

Wednesday, 11 May 2016

## **Meeting of the Health and Wellbeing Board**

**Thursday, 19 May 2016**

**1.30 pm**

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

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### **Members of the Board**

Councillor positions on this Board will be determined by the Mayor following the Annual Council meeting on 11 May 2016.

Caroline Dimond, Director of Public Health

Pat Harris, Healthwatch Torbay

Nick Roberts, South Devon and Torbay Clinical Commissioning Group

Caroline Taylor, Torbay Council

Dr Liz Thomas, NHS England

Richard Williams, Torbay Council

### **Co-opted Members of the Board**

Alison Hernandez, Police and Crime Commissioner

Mairead McAlinden, South Devon Healthcare NHS Foundation Trust

Martin Oxley, Torbay Community Development Trust

Melanie Walker, Devon Partnership NHS Trust

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

**Lisa Antrobus, Town Hall, Castle Circus, Torquay, TQ1 3DR**  
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# HEALTH AND WELLBEING BOARD AGENDA

1. **Election of Chairman/woman**  
To elect a Chairman/woman for the 2016/2017 Municipal Year.
2. **Apologies**  
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
3. **Minutes** (Pages 5 - 8)  
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 24 March 2016.
4. **Declaration of interest**
- 4(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**  
**For reference:** Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 4(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**  
**For reference:** Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.  
  
(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
5. **Urgent items**  
To consider any other items that the Chairman/woman decides are urgent.
6. **Appointment of Vice-Chairman/woman**  
To appoint a Vice-Chairman/woman for the 2016/2017 Municipal Year.
7. **Job Description - Chair of the Health and Wellbeing Board** (Pages 9 - 10)  
To recommend to the Monitoring Officer, that arrangements be made for the Job Description to be added to the Council's Constitution.

8. **Joint Health and Wellbeing Board Assurance Framework** (Pages 11 - 14)  
To consider a report that provides an interim update on work around two of the Board's three priority areas for action, domestic abuse, alcohol and mental health.
9. **Better Care Fund 2016/2017**  
To consider a report on the above.
10. **Wider Devon Sustainability and Transformation Plan - Progress and Next Steps**  
Presentation from Laura Nicholas, Director of Strategy for Clinical Commissioning Group.

## Minutes of the Health and Wellbeing Board

24 March 2016

-: Present :-

Caroline Dimond, Councillor Ian Doggett, Pat Harris, Mairead McAlinden, Councillor Derek Mills (Chairman), Councillor Julien Parrott, Joanna Robison, Simon Sherbersky, Councillor Jackie Stockman and Caroline Taylor

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### 23. Apologies

Apologies for absence were received from Richard Williams, Mayor Oliver, Nick Roberts, Tony Hogg who was represented by Joanna Robison and Martin Oxley who was represented by Simon Sherbersky.

### 24. Minutes

The Minutes of the Health and Wellbeing Board held on 3 December 2015 were confirmed as a correct record and signed by the Chairman.

### 25. Declaration of interest

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

Councillor Parrott declared a non-pecuniary interest as he is a member of the Community Development Trust and Integrated Care Organisation.

### 26. Sustainability and Transformation Plan

The Board received a presentation from Emma Herd, Head of Planning for the South Devon and Torbay Clinical Commissioning Group. Members were advised that following instruction from NHS England the Sustainability and Transformation Plan (STP) was required to cover a wider area than South Devon and Torbay. Therefore officers were developing an STP with the Northern, Eastern and Western Devon CCG (NEW Devon), Devon County Council and Plymouth City Council, covering a population of around 1.2 million people.

All local health and care systems are required to develop a five year STP with NHS providers being required to develop and submit one year operational plans for 2016/17. The plans have to be consistent with emerging STP's and in time to enable contracts to be signed off by the end of March 2016. The STP has to include a single set of strategic objectives and priorities for the STP geography, an

engagement plan around the whole local strategic context, STP wide service/clinical programme strategies that deliver national and local policy requirements and a set of local implementation plans that respond to local need.

Members expressed great concern regarding the impact the STP would have upon the existing Integrated Care Organisation (ICO) and outside influences destabilising the arrangements. Members were extremely anxious that local developments were not slowed as local people were expecting change and the momentum needed to be sustained. Members were advised that the CCG were being looked upon by NHS England to lead the process, however CCGs recognised that partners needed to be engaged as the plan was place based, therefore partners were important if the plan was going to succeed.

Members felt that previously the 'bottom up' approach had been working well and partners were transitioning into what looked like a good place, with the public being taken on the journey. Members were anxious that the STP felt like a 'top down' approach being enforced by 'big brother' with service users being overridden. Members were advised that the South Devon and Torbay Clinical Commissioning Group (SD&T CCG) had similar feelings, with the STP potentially replacing some element of the Joined Up Plan, it was important that both the SD&T CCG and the Health and Wellbeing Board had a voice in order to influence the development and implementation of the STP.

**27. Market Position Statement for Adult Social Care and Support and Children's Services in Torbay 2016+**

The Board considered a report that presented the updated and refreshed Market Position Statement (MPS). The Head of Partnerships, People and Housing informed Members that the MPS had previously focused on Adult Social Care and Support but this year Children's Services information had also been included. The MPS was designed to provide information and analysis of benefit to providers of care and support services in Torbay. It was intended to help identify future demand for care and support on the basis of what we know about our local population, services and funding.

Resolved:

That the updated Market Position Statement be approved.

**28. Director of Public Health 2015 Annual report - Tackling deprivation and the causes of ill health.**

Members received the Director of Public Health 2015 Annual Report, the Director of Public Health advised Members that the report focused on how environment and place affects health and how partners can work together to ensure Torbay is a healthy place to live, with well-being at the core of all policies. This year's report touches on the particular challenge of deprivation and makes some recommendations for how we can respond to the relatively worsening deprivation in Torbay.

Resolved:

- i) That the Annual Report of the Director of Public Health be noted; and
- ii) That the Health and Wellbeing Board urge that:
  - The recommendations of the Marmot Report be embedded within partners plans;
  - Partners contribute and build on the system challenges set out in the 2015 report; and
  - Partners consider place and its impact on health in all that they do.

## **29. Joint Health and Wellbeing Board Assurance Report**

Members received a series of reports that were presented to provide the Health and Wellbeing Board with assurance against delivery of the current Joint Health and Wellbeing Strategy. The reports comprise:

- A written progress report against the priorities in the joined-up plan
- The performance framework for Healthy Torbay
- An exceptions report for the outcome frameworks across Public Health, Social Care and the NHS.

The Board proceeded to receive updates from fellow Board Members on the priority areas set out in the performance framework.

Resolved:

That the Joint Health and Wellbeing Strategy and its associated performance framework be kept under review alongside the development of the Sustainability and Transformation Plan.

## **30. Better Care Fund**

This item was withdrawn from the agenda.

## **31. Domestic Abuse Update**

The Board considered a report that informed Members of a Torbay wide 're-think' to its strategic approach to domestic and sexual violence and abuse (D&SVA), so that Torbay can tackle the problem more effectively. The Board were advised that there were a variety of additional drivers for this work, such as, an increase in evidence (much of which demonstrates a compelling case for prevention as well as identifying the need for early help identification services) and two consecutive inspections noting that Torbay has 'insufficient services for domestic abuse' and that, 'domestic abuse continues to be an area for development in Torbay'.

Members were informed that there was growing appetite among Torbay agencies to address concerns around D&SVA recognising that people's experience of D&SVA negatively impinges upon other areas of health and local authority commissioning.

Formerly governance of the work on D&SVA was undertaken by the Community Safety Partnership (CSP). However, CSP governance 'frames' D&SVA as a crime and disorder issue, which does not represent the entirety of D&SVA with emerging evidence 're-framing' D&SVA as a vulnerability. Therefore, going forward, the Health and Wellbeing Board may be a more appropriate governance structure.

Resolved:

- i) that the proposed future direction of travel for addressing Domestic and Sexual Violence and Abuse in Torbay, as set out in Appendix 1 to the submitted report, be noted;
- ii) that the Health and Wellbeing Board takes the role of lead partnership for strategic work in relation to Domestic and Sexual Violence and Abuse in Torbay and Martin Oxley Community Development Trust Chair of Trustees, and Co-opted Member of the Health and Wellbeing Board, be asked to be the Board's lead on Domestic and Sexual Violence and Abuse;
- iii) that the monitoring of work in relation to the Domestic and Sexual Violence and Abuse be undertaken by the Health and Wellbeing Board through its regular Assurance Reports; and
- iv) that a Health Needs Assessment for Domestic and Sexual Violence and Abuse be undertaken by Public Health with contributions from all partners and that this be presented to the Health and Wellbeing Board following its completion.

### **32. Culture, Health and Well-being in Torbay**

The Board noted a report that informs and engendered support for culture, health and well-being collaborative activities, to ensure the successful delivery of a key element of Torbay's ten year cultural strategy. The Executive Director of the Torbay Culture Board advised Members that an increasing amount of academic research evidences the beneficial clinical and social outcomes culture can provide, within both health and care pathways.

The Executive Director of the Torbay Culture Board outlined a number of projects that aim to tackle wellbeing through culture such as a men's mental health creative project (suicide prevention). Members were advised that we all innately look after our own mental wellbeing through culture, culture is what links all areas of society together the difficulty is proposing a strategic approach that secures more than 'one off' projects.

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Chairman/woman

# Agenda Item 7

## Job Description

**Job title:** Chair of the Health and Wellbeing Board

**Responsible to:** Torbay Health and Wellbeing Board

**Purpose of role:** To facilitate the effective contribution and co-operation of members of the Health and Wellbeing Board to enhance the health and wellbeing of the population of Torbay.

### Main Duties and Responsibilities

1. To act as an ambassador and champion for health and wellbeing in Torbay.
2. To lead the strategic direction of health and wellbeing in Torbay within the agreed priorities and objectives within the Joint Health and Wellbeing Strategy.
3. To contribute to, and provide a lead on, interagency co-operation and integrated working.
4. To chair meetings of the Health and Wellbeing Board and its seminars, ensuring that it fulfils its purpose and functions as set out in its terms of reference and Article 15 of the Constitution and that the Council's Standing Orders (in particular in relation to the Health and Wellbeing Board) and Constitution generally are adhered to.
5. To work with Director of Public Health (who will act as advisor) to:
  - assist in the agenda setting process to ensure appropriate issues and national developments of relevance to Torbay are considered by the Board;
  - arrange proper consideration of the issues presented to the Board and ensure that it has all the necessary information before it to have informed debate; and
  - ensure that clear actions and responsibilities are identified, agreed and implemented by the Board.
6. To consider the submission of late items and to determine whether or not these are sufficiently urgent to be considered by the Board.
7. To effectively engage with the public, partners, private and voluntary sectors and the media in respect of health and wellbeing matters.
8. To ensure the work of the Health and Wellbeing Board (and any sub-committees and working parties it establishes) is conducted at all times in a positive, balanced, independent and non-partisan manner, and in the best interests of local people.

9. To lead the development and delivery of an annual Health and Wellbeing Board Work Programme.
10. Maintain an up-to-date oversight of the strategic issues associated with the health and wellbeing agenda locally and nationally.
11. To positively represent the Torbay Health and Wellbeing Board at regional and national forums .
12. To liaise with officers as to the training and development requirements for Board members.

# Agenda Item 8

**Title:** Joint Health and Wellbeing Board assurance framework

**Wards Affected:** All

**To:** Health and Wellbeing Board **On:** 19 May 2016

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## 1. Purpose

- 1.1 At its meeting in March 2016, the Board received a report which sought to provide the Health and Wellbeing Board with assurance against delivery of the current Joint Health and Wellbeing Strategy. It comprised:
- A written progress report against the priorities in the joined-up plan
  - The performance framework for Healthy Torbay
  - An exceptions report for the outcome frameworks across Public Health, Social care and the NHS
- 1.2 It is proposed that a report with similar detail is provided to the Board at its meeting in October 2016.
- 1.3 This interim report provides an update on work around two of the Board's three priority areas for action – Domestic Abuse and Alcohol. The third priority - Mental Health – will be the subject of the next seminar session scheduled to take place on 28 July 2016.

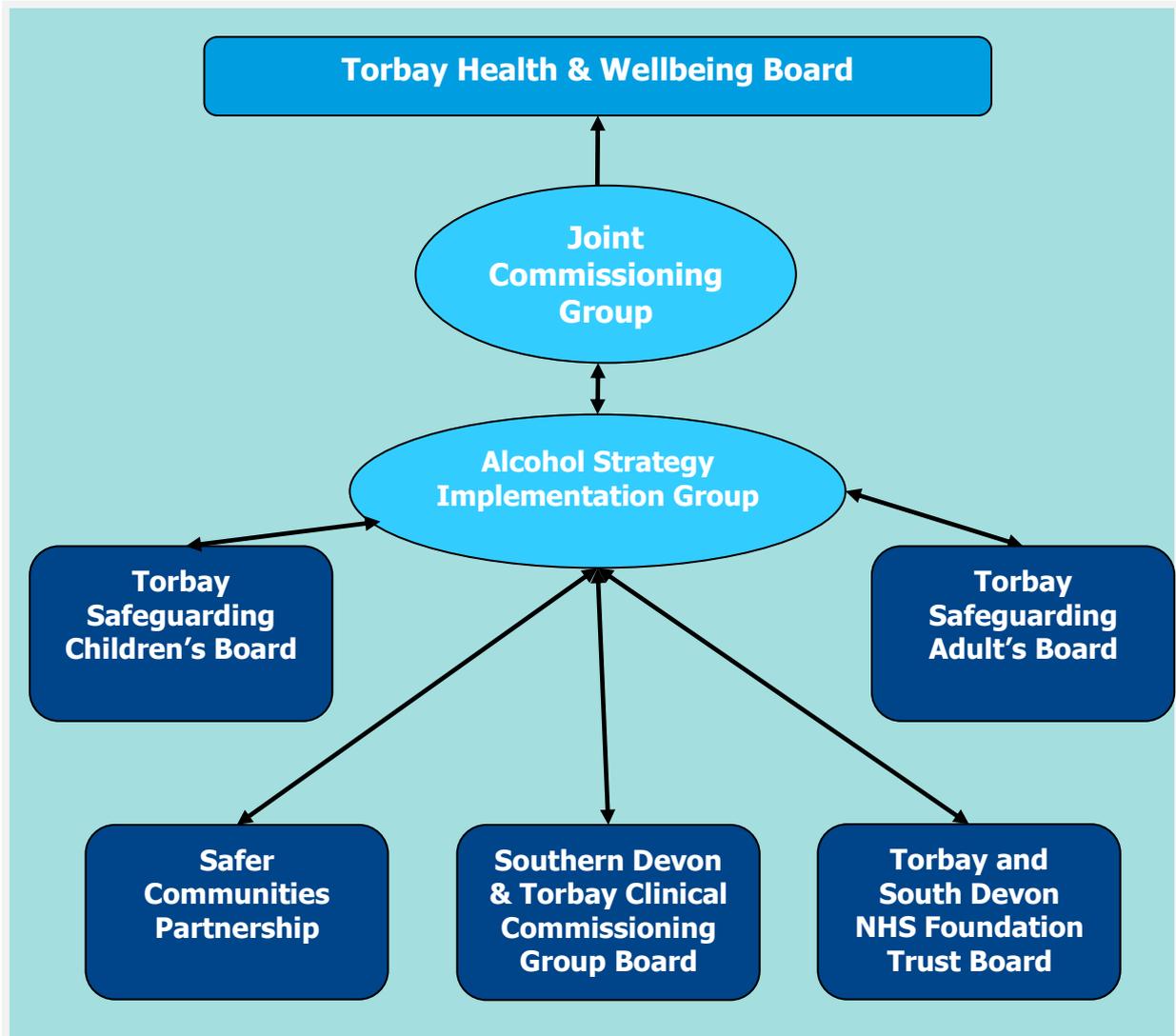
## 2. Domestic Abuse

- 2.1 At the last meeting, the Health and Wellbeing Board agreed a move of governance for domestic and sexual violence and abuse from Community Safety Partnership (CSP) to the Health and Wellbeing Board; this being in line with the shift of evidence away from 'crime and disorder' evidence, to health, prevention and wellbeing. This governance move will be effective from point of the new strategy, currently in the process of being developed and anticipated Autumn 2016. The CSP has agreed that this shift in governance will be key to taking forward important elements of the strategy, including prevention, work with young people and community engagement. CSP will continue to receive updates on the work, as will the Safeguarding Boards.

- 2.2 A Community Health Needs Analysis will be circulated to members of the Health and Wellbeing Board in June/July 2016. This will be formally considered, together with a series of recommendations of the way forward, at the meeting of the Board to be held in October 2016. Recommendations will be in line with both local data profile (provided from SWIFT analysis) and national evidence base. Some recommendations will be reliant on the allocation of pooled funding for such work, and some will be around interventions that can be delivered within existing resource.
- 2.3 Key to the successful implementation of a refreshed domestic and sexual abuse strategy for Torbay will be joint ownership of the strategy and its objectives by all agencies and the community.

### **3. Alcohol**

- 3.1 To reflect the broad ranging impact of alcohol, the new alcohol strategy for Torbay comprises of 4 distinct strategic themes:
- Alcohol Control
  - Reduction in Alcohol-related crime, disorder and impact on communities
  - Protection of Children & Young People from Harm
  - Prevention of alcohol-related harm in adults
- 3.2 Each of these themes has an associated action plan, with an allocated lead agency who is responsible for delivering against the relevant plan.
- 3.3 Consultation for the final draft of the new alcohol strategy and associated action plans finished on 29 April 2016. No significant changes are required.
- 3.4 The figure below shows the key relationships that the Alcohol Strategy Implementation Group will have. The Alcohol Strategy Group (chaired by Simon Tapley from the CCG) will both be informed by each of the Board and report to them, with final decision-making being through the Health and Wellbeing Board.



#### 4. Mental Health

- 4.1 Since the last mental health update to the board the CCG has been working on cementing and further enhancing evidence based service delivery for mental health services as one of the essential elements to its Vanguard site status. In terms of mental health we have moved towards equality in service provision in terms of children and adults, Out of Hours crisis psychiatric liaison provision is available to all ages from 9-10pm Monday to Friday and 9-5 on Saturdays and Sundays including Bank holidays.
- 4.2 As part of the Vanguard proposals we are hoping to provide these all age psychiatric liaison services 24/7 seven days a week. We are planning to further enhance the alternatives to those in crisis, already available locally. These will include out of hours crop in zones a sanctuary house, peer led support services, an expanded helpline for those in distress, it is further hoped that similar services will be available to children in emotional distress.

- 4.3 We have engaged with the Dartington Social Research Unit to develop a systems approach to understanding the pathways in both Children's Mental Health Services and Adult service provision. This will enable us to identify opportunities and simulations of what a variety of reforms to the mental health system may look like and what impact they may have. In essence develop an evidence based for system wide transformation. The Dartington Team will be presenting to the seminar session of the Health and Wellbeing Board in July.