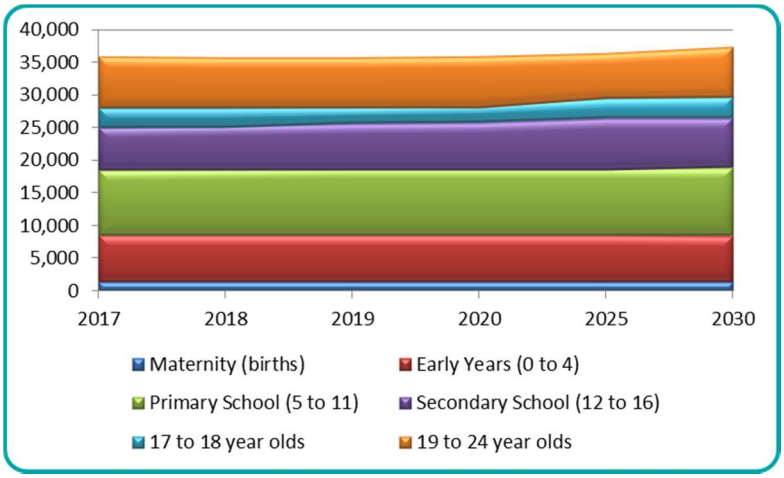
Population projections suggest the number of births in Torbay will average around 1,400 per year. However, over the next 10 to 12 years, the number of children of school age is expected to increase. Most acutely in secondary school provision, with an estimated 1,000 more in the population aged 12 to 16 between 2017 and 2030.

Table 6: population projections for the 0 to 24's in Torbay

Age group	2017	2018	2019	2020	2025	2030
Maternity (births)	1,410	1,420	1,420	1,420	1,410	1,400
Early Years (0 to 4)	7,160	7,110	7,110	7,140	7,180	7,090
Primary School (5 to 11)	9,920	10,150	10,230	10,240	10,230	10,340
Secondary School (12 to 16)	6,620	6,760	6,920	7,080	7,690	7,640
17 to 18 year olds	2,960	2,720	2,600	2,700	3,030	3,250
19 to 24 year olds	7,810	7,680	7,580	7,320	6,870	7,660

Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

Figure 40: Population projections for 0 to 24's in Torbay



Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

How to read the profile: The black line running down the middle of the spine chart is the England average, the circles (to the left or right) are the Torbay value, compared to the England average, The diamonds represent the CIPFA average. The colours are explained in the key.

Figure 41: Starting well overview profile

ID	Indicator	Measure	Torbay	CIPFA	England	England
	Demography					
1	General fertility (2013-15)	Rate	63.5	60.5	62.3	38.4 – 84.8
2	Infant mortality (2010-16)	Rate	4.2	3.7	3.9	2 – 7.9
3	Children in low income families (2014)	%	23.6	20.6	20.1	0 – 40
4	Dependants in lone parent households (2011)	%	25.7	23.6	22.2	5.3 – 40.6
	Social care and support					
5	Domestic abuse with children present (14/15-16/17)	Rate	16.4	-	-	0 – 0
6	Long-term health problem/disability (2011)	%	2.9	2.3	2.1	1 – 3.3
7	Special educational needs and disabilities (2016)	%	7.8	5.7	5.6	1.2 – 12
8	Children in need (2014-16)	Rate	593.8	-	-	0 – 0
9	Children with child protection plans (2013-16)	Rate	92.3	-	-	0 – 0
10	Looked after children (2013-16)	Rate	86.7	42.6	34.1	0 – 134.7
11	Torbay safeguarding hub queries (2014-16)	Rate	265.8	-	-	0 – 0
	Best start in life					
12	Smoking at time of delivery (14/15-16/17)	%	18.3	15.7	11.3	1.8 – 26
13	Low birth weight babies (2012-16)	%	3.1	2.4	2.8	1.3 – 4.8
14	Breastfeeding initiation (14/15-16/17)	%	70.2	67.7	74.0	47.2 – 100
15	Breastfeeding prevalence at 6-8 weeks (14/15-16/17)	%	43.6	36.8	43.2	18 – 76.5
16	Received MMR vaccine (2 dose) (14/15-16/17)	%	92.0	91.9	88.4	56.5 – 98.6
17	Children offered Ages and Stages Questionnaire (2016/17)	%	82.8	80.9	81.3	19 – 100
18	Achieved good level of development (14/15-16/17)	%	63.5	65.9	65.4	59.7 – 78.7
19	FSM children achieving good level of development (14/15-16/17)	%	49.0	48.7	49.8	41 – 72.1
20	Achieved expected level in phonics screening (14/15-16/17)	%	78.0	77.5	77.2	74.5 – 89.1
21	FSM children achieving expected level in phonics screening (14/15-16/17)	%	68.2	64.3	64.6	53.2 – 84.2
	Health and service usage					
22	Prevelance of excess weight (14/15-16/17)	%	24.4	23.6	22.2	14.3 – 30.1
23	Dental extractions due to caries (14/15-16/17)	%	0.6	0.2	0.2	0 – 1.2
24	Unintentional and deliberate injuries (14/15-16/17)	Rate	133.9	147.4	130.8	56 – 254.2
25	Urgent care attendances (14/15-16/17)	Rate	52,602.3	59,187.8	57,524.9	0 – 0
26	ED attendances (no investigation, treatment or follow up) (14/15-16/17)	Rate	11,452.1	4,804.4	4,820.5	3,481 – 12,077
27	Emergency non-elective admissions (14/15-16/17)	Rate	15,441.0	17,777.3	15,274.7	0 – 0
28	Emergency admissions for ACS conditions (14/15-16/17)	Rate	423.5	385.1	369.4	0 – 0
29	Elective admissions (14/15-16/17)	Rate	6,051.6	5,705.2	5,584.9	0 – 0
30	Ambulance 'see and convey' to hospital (14/15-16/17)	Rate	8,282.9	-	-	0 – 0

Sig worse · Sig better · Not sig diff · Sig higher · Sig lower · Sig not calculated · England Average · CIPFA · Q0 to Q1 · Q1 to Q3 · Q3 to Q4

Indicator notes:

1. General fertility rate per 1,000 females aged 15-44 years [Vital Statistics; ONS]
2. Infant mortality rate (<1 year) per 1,000 live births [PCMD; Vital Statistics; PHE]
3. % of children living in families in receipt of Child Tax Credit whose reported income is less than 60% of the median income or in receipt of IS or JSA [HMRC]
4. % of youngest dependent child (0-4yrs) living in lone parent household [CENSUS]
5. Rate of domestic abuse crimes with children present per 1,000 <19 yrs. population. [Local Police Minimum Dataset (Torbay UA); ONS]
6. % of children <5yrs with limited day-to-day activity [CENSUS]
7. % of children <5yr with statements/EHCPs or SEN Support [Torbay UA; DfE]
8. Rate of children in need (<5yrs) per 1,000 <5yr population [Torbay UA; ONS; DfE]
9. Rate of children on child protection plans (<5yrs) per 1,000 <5yr population [Torbay UA; ONS; DfE]
10. Rate of looked after children (<5yrs) per 1,000 <5yrs pop [Torbay UA; ONS; DfE]
11. Rate of safeguarding queries for children <5yrs per 1,000 <5yrs pop [MASH; ONS]
12. % of maternities where mother reported smoking at birth [TSDNHSFT; PHOF]
13. % of term babies (37+weeks) born <2500g [TSDNHSFT; PHOF]
14. % of women giving birth who initiate breastfeeding in first 48hrs [TSDFT; PHE]
15. % of infants being totally or partially breastfeed at 6-8wks [TSDNHSFT; PHE]
16. % of children receiving 2 dose MMR vaccine before 5th birthday [TSDFT, PHE]
17. % of children (2-2.5yrs) who received ASQ-3 as part of review [TSDFT; PHE]
18. % of children reaching expected level in early learning goals [Torbay UA; PHE]
19. As above (18) with free school meal eligibility (FSM) [Torbay UA; PHE]
20. % of children reaching expected level in phonics screening [Torbay UA; PHE]
21. As above (20) with free school meal eligibility (FSM) [Torbay UA; PHE]
22. % of children (4-5yrs) who are overweight & very overweight [Torbay UA; PHE]
23. % <5yrs with a hospital dental extraction due to caries [HES- NHSD; ONS, PHE]
24. Rate of hospital admissions for injuries per 100,000 <5yrs population [HES- NHSD; ONS; PHE]
25. Rate of ED & MIU attendances per 100,000 <5yrs pop [HES- NHSD; ONS]
26. Rate of ED attendances with no investigation, treatment or follow up (disposal code = '03' & SUSHRG code = 'VB11Z') per 100,000 <5yrs pop [HES- NHSD; ONS]
27. Rate of hospital emergency admissions per 100,000 <5yrs pop [HES- NHSD; ONS]
28. Rate of hospital emergency admissions for ambulatory care sensitive conditions per 100,000 <5yrs population [HES- NHSD; ONS]
29. Rate of elective admissions per 100,000 <5yrs population [HES- NHSD; ONS]
30. Rate of ambulance call outs which are taken to hospital <5yrs [SWAST; ONS]

Larger copies of the profiles are available at www.southdevonandtorbay.info/jsna

Highlights from the starting well overview profile:

- Torbay experiences higher proportions of children living in poverty
- Children in Torbay have higher levels of long term health problems or disability
- Torbay has amongst the highest rates of looked after children in England
- 1 in 5 mothers in Torbay smoke during pregnancy
- Excess weight in reception age children is high, with 1 in 4 being overweight or obese
- Fewer children achieve a good level of development in Torbay

Highlights from the Developing well overview profile:

- There are higher levels of dependent children living in lone parent households
- Torbay has higher rates of under 18 conceptions
- Around 1 in 5 of school aged children have a special educational need in Torbay
- More children provide levels of unpaid care and support in Torbay
- Levels of statutory children's services support are significantly higher in Torbay
- Children in schools in Torbay have higher levels of absenteeism
- There are higher levels of hospital admissions for young people in Torbay – particularly self-harm and injuries

How to read the profile: The black line running down the middle of the spine chart is the England average, the circles (to the left or right) are the Torbay value, compared to the England average, The diamonds represent the CIPFA average. The colours are explained in the key.

Figure 42: Developing well overview profile

ID	Indicator	Measure	Torbay	CIPFA	England	England
Demography						
1	Mortality (2010-16)	DSR	19.7	20.6	19.3	0 – 0
2	Children in low income families (2014)	%	23.0	20.1	19.9	0 – 40
3	Children eligible for free school meals (FSM) (14/15-16/17)	%	16.2	14.2	15.2	2.2 – 36.5
4	Dependants living in a lone parent household (2011)	%	35.5	31.6	30.8	17 – 56
5	Teenage conceptions (2014-16)	Rate	27.5	24.8	22.7	5.7 – 43.8
Social care and support						
6	Special education needs and disabilities (2014-16)	%	20.3	16.0	15.9	10.8 – 24.5
7	Unpaid carers (2011)	%	3.2	2.7	2.5	0.4 – 3.8
8	First time entrants to youth justice system (2014-16)	Rate	495.6	346.1	368.3	97.5 – 739.6
9	Domestic abuse where children are present (14/15-16/17)	Rate	16.4	-	-	0 – 0
10	Children in need (2014-16)	Rate	559.0	364.2	322.0	151 – 700.7
11	Children with child protection plans (2014-16)	Rate	58.4	47.6	40.4	0 – 126.9
12	Looked after children (2014-16)	Rate	112.7	71.8	59.9	0 – 164
13	Torbay safeguarding hub queries (2014-16)	Rate	252.7	-	-	0 – 0
Wider determinants						
14	Key stage 2 meeting expected standard (14/15-16/17)	%	51.0	53.3	53.8	42.4 – 89.3
15	GCSE achieved (5A*-C inc. English & Maths) (14/15-16/17)	%	55.4	57.0	57.5	44.8 – 74.6
16	Pupil absence (14/15-16/17)	%	4.7	4.4	4.3	3.2 – 5.5
17	Not in education, employment or training (NEETS) (2014-16)	%	4.5	5.0	4.7	0 – 7.9
18	Claiming Jobseekers Allowance/Universal Credit (2015-17)	%	2.7	3.1	2.3	0 – 7.7
Health and service usage						
19	Prevalence of excess weight (14/15-16/17)	%	33.1	33.1	33.6	22.9 – 43.4
20	Prevalence of regular smokers (2009-12)	%	10.4	9.5	8.8	3.2 – 14.9
21	HPV vaccination coverage (14/15-16/17)	%	79.2	86.3	85.1	43.7 – 99.1
22	Chlamydia detection (14/15-16/17)	Rate	2,417.2	2,258.0	1,943.9	813.1 – 4,938.3
23	Dental extraction due to caries (14/15-16/17)	%	0.9	0.4	0.3	0 – 1.4
24	Unintentional and deliberate injuries (14/15-16/17)	Rate	162.4	133.1	111.8	104 – 260.1
25	Emergency self-harm admissions (14/15-16/17)	DSR	982.5	531.8	407.1	102.5 – 1,444.7
26	Alcohol-specific admissions (14/15-16/17)	Rate	54.3	49.7	34.1	10.8 – 115.1
27	Urgent care attendances (14/15-16/17)	DSR	44,783.2	41,612.8	36,882.7	0 – 0
28	Emergency non-elective admissions (14/15-16/17)	DSR	7,260.9	5,737.0	4,983.7	0 – 0
29	Elective admissions (14/15-16/17)	DSR	7,025.9	5,982.2	5,340.5	0 – 0
30	Ambulance 'see and convey' to hospital (14/15-16/17)	DSR	6,319.5	-	-	6,319.5 – 6,319.5

Sig worse | Sig better | Not sig diff | Sig higher | Sig lower | Sig not calculated | England Average | CIPFA | Q0 to Q1 | Q1 to Q3 | Q3 to Q4

Indicator notes:

1. Directly age standardised rate (DSR) of all-cause mortality per 100,000 population [PCMD; ONS]
2. % <20yrs living in families in receipt of Child Tax Credit whose reported income is less than 60% of the median income or in receipt of IS or JSA [HMRC]
3. % of children eligible for free school meals (FSM) [Torbay UA]
4. % of youngest dependent child (5-18yrs) living in a lone parent household [CENSUS]
5. Rate of teenage conceptions per 1,000 female pop aged 15-17yrs [TSDFT; PHE]
6. % of children (5-19yrs) with statements/EHCPs or SEN Support [Torbay UA; DfE]
7. % of unpaid carers (care 1+hrs per week) under 25 years [CENSUS]
8. Rate of 10-17yrs receiving first reprimand, warning or conviction per 100,000 population [PHE]
9. Rate of domestic abuse crimes with children present per 1,000 <19 yrs. population. [Local Police Minimum Dataset (Torbay UA); ONS]
10. Rate of children in need (<19yrs) per 1,000 pop <19yrs [Torbay UA; ONS; DfE]
11. Rate of children on child protection plans (<19yrs) per 1,000 population <19yrs [Torbay UA; ONS; DfE]
12. Rate of looked after children (<19yrs) per 1,000 pop <19y [Torbay UA; ONS; DfE]
13. Rate of safeguarding queries for children <19yrs per 1,000 pop <19y [MASH; ONS]
14. % of Key Stage 2 meeting expected in reading, writing & maths [Torbay UA]
15. % of GCSEs achieved (%A*-C including English and maths) [Torbay UA]
16. % of possible school sessions with an unauthorised or authorised absence [DfE]
17. % of 16-18yrs not in education, employment or training [PHE]
18. % (16-24yrs) claiming Job Seekers Allowance [DWP, ONS]
19. % of children (10-11yrs) who are overweight or very overweight [Torbay UA; PHE]
20. % of children (15yrs) who are regular smokers [Way Survey, PHE]
21. % of girls (13-14yrs) who received second dose of HPV vaccine [TSDFT; PHE]
22. Rate of chlamydia detection per 100,000 aged 15-24yrs [PHE]
23. % aged 5-18yrs with a hospital dental extraction due to caries [HES- NHSD; ONS]
24. Rate of admissions for injuries per 100,000 5-18yrs pop [HES–NHSD; ONS]
25. DSR of emergency self-harm admissions per 100,000 10-24yrs [HES-NHSD; ONS)
26. Rate of alcohol specific admissions per 100,000 <18yrs [HES-NHSD; ONS; PHE]
27. DSR of ED & MIU attendances per 100,000 5-24yrs pop [HES- NHSDigital; ONS]
28. DSR of emergency admissions per 100,000 5-24yrs pop [HES- NHSDigital; ONS]
29. DSR of elective admissions per 100,000 5-24yrs population [HES- NHSD; ONS]
30 DSR of ambulance call outs taken to hospital per 100,000 5-24yrs [SWAST; ONS]

Larger copies of the profiles are available at www.southdevonandtorbay.info/jsna

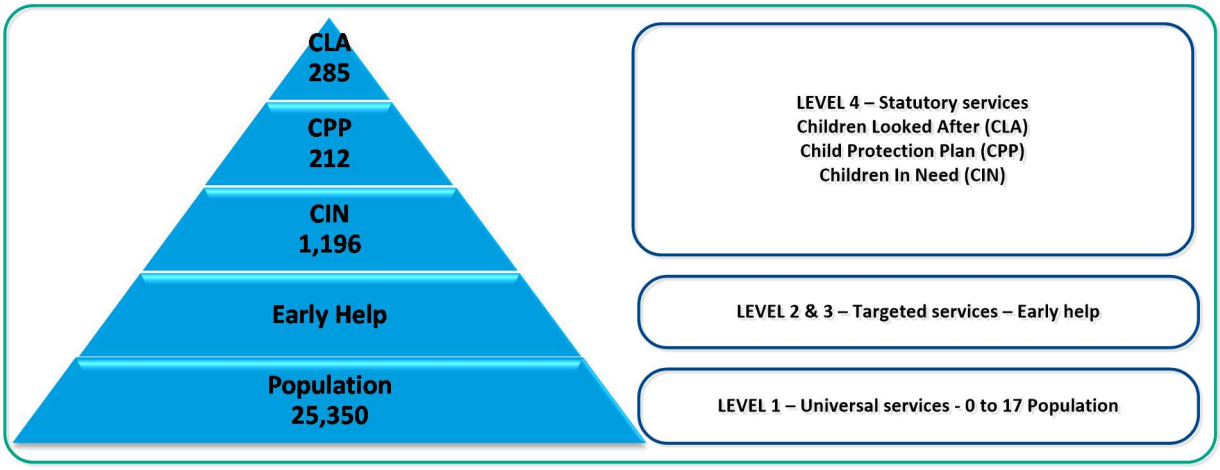
Children's statutory services in Torbay

The rate of children looked after, and the rate of children engaged in statutory services is higher in Torbay compared to comparative areas and the national average. There are a number of challenges for the children of Torbay, as highlighted in the profiles, and the local authority's children's service is currently rated as inadequate at a time when the number of children on child protection plans increase.

As a hierarchy of need, children looked after (CLA) are considered top of the list of need. These are children who are given accommodation away from their families at the request of their parent and those in care as the result of a Care Order. These are the most vulnerable children, and for the local authority, represent a significant cost.

Opportunities to prevent or reduce the flow of children entering statutory services could be considered from the perspective of going upstream and understanding potential causal factors. A specific needs assessment of children entering children's services would enable understanding of these factors allowing opportunity to commission services to intervene and prevent.

Figure 43: levels of need with counts of children in Torbay (2017)



Source: gov.uk

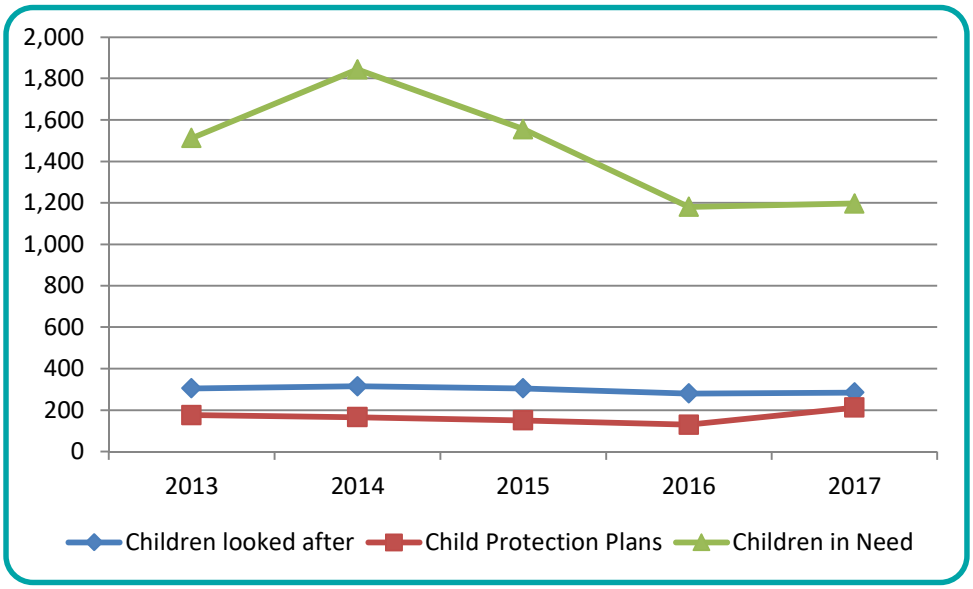
Table 7: Counts and rates of children (per 10,000 aged under 18) in Torbay over time

Year	Children looked after		Child Protection Plans		Children in Need	
	Count	Rate per 10,000	Count	Rate per 10,000	Count	Rate per 10,000
2013	305	122	176	70.8	1,513	576.9
2014	315	126	166	66.6	1,843	701.9
2015	305	122	151	60.2	1,555	585.8
2016	280	111	130	51.5	1,180	438.9
2017	285	112	212	84.0	1,196	445.0

Source: gov.uk

Over recent years, there has been a significant reduction in the number of children in need in Torbay, however there has also been a significant increase in children on child protection plans, while the number of children looked after remains fairly static.

Figure 44: Counts of children in services in Torbay over time



Source: gov.uk

Rates of children looked after in Torbay have reduced slightly over the last five years, but not significantly. The rates remain significantly higher than the England and comparator group averages.

Analysis of local authority data shows a distinct social gradient associated with children looked after (fig 46), with rates in communities with higher levels of deprivation being significantly higher than less deprived communities.

Figure 45: Rates per 10,000 CLA

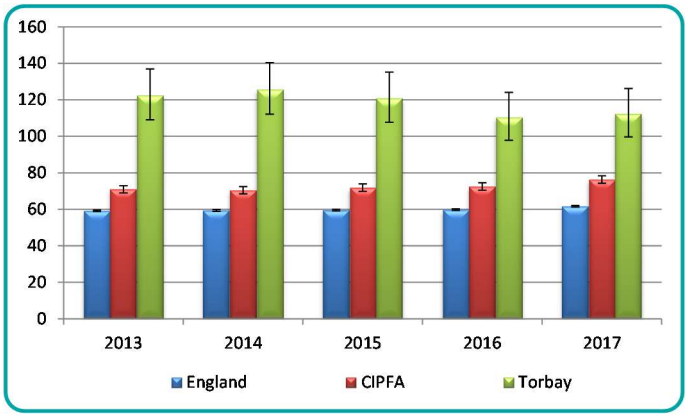
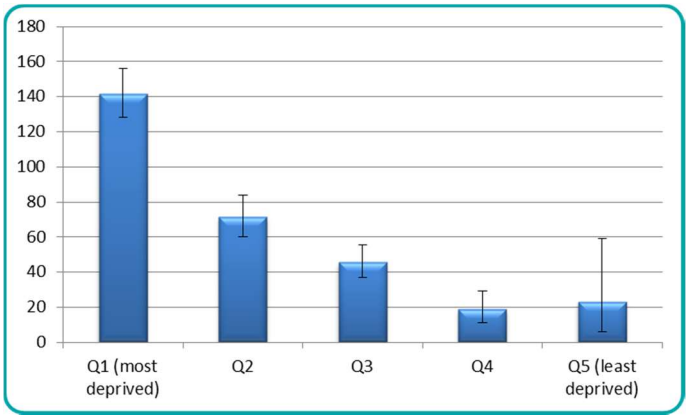


Figure 46: Rate of CLA per 10,000



Source: Gov.uk. Table LAA1: Children looked after at 31 March, by local authority; local authority data from Children's services

Rates of children subject to a child protection plan in Torbay increased significantly in 2017 compared to the last five years. The rate has fluctuated in recent years and is now again significantly higher than the England and comparator group averages.

Analysis of local authority data shows a distinct social gradient associated with children who were subject to a child protection plan (fig 48), with rates in communities with higher levels of deprivation being significantly higher than less deprived communities.

Figure 47: Rate of children who were the subject of a child protection plan at 31 March per 10,000 children

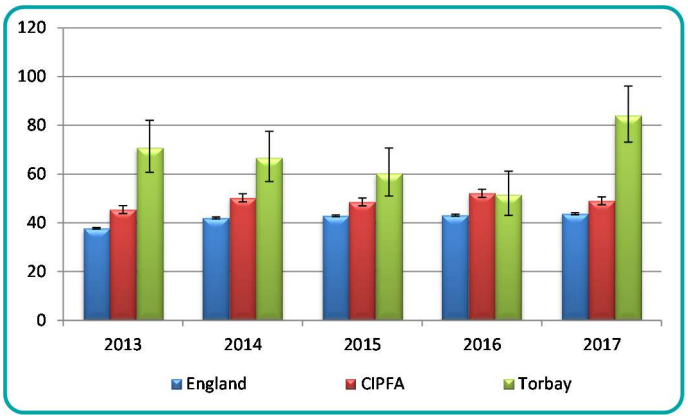
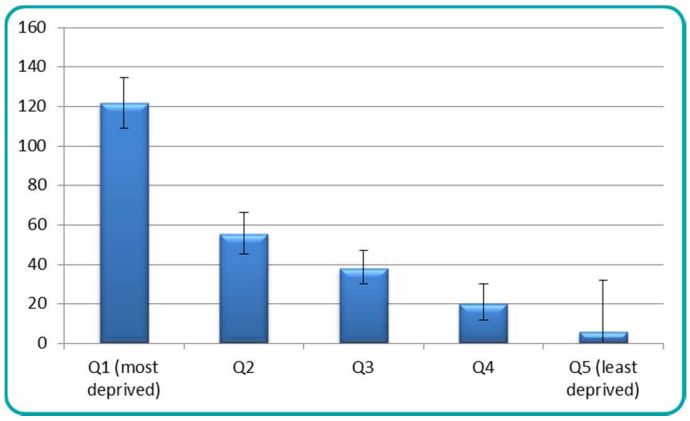


Figure 48: Rate of CPP per 10,000 in Torbay by deprivation



Source: Gov.uk. Table D1: Numbers of children who were the subject of a child protection plan

Rates of children in need in Torbay have reduced significantly over the last five years. The rates remain significantly higher than the England and comparator group averages.

Analysis of local authority data shows a distinct social gradient associated with children in need in Torbay (fig 50), with rates in communities with higher levels of deprivation being significantly higher than less deprived communities.

Figure 49: Rate of children in need per 10,000

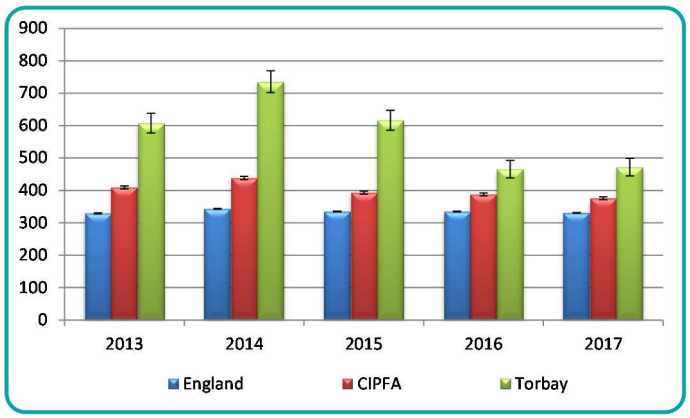
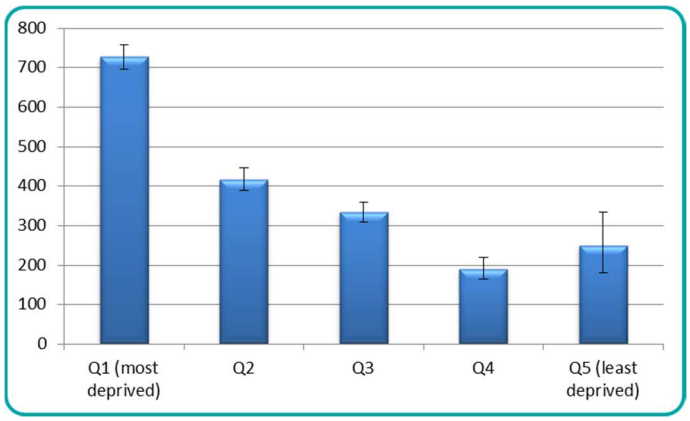


Figure 50: Rate of CIN per 10,000



Source: Gov.uk. Table B1: Numbers of children in need

This section brings together key information around Torbay's working age population. It includes population estimates for the working age population, as well as presenting key challenges and outcomes for the population.

Population

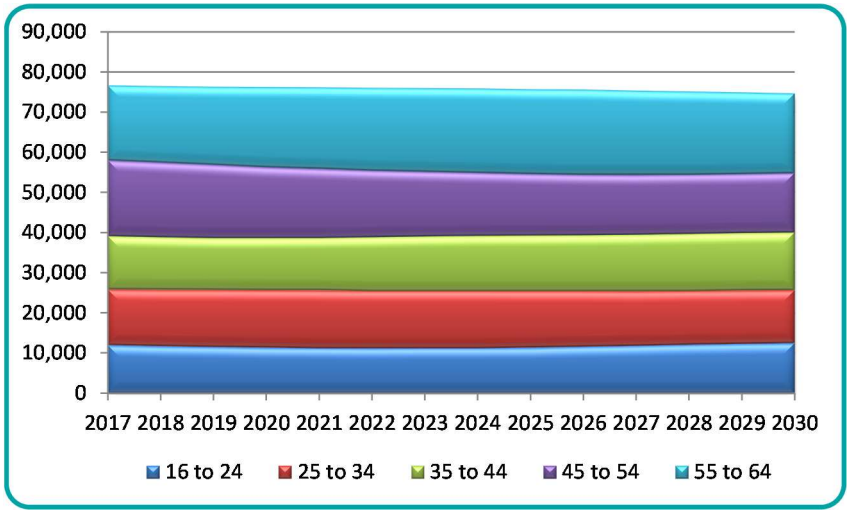
Population projections suggest the number of working age people in Torbay will average around 1,400 per year. However, over the next 10 to 12 years, the number of children of school age is expected to increase. Most acutely in secondary school provision, with an estimated 1,000 more in the population aged 12 to 16 between 2017 and 2030.

Table 8: Population projections for 16 to 64's with ratios of working age population to dependent population (non-working age)

Age groups	2017	2018	2019	2020	2025	2030
Torbay's working age population (16 to 64)	76,673	76,463	76,345	76,273	75,714	74,642
Torbay's non-working age population	57,808	58,613	59,345	60,093	64,095	68,498
Ratio of working age to dependent age population						
Torbay	1.33	1.30	1.29	1.27	1.18	1.09
England	1.69	1.67	1.65	1.64	1.56	1.48
CIPFA	1.49	1.47	1.45	1.43	1.34	1.25

Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

Figure 51: Population projections for 16 to 64's in Torbay



Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

How to read the profile: The black line running down the middle of the spine chart is the England average, the circles (to the left or right) are the Torbay value, compared to the England average, The diamonds represent the CIPFA average. The colours are explained in the key.

Figure 52: Living and working well overview profile

ID	Indicator	Measure	Torbay	CIPFA	England	England
	Wider determinants					
1	No qualifications (2011)	%	25.8	23.9	22.5	6.7 – 35.2
2	Living in most employment deprived areas (2015)	%	39.8	25.3	19.7	0 – 62.5
3	Claiming Jobseekers Allowance/Universal Credit (2015-17)	%	2.0	2.0	1.8	0.4 – 5.4
4	Claimants of Employment Support Allowance (ESA) (2015-17)	%	9.0	7.0	5.6	1.4 – 12.6
5	Claimants of ESA for mental health conditions (2015-17)	%	4.5	3.4	2.7	0.9 – 6.6
6	CAB debt queries (14/15-16/17)	Rate	34.5	-	-	0 – 0
7	Violent offences (14/15-16/17)	Rate	27.1	-	21.7	6.7 – 100.4
	Social care and support					
8	Unpaid carers (2011)	%	15.9	15.2	13.7	7.7 – 17.3
9	Requests for adult social care support (14/15-16/17)	Rate	1,758.5	1,830.0	1,499.1	199.4 – 5,837.5
10	Long-term support for learning disability (14/15-16/17)	Rate	495.3	470.0	382.4	0 – 743.6
11	Long-term support for physical personal care support (14/15-16/17)	Rate	422.0	225.0	200.0	0 – 450.5
12	Long-term support for mental health (14/15-16/17)	Rate	206.9	145.0	167.5	0 – 989.7
13	Permanent admissions to nursing/residential homes (14/15-16/17)	Rate	14.4	16.4	13.3	0 – 56.8
	Health and service usage					
14	Mortality from causes considered preventable (2011-16)	Rate	176.8	203.7	184.5	114 – 320.5
15	Prevalence of smoking (2015)	%	17.1	16.3	15.5	9.5 – 26.8
16	Prevalence of binge drinking (2006-08)	%	18.0	22.5	20.1	7.5 – 33.7
17	Prevalence of obesity (2006-08)	%	27.6	26.0	24.0	13.7 – 30.7
18	Prevalence of depression (2015)	%	6.9	6.8	6.6	0 – 0
19	Prevalence of hypertension (2015)	%	33.3	31.1	27.6	17.3 – 30.9
20	Prevalence of cardiovascular disease (2015)	%	11.6	10.2	8.4	6.5 – 12.6
21	Prevalence of chronic obstructive pulmonary disorder (2015)	%	4.0	3.7	3.3	1.9 – 5.4
22	Prevalence of diabetes (2015)	%	6.3	5.8	5.2	3.8 – 9.2
23	Obesity related admissions (14/15-16/17)	DSR	2,164.4	1,468.5	1,007.0	336 – 2,931
24	Smoking attributable admissions (14/15-16/17)	DSR	1,927.7	1,897.2	1,705.0	954.5 – 3,141.8
25	Alcohol-related admissions (Narrow) (2014-16)	DSR	836.2	751.5	636.1	389.9 – 1,163.3
26	Urgent care attendances (14/15-16/17)	DSR	35,556.3	32,574.2	30,837.1	0 – 0
27	Emergency non-elective admissions (14/15-16/17)	DSR	9,561.7	7,972.4	7,261.2	0 – 0
28	Emergency admissions for ASC conditions (14/15-16/17)	DSR	539.5	339.1	378.5	0 – 0
29	Elective admissions (14/15-16/17)	DSR	17,461.3	18,309.2	16,808.7	0 – 0
30	Ambulance 'see and convey' to hospital (14/15-16/17)	DSR	8,329.5	-	-	0 – 0

Sig worse | Sig better | Not sig diff | Sig higher | Sig lower | Sig not calculated | England Average | CIPFA | Q0 to Q1 | Q1 to Q3 | Q3 to Q4

Indicator notes:

1. % with no qualifications [CENSUS]
2. % of population (all ages) living in areas amongst 20% most employment deprived in England [DCLG]
3. % claiming Job Seekers Allowance/Universal Credit (16-64yrs) [NOMIS; ONS]
4. % claiming Employment Support Allowance (ESA) 16-64 years [DWP; ONS]
5. % claiming ESA for a mental and behavioural disorders 16-64 years [DWP; ONS]
6. Rate of CAB debt queries per 1,000 16-64yrs pop[Torbay CAB; ONS]
7. Rate of violence against the person offences per 1,000 population (all ages) [Police Universal Dataset (Torbay UA); ONS]
8. % of unpaid carers (care 1+hrs per week) under 25-64 years [CENSUS]
9. Rate of requests for Adult Social Care (ASC) support for new clients aged 18-64 years per 100,000 population aged 18-64 years [TSDNHSFT; NHS Digital]
10. Rate of ASC long-term support for learning disability aged 18-64 years per 100,000 population aged 18-64 years [TSDNHSFT; NHS Digital]
11. As indicator above for physical personal care [TSDNHSFT; NHS Digital]
12. As indicator above for mental health [TSDNHSFT; NHS Digital]
13. Rate of permanent admissions to residential and nursing care homes per 100,000 population aged 18-64 years [TSDNHSFT; ASCOF- PHE]
14. Directly age standardised rate (DSR) of mortality from causes considered preventable (with public health intervention) per 100,000 pop [PCMD; ONS; PHE)
15. % age & sex modelled (local) prevalence of smoking 16yrs+ [IHS; ONS; PHE]
16. % modelled prevalence of binge drinking 16yrs+ [PHE Local Health]
17. % modelled prevalence of obesity 16yrs+ [PHE Local Health]
18. % modelled prevalence (local) of depression 16yrs+ [Thomas et al, 2000; ONS]
19. % modelled prevalence (local) of hypertension 16yrs+ [THIN 2006; ONS; PHE]
20. % modelled prevalence (local) of CVD all ages [CPRD 2013; ONS; PHE]
21. % modelled prevalence (local) of COPD 15yrs+ [HSE 2005; ONS; PHE]
22. % modelled prevalence of Type 1 and 2 diabetes 16yrs+ [HSE 2006; ONS; PHE]
23. DSR of obesity related admission episodes per 100,000 [HES-NHSD; ONS; NHSD]
24. DSR of smoking attributable admissions per 100,000 35yrs+ (HES; ONS; PHE]
25. DSR of admission episodes for alcohol-related conditions (Narrow) per 100,000 (all ages) [HES-NHSD; ONS; PHE]
26. DSR of ED & MIU attendances per 100,000 25-64yrs pop [HES- NHSDigital; ONS]
27. DSR of emergency admissions for ambulatory care sensitive (ACS) conditions per 100,000 16-64yrs population [HES- NHSD; ONS]
28. DSR of emergency admissions per 100,000 25-64yrs pop [HES- NHSDigital; ONS]
29. DSR of elective admissions per 100,000 25-64yrs population [HES- NHSD; ONS]
30. DSR of ambulance call outs taken to hospital per 100,000 25-64yrs [SWAST; ONS]

Larger copies of the profiles are available at www.southdevonandtorbay.info/jsna

Highlights from the living and working well overview profile:

- 1 in 4 adults in the population do not have any formal qualifications
- Torbay has significantly higher levels of people on employment support allowance
- A high proportion of the population provided support as an unpaid carer
- Torbay has high levels of long-term support need in the population
- Prevalence of long term conditions are high in the population
- There are high levels of potentially avoidable lifestyle related hospital admissions

Housing

Torbay has a housing stock of around 64,370 household spaces. Occupancy of household spaces is below the England average, with some 59,010 (91.7%) occupied with at least one usual resident. This compares to 95.7% across England and 93.8% across CIPFA nearest neighbours. This is to be expected given Torbay's position as a seaside tourist destination.

More acutely for the population is the underrepresentation of social housing in the market. Torbay has higher levels of private rented accommodation, and significantly lower social rented (fig 53). Of the occupied housing stock, just under 1 in 3 dwellings are a flat, maisonette of apartment. A more detailed analysis would be needed to understand if the planning policy and provision of dwelling types are meeting the populations housing needs.

Figure 53: Tenure of dwellings

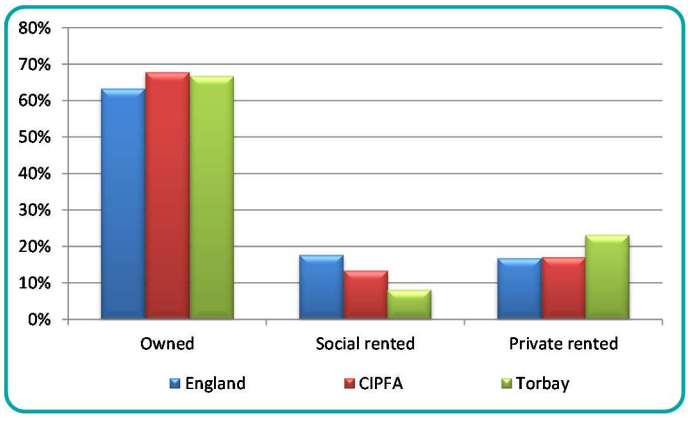
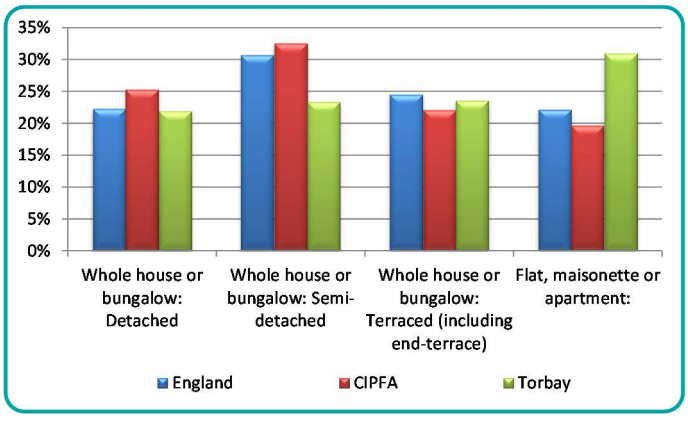


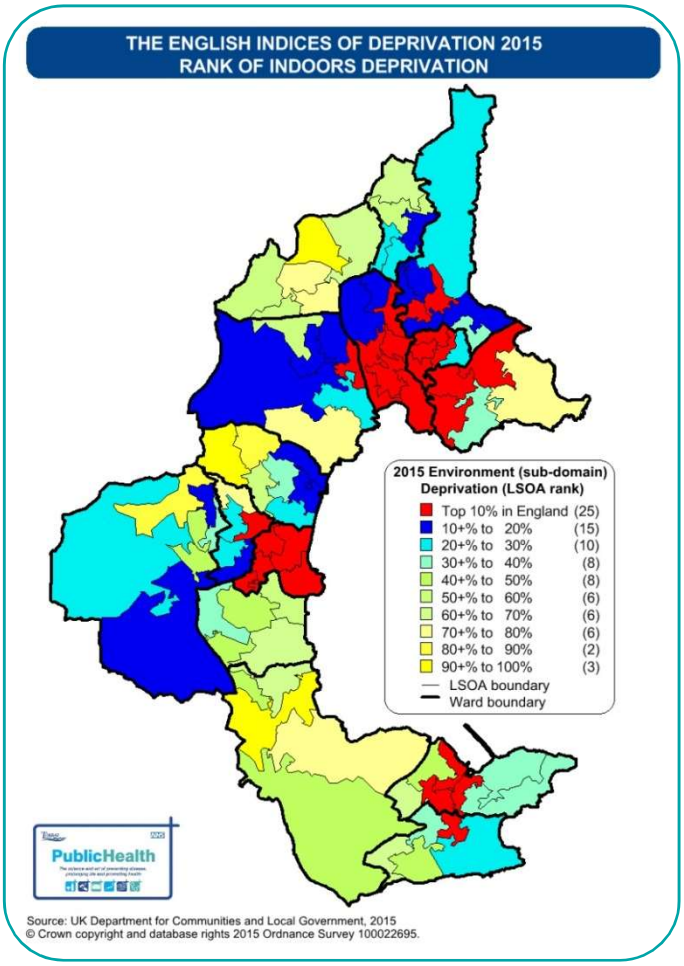
Figure 54: Dwelling Types



Source: NOMIS, 2011 Census

The quality of Torbay's housing stock is relatively poor. Torbay has high levels of indoor deprivation, identified in figure 55 with areas in red and dark blue. 45% of Torbay's population live in an area in the top 20% most deprived in England. The drivers for the indoor living environment domain are: houses without central heating and houses in poor condition (do not meet the Decent Home standard).

Figure 55: Indoor deprivation in Torbay



House prices in Torbay

House prices in Torbay have increased in recent years, and are at levels prior to the 2008 recession. The difference between the Torbay and England average house price has widened in recent years. House prices, on average, cost £40,000 less in Torbay than the England average (fig 57).

Figure 56: Median house price paid in Torbay compared to England over time

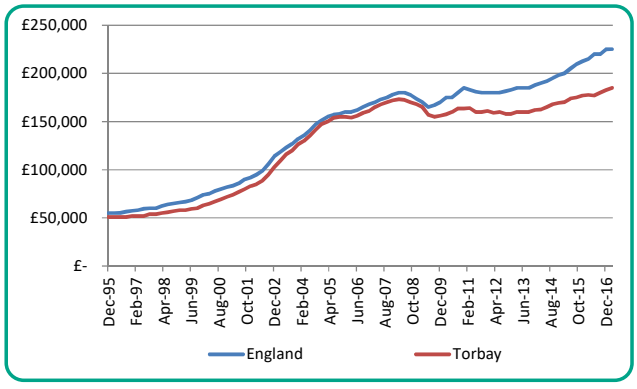
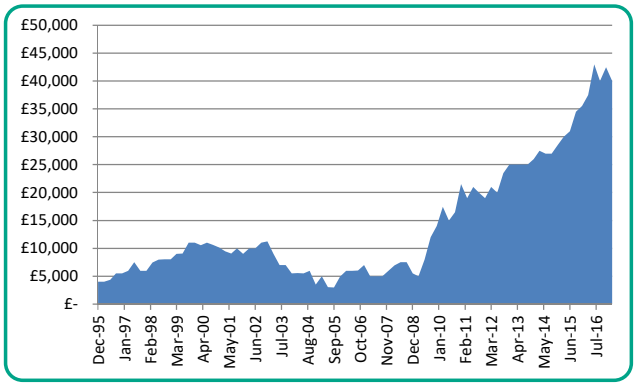


Figure 57: Gap between England and Torbay median house price



Source: ONS

House prices may be lower; however earnings are also significantly lower than the average. This gives Torbay a higher than average affordability ratio (fig 59). This means that it is harder for people in Torbay to afford their own housing.

Earnings and employment

Average earnings for full time workers in Torbay are significantly lower than the England average. Residents in Torbay earn the 4th lowest earnings (full time annual gross pay) in England out of 152 local authority areas. The gap between the England and Torbay average is some £9.3k per year (fig 58).

Figure 58: Gross annual pay - mean full time workers

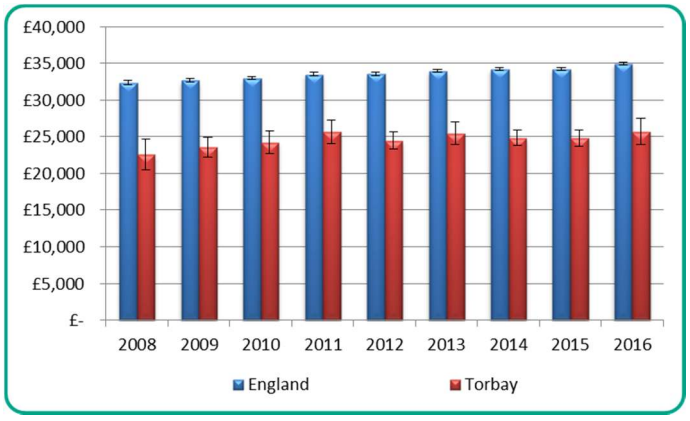
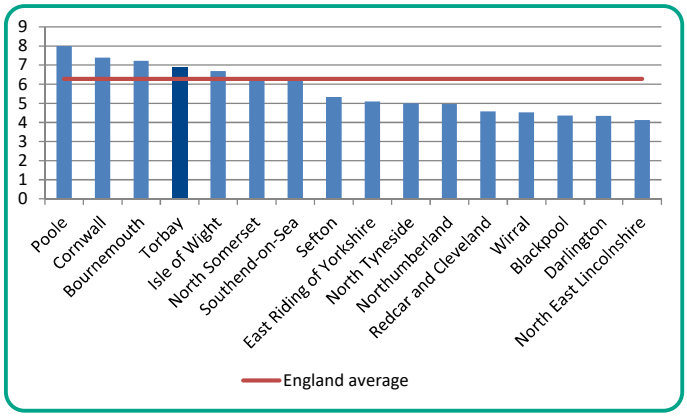


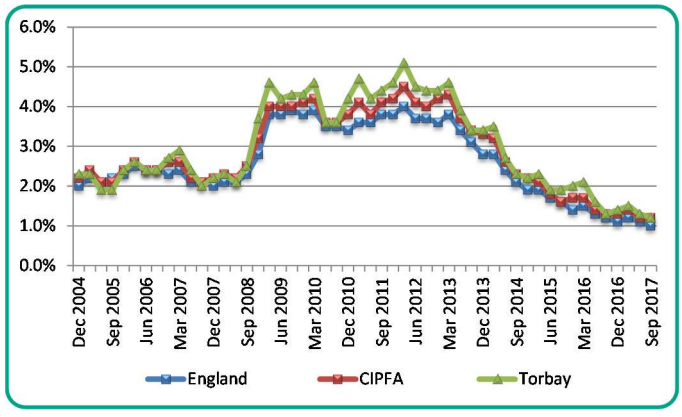
Figure 59 Ratio of average full time earnings to house prices



Source: NOMIS, ONS

The levels of residents claiming JSA (job seekers allowance) has been reducing at a rate similar to the national average. Around 1% of the working age population are currently claiming JSA.

Figure 60: Job seekers allowance



Source: NOMIS

As a tourist destination it is expected that Torbay would have higher levels of employment in the distribution, hotels and restaurants sector (fig 61). Around 1 in 3 of those aged 16 to 64 in

employment work in public admin, education and health. There are significantly higher levels of those in employment aged 16 to 64 being part time employment in Torbay compared to both CIPFA nearest neighbours and the England average (fig 62).

Figure 61: % aged 16-64 in employment who work in:

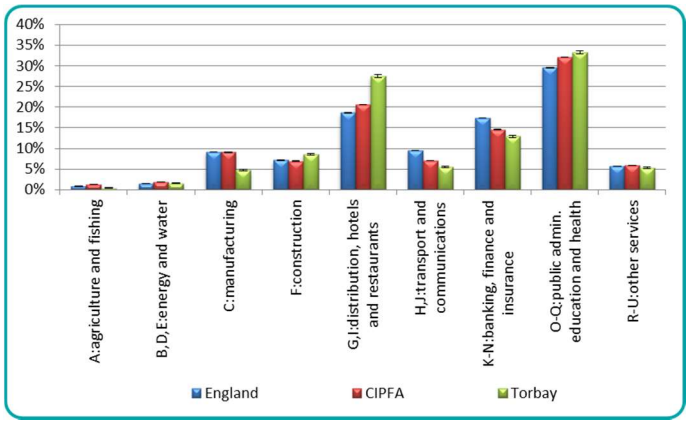
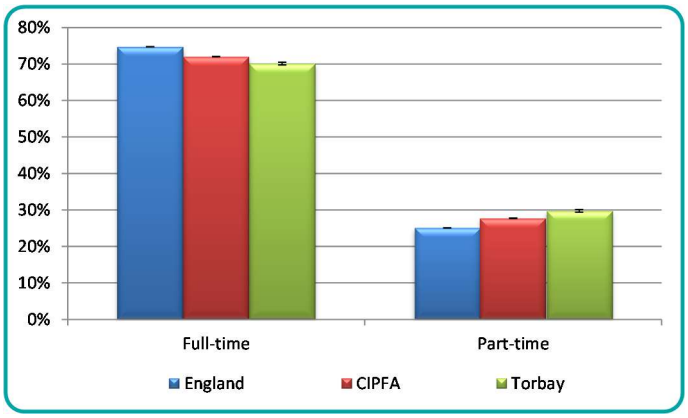


Figure 62: % in employment working full-time or part time- aged 16-64



Source: NOMIS, Annual population survey

Gross Value Added (GVA) measures the contribution to the economy of each individual producer, industry or sector and is used in the estimation of Gross Domestic Product (GDP). Based on GVA the local economy of Torbay is amongst the weakest in England (figure 63 shows the relative contribution of Torbay compared to CIPFA neighbours). Recent figures from the Office for National Statistics suggest Torbay's economic worth in 2015, was in the region of £2.081 billion, or around £15,600 per head of population. This compares to £18,127 per head across CIPFA neighbours and £25,601 per head across England (figure 64).

Figure 63: Headline GVA per head indices at current basic prices

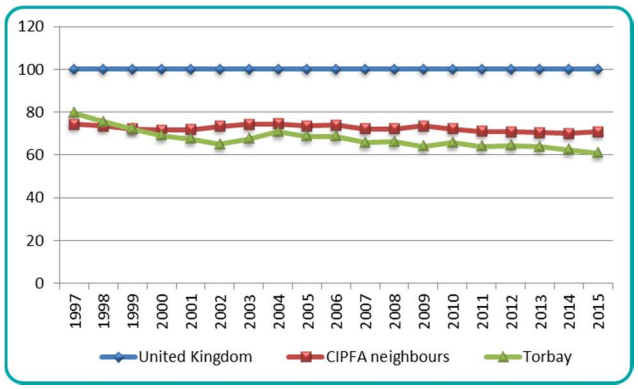
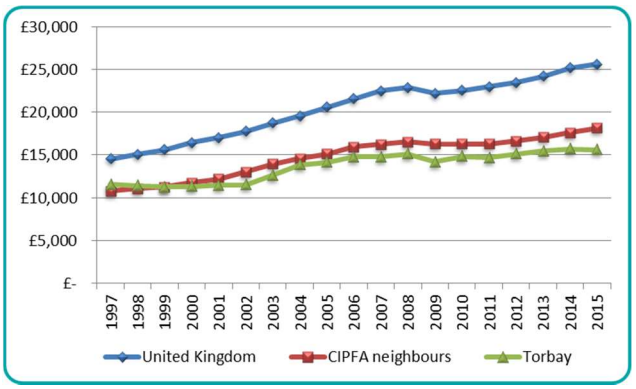


Figure 64: Gross Value Added (Income Approach) per head of population at current basic prices



Source: ONS

This section brings together key information around Torbay's retirement age population. It includes population estimates for the over 65 population, mortality forecasts as well as presenting key challenges and outcomes for the population.

Population

Population projections suggest the number of people aged over 65 in Torbay will increase by almost 10,000 by 2030. The largest increase is expected in those aged 80 to 84, which is expected to see an increase of some 3,000, or a 62% increase on the current number. Populations aged 85 and over are expected to increase by over 50% by 2030. These increases are expected to increase demand on support services as increased people become frail towards the end of their life.

Table 9: Population projections for the over 65's

Age group	2017	2018	2019	2020	2025	2030
65 to 69	9,586	9,314	9,058	9,006	9,770	11,203
70 to 74	9,339	9,723	9,890	9,908	8,763	9,548
75 to 79	6,339	6,605	6,980	7,330	9,139	8,173
80 to 84	4,948	5,054	5,193	5,296	6,361	8,020
85 to 89	3,099	3,166	3,260	3,364	3,917	4,851
90+	2,043	2,062	2,072	2,102	2,512	3,188

Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

The number of people dying a year is expected to start increasing towards the end of the 2020's.

Figure 65: population projections by age group

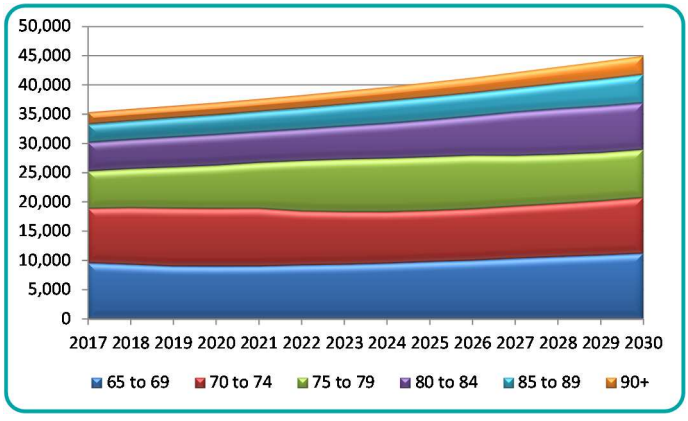
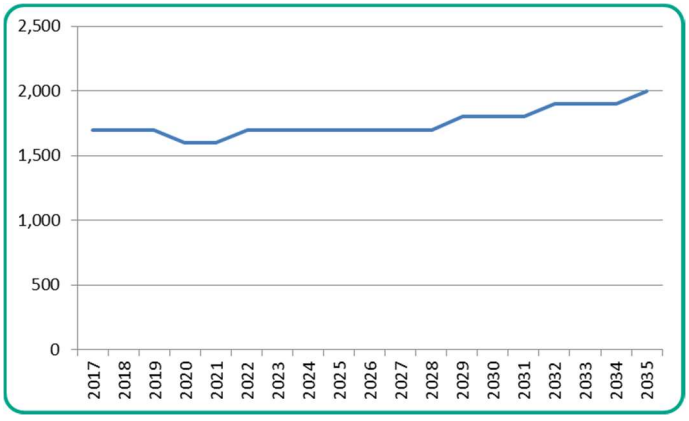


Figure 66: Estimated number of deaths in Torbay



Source: NOMIS, 2016 Mid-Year estimates, 2014 based subnational population projections

How to read the profile: The black line running down the middle of the spine chart is the England average, the circles (to the left or right) are the Torbay value, compared to the England average, The diamonds represent the CIPFA average. The colours are explained in the key.

Figure 67: Ageing and dying well overview profile

ID	Indicator	Measure	Torbay	CIPFA	England	England
	Demography					
1	Age related dependency (2015)	Ratio	43.8	36.1	27.5	8 – 59.9
2	Male life expectancy at 65 years (2013-15)	Years	18.6	18.5	18.7	15.8 – 21.4
3	Female life expectancy at 65 years (2013-15)	Years	21.0	20.9	21.1	18.8 – 23.9
4	Male excess winter deaths (2013-16)	Ratio	34.4	29.4	26.5	-7.1 – 61.1
5	Female excess winter deaths (2013-16)	Ratio	30.0	32.6	29.2	9.1 – 54.1
6	Deaths in usual place of residence (2014-16)	%	54.4	49.9	46.6	24.1 – 68.8
7	Persons living alone (2011)	%	31.4	31.5	31.5	25.9 – 50.8
	Wider determinants					
8	Living in most income deprived areas (2015)	%	16.0	12.5	14.1	0 – 93.4
9	Claiming pension credit (2014-16)	%	16.9	14.5	13.9	5.2 – 34.2
10	Claiming attendance allowance (2014-16)	Rate	146.6	131.5	129.7	78.7 – 192.8
11	CAB debt queries (14/15-16/17)	Rate	8.5	-	-	0 – 0
	Social care and support					
12	Unpaid carers (2011)	%	15.9	14.6	14.3	10.2 – 16.5
13	Bad health with a long-term health problem/disability (2011)	%	12.2	12.5	12.4	6.5 – 23.8
14	Requests for adult social care support (14/15-16/17)	Rate	12,401.7	15,055.0	13,489.7	3,056.8 – 78,677.5
15	Long-term support for learning disability (14/15-16/17)	Rate	182.9	155.0	164.5	0 – 1,029.2
16	Long-term support for physical personal care (14/15-16/17)	Rate	3,552.4	3,555.0	3,803.6	484.7 – 9,102.2
17	Long-term support for mental health (14/15-16/17)	Rate	473.5	425.0	404.1	32.9 – 2,832.8
18	Long-term support for social isolation/other (14/15-16/17)	Rate	155.2	45.0	115.6	0 – 800.2
19	Still at home 91 days after discharge to reablement/rehabilitation services (14/15-16/17)	%	76.5	85.8	82.7	50 – 100
20	Permanent admissions to nursing/residential homes (14/15-16/17)	Rate	546.6	719.0	628.2	188.4 – 1,256.2
	Health and service usage					
21	Prevalence of dementia (2015)	%	6.6	6.4	6.3	0 – 0
22	Prevalence of stroke (2015)	%	2.7	2.6	2.0	1.3 – 3.4
23	Flu vaccination coverage (14/15-16/17)	%	66.7	71.2	71.4	48.6 – 78.1
24	Admissions due to falls (14/15-16/17)	Rate	2,197.1	2,168.7	2,175.6	1,236.8 – 3,425.7
25	Urgent care attendances (14/15-16/17)	DSR	39,857.6	41,412.3	42,206.2	0 – 0
26	Emergency non-elective admissions (14/15-16/17)	DSR	23,082.9	24,236.3	25,106.2	0 – 0
27	Emergency admissions for ACS conditions (14/15-16/17)	DSR	1,846.7	2,004.3	2,007.2	0 – 0
28	Elective admissions (14/15-16/17)	DSR	35,162.3	45,586.8	43,999.7	0 – 0
29	Delayed transfers of care (14/15-16/17)	Rate	5.6	0.0	0.0	0 – 29.4
30	Ambulance 'see and convey' to hospital (14/15-16/17)	DSR	23,473.1	-	-	0 – 0

Sig worse | Sig better | Not sig diff | Sig higher | Sig lower | Sig not calculated | England Average | CIPFA | Q0 to Q1 | Q1 to Q3 | Q3 to Q4

Indicator notes:

1. % of dependents (65+yrs) per working population (15-64yrs) [ONS]
2. Years of male life expectancy aged 65yrs+ [PCMD; ONS; PHE]
3. Years of female life expectancy aged 65yrs+ [PCMD; ONS; PHE]
4. Ratio of extra male deaths (65+) in winter months compared with the expected number of deaths (average non-winter deaths) expressed as % [PCMD; PHE]
5. As indicator above for females. [PCMD; PHE]
6. % of deaths in usual place of residence [PCMD; PHE]
7. % of persons living alone 65+yrs [CENSUS]
8. % of 60+yrs living in areas amongst 20% most income deprived (affecting older people 60+) in England [DCLG]
9. % 60+yrs claiming Pension Credits [DWP; ONS]
10. % 65+yrs claiming Attendance Allowance (in payment) [DWP; ONS]
11. Rate of CAB debt queries per 1,000 65yrs+ pop[Torbay CAB; ONS]
12. % of unpaid carers (care 1+hrs per week) under 65+ years [CENSUS]
13. % 65+yrs with bad health and a long-term health problem/disability [CENSUS]
14. Rate of requests for Adult Social Care (ASC) support for new clients aged 65+yrs per 100,000 population aged 65+yrs [TSDNHSFT; NHS Digital]
15. Rate of ASC long-term support for learning disability aged 65+yrs per 100,000 population aged 65+yrs [TSDNHSFT; NHS Digital]
16. As indicator above for physical personal care [TSDNHSFT; NHS Digital]
17. As indicator above for mental health [TSDNHSFT; NHS Digital]
18. As indicator above for social isolation/other [TSDNHSFT; NHS Digital]
19. % 65+yrs still at home 91 days after discharge to reablement/rehabilitation services [TSDNHSFT; ASCOF- PHE]
20. Rate of permanent admissions to residential and nursing care homes per 100,000 population aged 65+yrs [TSDNHSFT; ASCOF- PHE]
21. % modelled prevalence (local) of dementia 65+yrs [Matthews et al, 2013; ONS]
22. % modelled prevalence (local) of stroke all ages [BHF 2014; ONS]
23. % flu vaccination coverage aged 65yrs+ [PHE]
24. Directly age standardised rate (DSR) of emergency admissions for injuries due to falls per 100,000 65yrs+ [HES- NHSDigital, PHE]
25. DSR ED & MIU attendances per 100,000 65yrs+ population [HES- NHSD; ONS]
26. DSR of emergency admissions per 100,000 65yrs+ pop [HES- NHSDigital; ONS]
27. DSR of emergency admissions for ACS conditions per 100,000 65yrs+ [HES-; ONS]
28. DSR of elective admissions per 100,000 65yrs+ population [HES- NHSD; ONS]
29. Rate of delayed transfers of care aged 18+yrs [ASCOF- PHE]
30. DSR of ambulance call outs taken to hospital per 100,000 65yrs+[SWAST; ONS]

Larger copies of the profiles are available at www.southdevonandtorbay.info/jsna

Highlights from the ageing and dying well overview profile:

- Torbay has a high proportion of dependents (65+yrs) compared to those of working age;
- More people die in their own homes;
- Significantly more are claiming Attendance Allowance for physical or mental disability;
- There are significantly more unpaid carers;
- Less people are still at home 91 days after discharge from hospital (this is a negative);
- There are less permanent admissions to nursing or residential care;
- There is a higher prevalence of stroke;
- Torbay vaccination coverage for flu is worse;
- Admissions for chronic conditions that could be treated in the community are lower.

Long term conditions

People in more deprived communities tend to experience multiple long-term conditions and generally have poorer health outcomes, such as shorter life expectancy.

Long-term conditions are those that, at present, cannot be cured but can be managed through treatment and behaviour. These include conditions such as heart disease, diabetes and mental health problems. People with long term conditions are the most frequent users of healthcare services. Those with long-term conditions account for around 29% of the population, but use around 50% of all GP appointments and 70% of all inpatient bed days. Long-term conditions fall more heavily on the poorest in society: according to ONS people in the poorest social class have 60% higher prevalence of long-term conditions than those in the highest social class. Half of people aged over 60 in England have a long-term condition. With an ageing population and the growth of health harming behaviours such as physical inactivity, harmful alcohol consumption and smoking, we would expect the prevalence of long-term conditions to rise unless checked. The number of people with comorbidities (more than one health condition) is expected to rise by a third in the next ten years.

As our population ages, we expect the number of frail people, people with, for example, limited physical mobility, weakness, weight loss, slowness and low physical activity to increase, specifically in our older age groups. The number of people with dementia is also expected to increase over the coming years. Estimates for the counts of frail people and also those with dementia are presented in figures 68 and 69.

Figure 68: Frailty estimates for Torbay

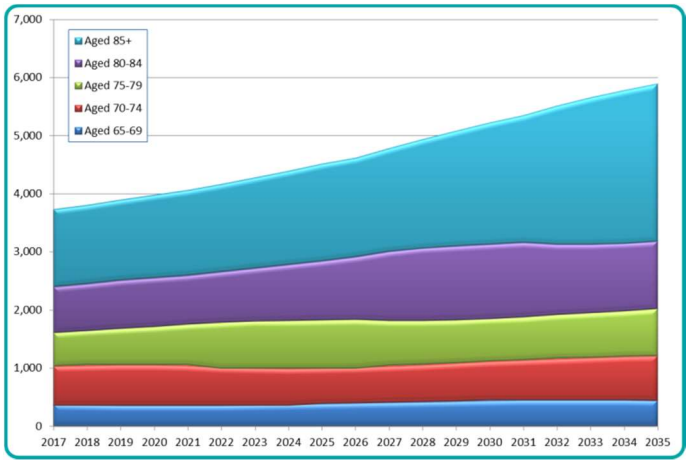
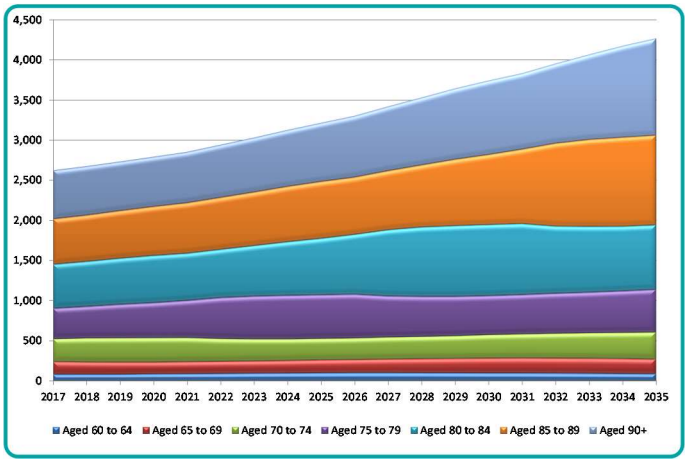


Figure 69: Dementia estimates for Torbay



Source: ONS Sub-National Population Projections, 2014. Prevalence of frailty in community-dwelling older persons (Collard *et al* 2012) and Dementia UK Prevalence Estimates, 2014

Adult social care

Adult social care is defined as including all forms of personal care and other practical assistance provided for individuals aged 18 and over who, by reason of age, illness, disability, pregnancy, childbirth, dependence on alcohol or drugs, or any other similar circumstances, are in need of such care or other assistance [11]. Some people need practical or emotional care or support to lead an active life and do the everyday things that most of us take for granted. The social care system provides this support for those who need it to help them keep their independence and dignity. Adult social care services are commissioned through the upper tier local authorities of Devon County Council and Torbay Council for the South Devon and Torbay population. Provider organisations are responsible for assessing individuals need for 'community care' or 'social care' services [12]. Community Care describes the services and support which help people to continue to live independently at home, whilst social care services help people who are in need of support due to illness, disability, old age or poverty. This could take place in residential settings.

The number of long term residential and nursing placements has been reducing over time as alternative care models are implemented. That is the number of placements that the local authority funds. The monthly trend is shown in fig 70. A model of future demand based on current activity, and allowing for demographic change, suggests a continued slight reduction in LA funded placements (fig 71).

Figure 70: Long term residential and nursing LA funded placements Torbay

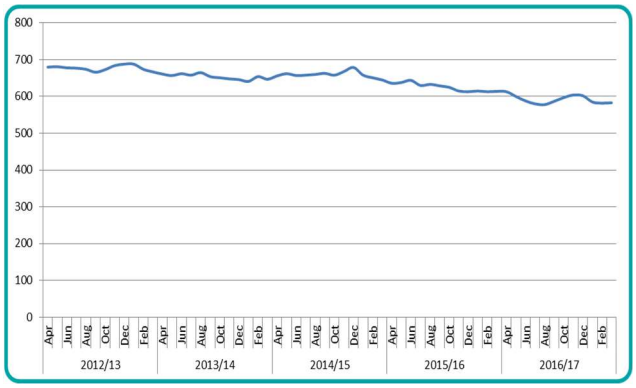


Figure 71: Long term residential and nursing LA funded placements Torbay historical averages and future modelled averages

Source: Torbay and South Devon NHS Foundation Trust

Mortality and end of life

The number of mortalities has increased in recent years in Torbay. The proportion of people dying in hospital has increased slightly, as the proportion dying at home decreased.

Overall of all mortality over the period 1st Jan 2012 to 31st Dec 2016, around 4 in 10 people die in hospital, 3 in 10 in a care home, 2 in 10 at home and 1 in 10 die either in a hospice, or elsewhere.

Around 77% of mortalities in Torbay are expected (fig 73). This suggests a significant need for palliative care, with around 1,370 people dying from expected deaths per year. However, the primary care palliative care register has around 570 people on it, suggesting significant unmet need.

Figure 72: Count of deaths over time by place of death

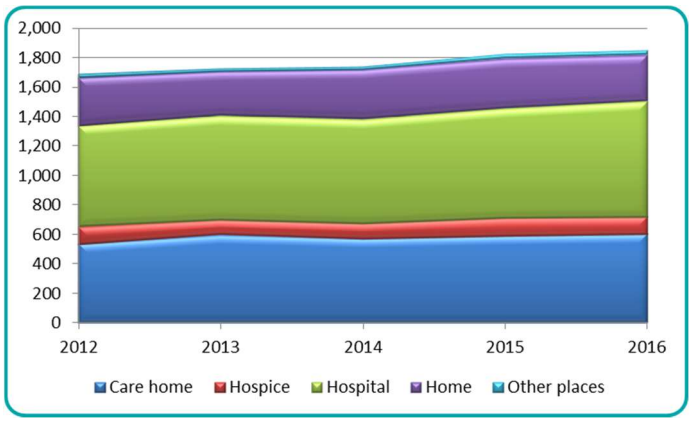
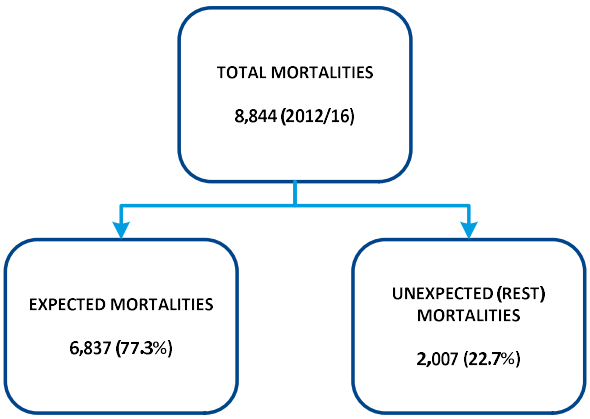


Figure 73: Proportion of mortalities that are expected



Source: PCMD, Murtagh *et al* (2014) [13]

1. Sir Michael Marmot. (2010) Fair Society, Healthy Lives; The Marmot Review

2. NHS Confederation. (2011) The joint strategic needs assessment; a vital tool to guide commissioning

3. Department of Health. (2011) Joint Strategic Needs Assessment and joint health and wellbeing strategies explained; Commissioning for populations

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10. Public health guideline [PH28] Looked-after children and young people https://www.nice.org.uk/guidance/ph28/chapter/3-considerations

11. Source: Torbay and South Devon NHS Foundation Trust

12. Local government Ombudsman. http://www.lgo.org.uk/adult-social-care/

13. Murtagh *et al* (2014) http://journals.sagepub.com/doi/pdf/10.1177/0269216313489367

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Written and compiled by the Torbay Knowledge and Intelligence Team

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For further information please contact the **Torbay Knowledge and Intelligence Team**

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Title:	Adult Services – Better Care Fund		
Wards Affected:	All		
To:	Health & Wellbeing Board	**On:**	28 March 2018
Contact:	John Bryant		
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1. Purpose

1.1 The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

1.2 The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life

1.3 The Better Care Fund is a pooled fund derived some a series of funding sources. One element of the funds is the Improved Better Care Fund which in itself has several elements and there are different conditions attached to the provision and expenditure of funds within it

1.4 The attached report details the Improved Better Care Fund element of the BCF and the spending proposals in line with the criteria

2. Recommendation

2.1 The Board is asked to support:

1. A commitment to transformative care learning from the initiatives and taking the momentum from successes to date to deliver the Triple Aim and deliver the goals of the Five Year Forward View
2. The recognition of the pace of change required with the demographic, workforce and care demand drivers being faced
3. In-principle the proposals made in Appendix 1 of the attached report, for them to be taken through due governance, to deliver a transformation in Torbay's care provision for the wellbeing of the population including those working and caring within it

Appended Report
Transformative Funding - Developing the Triple Aim 16 March 2018

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

Integration and Better Care Fund 2017-2019- Department of Health, Department for Communities and Local Government, Local Government Association and NHS England
http://www.local.gov.uk/sites/default/files/documents/BCF%202017-%2019%20planning%20requirements%20briefing%20slides_%20March%202017%20.pdf

2017-19 Integration and Better Care Fund Policy Framework – Department of Health and Department for Communities and Local Government
https://www.gov.uk/government/publications/integration-and-better-care-fund-policy-framework-2017-to-2019

Title	Transformative Funding - Developing the Triple Aim		
Prepared for	Health and Wellbeing Board	Date of Meeting	28th March 2018
Prepared by	John Bryant John.bryant@tobay.gov.uk	Contributors	Fran Mason
Director	Caroline Taylor Director of Adult Services and Housing		
Date	16 March 2018	Version	1.1

Introduction

The internationally renowned Institute for Healthcare Improvement (IHI) maintain that to optimise a care system 'new designs must be develop to simultaneously pursue three dimensions, called the triple aim.

Improving the patient experience of care (including quality and satisfaction)

Improving the health of populations and

Reducing the per capita cost of health care

These effectively featured in the e Five Year Forward View, produced by the NHS 2014 it stated that

'Short term expedients to preserve services and standards …. (will) inevitably over time lead to three widening gaps

Health and Wellbeing

Care and Quality

Funding and efficiency

…a better future is possible – with the right changes, right partnership and right investments'

The Torbay system remains in a position that is better than most systems to achieve this building on the success that is has been delivered and demonstrated over the last 10 years.

Having had a period where the joint working and partnership has been consolidated allowing for national and local changes in structure. With the formation of the Integrated Care Organisation supported by a Risk Share Agreement between the three local health and care public sector partners (ICO, CCG and Council- including Public Health) there is now a further opportunity to produce a step change in the system. Each partner has its role to play in this. Such a change is at a system level and recognised as being beyond a public sector platform, extending the renowned Torbay integration work to a wider collaboration with the market – public, voluntary, independent, family and informal carers involving the community in its widest sense.

This paper makes proposals for transforming care in Torbay in line with the purpose and criteria as laid down for the Improved Better Care Fund made available through the Department of Communities and Local Government.

The Better Care Fund

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them integrated health and social care services, resulting in an improved experience and better quality of life.

The overall Better Care Fund which is, in the main, administered by the Clinical Commissioning Group amounted to £16,569,000 in 2017/18. This included an Improved Better Care Fund element of £4,449,000 as well as £1,631,000 of social care capital grants and Disability Facilities Grant. The Council is required to maintain responsibility for elements such as the DFG and the iBCF additional funding (please see below).

The financial amounts are recorded in the Section 75 agreement that supports the transfer of the funding between organisations.

Section 75 of the 2006 National Health Services Act gives powers to local authorities and clinical commissioning groups to establish and maintain pooled funds out of which payment may be made towards expenditure incurred in the exercise of prescribed local authority functions and prescribed NHS functions

The national targets in relation to the BCF for 2018/19 have been agreed in conjunction with the ICO. The associated spend to deliver care services in line with the fund criteria amounts to £18,576,592 as reported to the Health and Wellbeing Board 07 September 2017.

The Councils contribution to the overall fund including the Improved Better Care Fund allocation is set out in the table below:

Better Care Fund funding contribution	2016-17 (2015/16 + 1.5%)	2017-2018 (+1.79% on 2016/17 assured figs baseline as per policy framework)	2018-2019 (+1.9% on 2017/18)	Not covered by the policy framework 2019-20 Total
Minimum NHS CCG contribution Can you put in the figures that we are expecting from the CCG please	3,011,156	3,065,055	3,123,291	
Improved Better Care Fund Local Government Finance Settlement	N/A	633,138	3,782,284	
New grant allocation – Funding for adult social care via DCLG	N/A	3,815,560	2,366,904	1,171,936
Disabled Facilities Grant (capital grant for adaptations to houses)	1,524,090	1,631,353	1,738,615	

IBCF Total	4,535,246	9,145,106	11,011,094	

Improved Better Care Fund (iBCF)

As referenced above in the spring budget 2017 the Chancellor of the Exchequer announced additional funding to enhance the 'Improved Better Care Fund. Significantly this funding comes through the Department of Communities and Local Government (DCLG). At a Torbay level, it falls within the remit of the local authority's Section 151 officer to sign-off the local spend i.e. the S151 officer retains responsibility for accounting for its spend in accordance with the criteria. However, the partnership working that characterises the Torbay system is demonstrated through the governance arrangements for this funding. These are expanded upon in section 4.

As stated in the table above for Torbay, the additional money amounts to:

2017/18	2018/19	2019/20
£3,815,560	£2,366,904	£1,171,936

It should be noted that the 2019/20 figure remains indicative and there is not guarantee of these funds at this time

The conditions attaching to these funds highlight the need to contribute to the High Impact Changes and to support National Condition 4 (BCF) – Managing Transfers of Care(a new condition to ensure people's care transfers smoothly between services and settings), along with quarterly reporting to the Department of Health and the Department of Communities and Local Government. The grant conditions also emphasises the need for the funding to be applied to stabilising and building capacity in the local care system, which is in line with the Care Act 2014 in respect of facilitating sustainable, quality care markets.

Over the last decade of innovation and multi-disciplinary working new partners and services have been introduced, value for money was established across a number of service areas and radical changes in provision were implemented. Award winning initiatives such as Dunboyne Court provided tangible evidence to the public of the changes wrought and better care services being developed along with infrastructure.

Also, the development of intermediate care and the use of care homes for intermediate care continue to be key element in the impressive, good national ranking of the Delayed Transfer of Care figures that have been a feature of winter 2017/18. This serves as a good example of where health spend in social care settings benefits in line with the Triple Aim and supports the NHS.

The ability to drive change in the early years of the Care Trust was due in no small measure to it being a response to the demands and requirements of the public, patients and clients. These were captured in the well-known Mrs Smith and the benefits that integrated services offered her and her wellbeing.

The on-going commitment to transformation and integration is evidenced at a national level with the recent development of the Department of Health and Social Care. Torbay has the assets and building blocks in place to be in the vanguard of system improvement and innovation which is needed to match the fact that Torbay has a rapidly growing aging population ahead of the national average.

A large proportion of this funding was passed to Torbay and South Devon NHS Foundation Trust (the ICO) to facilitate and accelerate many of its integrated schemes:

Single Point of Contact

Frailty Care Model

Carer Advice and Support

Enhanced Intermediate Care

Health and Wellbeing Co-ordination

Dementia strategy and action plan

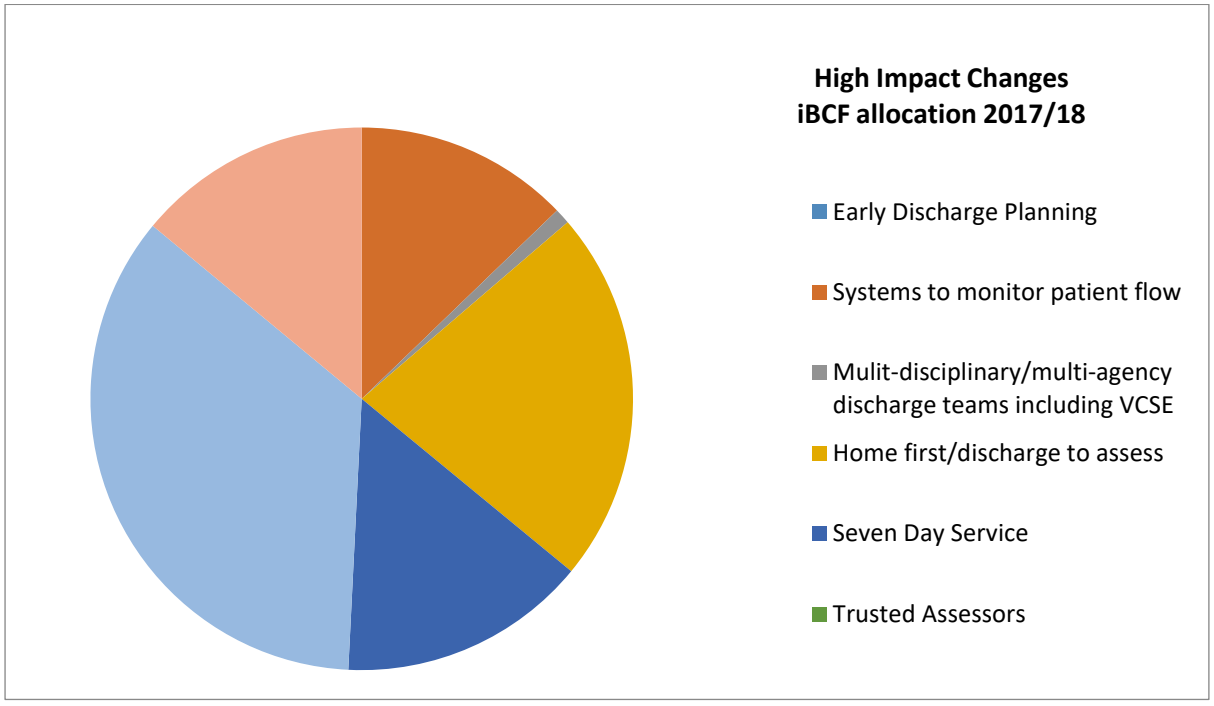
Approximately £1m was made available to a joint board to use for new schemes and transformative pilots. It was important to recognise that whilst funding was indicated for years two and three there was no commitment from central government and therefore all schemes approved were on the basis of whole term funding. The list of schemes for which funding has been allocated appears below:

Project Name	HIC	Torbay System Impact	Approved	Total Scheme Cost
Extension of TSDFT Care Home Education and Support Team (CHEST)	8	B	Approved - with conditions	91,000
Mental Health and DPT (MSB)	7	D	Approved	120,000
Proud to Care South West	5	A	Approved	60,000
Leadership development in care homes	8	B	Approved	50,000
Development of the out of hospital care system	4	C	Approved	240,000
IPC	7	C	Approved	60,000
Transition Worker	2	E	Approved	138,000

Health Care Videos	5	F	Approved	100,000
Market Analysis for Care Homes (see also Transformation Funding)	8	B	Approved	10,000
LD Peer Review	7	E	Approved	151,000
Non-injured fallers	3	B	Approved	32,000
City & Guilds Accreditation	4	A	Approved	10,000
Low Cost Packages / Eligibility Criteria - Age UK	7	B	Approved	17,000
			Total	£1,079,000

These have been considered and approved on the basis that they will produce positive impacts in multiple parts of the system, being evaluated against the drivers of High Impact Changes (NHS) and social care grant criteria. The impact of the schemes to date is illustrated as follows:

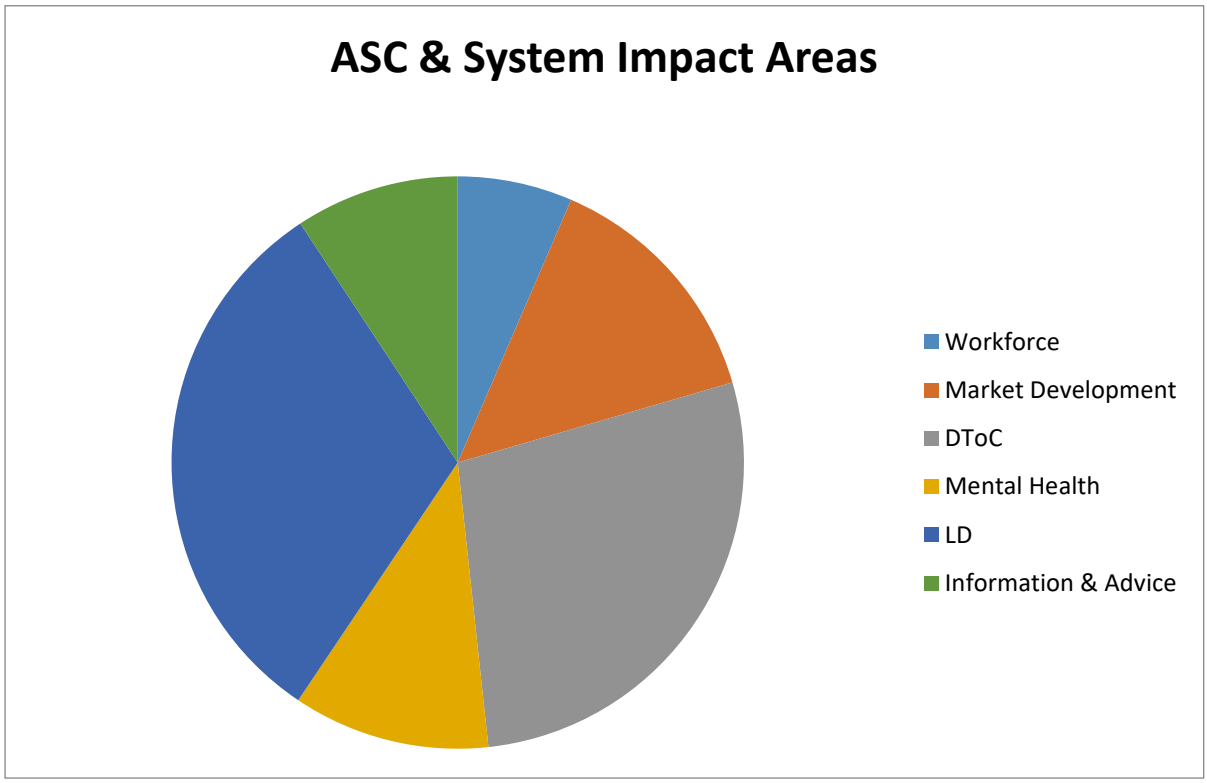
The 2017/18 iBCF



The projects and activity that were already being undertaken particularly around adult social care were reviewed following Professor John Bolton's visit and his discussion with Torbay colleagues in 2017 in relation to his paper – Six Steps to Managing Demand. The output of that meeting and his report were considered in

producing areas against which the balance of the iBCF spend for social care could be monitored and the areas of impact assessed.

The present schemes produce the following:



Governance - internal

In the first round of funding all three parties to the Risk Share Agreement in respect of health and care services, have worked together to develop the schemes. These have been considered and approved through the Better Care Fund working group and board which also forms part 2 of the Social Care Programme Board (SCPB). The SCPB is the performance and monitoring function for the delivery Annual Strategic Agreement which covers the Council's delegated functions and funding in respect of Adult Social Care.

The Better Care Fund Board meets monthly, alternating between a discrete board meeting and as part 2 of the Social Care Programme Board (bi-monthly meeting). The membership is cross-organisational with all three parties to the Risk Share Agreement represented at executive or senior decision taking level. The list of schemes for which funding has been allocated appears below:

Governance - External

NHS England approve the overall Better Care Fund plan and have the right to impose conditions. It requires a detailed narrative, completion of financial and text driven template along with confirmation of the Section 75 agreement having been completed and signed. There are challenge points during the process such as audit and update of the performance against the High Impact Changes.

Failure to be able to meet all the requirements may result in allocations being returned or future allocation cut. This was of particular note in respect of Delayed Transfers of Care where failure to meet nationally set targets as well as local trajectories could have resulted in funding being withdrawn.

NHS England will not approve the plan until it has been considered and approved by the local Health and Wellbeing Board. Torbay was pleased to be one of the systems that had its submission approved both first time and without conditions being applied.

Quarterly reporting on detailed and prescribed templates are required. Two different reporting lines need to be satisfied with two different templates. The three parties to the Risk Share Agreement, (system partners) contribute to each return and have access to the submissions. The Clinical Commissioning Group maintain the responsibility for submitting the actual document to NHS England in addition to updating the Better Care Fund Support Manager at regional level. The Council maintain the responsibility for submitting the quarterly reports to the Department for Communities and Local Government (DCLG) along with those to the Association of Directors of Adult Social Services (ADASS).

Relationship to Joint Strategic Needs Assessment

In an 'as is' situation the demand and costs to the system will increase as evidenced by the JSNA. The transformation that is taking place with the new model of care responds to these challenges and the constant endeavour to improve client and patient experience. Working in an integrated way is key to achieving this.

The use of the BCF and particularly the iBCF is there to support the development of an integrated system and seamless transfers of care with a stable and supported provider market delivering services that reduce the pressures on the NHS. This remains a focus of the BCF Board with reference to transforming care to meet the Triple Aim stated earlier, as well as reducing demand and costs in social care. It is worthy of note that costs are to be considered as different to value. The spend in social care and community (culture, environment, housing) are to be discussed as areas where funding shifts within the system are made so as to reduce demand, improve value and seek to ensure future viability and sustainability of the care system and providers within it.

Relationship to Joint Health and Wellbeing Strategy

Within the BCF narrative and schemes in progress there are many that support the preventative and early intervention strategies. With the projected demand on services and the recent workforce reports from Health Education England (190,000 more staff 2027) and Skills for Care (700,000 more staff by 2030) excluding the factor associated with a compound effect of annual turnover requiring in excess of 1 million new workers in the current 'as-is' system, it is clear that the support must be focussed on accelerating a transformation to a new model of care. This requires the engagement of and delivery models with an increasingly broad range of stakeholders and the community themselves. The development of a care-force beyond a workforce requires a shift in tasks and costs. Along with this is the care of those that are caring. Wellbeing and the devolvement of action to an up-skilled and technologically enabled care-force with solid infrastructure and oversight is essential.

The mental health of our communities is key. Those in the workforce are citizens in their own right and their mental health and wellbeing need to be supported. In turn retention and absence rates in the workforce are improved, increased learning takes place and the ability to support the wider community is achieved.

Supporting low mental health initiatives as well as ensuring robust complex mental health services are available, is an essential element to creating resilient communities and care systems. There are wider determinants to wellbeing and it is proposed that these are key considerations for the next round of funding.Key considerations for 2018/19 iBCF

In March 2017 the Health and Wellbeing Board received a report on the Healthy Torbay Supplementary Planning Document (SPD). (This highlighted the many areas where demand and cost on the overall system can be mitigated by addressing the wider determinants of health. Many of these lie within the remit of the Local Authority and Public Health. This is just one example of the evidence that exists which encourages an immediate and resourced approach to addressing these opportunities (necessities).

Alongside this, the engagement of Primary Care and GPs is going to be key. The situation in our neighbouring authority, Plymouth, with GPs handing back contracts, demonstrates the impact and challenge that a system faces when such things happen. It will be key to ensure that the proposals and transformations that are forthcoming not only have the engagement but support primary care; this part of the system is fundamental in the move to care closer to home and the connectivity with increased skills sets of workers in the community.

Principles

The necessity to move at pace and extract optimum value from this opportunity will be supported by the following principles:

Fast (auditable) decision making delegated to lowest level

Acceptance of calculated risk taking

Proportionate business cases (note point 2)

Resource planning and commitment

Sound project management and governance – pace maintained, scope or timing drift avoided or reported early

Reflective practice – deriving learning and advantage from all schemes +/- direct success/outcomes

Full term funding commitment with milestones – Stage payments to manage spend over the course of the project.

Co-design and co-production whilst ensuring effective decision making and project pace

Adopt, adapt, accelerate learning from elsewhere (inter)nationally – examples:

Housing First – Finland

Buurtzorg – Nederland

Enhanced Care in Care Homes – Leeds

Dementia Villages – Nederland

Flexible reablement facilities - look up GP practice

Primary Care data sharing agreement – look up – London

Do nothing ourselves that someone else can do better or more efficiently

Partnership

As stated, one of the great strengths of the Torbay system is the partnership working. This is evident at both a structural, Risk Share Agreement / Section 75 agreement level, and at an executive and officer level.

The overall system is once again undergoing significant structural change as Sustainability and Transformation Partnerships shape Accountable Care Systems and Local Care Partnerships. At practical local levels many colleagues have left the services through schemes such as MARs (mutually agreed resignation) and others are having to apply for new roles in different structures. At a human level this is creating additional pressures and tensions for people and portfolios having to be re-shaped. As with any relationship, there are ebbs and flows as to where a burden or leading role sits at any moment in time.

This is in addition to the operational imperatives that the ICO must address. The recent snow fall and flu has highlighted the need for staff to focus on the care of those requiring it in a very real time, direct way. The capacity to develop projects, pilots and engagement is understandably challenged when client and patient car must come first.

Whilst having delegated responsibilities and budget to the ICO, it is proposed that at this time the Council as a supportive partner, across all its functions, commissioning, public health, housing, culture etc., must consider how it can best lead the Improved Better Care Fund initiatives and optimise the opportunity that is well placed to address through strategies such as Healthy Torbay.

The continued reductions in care home provision, the necessity to build on and accelerate work that has come out of the community such as Ageing Well pilots, the fulfilment of the strategy in respect of care & support workers in the community through the Living Well@Home programme, the need to have the community more familiar with where they can access information and advice are some of the drivers for the next round of funding.

The proposals are listed in appendix 1.

Recommendation

Co-design and co-production will need to be at the heart of the development of all successful new models of care different areas around the country produce. The development of a care-force beyond workforce, is essential as is the meaningful and focused engagement for that to happen. These proposals are made with that awareness.

The Health and Wellbeing Board is asked to support:

A commitment to transformative care learning from the initiatives and taking the momentum from successes to date to deliver the Triple Aim and deliver the goals of the Five Year Forward View

The recognition of the pace of change required with the demographic, workforce and care demand drivers being faced

In-principle the proposals made in Appendix 1, for them to be taken through due governance, to deliver a transformation in Torbay's care provision for the wellbeing of the population including those working and caring within it

Appendix 1.

iBCF Transformative Proposals 2018/19

No	Proposal	High Impact Changes	Torbay System Impact	Total Scheme cost
1	Residential & Nursing Care Market shaping: Post LGA mkt analysis/demand modelling engagement with care home providers to incentivise change via capital grant for restructure of businesses model/reconfiguration of services. 1. Building redesign to meet dementia best practice guidelines (Stirling university). 2. Smaller residential care providers to reconfigure business to meet more specialist and complex needs including, ventilators, better continence management, falls prevention, dementias for under 65's & positive management of more complex behaviours resulting in reduced 1-1s and better personal outcomes include innovation in assistive technology. 3. to increase collaboration/federation or alliances of smaller providers to agree trusted assessor and referral process and coordinated admissions policy/protocols to ensure better mix of manageable needs and core skill set to be used across homes, shared leadership and back office potential for future sustainability. 4. development of intergenerational models of care	8	C	1,200,000
2	Residential & Nursing care Replacement care- insufficient supply- pilot use of shared lives type approach	7	B	200,000
3	Housing & support Extra care housing- 2018/19 acquisition of site, planning and design including, engaging community/residents in what will work locally based on evidence of good practice. Development of links to community networks and CVS to ensure successful and sustainable inter-generational communities.	4	B	1,423,940
4	Mental health, Prevention, CVS resilience enhanced outreach support to vulnerable younger adults with a range of needs including, mental health, learning disability, autism, to intervene early and prevent needs escalating	3	F	75,000

5	Mental health, prevention, CVS resilience Link Worker to support women with complex vulnerabilities including, mental health, learning disability, autism and domestic abuse and mental health/domestic abuse advocate based in health settings	3	D	60,000
6	Prevention, Assistive technology supporting self-care and independence at home through access to tele health and tele care and smart home' technology, preventing and delaying need for more acute services and supporting reablement and recovery at home following crisis	4	C	200,000
7	Mental health, prevention, CVS resilience Recovery college: Co-ordinator to recruit/develop peer trainers and admin support plus qualified mental health practitioner Premises possibly via social entrepreneur as per Plymouth model which covers dementia and homeless rough sleeper/other groups together (Memory Matter/moments good food cafe) - could also be TDA funding? Est v rough £200k (includes Skid Row Marathon)	3	D	260,000
8	Staff - retention, training and skills development at all levels Leadership in care homes noting what has worked well elsewhere - e.g. residents charter, leadership programme, care managers network and peer support Fair train - work experience initiative to improve support of staff / care capacity Peer to peer support in dispersed community settings e.g. domiciliary care and care homes offering connecting through technology for increased resilience and quality care decisions (Siilo) Wellbeing initiatives - to promote resilience in workforce e.g. supporting mental health and taking learning from DPT	3	A	351,000
9	CVS resilience, Staff training and skill development 2 additional Wellbeing Co-ordinators with focus on housing and employment advice and support for vulnerable older people, those with learning disabilities poor mental health and autism. Alternative funding sought dependent on 6 month evaluation.	3	F	40,000
10	Domiciliary care and support changes eg brokerage model	3	B	750,000
				4,559,940
	RSA2			1,700,000
				6,259,940
	High Impact Changes	ASC System Impact Areas		
1	Early Discharge Planning	Workforce		A
2	Systems to monitor patient flow	Market Development		B

3	Multi-disciplinary/multi-agency discharge teams including VCSE	DToC	C
4	Home first/discharge to assess	Mental Health	D
5	Seven Day Service	LD	E
6	Trusted Assessors	Information & Advice	F
7	Focus on choice		