



Torbay Joint Health and Wellbeing Draft Strategy Consultation

Survey Results November 2012

Data was collected between 24 September and 31 October 2012

Method	Number of questionnaires returned
Online	63
Total	63

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Introduction

As part of the Government's current NHS reforms, Torbay Council is required to establish a Health and Wellbeing Board whose purpose is, to improve the health and wellbeing of the people in Torbay and to promote integrated working of all those providing health and social care services locally.

The Health and Wellbeing Board must prepare a Joint Strategic Needs Assessment (JSNA) which is an assessment of the current and future health and social care needs in Torbay.

The Joint Health and Wellbeing Strategy sets out how organisations in Torbay will work together to meet the needs identified in the JSNA. The strategy will aim to reduce health inequalities and ensure people experience good health and wellbeing throughout life. Once agreed, the strategy will be used by Torbay Council, the South Devon and Torbay Clinical Commissioning Group and the NHS Commissioning Board to decide which services should be provided in Torbay.

Over recent months, a number of discussions have taken place to discuss the possible outcomes and priorities which should be included in the strategy.

The Board carried out a consultation exercise to hear the views of as many individuals and organisations within Torbay as possible on its draft strategy.

Invitees and attendees of the Health and Wellbeing Forum were asked via email to complete the online survey and give their views on the draft strategy's vision, principles, outcomes and priorities.

The three underlying principles are:

- First and most: focus attention and effort to address the health and wellbeing inequalities that exist between communities within Torbay.
- Early Intervention: improve overall outcomes and ultimately reduce cost with a focus on prevention rather than treatment.
- Integrated and joined up approach: to planning, commissioning and delivery at a local level.

Torbay Health & Wellbeing Board's Vision

Torbay Health and Wellbeing Board's vision is: "A Healthier Torbay: Where we work together so everyone enjoys a healthy, safe and fulfilling life."

1. Do you support the proposed vision of the Health and Wellbeing Board?

	Number	Percent
Strongly Support	33	54.1%
Support	24	39.3%
Neither support nor oppose	<5	-
Oppose	<5	-
Strongly oppose	<5	-
Total	61	100.0%

Respondents were asked explain why they opposed the vision.

"I strongly support the vision. Just thought that changing the words to read "where we work together TO ENABLE everyone to enjoy a healthy safe and fulfilling life." as it puts more emphasis that our role is to help people help themselves. The biggest challenge is to enable the enjoyment in my view more so than the working together!"
"More layers of red tape."

2. Do you agree with the three underlying principles that the strategy is built upon?

	Number	Percent
Yes	60	96.8%
No	2	3.2%
Total	62	100.0%

Those respondents who did not agree with the three underlying principles were asked to say why and what should be a principle instead:

"Keep it simple, get ill, go to doctor at hospital then simply see where needs are."
"Inequalities are inevitable and are often not a result of where people live now but a result of where they have lived during their entire life. They are also driven by many other factors that are independent of where people live. I would rather see the attention focused on raising health and wellbeing levels for ALL residents."

Outcome One: Children have the best start in life

An independent review in 2010 (The Marmot Review) made clear that what a child experiences during their early years lays down a foundation for the whole of their life, and this impacts on their school readiness and educational attainment. Where a child lives is important, as children from disadvantaged backgrounds are more likely to begin primary school with lower personal, social and emotional development and communication, language and literacy skills than their peers. Therefore, if we do not succeed at the beginning of a child's life, then the disadvantages are far reaching for the rest of their years.

3. Can our vision “A Healthier Torbay: Where we work together so everyone enjoys a healthy, safe and fulfilling life.” be achieved by ensuring that children have the best start in life?

	Number	Percent
Yes	47	79.7%
No	12	20.3%
Total	59	100.0%

Those who responded that the vision could not be achieved by ensuring that children have the best start in life were asked to say why not:

“Parental influence is arguably the key to the best start in life. All other attributes are contributory but peripheral to this.”

“Yes I agree but more inclined to ensure the focus is on enablement and enjoyment from a young age..e.g. physical activities are accessible, healthy food is cheap and readily available etc all this improves mental health in my view.”

“Children have good health care and mostly good schools this is not the councils job I pay for health care and police etc I do not want to pay the council to do these tasks again.”

“The aim of 'everyone' is in my view unachievable.”

“Partly achieved - and definitely required. However the vision statement is about everyone so later age re-enablement, mental health etc also important. can't be a simple yes or no question.”

“I think this runs the danger of being too broad, and lacking in focus, if the vision is to ensure that children have the best start in life, use this as the vision and reinterpret this into strategic and operational changes.”

“The question is too simplistic. Giving children the best start in life will certainly contribute to the vision but will not, alone, deliver it. My overall concern with the JSNA is that it concentrates almost exclusively on the areas in which the Council is found wanting. This is neither joint nor strategic.”

“This is only part of what needs to be done to achieve the aim.”

“The strategy also need so to ensure it there is a focus on older children as not all families that live in the bay started out their lives here and therefore may not have the benefit of early childhood provision.”

“Needs action on a number of levels not just children. Though I accept children are

one of the main groups to influence and their parents plus educational establishments and centres of learning.”

“There is too much deprivation and too few resources to make this a fact in the next decade at least. The vision is commendable, the reality is unattainable.”

4. To what extent do you agree the following priorities will help children have the best start in life?

Priority	Extent of agreement				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Promote the emotional wellbeing of children and young people	56.5%	37.1%	6.5%	0.0%	0.0%
Provide the full offer of the Healthy Child Programme (HCP a preventative and early intervention programme) for those aged 0-19 years	52.5%	36.1%	9.8%	0.0%	1.6%
Reduce teenage pregnancy	46.8%	40.3%	11.3%	0.0%	1.6%
Increase educational attainment	63.9%	31.1%	3.3%	0.0%	1.6%
Improve the employment prospects of working families	74.2%	21.0%	4.8%	0.0%	0.0%

Outcome Two: A reduced gap in life expectancy

High levels of deprivation, low educational attainment, unhealthy lifestyle factors (smoking, poor diet, low physical activity) and access to quality primary care are all related factors of early death and lower life expectancy. Life expectancy is also significantly lower in certain groups such as those with severe mental illness, learning disabilities or problem drug users.

5. Can our vision “A Healthier Torbay: Where we work together so everyone enjoys a healthy, safe and fulfilling life.” be achieved by a reduced gap in life expectancy?

	Number	Percent
Yes	50	87.7%
No	7	12.3%
Total	57	100.0%

Those who responded that the vision could not be achieved by a reduced gap in life expectancy were asked to say why not:

“There will always be gap in life expectancy but overall the life expectancy is going up. The actions suggested below help towards achievement of the vision - issue is also about later life health as well as reducing life expectancy differentials.”

“This runs the risk of lacking focus, if I recall correctly previous work on closing the gap, was criticised for failing in focus it is perhaps appropriate not to make the same mistake twice, particularly on such a critical issue. It is also the case that, health, safe and fulfilling mean very different things to different people and sections of society, which adds to the problem mention above”

“It will contribute.”

“Also, life expectancy is irrelevant, what is important is extending a healthy life. Better 70 healthy years than 60 healthy and 20 more unhealthy years. Also, why is it about “gaps” we should be focusing on everyone, not just those who under-index.”

“With the deprivation we have in Torbay the gap will never be reduced. In fact in recent years the support that has been put in to help people improve their life’s chances has been taken up by the middle class rather than working class residents and the gap has widened in the more deprived wards.”

6. To what extent do you agree the following priorities will help achieve a reduced gap in life expectancy?

Priority	Extent of agreement				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Reduce smoking	72.6%	25.8%	1.6%	0.0%	0.0%
Increase physical activity	67.7%	25.8%	6.5%	0.0%	0.0%
Reduce alcohol consumption	64.5%	29.0%	4.8%	0.0%	1.6%
Increase sexual health screening	33.3%	50.0%	15.0%	0.0%	1.7%
Reduce the risk of cardiovascular disease (CVD) and cancer	53.2%	45.2%	1.6%	0.0%	0.0%
Support people with long term conditions (LTCs)	52.5%	39.3%	6.6%	0.0%	1.6%
Children and vulnerable adults feel safe and supported by their families and communities	54.8%	32.3%	11.3%	1.6%	0.0%

Outcome Three: Improved mental health and wellbeing

Mental health is everyone’s business. As Government Guidance “No Health Without Mental Health” states, ‘good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and achieving our potential.’ At any one time, roughly one in six of us is experiencing a mental health problem.

7. Can our vision “A Healthier Torbay: Where we work together so everyone enjoys a healthy, safe and fulfilling life.” be achieved by improved mental health and wellbeing?

	Number	Percent
Yes	47	87.0%
No	7	13.0%
Total	54	100.0%

Those who responded that the vision could not be achieved by improved mental health and wellbeing were asked to say why not:

“However, improving mental health and well-being could improve lifestyle choices.”

“I work in mental health there is little that the council can do, it is the NHS that needs to improve.”

“I feel that mental health is in itself an illness and cannot be 'improved' per se.”

“Helpful in contributing to overall achievement.”

“This runs the risk of lacking focus.”

“Not in isolation, and only if other factors (currently not covered) addressed.”

8. To what extent do you agree the following priorities will help improve mental health and wellbeing?

Priority	Extent of agreement				
	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Support independent living	35.5%	50.0%	11.3%	0.0%	3.2%
Support people with mental health needs	67.7%	29.0%	1.6%	1.6%	0.0%
Improve care for people living with dementia and their carers	65.6%	31.1%	3.3%	0.0%	0.0%
Increase the number of problem drug users in treatment	53.2%	27.4%	16.1%	1.6%	1.6%

9. Respondents were asked if there were any priorities that were missing from any of the three outcomes. The suggested missing priorities have been grouped thematically for this report.

Affecting Younger People

“Reduce Teenage Pregnancy without recourse to Abortion or Contraception.”

“Issues for young people (under 18) with alcohol are different to adults. The focus of the work needs to be organised into under 18s, 18-25 (young adults) and 25+ adults - messages and work will be different.”

“Child poverty, addressing health inequities.”

“Schools should play a big part in the health and wellbeing of our children. Promotion of sporting and outdoor activities should be encouraged in all schools and monitored by the Local Authority. I support the principles of the strategy but the issue for me is whether it is financially deliverable.”

“Emphasis on engagement in work and learning for 16-24 year olds is a known preventative measure and should be given more prominence.”

“Continuing engagement in education and learning shown to be beneficial to mental health.”

“Could be considered more fully in relation to overall aims.”

Affecting Older People

“Reducing premature mortality.”

“More integrated care for the elderly in our community.”

“Access to ageing well policy. Free access to swimming, cycle hire for those over 65 to keep them out of the surgeries.”

“Priority Missing: People with Long Term Conditions are supported and have the best possible End of Life. The JSNA concentrates on inequalities, prevention and avoidance. It does not address the needs of those for whom prevention and cure are no longer applicable, regardless of social deprivation or advantage. End of Life Care accounts for 50% of NHS complaints; bereavement, if poorly supported has a massive detrimental impact on well-being, ability to work and reliance on services and benefits; we all shall live longer, which translates to dying longer with multiple co-morbidities including a massive rise in dementia It is disappointing to see that the JSNA has been formulated with little or no reference to providers outside the NHS or LGA; evidenced by the list of major contributors. It leads to the document having the appearance of an instrument to deliver targets that are currently failing rather than a jointly constructed assessment of the strategic (forward thinking) requirements of our community. Today’s problems are important, but no reference to tomorrow’s problems will simply make them today’s problems on a future day.”

Agency Issues

“It is not the council’s job it is the NHS.”

“Promoting teamwork. In order to achieve the vision of working together you mention integrated services etc but explicitly and simply promoting teamwork across organisations is the requirement. Perhaps the integrated services is an operational definition but simple language helps articulate things to more people. Another could be 'Creating an environment for the enjoyment of good health' - this would include things like sports/leisure facilities are good, supporting sports clubs to thrive, supporting the proposed velodrome for cycling, etc.”

“I support the priorities, but worry that the outcomes will be compromised through unfocused activity and poor assessments of the cost benefits of the interventions being carried out, early intervention is the current fashionable mantra, but if funds are to be found or moved around different agencies to support the interventions suggested, the I would wish to see a greater emphasis on an evidence based approach, and the monitoring of outcomes.”

Environmental Factors

“A longer term vision that addresses environmental factors like climate change.”

“The importance of environment on health and well being-physical environment and the home.”

“Really get to know each community and recognise the diversity and different needs of each community. Reduce the power of 'rogue' landlords, ensure they provide safe and well cared for properties. There are some who encourage people with drug and alcohol problems to come to the area, they get housing benefit paid direct and the accommodation is often poor quality and is unhelpful to families and children alike. Take a look at Roundham with Hyde.”

Family / Lifestyle

“Emphasis on improving parenting skills.”

“Outcome 1: Provide income maximisation advice to families with young children to reduce child poverty. Outcome 3: Provide quality holistic advice on a range of issues to reduce stress, improve wellbeing and help people regain control of their lives.”

“Food - its locality, nutritional values [not always high in supermarket fresh products], growing one's own, community gardens and community supported agriculture.”

“There is something about self esteem which needs to be addressed and the affects this will have on mental health. I have evidence that obesity can lead to low self esteem and depression. I did not see any specifics on this in the tables?”

“Drunkenness and Domestic Violence are interlinked. Therefore, locally, at least we should impose a By-law to stop the sale of Alcohol from supermarkets completely!!! I do not like seeing people walking around Torbay drunk at 10am in the morning! No sale of any promotional offers on alcoholic substances should be allowed, neither should a delivery service to people's homes.”

“I think we also need to consider a further cross-cutting theme namely domestic abuse and how this impacts wholesale on families and communities, and how the Troubled Families or Targeted Families agenda might link into some kind of tasked response and coordinated delivery. I also think that innovation that exists within Torbay from Health such as the Frequent User Group should be integrated into Turnaround IOM and where targeting matrixes will permit, should also feature within the cohort as identified by Troubled/Targeted Families. A further consideration is how we deal with emerging groups in an appropriate, timely fashion and one such group that I would wish to focus attention on is Veterans, as this group not only offers an opportunity for cohesion from all partners, but there are some further funding streams that have yet to be accessed.”

Other

“No but I think support to those with low level mental health problems must be improved - families end up supporting them and suffering because of it, thus adversely affecting the children, which is then self-perpetuating. Need to get people into work and support them to keep it.”

“I feel there is the priority around reducing crime. By providing support to ex-offenders, reduce the chances of young people getting involved in crime, by investment in youth services and preventive work. Reduce the rate of re-offending. By targeting crime you are also ensuring that Torbay is a safe place to live. Look at what has been achieved and how this can be sustained and developed.”

“The whole survey is rubbish you just want justification for ideas. I would like it to be far more specific on individual ideas and projects for Torquay.”

“I often wonder how we would achieve all that I have ticked in the service survey. Would we be able to sustain our requirements and wishes? I doubt it because of the cost. What you should be asking is how you think we could save money from the patient's point of view. Let them tell or suggest ways to do it and see if any good comes out of it.”

“Making sure we don't lose people in the hole in the net. If you can come up with ideas how this can be achieved.”

Respondent Profile

Representing an organisation

	Number	Percent
Yes	26	41.9%
No	36	58.1%
Total	62	100.0%

Which organisation

	Number
Action For Children	1
Rowcroft Hospice	1
Chelston Hall Surgery	1
Children's Social Care	1
Devon and Cornwall Probation Trust	2
Job Centre Plus	1
Devon & Cornwall Police	1
Sanctuary Housing	1
Shekinah Mission	1
South Devon and Torbay Clinical Commissioning Group	1
South Devon College	2
Torbay Council	5
Torbay Councillor	3
Tor Homes	1
Torbay Citizens Advice Bureau	1
Blank	3
Total	26

Age

	Number	Percent
0-24	0	0.0%
25-34	5	8.1%
35-44	9	14.5%
45-54	23	37.1%
55-64	9	14.5%
65-74	14	22.6%
75+	2	3.2%
Total	62	100.0%

Gender

	Number	Percent
Male	32	50.8%
Female	31	49.2%
Total	63	100.0%

Disability

	Number	Percent
Yes	11	18.3%
No	49	81.7%
Total	60	100.0%

Type of Disability

Please note respondents could select more than one choice. Percents reported are the percent of respondents who gave each answer; figures may not add up to 100%.

	Number	Percent
Hearing	2	18.2%
Mobility	6	54.5%
Vision	4	36.4%
Other	2	18.2%
Total	11	127.3%

Ethnic Origin

	Number	Percent
White: British	54	87.1%
White: Irish	1	1.61%
White: Other	1	1.61%
Mixed: White and Black African	0	0.0%
Mixed: White & Black Caribbean	1	1.61%
Mixed: White & Asian	1	1.61%
Mixed: Other	0	0.0%
Black: African	0	0.0%
Black: Caribbean	0	0.0%
Black: Other	0	0.0%
Asian: Indian	0	0.0%
Asian: Pakistani	0	0.0%
Asian: Bangladeshi	0	0.0%
Asian: Other	0	0.0%
Chinese	0	0.0%
Refused	4	6.45%
Total	62	100.0%

