

Wednesday, 07 December 2022

Meeting of the Health and Wellbeing Board

Thursday, 15 December 2022

2.00 pm

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

Members of the Board

Councillor Stockman (Chairwoman)

Pat Harris, Healthwatch Torbay

Matt Fox, NHS Devon Clinical Commissioning Group

Jo Williams, Director of Adults Services

Nancy Meehan, Director Children's Services

Lincoln Sargeant, Director of Public Health

Councillor Law, Cabinet Member for Children's Services

Vacancy – NHS England

Co-opted Board Members

Pat Teague, Ageing Well Assembly

Ian Ansell, Torbay Safeguarding Children Board

Alison Brewer, Primary Care Representative

Tara Harris, Divisional Director of Community and Customer Services

Alison Hernandez, Police and Crime Commissioner

Adel Jones, Torbay and South Devon NHS Foundation Trust

Chris Forster, Torbay Community Development Trust

Tanny Stobart, Imagine This Partnership (Representing the Voluntary Children and Young People Sector)

Anthony Reilly, Devon NHS Partnership Trust

Paul Northcott, Adult Safeguarding Board

Sarah Newham, Department for Work and Pensions

Roy Linden, Devon and Cornwall Police

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Governance Support, Town Hall, Castle Circus, Torquay, TQ1 3DR

Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 4 - 6)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 8 September 2022.
3. **Declaration of interest**
- 3(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.
- 3(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.)
4. **Urgent items**
To consider any other items that the Chairman/woman decides are urgent.
5. **Torbay and Devon Safeguarding Adults Partnership Annual Report 2021/2022** (Pages 7 - 24)
To note the 2021/2022 Annual Report of the Torbay and Devon Safeguarding Adults Partnership.
6. **Better Care Fund - Draft Narrative Plan 2022-23** (Pages 25 - 57)
To endorse the Better Care Fund draft narrative plan for 2022-23.
7. **Trauma Informed Practice Report** (Pages 58 - 62)
To note the trauma informed practice report.

- 8. Update on the Cost of Living Programme** (Verbal Report)
To note the verbal update on the above.
- 9. Director of Public Health Annual Report 2022: the stories we tell about alcohol** (Pages 63 - 98)
To endorse the recommendation in the Director of Public Health Annual Report 2022 and note the update on the recommendations contained with the Director of Public Health Annual Report 2021.
- 10. Health and Wellbeing Board Work Programme 2023** (Pages 99 - 104)
To endorse the 2023 work programme for the Health and Wellbeing Board.

Minutes of the Health and Wellbeing Board

8 September 2022

-: Present :-

Pat Teague, Tara Harris, Pat Harris, Matt Fox, Jo Williams, Councillor Jackie Stockman,
Lincoln Sargeant, Becky Thompson and Lee Tozer

1. Apologies

Apologies for absence were received from Councillor Law, Paul Northcott, Adel Jones, Alison Hernandez, Nancy Meehan who was represented by Becky Thompson.

2. Minutes

The Minutes of the Health and Wellbeing Board held on 17 March 2022 were confirmed as a correct record and signed by the Chairwoman.

3. Torbay Pharmaceutical Needs Assessment 2022 - 2025

The Director of Public Health, Lincoln Sargeant and Public Health Analyst, Simon Baker outlined the submitted report. The Board was informed that the Pharmaceutical Needs Assessment (PNA) was a comprehensive assessment of the current and future pharmaceutical needs of the local population for community pharmacy, dispensing appliance contractors, and dispensing doctors in rural areas. The Health and Wellbeing Board had a legal duty to ensure the production of a PNA for Torbay.

Members noted that the recent assessment had not identified gaps in pharmaceutical provision within Torbay despite the number of pharmacies in Torbay falling from 37 in 2018/19 to 31 in 2021/22 mostly as a result of the merger of pharmacy premises in close proximity to each other. Members further noted that Torbay still had more pharmacies per head of population than the South West and England. Members were advised that going forward, close attention would need to be paid to housing developments within Collaton St Mary which could lead to a significant population rise in that area.

Members made the distinction between pharmacy provision and pharmacist provision, questioning whether the PNA took into account the amount of time pharmacies were closed as a result of a pharmacist not being available and the impact this has on primary care. The Director of Public Health agreed to raise this issue through the Integrated Care System and with the responsible commissioner for NHS England.

By consensus the Board resolved:

That the Torbay Pharmaceutical Needs Assessment for 2022-2025 be approved and published on Torbay Council's website.

4. Torbay Suicide and Self-harm Prevention Action Plan Update

The Board noted the update on the Torbay Suicide and Self-harm Prevention Action Plan. Members were advised that over the last year Torbay's rate of suicide had dropped slightly. However, the suicide rate was still significantly higher than many other areas in the country and combined with an economic position that currently challenges the most vulnerable individuals in our society, officers and partners could not become complacent.

The Board was informed of the significant contribution Torbay Community Helpline had made in addressing mental health by looking at an individual holistically. The 'train the trainers' approach to skilling up people to recognise and respond to mental health issues in the community was noted to be a successful method that had aided the delivery of a range of courses that aimed to boost wellbeing. The self-harm prevention pilot in Torbay schools had also been extended for another year and had already delivered some positive outcomes. New priorities had been identified and included 'tackling basic needs' as a means of preventing poor mental health and tailoring approaches to improving mental health in children and young people.

5. Family Hubs

The Board noted a verbal report from the Divisional Director of Children's Safeguarding, Becky Thompson on the Family Hubs. The Board was informed that there was strong indication that the Family Hub funding would be available on a work stream basis with the programme centred around pre-birth to five year olds. Whilst there would be opportunities to go beyond five year olds these opportunities would not be funded by the Government. The Board noted that Torbay had applied to be accepted on program and to be included as a trail blazing authority. An announcement of those successful trail blazing authorities was expected to be made in November 2022, with delivery expected to start during the beginning of 2023.

6. Torbay Joint Health and Wellbeing Strategy progress report September 2022

The Board noted the progress report on the Torbay Joint Health and Wellbeing Strategy. Members were informed that the progress reports were quite positive with reasonable progress in each area of focus and the cross-cutting themes. The Board welcomed the suggestion that the next iteration of the progress reports include details of barriers and delays for the Board to explore where partners can assist.

7. Cost of Living Crisis - Update on Activities

The Board noted that the Council would be holding a cost of living summit towards the end of September 2022, with key partners. The DWP also confirmed they would be holding a workshop in Plymouth which if successful would be rolled out

further. The Divisional Director of Customer and Community Services also set out details of the third round of the Household Support Fund with the Director of Public Health sharing details of plans to create warm banks, provide practical items such as slow cookers and blankets to assist those experiencing fuel poverty.

Chairman/woman



Torbay and Devon Safeguarding Adults Partnership

Annual Report 2021/2022



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Section 1: Chair's Foreword

1.1 Paul Northcott – Chair of the Torbay and Devon Safeguarding Adults Partnership (TDSAP)



All of the Board members and agencies that are represented on the Torbay and Devon Safeguarding Adults Partnership have worked hard over the last twelve months to deliver against the priorities that were set in 2020/21. The Partnership has reviewed these priorities and there was universal agreement that they remain relevant to the work that needs to take place over the next twelve months.

The last twelve months have seen the TDSAP subgroups establish themselves in terms of the work that is needed to progress to deliver the priorities. Workplans have been set and are regularly reviewed by the Partnership members to ensure that we are working constructively together to improve the services in both Devon and Torbay. We have also spent this time to look at our quality assurance processes which will enable us to know whether we are actually making a difference. We will continue to work with the Community Reference Group to ensure that the work is meeting the expectations of the individuals and their families that use our services. Where possible we have also been working together with the other Boards in both areas to reduce duplication and streamline the work that we are seeking to deliver.

I continue to be impressed by the commitment of all of the TDSAP members to sustaining the work of the Partnership.

Section 2: Our Purpose

The Torbay & Devon Safeguarding Adults Partnership (TDSAP) is the collective name for the partners that work with the Board to safeguard adults across Torbay and Devon.

The TDSAP provides strategic leadership for adult safeguarding across Torbay & Devon and is independent, with an independent chair.

The core objective of the Partnership, set out in section 43(2) of the Care Act 2014, is to help and protect adults in its area in cases where an adult has care and support needs and;

- They are experiencing, or at risk of, abuse or neglect; and
- As a result of those care and support needs, they are unable to protect themselves from either the risk of or the experience of abuse or neglect

The TDSAP acts as the key mechanism for agreeing how agencies work together to safeguard and promote the safety and wellbeing of adults at risk and/or in vulnerable situations. It does this by co-ordinating what each of the TDSAP members does and ensures that they do it effectively.

Section 3: Our Structure

The TDSAP undertook a review of its sub group structures to ensure that they remained fit for purpose to deliver the priorities contained within the Strategic Business Plan 2021-2024 and to continue to meet our requirements as laid out in the Care Act 2014.

Following the review, a revised structure was agreed as per the diagram below. This refreshed structure ensures that each group has the effective terms of reference, membership and governance in order to meet our business aims.

These meetings will continue to be supported by the Partnership Practice Lead, Partnership Business Manager and Partnership Co-Ordinator.



TDSAP Organisational Structure

Section 4: Our Partnership Members

4.1 Statutory Partners

The Statutory Partners of the TDSAP are: **Devon and Cornwall Police, Devon County Council, Torbay Council and NHS Clinical Commissioning Group (NHS Devon)**

On the 1st of July 2022 NHS CCG became NHS Devon Integrated Care Board (NHS Devon)

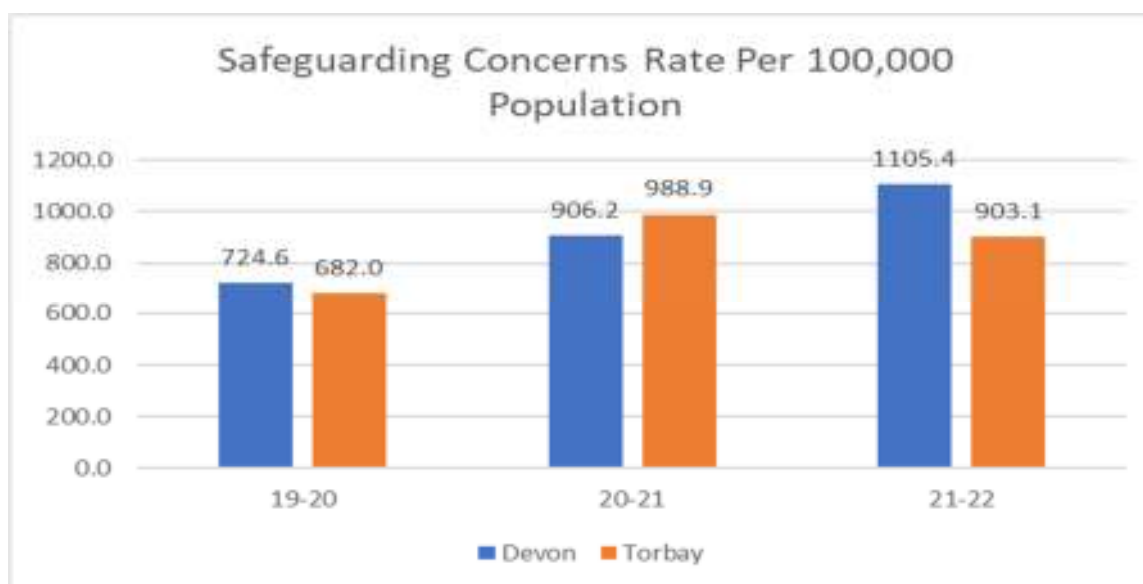
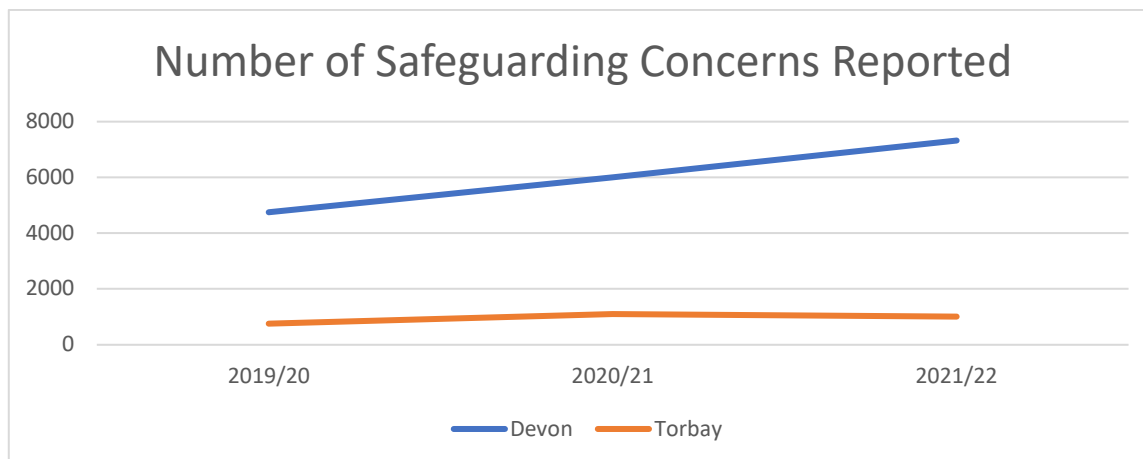
4.2 Partners

Other partner members of the TDSAP are:

Torbay & South Devon NHS Foundation Trust	NHS Devon ICB
Royal Devon University Healthcare NHS Foundation Trust	NHS England/Improvement
University Hospitals Plymouth NHS Trust	Devon County Council
Devon Partnership Trust	Torbay Council
Livewell Southwest	Devon & Somerset Fire & Rescue Service
South Western Ambulance Service Foundation Trust	Care Quality Commission
Devon & Cornwall Police	Living Options Devon
HM Prison Service	Healthwatch
Housing and The Department of Work and Pensions	The Heart of the South West Trading Standards
The Probation Service	East Devon District Council

Section 5: Safeguarding Activity

5.1 Safeguarding Concerns



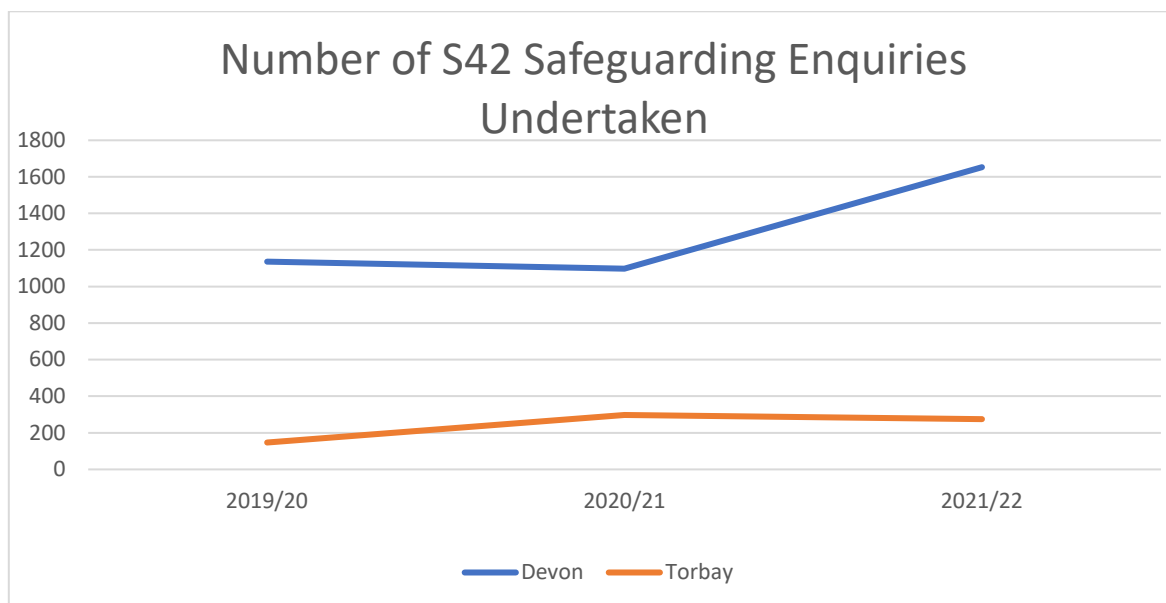
The trend in the number of adult safeguarding concerns has been different in Devon and Torbay over the past couple of years.

In Devon and Torbay there was an increase in the number of reported safeguarding concerns. This coincided with the global covid pandemic and the publication of the national guidance in 2020/21 which attempted to standardise practice of what constitutes a concern.

In Devon the numbers of concerns have continued to rise, however in Torbay the number of concerns has remained at the same level in 2021/22.

While both authorities have seen an increase in the number of reported concerns, both are still under the national rate.

5.2 Safeguarding Enquiries



The number of safeguarding adults enquiries, (concerns that meet the criteria for further section 42 enquiries) undertaken by both authorities, has increased over the last three years.

In Devon during 2020/21 the number of concerns raised which did not meet the criteria for a section 42 enquiry increased. This increase was due to both change in guidance on recording practices and more referrals received during the pandemic that did not necessarily require a safeguarding response. All of these referrals were directed to more appropriate pathways.

In Torbay the pattern follows much more closely to the changes seen in the numbers of concerns raised. Both authorities are again below the national rate for section 42 enquiries.



59% of individuals in Devon and 58% in Torbay involved in safeguarding concerns in 2021-22 were female. This is consistent with previous years and the national trend. This is disproportionate to the overall Devon and Torbay population, although not necessarily the elderly population which most of our safeguarding activity relates to.



Approaches to safeguarding should be person-led and outcome-focused. In Devon 83% and in Torbay 82% of people were asked about their desired outcomes in safeguarding enquiries in 2021-22.



86% of individuals in Devon and 69% in Torbay involved in safeguarding concerns in 2021-22 recorded their ethnicity as white. The proportion of people in Devon who describe themselves as white British increases with each age group and safeguarding data on ethnicity should therefore be considered in conjunction with data on age. This data shows that the majority of safeguarding concerns in Devon relate to individual's aged 65+.



60.5% of safeguarding enquiries pursued in Devon and 50% in Torbay in 2021-22 took place within the person's own home. This has been rising for both authorities over the past couple of years and for Devon is now a higher proportion than the national picture (47.6% in 2021-22).

The proportion of enquiries recorded in care homes has fallen in 2021-22 to 22.6% in Devon putting it below the national proportion of 32.2%. The Torbay proportion has also fallen though is still above the national proportion at 38.1%.



For both Devon and Torbay the most common source of risk are Neglect and Acts of Omission (18% in Devon and 20% in Torbay) or Psychological Abuse (18% in both Devon and Torbay). This is different to the national picture where the most common sources of risk are Neglect and Acts of Omission (31%) and Physical Abuse (18%).

The TDSAP has and will continue to monitor this data to identify trends and learning that can improve service delivery.

Section 6: Safeguarding Adults Reviews

The TDSAP must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult.

The TDSAP must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect.

Boards may also arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

SAR activity is managed through the SAR Core Group. The Core Group meet on a quarterly basis and is attended by representatives from partner organisations including NHS Devon, Torbay County Council, Devon County Council and the Police.

SAR activity during 2021/22

There have been 4 SAR referrals during the period of 2021-2022 which met the Care Act Criteria for a SAR.

The themes from these referrals include:

- **Mental Health** (any support that people receive to protect or promote their mental health and psychosocial wellbeing).
- **Coercive Control** (acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten a person).
- **Cuckooing** (the practice of taking over the home of a vulnerable person in order to establish a base for illegal drug dealing).
- **Neglect/Acts of Omission** (the failure to meet individuals basic and essential needs, either deliberately or by failing to understand these).

In 2021/22 the Torbay and Devon Safeguarding Adults Partnership completed 2 SAR's. In both cases a decision was made by TDSAP members not to publish the SAR reports on our website. These decisions were made following a review of the circumstances in each case and representations made by family members.

The TDSAP held a number of learning events during the year. These included a SAR Learning Workshop on 2nd March 2022 where multi-agency partners attended to discuss and consider the learning from recent SAR's. The event was well attended and was facilitated by members of the SAR Core Group. The feedback received from those who attended was extremely positive with participants commenting that they had really benefitted from the event.

Future learning events and workshops are being planned for 2022/23 as well as sharing SAR learning briefs and podcasts to aid front line operational staff understand the new learning from completed SAR reports.

More information is available on our website about the TDSAP SARs, including copies of previously published SARs as well as guidance on SAR Thresholds and how to complete a SAR Referral.

Section 7: TDSAP Sub-Groups

7.1 Community Reference Group

The Joint TDSAP Community Reference Group (CRG) includes people recruited from local Voluntary, Community and Social Enterprise (VCSE) and people with lived experience of the safeguarding process, across the TDSAP area.

The CRG takes direction from the TDSAP to undertake co-production, consultation and engagement work. Methods to gather intelligence have included focused task and finish groups, on-line and telephone surveys and varied user led dialogue. The CRG has provided new ways for people who have been through safeguarding processes to input directly into the work of the partnership.

The CRG provides feedback on key priorities for future work, is raising awareness of safeguarding with the adult population and two-way communication channels with representatives within and across the VCSE.

During the year the CRG brought the voice of the service user into Board meetings via video and other innovative approaches to ensure that the voice of the people we support, remains central to the planning of future partnership priorities.

7.2 Learning & Improvement Sub-Group

In response to the restructure of the TDSAP sub groups, the terms of reference for this sub group have also been reviewed and streamlined to ensure that this group supports the Strategic Priorities of the Torbay and Devon Safeguarding Adults Partnership.

The revised terms of reference ensure the group focuses on delivering the business activities in relation to Learning, Improvement of Practice, Training and a key focus on action planning from our Safeguarding Adults Reviews (SARs).

In addition, the group has maintained a focus on all other learning opportunities including learning from SARs outside of our area.

The Learning and Improvement sub group continues to monitor closely the Partnership Training Offer and uptake from Partners, including the private, voluntary and independent sectors. The demand continues to be high generally for all course presentations.

All training courses are running well, with good attendance and all course presentations remain virtual with a further review planned in the near future.

7.3 Performance and Quality Assurance Sub Group

The newly formed Performance and Quality Assurance (PQA) Subgroup supports the Torbay and Devon Safeguarding Adult Partnership to take a strategic overview of the performance and quality of safeguarding activity across Torbay and Devon.

The group met for the first time in early 2022 and developed a clear terms of reference and a strong and robust Quality Assurance Framework, to provide the structure to ensure the group meets its aims.

The Quality Assurance Framework is underpinned by the Care Act Safeguarding Principles, and includes the expectation that learning from quality assurance will be shared with partners to bring about positive change to practice and improve outcomes for adults and their carers.

The PQA supports the partnership in looking at what we do, how well we do it and what difference we make to operational systems and processes.

The group regularly reviews safeguarding adult performance data and undertakes an in-depth review of the Annual Safeguarding Adult Collection Data, published each September, to identify areas where specific assurance is required.

7.4 Operational Delivery Group

The TDSAP Operational Delivery Group (ODG) is responsible for delivering the activities set out in the TDSAP Business Activity Plan.

The group regularly considers safeguarding adults multi-agency practice, process and systems across Torbay and Devon to ensure that there is effective communication and quality working practice in place. The ODG does this to ensure that members of the public and service users are protected from potential abuse and harm.

The ODG works closely with the sub-groups of the Partnership to ensure that any potential duplication is minimised. This will be achieved through close communication between the TDSAP, this group and the Chairs of the individual sub-group.

A key purpose of the ODG is to ensure that the Learning and Improvement Sub Group, Performance and Quality Sub Group and the Community Reference Sub Group report directly to the ODG on progress of priority activities from the respective sub groups.

The ODG is the engine room of the Partnership, by controlling and directing the work of the sub groups. The ODG meets quarterly and reports directly into the Partnership Board.

Another key purpose of the group is to drive the implementation of the business plan on behalf of the TDSAP.

During the past 12 months, the group has had excellent representation from across the partnership and demonstrated a strong commitment to shared ownership of the Partnership agenda.

Section 8: TDSAP Priorities 2021/24

The Strategic Priorities for the TDSAP were agreed at a Development Day in July 2021. The Development Day was attended by TDSAP Partners and thus allowed a wide contribution from across Torbay and Devon. The TDSAP agreed 4 priorities as listed below which were published in the 2021-2024 TDSAP Business Plan.

The priorities are detailed below:

Strategic Priority	What we will do to deliver this priority
<p>To embed the learning from Safeguarding Adult Reviews (SARs) into organisational practice</p>	<ul style="list-style-type: none"> • Partners will contribute to the SAR process and play a key role to identify the relevant learning • We will embed a process to identify immediate learning and implement this swiftly • We will ensure the learning is SMART with key success criteria in place • Partners will provide strong evidence to assure the TDSAP that sustained improvements have been embedded • Promote multi-organisational communication, ensuring cooperation as an underlying key principle • Develop swift and dynamic processes for delivery of Safeguarding Adults Reviews • Each Safeguarding Adults Review will have an underlying principle to 'Focus on the Learning' for each organisation • We will regularly monitor, identify and resolve reoccurring SAR themes to prevent reoccurrence
Strategic Priority	What we will do to deliver this priority
<p>To work with partners to better understand and reduce the risk of 'Hidden Harm', especially in the context of COVID 19</p>	<ul style="list-style-type: none"> • Support and encourage all safeguarding partners to focus on the 'Hidden Harm' that is usually out of sight from public view and often not recognised or reported • Ensure that the emphasis is on having a culture of 'spotting early signs' to prevent risks escalating • Use COVID 19 data and information to seek assurance that partners are all uncovering and responding to hidden harm

	<ul style="list-style-type: none"> • Ensure that all safeguarding partners who work with people who have needs for care and support, exercise professional curiosity and take appropriate action • Embed the theme of ‘professional curiosity’ within multi-agency case audits (MACA) • Develop and deliver a multi-organisational workshop and awareness campaign for partners and service representatives to better understand, encourage and support professional curiosity and escalation within their organisations
To improve outcomes for people with needs for care and support by finding the right solution for them	<ul style="list-style-type: none"> • To seek assurance that partners and service representatives work together to establish more effective coordination to achieve person centred solutions • Work with partners and service representatives to better understand and embed a creative approach to finding effective solutions for people with complex lives • We will develop and share key data and information to help develop effective communications and co-ordination between partner organisations, including strengthening links with the districts and community safety partners • We will focus on preventative strategies to better understand how we can avoid the need for safeguarding intervention • We will work with service representatives and commissioning partners to better understand people’s needs and support them to achieve their desired outcomes • To have regular assurance from partners that people are safeguarded during and after the COVID-19 pandemic and that attention to safeguarding continues in accordance with statutory responsibilities, recognising that some people will be put at greater risk as a consequence of the pandemic
Strategic Priority	What we will do to deliver this priority
Improving Involvement and Engagement with people in receipt of safeguarding services	<ul style="list-style-type: none"> • We will build on past Safeguarding Awareness Campaigns by targeting communications within our communities to raise further awareness of safeguarding • We will learn from COVID 19 experiences and use this feedback to shape future engagement • We will work with key partners to improve the interface with children's services especially for those who transition to adult services

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| | <ul style="list-style-type: none"> • To seek assurance that all partners are involving and listening to people about their experience of safeguarding • Ensuring that all people are listening to, valuing and responding to relatives, friends and people in communities • The partnership will have a focus on ‘Making Safeguarding Personal’ to ensure that safeguarding is person-led and outcome-focussed • We will continue to invest and engage with community groups to ensure the ‘voice of the person’ is central to partnership working |
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Section 9: Key Partner Achievements During 2021/22

Below is a selection of the key partner achievements, in relation to safeguarding adults, during the year:

9.1 Devon County Council (DCC)

- Integrated Adult Social Care (IASC) and Children Social Care have jointly commissioned a 3-tier domestic abuse training package. The work was put out to competitive tender and was won by a partnership of three of Devon’s specialist third sector domestic abuse organisations. Development of the training package has been a truly collaborative piece of work. There has been much sharing of expertise between the three domestic abuse services and our own workforce development team and a valuable increased level of understanding. This will positively contribute to the delivery of the TDSAP Strategic Priority for Hidden Harm.
- IASC worked in partnership with the Devon Care Home Collaborative (DCHC) and TDSAP partners to develop practice guidance for organisations who provide care and support. The documents relate to frequent occurring situations and provide guidance as to what might possibly be the next steps including whether a referral for a safeguarding adult concern should be made. The guidance developed is as follows:
 - A quick guide for when to raise a safeguarding concern
 - Safeguarding Adults and Medicines Management – Guidance for organisations who provide care and support
 - Falls and safeguarding – Guidance for organisations who provide care and support
- In partnership with The Heart of the South West Trading Standards, IASC have embedded the National Friends Against Scams E-Learning initiative as part of our Level 1 Safeguarding Adult training offer for practitioners. Concerns relating to scams increased during the pandemic, which is why this initiative was considered a priority.

9.2 Torbay and South Devon NHS Foundation Trust (TSDFT)

- We formed our integrated care organisation in October 2015 when we became the first NHS organisation in England to join-up hospital and community care with social care. We are proud pioneers in integrating health and social care nationally. TSDFT supports around 500,000 face-to-face contacts with patients in their homes and communities each year and see over 78,000 people in our A&E department annually. We serve a resident population of approximately 286,000 people, plus about 100,000 visitors at any one time during the summer holiday season.
- Our services include a delegated responsibility from Torbay Council for adult social care services in Torbay including safeguarding adult legal duties. We often see the benefit of our integrated services in our local safeguarding system by providing timely health and social care team responses to many of the safeguarding concerns we receive. During the past 12 months, we have enhanced our safeguarding system by integrating our Safeguarding Adult Single Point of Contact team within our Front-Door / Intake team. This has enabled us to develop our systems to ensure responses are more streamlined and efficient.
- As a regulated service we continue to place safeguarding patients from abuse and harm as a priority. We have extended our range of resources available to teams such as Mental Capacity Act resource packs and briefings, as well as reviewing our safeguarding governance process to strengthen our collective workplan activity. Examples of how we have improved patient experience include enhanced support for patients for example with dementia, as well as patients who have experienced domestic abuse.
- As an organisation that covers Torbay and Devon geographical boundaries we continue to see the value in the new Torbay and Devon Safeguarding Adults Partnership (TDSAP) in creating a consistency of approach in local safeguarding arrangements. We very much value being part of the TDSAP and will continue to support its arrangements as needed.

9.3 Devon and Cornwall Police

- We have introduced the Strategic Safeguarding Improvement Hub (SSIH) which is a multi-disciplinary team made up of both police officers and police staff with extensive safeguarding, public protection and investigative experience who work to deliver improvements in working practices They will also identify training needs, take the learning from SARs and Domestic Homicide Reviews and ensure recommendations are taken forward across the organisation and identify national good practice across the 13+ strands of vulnerability.
- We have also completed a survey of frontline staff to measure baseline understanding of the Mental Capacity Act. This will identify training needs but has also been used as an opportunity to sign post staff to the College of Policing MCA guidance for police officers.

- With the introduction of Niche Needs Explanatory Note, all officers will shortly be receiving training on completing Public Protection Notices (PPN) with a specific focus on Adults at Risk. This training will include wider safeguarding adults themes such as the 'voice of the adult', 'spotting the signs of hoarding/self-neglect', 'making a safeguarding referral', 'the Mental Capacity Act', 'Adult Criminal Exploitation', 'Modern Slavery/Human Trafficking' and 'Hate Crime'.

9.4 Devon Partnership Trust

- During 2020-2021 the Trust completed 316 safeguarding adults enquiries (compared with 227 in 2019-2020) and increase in activity of 39%.
- We have embedded a Restorative and Just Learning Culture (MerseyCare NHS Trust) into our *Managing Safeguarding Concerns about Staff* process; this is now an appendix to the *Promoting a Positive Work Environment Policy* - [Restorative Just and Learning Culture :: Mersey Care NHS Foundation Trust](#))
- We have also introduced Memory Capture Forms for use following incidents and safeguarding concerns on wards.
- The Trust has developed new policies and guidance for staff on:
 - Safeguarding Supervision
 - Social Media
 - Managing disclosures of historical abuse
- The Trust has also designed and implemented new training on professional boundaries for staff following learning from safeguarding enquiries

9.5 NHS Devon

- NHS Devon have developed and delivered Safeguarding Adult Level 3 training to supplement the online Health Education England Course. This has improved staff's confidence in responding to safeguarding enquiries.
- We have strengthened our links with the independent healthcare providers from whom we commission services through the development of an Independent Safeguarding Forum. This enables us to deliver peer safeguarding supervision and respond to individual requests for support.
- NHS Devon appointed a named GP for safeguarding in the summer of 2021. The named GP has enabled NHS Devon to strengthen the support provided to general practice. This is improving the quality of individual responses to safeguarding enquiries.

9.6 University Hospitals Plymouth NHS Trust

- Our safeguarding integrated "Think Family" service has continued to improve and evolve in 2021/22. Notwithstanding the enduring COVID pandemic and the significant unprecedented national demands seen by acute hospital(s) and health services, we have maintained a robust, reactive and effective safeguarding service.

- With executive support and resourcing we are ready to embrace the statutory changes in the long-awaited Liberty Protection Safeguards and the impact anticipated for our large acute organisation.
- The acquisition of a health Independent Domestic Violence Advisor (IDVA) has provided a specialist clinical on-site dedicated worker who we can say with confidence has saved lives in 2021-22.

9.7 Royal Devon University Healthcare NHS Foundation Trust

On the 1st of April 2022 Royal Devon & Exeter NHS Foundation Trust and Northern Devon Healthcare Trust merged to become Royal Devon University Healthcare NHS Foundation Trust. These achievements are reflective of both organisations.

- MyCare, an electronic healthcare record, has now been introduced across all Royal Devon services in the North and East. This will deliver improved communication across all services, including supporting safeguarding practice information sharing and partnership working. There has been a focus on supporting discharge planning when safeguarding concerns have been raised.
- We have continued support of workforce development through education and training, particular focus on self-neglect, domestic abuse and including the Mental Capacity Act (MCA) and Liberty Protection Safeguards (LPS).
- Attendance at TDSAP learning events and SAR practice events have supported practice.
- We are flexible and responsive to change, working actively towards greater awareness of the impact of trauma on peoples' live. We have hosted a study day and participate in the Devon Trauma Network.
- The Trust has invested in MCA/LPS Teams to support practice and prepare for LPS introduction next year.

9.8 Probation Service

- In Devon and Torbay we have ensured all staff have completed their Safeguarding Adults Training.
- We have started a quarterly "Focus on Safeguarding" session where we disseminate learning from Safeguarding Adults Reviews.
- We are focussing on supporting staff to complete more home visits so that they can assess neglect or any other risk factors in individuals homes.

9.9 HM Prisons

- Buddies - The Buddies work alongside healthcare and prison officers to help support and care for their peers as part of a collaborative service. The Buddies consistently demonstrate their passionate commitment to help others, empowering those vulnerable around them to maintain their independence.

- Listener's Scheme – We have introduced a peer-support scheme within prisons, which aims to reduce suicide and self-harm. Listeners provide confidential emotional support to their peers who are struggling to cope or feeling suicidal. They are selected for the role by Samaritans volunteers and receive intensive training based on the training that Samaritans' volunteers undertake.
- Peaceful Solutions – This is a confidential peer led process for all to be fully heard and understood in order to find change through choice rather than enforcement. Generally accessed by those in crisis or in need of additional support, a meeting is held with a trusted and trained facilitator to talk through the issue or conflict with an aim of supporting and agreeing a peaceful solution.
- We have an overarching Safety strategy which incorporates safeguarding, and sign posting.
- We hold bi-weekly meetings with local authority (DCC Social worker & OT with PPG) regarding vulnerable prisoners to ensure safeguarding issues are avoided via robust referrals.

Section 10: Looking Ahead

The TDSAP Board and its sub groups will continue to manage, monitor and deliver the aims of the 2021-2024 strategic priorities, which were reviewed in the Summer of 2022 and will be reviewed again in 2023 to ensure they remain fit for purpose.

A copy of the strategic priorities can be found by clicking here: [Strategic Priorities 2021/2024](#)

Better Care Fund

Draft Narrative Plan 2022-3

Torbay Health and Wellbeing Board



Cover

Health and Wellbeing Board(s)

Torbay

Introduction

The Better Care Fund brings together health and social care funding to support organisations across the One Devon Integrated Care System (ICS) in building toward a sustainable health and care system which will improve the health and wellbeing of the population, with the Better Care Fund a mechanism to assist in achieving this aim.

This document is the draft plan for which Torbay Health & Well-being Board are accountable within the new One Devon, Integrated Care System architecture. This plan has been developed for Torbay but sits in the context of and contributes toward delivery against the Devon system Integrated Care Strategy through the integrated approach and joint commissioning arrangements in the South Local Care Partnership.

The intention being that a more place-based approach continues to develop with partners which includes influencing and shaping the further development of system-wide strategies and delivering improved outcomes for our local communities. Learning from good practice which already exists and further developing models which have been developed with much work with voluntary and community organisations to respond to the needs of our communities through a different 'front door' for Adult Social Care and support Torbay's vision to deliver a more strengths-based approach, promoting maximum independence and wellbeing.

Bodies involved in preparing the plan (including NHS Trusts, social care provider representatives, VCS organisations, housing organisations, district councils)

This narrative plan, together with the BCF Planning and Capacity and Demand templates have been drafted by local system partners, overseen by the newly created Adult Social Care Continuous Improvement Board, feeding through the Health & Wellbeing Executive to the Health & Wellbeing Board, and supported by the main statutory organisations as in previous years. These being Torbay Council, NHS Devon Integrated Care Board and Torbay and South Devon NHS Foundation Trust.

Key stakeholders involved in the emerging Local Care Partnership include those organisations highlighted above as well as Devon County Council, the Southern Primary Care Collaborative Board, Devon Partnership Trust, Voluntary & Community sector leads for Torbay & South Devon, Directors of Public Health/Consultants (Devon County Council & Torbay Council), Devon Local Pharmaceutical Committee and Devon Local Optical Committee.

How have you gone about involving these stakeholders?

For this submission, the BCF Leads have engaged with a range of key stakeholders including local authority and NHS colleagues specifically to develop the narrative and supporting templates.

The initial delegated sign off for the draft submission was from the Director of Adult & Community Services for Torbay Council on behalf of the Health and Wellbeing Board for Torbay, with this submission being approved through the Chief Executive, Torbay Council. The Health and Wellbeing Board will then oversee the development of the BCF Plan 2022-23 and approve any subsequent BCF Planning submission (dependent on timescales). As part of the Devon-wide system sign-off process, the BCF plans for each of the three Health and Wellbeing Boards has been reviewed and signed off by the NHS Devon Integrated Care Board Executive.

The continuation of the Better Care Fund arrangements requires effective partnership working to ensure the delivery of these schemes and associated outcomes using an integrated local system approach which will be facilitated through the emerging South Local Care Partnership which covers the Torbay & South Devon footprint. This plan will be shared with this group in October.

The approach to integrated commissioning at 'place' is developing and the development of the Local Care Partnership arrangements will support as a key driver of local strategy and agreeing and delivering against key local priorities. The local Integrated Care Organisation (NHS Provider) already delivering services across acute and community health and social care.

This development of even closer alignment and approaches to joint working and the existing governance architecture ensures system wide support and oversight of their delivery, across statutory partners and all key local stakeholders.

The development of the Community First Strategy for the Devon Integrated Care System has also supported this approach with consultation and engagement across each of the five Local Care Partnership areas and with representation from primary, community, acute, mental health, Local Authority, VCSE organisations and small groups to represent the public.

In Torbay, the Better Care Fund and Improved Better Care Fund resources are delegated to Torbay and South Devon NHS Foundation Trust as an integrated care organisation responsible for the delivery of health and social care services in Torbay. The Adult Care Strategic Agreement between Torbay Council and Torbay and South Devon NHS Foundation Trust governs the delivery of Adult Social Care, April 2020 to March 2023 and includes delivery of services and outcomes agreed through the Better Care Fund.

Executive summary

The most significant development since the previous plans were developed and submitted has seen the inception of the NHS Devon Integrated Care Board following in the footsteps of NHS Devon Clinical Commissioning Group and the wider partnership arrangements for the system known as One Devon, which came into being with effect from 1st July 2022.

The five local care partnership geographical arrangements sit as part of this system architecture along with Provider Collaboratives for Acute and for Mental Health, Learning Disability and Neurodiversity and Collaborative Board arrangements for Primary care in each local system.

The local system has been under increased pressure during the last couple of years and a key priority focus remains in relation to urgent care and system flow. The BCF plan is a key contributor responding to this with schemes that support targeted long-term investments to build sustainable community services for individuals on discharge across all care pathways with the aim to reduce pressure on urgent care through services that enable people to stay well, safe, and independent at home for longer.

The local system is developing its approach to a small number of priorities through the Local Care Partnership (LCP), with the BCF plan being key to enabling across many of these and with further work to develop a proposal for supporting further local system integration particularly in relation to community services.

These are set in the context of:

- Further development of Local care partnerships.
- PCN/Community services at “place” alongside Health and wellbeing centres
- ICS strategy for community first / community urgent care / Primary Care (GP)
- National developments, inc. Fuller report and national model of rehabilitation
- EPR convergence, wider digital technology adoption e.g., remote monitoring

And include:

- Establishing an integrated approach to responding to urgent care needs in Torbay - primary care, minor injury, social care, 0-19, drugs and alcohol, mental health and CFHD.
- Develop approach to integrated health and wellbeing services in South Devon
- Transformation and continuous improvement in delivery of Adult Social Care Services.

The Devon ICS Community First Strategy sets out our vision and direction of travel for community services over the next five years (2022 to 2027). Community services play an important role in keeping people well and managing acute, physical, and mental health and long-term illness. The key focus of this strategy is on preventative, proactive and personalised care to support people to live as independently as possible with greater connection to their local community ensuring people spend more time at home rather than in a hospital bed and at the same time avoid or at the very least delay the need for long-term residential care.

We want community services, including the voluntary sector, to be far more prominent in our system with well thought out planning regarding the steps we need to take to achieve the vision, co-production of services with our system stakeholders and the public, and in ensuring that they are adequately funded to sustain delivery and outcomes in the longer term.

Devon has a strong history of integrated working, and today several community services are now being provided by, or in partnership with, local acute trusts bringing many benefits to people, services, and the system. Our work towards integration thus far has improved collaboration between services, the opportunity for the standardisation of pathways which cuts across different sectors, and potential to use the workforce in a different way, providing better continuity of care for people. Future developments are likely to include extension of traditionally acute based specialists out into the community, bringing more of the medical expertise to support people in their own homes and out of a hospital setting.

Whilst our history for integration is strong, it has not been delivered consistently across the county. This strategy describes our ambitions and visions at a system level in order that we can increase the consistency and equity of access, experience and outcomes for people using community services. Those ambitions will develop and be implemented at a local level, such that they truly serve their local population and make the best use of existing and future community assets.

The high-level draft Income & Expenditure summary is set out below:

Selected Health and Wellbeing Board:

Torbay

Income & Expenditure

Funding Sources	Income	Expenditure	Difference
DFG	£2,128,689	£2,128,689	£0
Minimum NHS Contribution	£13,119,732	£13,119,732	£0
iBCF	£8,837,572	£8,837,572	£0
Additional LA Contribution	£0	£0	£0
Additional ICB Contribution	£0	£0	£0
Total	£24,085,993	£24,085,993	£0

The templates completed in support of this narrative document and Better Care Fund plans for 2022-23 appear at the end of this document and set out in further detail the expenditure and associated metrics toward submission.

The refreshed Torbay Joint Strategic Needs Assessment has also just been published and is available here: <http://www.southdevonandtorbay.info/media/1285/2022-2023-torbay-jsna.pdf>

The Joint Strategic Needs Assessment describes the health and wellbeing needs of our population, and the drivers that influence health and wellbeing, like housing, employment, and education. The draft Health and Wellbeing Strategy seeks to tackle these difficult issues through agencies working together to bring about real, sustainable change.

It has been prepared in collaboration with Health and Wellbeing Board partners over the last nine months and identifies 5 priorities areas, and 6 cross-cutting areas,

which all member organisations feel are critically important for improving the health and wellbeing of Torbay residents. Importantly, this year working closely with colleagues in the new Integrated Care System, and especially those in the South Local Care Partnership, to make sure our priorities are clearly aligned.

The Health and Wellbeing Strategy responds to the areas of greatest need given the levels of deprivation and poorer outcomes in some parts of Torbay:

- children living in challenging circumstances and losing out on educational opportunities
- lack of high-quality housing with secure tenure
- people living with poor mental health
- older people experiencing loneliness and isolation.

All these needs have been exacerbated by the pandemic, and all of them hit our most disadvantaged communities the most.

During this last period teams across the Local Authority and NHS have devoted significant capacity to supporting providers in the Torbay Care Market. This included timely and flexible use of government support funding, within the prescribed grant conditions, across a range of COVID funding such as the Infection Control, Testing and Workforce Grants. Without this support we would not have maintained market capacity during this time. The Better Care Fund has supported this Integrated approach and way of working with the market and work continues to further improve these arrangements.

The local Market Position Statement and Blueprint is the local source document for market strategy. The document aims for enhanced capacity via additional Supported Living and Extra Care capacity using Housing based care models. Also, the document has a strong focus on quality Nursing Care and Dementia which reflects system priorities and is evidenced by demographic data in the Joint Strategy needs Assessment (JSNA).

Despite the challenging backdrop, looking ahead to plans during the current financial year which are proceeding with Extra Care Housing Schemes at Torre Marine, Torquay, and Crossway in Paignton. We are working with providers as well to bring forward new Supported Living capacity in the community for people with Learning Disabilities or Mental Health conditions as an alternative to bed-based care.

The Trust and Council also commence work with two providers in relation to two potential schemes one for Rehabilitation capacity and one for Dementia beds across the footprint of the local Integrated Care system. This local system is the Local Care Partnership which includes NHS, VCSE, Primary Care Networks, Mental Health providers and two Local Authorities (Torbay & Devon County Council).

The Better Care Fund has and continues to along with our approach support focus on priority areas through the application of the funding available. These are in 3 broad areas which are developed further throughout the document, but seek to

- Promote independence (Alternative 'front door' with VCS, use of DFGs and assistive tech etc, and reablement).
- Through our approach to joint commissioning, develop strong and sustainable care markets which meet the needs of those in our communities.
- Supporting carers and their families.

Governance

NHS Devon is one of 42 integrated care boards across the county and took over the statutory functions of clinical commissioning groups (CCGs) on 1 July 2022. It is the organisation responsible for the majority of county's NHS budget, and for developing a plan to improve people's health, deliver high-quality care and better value for money. Our aim is to improve people's lives in Devon – wherever they live – to reduce health inequalities and make sure we can deliver these services for the long term.



Diagram 1.1

The local system for Devon is comprised of NHS Devon, responsible for commissioning NHS services and joining up care and the One Devon Partnership developing the strategy and working together as NHS, local councils, voluntary sector, and many other stakeholders as per the diagram (1.2) below:



Diagram 1.2

Within the One Devon Partnership there is a representative from each of the five Local Care Partnerships, with our Local Care Partnership being the South LCP. This is where most of the service changes will happen and covers around 300,000 people.

As part of the Devon-wide system sign-off for the under the new Integrated Care System (ICS) governance framework the BCF plans for each of the three Health and Wellbeing Boards will be reviewed and signed off by the NHS Devon ICB Executive Board.

The Local Care Partnership is developing to provide system leadership and clinical oversight to the integrated commissioning arrangements. It provides focus and direction for integrated commissioning, ensuring collaborative planning and performance monitoring. It also provides assurance to the governance arrangements of both NHS Devon and Torbay Council. To ensure collaboration in our local system, much of the development work will take place through the Local Care Partnership with stakeholders and partners represented and co-ordination toward sign off by the Torbay Health and Wellbeing Board through the Adult Social Care Continuous Improvement Board.

Overall BCF plan and approach to integration

Please outline your approach to embedding integrated, person-centred health, social care and housing services including:

- Joint priorities for 2022-23
- Approaches to joint/collaborative commissioning
- How BCF funded services are supporting your approach to integration. Briefly describe any changes to the services you are commissioning through the BCF from 2022-23.

This section will also include

Implementing the BCF Policy Objectives (national condition four)

National condition four requires areas to agree an overarching approach to meeting the BCF policy objectives to:

- Enable people to stay well, safe, and independent at home for longer
- Provide the right care in the right place at the right time

The One Devon Integrated Care Partnership will lead the development of the strategy which builds upon existing foundations and supports more integrated approaches to delivering health and care. This will help to provide focus on and drive the change required to tackle the challenges the system faces such as reducing disparities in health and social care; improving quality and performance; preventing mental and physical ill health; maximising independence and preventing care needs.

Within Torbay, there has been ongoing work to implement an integrated care model that puts a strengths-based approach at its heart. This model provides a fully integrated health and social care system involving joined-up services which deliver education and advice about how to maintain independence and stay well, with mental health and wellbeing as high a priority as physical health and wellbeing. It also aims to take a person-centred approach and build wider support around people, through making the best use of what is already available to them at home and in the community. A significant programme of work with our VCSE partners has delivered a new 'front door' to adult social care with an emphasis on making the most of individual and community resources as part of our strengths-based approach.



The creation of the Integrated Care Organisation in October 2015 - Torbay and South Devon NHS Foundation Trust, was strongly supported and encouraged by both the Clinical Commissioning Group and the local authorities and this has resulted in a more effective patient journey where fewer people in Torbay experience delays in moving between hospital and home and waits for care at home remain short - in stark comparison to many other areas in the current year.

Our vision is to have excellent, joined up care for all. Torbay already has a model of integrated health and social care teams built around geographical clusters and primary care practices, with a single point of access. These teams provide functions to enable:

- Proactive identification of people at risk and admission to hospital or inappropriate care settings.
- Integrated assessment and personalised support planning for people with long-term conditions and/or complex care needs.
- Urgent reactive care to people in crisis to avoid immediate risk of admission.

South Devon and Torbay has a respected reputation for partnership working and for innovating to find more effective ways of delivering quality care. Relationships between statutory and voluntary sector organisations are well founded and there is a shared ambition to tackle problems. This extends to positive working with provider organisations whose reach is broader than South Devon and Torbay. This is well supported by the framework the Better Care Fund has provided but is also being taken forward through the approach to creating Local Care Partnerships which seek to cement some of this working and further enhance what we can deliver together.

The Better Care Fund sits within this longstanding programme of integration through the creation of the ICO and the continued development of a new model of care.

Joined up approach to integrated, person-centred services across health, care, housing, and public sector services locally

Adult Social Care:

Torbay and South Devon NHS Foundation Trust and Torbay Council are working together on an Improvement Plan with partners to progress Adult Social Care delivery and opportunities for transformation using a strengths-based approach in Torbay. Much has been learnt from the Covid Pandemic and new ways of working with our community have developed as a result. Members of staff alongside service providers from the private and voluntary sector as well as people who have lived experience and their carers were invited to join us in several facilitated conversations focused on creating a shared Vision of the future for Adult Social Services

Our shared vision is: **Thriving communities where people can prosper**

Our mission statement is: **Our residents can have a place to call home in a community they can be part of, while being empowered to achieve what matters most to them, through the best care and support available.**

We know that the demand on the adult care system in Torbay is high and it will only continue to increase due to our aging population and areas of social deprivation. This is one of the reasons why we need to change the way we currently deliver our social care and work towards fully adopting a community led approach where our communities can be supported to flourish. Our commitment to engage with and work with our voluntary and community partners as well as people who use services to co-design the plan will enable us to develop a robust service delivery that is fit for the future and for the people of Torbay. We are also

encouraging a culture within teams of embedding continual improvement. We are focussing on achieving positive shared outcomes for people receiving Social Care support and reflecting this via monitoring our own performance and seeking feedback from all involved so we can learn from experience.

We are reminding people of the core values of social care, including:

- being part of the community,
- supporting people to build their own capability,
- enabling people to live their lives as independent as possible.

The Adult Social Care Improvement plan (ASCiP) seeks to support the vision of developing thriving communities in Torbay by delivering the strategic priorities, deepening integration with partners and promoting a strength-based approach throughout all conversations. This will be achieved by working in collaboration with partner agencies and by valuing skills, knowledge and potential in all individuals and their communities.

Providing Safe Quality Care and Best Experience:

Working across our system with partners to deliver high quality care that meets best practice standards, is timely, accessible, personalised, and compassionate. It will be planned and delivered in partnership with those who need our support and care to maximise their independence and choice.

Focus on Mental Health

In under 65 MH we have been working with providers to ensure that all clients live in the least restrictive environments that promote their independence. We have been working to develop the local supported living framework and to identify ways to support people in their own homes. Torbay Public Health have engaged with local voluntary sector providers to help improve access to voluntary sector and community assets to support people to achieve positive mental wellbeing. We continue to work with partners and our communities to ensure that the people of Torbay receive a good offer in terms of mental health support both through the Community Mental Health Framework and more broadly.

Focus on the Transition team

We have developed a specialist team to work with young people who are being referred through to our service from our colleagues in Children's services. This team has developed from having two skilled and un-registered practitioners to include a Social Work Lead and two additional experienced Social Workers. Close links have been developed with Children's services, Education and Mental Health services. There are now regular review meetings to consider a young person's aims, hopes and aspirations when they reach 14 and 16 years old. The transition teamwork within a strengths-based approach aligning their assessments and support with the preparing for adulthood guidelines promoting health, education, employment, independence, and community inclusion. The team work flexibly to ensure their care plans are outcome based which includes reviewing a situation when it is right for the young person rather than on an annual basis.

Focus on Learning Disability

Much of 2020/21 was spent evaluating and preparing for the launch of Torbay's Market Position Statement to achieve the following outcomes:

- An increase of 50 units of self-contained supported living, sheltered housing and/or Extra Care for people with learning disabilities, in line with the Housing Strategy 2017. One

third of people over 45 with a moderate or severe learning disability, and one third younger adults (under 35 years) are living with parents. We want to ensure there is appropriate accommodation and choice, so people can have planned transitions towards independent living, and avoid unnecessary entry into residential care wherever possible.

- Increased Quality Assurance support for supported living providers and the consequent improvement and monitoring of the quality of support and tenancies.
- A reduction in the number of working age adults with LDs in long-term residential settings (currently just over 70 adults). Residential settings by their nature, do not usually maintain or increase self-determination, control, citizenship, or enable community inclusion and natural circles of support.
- The development of an outcomes commissioning framework for the development of Daytime activities/services which offer more choice, develop community inclusion, and deliver more aspirational outcomes. Greater housing choice - particularly self-contained Supported Living, sheltered housing, Extra Care, and access to general needs housing.

The Torbay Learning Disability Partnership Board (LDPB), which was launched in December 2019 will continue to be supported by 8 Ambassadors who act as Learning Disability self-advocates. The Ambassadors ensure that people with learning disabilities are involved in decisions about all new services, strategies, and policies.

Focus on Autistic Spectrum Conditions and Neurodiversity

During 2019, in recognition of the need to focus on post-diagnostic support in Torbay for people with Autistic Spectrum Condition (ASC), a multi-stranded ASC post-diagnostic project was launched, which included the following:

- A new accessible information and advice service, to help improve access to employment, education, and welfare benefits.
- The development of Peer Support for people with ASC through seed funding of small groups (one for adolescents and one for adults)
- Employment of a 0.4FTE specialist ASC Social Worker

Focus on Dementia

- The Care Home Education and Support Team (CHEST) continues to form an integral part of the Older People Mental Health service in Torbay despite the enormous challenges that the ongoing Covid pandemic has brought upon Health and Social Care services. Although CHEST core business needed to be suspended in the initial months of the pandemic it soon became apparent that people with Dementia both in Care Homes and in the Community still required the specialist input provided by the team. The CHEST method focusses on a strengths-based, holistic, person-centred, and collaborative non-pharmacological approach to look at the person and how they are trying to communicate their needs. Medication although helpful can never be the only solution and we work with providers and people's loved ones and formal carers to adapt interventions thus easing a person's distress.
- CHEST colleagues focused on re-building and strengthening relationships with Care Homes, which in turn boosted staff morale. Although there has been no official survey undertaken this year, there has been some informal feed-back from different homes stating that they find the CHEST involvement to be invaluable, particularly in terms of the quick response it provides. Many homes appreciate the ability to refer to CHEST directly.
- As previously referenced, are proceeding with Extra Care Housing Schemes at Torre Marine, Torquay, and Crossway in Paignton, and working with providers to bring forward new Supported Living capacity in the community for people with Learning Disabilities or Mental Health conditions as an alternative to bed-based care and a potential scheme to realise additional dementia capacity.

Focus on Homelessness

An integrated team consisting of a social worker, drug and alcohol treatment worker, housing staff, outreach team and the new Housing First team have worked to remove barriers for people who are homeless to access housing, health, and care services. The Housing First teamwork with those whose needs have not been previously met; housing people straight from the streets into the community and providing intensive support to help people maintain their accommodation. The Housing First team is working well with the Homeless and Vulnerability locality team with good effect. The teamwork across 7 days a week and have a case load of only 5 people to ensure that they can provide the levels of support that people need.

Focus on carers

The BCF contributes towards payment of staffing to deliver service and towards the carer's personal budgets such as a break from caring to improve their health and wellbeing. There are statutory duties for both LAs and the NHS to ensure that services are provided for family and friend carers, via Care Act 2014 and recently passed Health and Care Bill 2022. Every year, more and more people take on a caring role. The enormous contribution of the country's carers not only makes an invaluable difference to the people they support, but it is also an integral part of our health and social care system, and it deserves to be better recognised. The economic value of their contribution is huge – and the UK's health and social care system is heavily and increasingly reliant on it. An impact assessment published by the Department of Health (October 2014) estimated that each £1.00 spent on supporting carers would save councils £1.47 on replacement care costs and benefit the wider health system; Carers UK estimate that care provided by friends and family saves the state £132 billion each year.

We know that people do not always see that they are a Carer, so we try to make it as easy as possible for Carers to be identified, whether at GP surgeries, through other professionals that may work with Carers, and through our campaigns such as Carers' week and Carers' Rights Day. In 2021-22, 1,930 Carers of Adults received a Carers' assessment / health and wellbeing check, which is 52% of people receiving Adult Social Care services against an annual target of 36%.

In 21-22, 704 carers received support to have a Carers Break, and the positive impact on their Health and Wellbeing was significant. [Link to Carers Personal Budgets evaluation](#).. This has been especially important at a time when Replacement Care (Respite) Services have been limited.

Improved wellbeing through partnership:

We will work with our local partners in the public, private, voluntary and community sectors to tackle the issues that affect the health and wellbeing of our population. We will work in partnership with individuals and communities to support them to take responsibility for their own health and wellbeing.

Supported Living Provision

Supported housing provides crucial help to some of our most vulnerable people. It can have an enormous positive impact on an individual's quality of life: from their physical and mental health to their engagement with the community and reducing social isolation.

The Supported Living framework introduced in April 2018 provides a greater focus on assisting improvement alongside our statutory assessment function. The framework is intended as a focal point for joint working between partnership organisations and reflects

Torbay's integrated health and care service delivery model. The framework supports Torbay in moving towards a more enabling environment with measurable outcomes in promoting people's independence, quality of life and health and well-being.

During the year we identified significant gaps in the market for people with a mental health diagnosis resulting in a tender, specifically for this client group, being published in the summer of 2020. As a result, we have increased the number of Supported Living Providers on our framework and are working with them to increase capacity and develop services.

Enhanced Intermediate Care

We have invested in Enhanced Intermediate Care services to help people stay independent at home longer. Intermediate care also aims to avoid hospital admission if possible and delay people being admitted to residential care until they absolutely need to. Intermediate Care is a key requirement in facilitating early discharges from hospital.

We work to ensure Enhanced Intermediate Care is fully embedded working with GPs and Pharmacists as part of the health and wellbeing teams within Torquay, Paignton and Brixham. We also have a dietician in the Torquay locality who has been invaluable during any Covid Care Home Outbreaks

We have developed stronger links with the ambulance service and the acute hospital which means that the person experiences a more seamless service between settings.

We work with the Joint Emergency Team in the Emergency Department (ED) to prevent an unnecessary admission into the hospital. The Frailty Team are also based in the T&SD ED working alongside JETS to identify and support the Health of the Older Person (HOP) clients through to outpatient, acute HOP in-patient or IMC beds as appropriate. This links into the agreed Frailty Virtual Ward arrangements, with recruitment underway. There is also an In-reach B7 Occupational Therapist from the T&SD Complex Discharge Team, with those above enabling/supporting safe discharges and collaboration with the VCSE discharge teams.

We have recently started doing a virtual multi-disciplinary team meeting with the Care Home Visiting Service, Older Mental Health Services, dietician, pharmacist, and Health Care for the Older Person Consultants. This happens weekly and we refer any people in our Intermediate Care service who we feel may benefit from this specialised group of clinicians. This results in the person receiving care without having to attend an appointment. This service has been extended so that the localities can discuss any people who are either in their own home or a care home placement, promoting proactive treatment.

The average age of people benefitting from this service is 83 years old. The deeper integration of these services, supported by investment through the Better Care Fund has helped ensure people have shorter stays in hospital. The implementation of a 'discharge to assess at home' pathway has further developed the ability of the organisation to care for people at home and we always work towards the ethos that 'the best bed is your own bed'.

Extra Care Housing

Extra Care housing combines care and support to maximise the independence of Torbay's population whose Long-Term Condition or diagnosis means they require ongoing care and / or support to maintain independent living, for as long as possible, in their own community-based home. Our Extra Care service is multi-generational supported living benefitting from 24/7 on-site staffing.

Demand for Extra Care Housing continues to outstrip supply. To address this the Council has purchased a site in Torquay to increase capacity. A dedicated Capital housing officer has been recruited by the Council to work in partnership with TDA and Torbay and South Devon NHS Foundation Trust in developing these sites. The Extra Care project group membership includes multi-disciplinary representation and the voluntary sector whose aim is to develop housing which:

- Promotes independence, quality of life, health and well-being and offers choice and diversity.
- Creates mixed communities which integrate well.
- Supports people in their own home.
- Build homes which adapt to individuals' changing needs.
- Diverts people from more institutionalised care.

The Extra Care Scheme is in Torre Marine, but we have a second one planned for Crossways. a scheme in Torquay which is in the planning system and a second plan for central Paignton as part of a regeneration scheme.

Wellbeing services with the Voluntary Sector

During 20/21 the statutory sector in Torbay further developed its well-being offer by working more closely in an enduring partnership with the Community and Voluntary Sector in Torbay. Jointly with the Voluntary Sector we have responded to the challenges of the pandemic:

- By Facilitating/supporting alliances/partnerships within the community to improve resilience
- By working more openly and collaboratively with the Voluntary sector on an equal footing via forums such as the Voluntary Sector Steering group and via the use of the Adult Social Care precept previously.

During the pandemic Voluntary Sector partner organisations responded flexibly and used resources in a creative fashion. Their added value to the social care offer was noted and their place and benefit to the Health & Social Care system, and Adult Social Care can only build in strength as we move forward with the Adult Social Care Improvement Plan.

The development and implementation of the Adult Social Care Three Year Plan has been very much informed by our "Community Led Support" work in Adult Social Care, which preceded it. This focused on working in a different way with the community, and a more person-centred approach to wellbeing. This work has been further developed and reinforced through the pandemic, with a more open, collaborative approach being taken to joint working, improving relationships, and understanding between the sectors. Initiatives have been truly community-led and asset-based, with statutory services taking a more facilitative, supporting role.

The VCSE sector has been agile, creative, and person-centred in its response to community need, which has positively influenced culture within Adult Social Care and the way in which we are improving our services. For example, as part of the Three-Year Plan, we are redesigning our "Front Door" (the way in which people access our services) in Adult Social Care. This is not only being informed by the development of the Community Helpline, but VCSE partners are actively involved in the redesign work. This approach is fully aligned to the Care Act (2014), which recommends greater integration and collaboration with local partners, for the benefit of community wellbeing.

Building upon this ethos, there is now an extension of this work to be piloted within the Emergency Department, with a VCSE model at the front door to support the clients who

have attended, with a community-based connector to facilitate and signpost other pathways of support. This could be both for this attendance but also to support with advice/appointment booking/connection to other services to reduce or mitigate the need for attendance for that issue in the future or support another part/area of their lives (mental health and well-being/social/carers issues/non-acute health related problems).

A new Steering Group has been created with representatives from across the VCSE and statutory sectors, which will help to guide and shape developments. A VCSE Forum has also been set up, to make it easier for organisations within the sector to connect with a common purpose, providing greater opportunities for collaboration, and a stronger voice in the local system. The VS in conjunction with the Council are planning a community response to the Cost-of-Living crisis via a procured Alliance approach.

Technology Enabled Care Services (TECS)

A Technology Enabled Care Service (TECS) is available across Torbay. Commissioned in 2018 by Torbay and South Devon NHS Foundation Trust, the service is provided by NRS Healthcare located in Paignton. TECS provides solutions to individuals to keep them safe and independent in their own homes for longer, potentially delaying any need for formal service interventions. NRS Healthcare offer a private purchase option so that people can choose different ways to support how they access the community and live as independently or care for loved ones. For those who are eligible following a Care Act Assessment, TECS will be considered before other packages of care are put in place.

This contract has supported people from managing medications independently through to allowing people to access their community with TEC phones linked to 24/7 care for emergencies. The provider NRS have been developing a new system to support people being discharged from hospital through until their assessment has been completed in their home while having access to a care line. Work has started with public health to use TEC to support people with diabetes and mental health so that they are able to manage and live full lives.

The Hope Programme

The HOPE (Help to Overcome Problems Effectively) Programme is an evidence based 6-week self-management course based on positive psychology, mindfulness, and cognitive behavioural therapy, built on 20 years of research from Coventry University. It brings together people with similar needs and experiences in a safe space across 6 weeks. Participants are given the tools to build their knowledge, skills and confidence whilst helping each other. The groups are run by trained facilitators – professionals or volunteers. Across Torbay and extending into wider Devon, the HOPE programme continues to go from strength to strength with over 1,400 participating in the programme to date. We celebrated our 4th Birthday on 13th November 2021

As we continue to adapt our day to day lives towards a new normal amidst the Covid-19 pandemic, the HOPE programme has had to evolve as well. Since April, facilitators have been delivering the HOPE programme using Microsoft Teams and finding out the best ways to modify the face-to-face programme to an online one. This meant a two-month hiatus from April – June 2020, but since then we have been delivering 'Virtual HOPE'. This has increased our spread and reach, with people not having to travel to a HOPE venue but can access in the comfort of their own homes. We have also been able to offer more evening courses to support people who have working responsibilities.

Health and wellbeing coordinators and PCN link workers

Provide effective links into the voluntary and community sector- both these roles base their approach on discussions focussing on what matters to each person. Making Every Contact Count is more established and provides support to people around behaviour change related to tobacco, hypertension, alcohol, being overweight or physically inactive.

Falls and frailty prevention work

Is being driven by the locality Ageing Well and Frailty Partnership working across the system.

a) Approach to Collaborative Commissioning

Torbay has had integrated services since 2005 which were extended in 2015 to encompass a whole system integration with the creation of the Integrated Care Organisation (ICO) Torbay and South Devon NHSFT. Arrangements include aligned commissioning posts across the local authority and NHS Devon, pooled funding arrangements which are managed through agreed collaboration as to how these are spent. We have developed a Local Care Partnership Delivery Group which brings together operational and commissioning leaders across our system including the local authority, NHS Devon, public health, Primary Care Networks, and the voluntary sector. This group is responsible for aligning system plans and evolving strategy into operational plans. The Integrated Care Model sets out our system wide ambition to have a maturing integrated offer at neighbourhood and place, bringing together primary care networks, mental health, social care, and hospital services to meet population needs.

b) Overarching Approach to support people to remain independent at home

The key elements of our plans to support people to remain independent at home are connecting people with things that help them to lead healthy lives, supporting people to stay well and independent at home, proactively working to avoid dependency and escalation of illness, connecting people with expert knowledge and clinical investigation, providing easy access to urgent and crisis care and embedding end of life care at all levels.

The key priorities are population health management through data driven planning and delivery of care to achieve maximum impact, social prescribing, and community asset-based approaches. There is an Integrated Care Model Programme aiming to deliver these ambitions by bringing together several projects which aim to bring greater integration of health and social care provision. These include workstreams on: Enhanced Health provision in Care Homes, Ageing Well and Frailty, Community Urgent Response, transforming the delivery of social care, enhanced discharge, and our community mental health framework. The aim is to work as a system to meet the health and wellbeing needs of the population.

The programme includes working in partnership with primary care services and our voluntary and community sector.

The process for developing PCNs in Torbay is being supported by the local care partnership delivery group. There are 3 PCNs in Torbay and these are co-terminus with the council boundary. We have worked in partnership with PCNs to support the development of their pharmacists and social prescribing link workers.

A VCSE strategy has been developed across Torbay. It contains a mix of place-based agencies and those that operate across a wider theme and area due to their specialist nature. The VCSE is a key part of the integrated model of care and will help to deliver the

BCF priorities in the following ways: social prescribing, self-care, building resilient communities, by helping with transport, enabling hospital discharge to take place by supporting people with volunteers or befriending, looking after pets whilst people are in hospital, and wellbeing co-ordinators will be linking to community assets.

c) Reducing health inequalities and inequalities for people with protected characteristics

Learning from the pandemic has highlighted an increase nationally in health inequalities. The Devon ICS has responded by creating a health inequalities group focused on understanding and developing plans to reduced health inequalities. Responses and plans to this challenge are Devon-wide e.g., Disability strategy, Carers Strategy, Promoting Independence Policy as well as local LCP place as well specific plans at local place-based LCP level utilising PHM approaches.

Quality is the golden thread that runs through all aspects of our integrated commissioning and service delivery. We have created a system-wide quality, equality, and performance group to ensure that QEIAs are undertaken for all services to understand impact on all sectors of society but with reference to those with protected characteristics. All QEIAs will subsequently be subject to a system scrutiny panel to provide assurance that all elements of quality impact are understood, and risk assessed. All commissioning-led decisions in respect of service redesign are robustly and openly challenged and must be able to demonstrate that key impacts on quality of care have been appropriately considered through use of the agreed QEIA assessment process. Our Quality and Equality Impact Assessment (QEIA) tool aims to review impact through both an evidence/narrative account and a guided rating scale: measurable outcome scores of impacts on safety, treatment quality and experience.

The approach in Torbay is to work closely with public health colleagues to reduce health inequalities and inequalities for people with protected characteristics. As part of the development of plans we have assessed the areas where there are greatest health inequalities, and the Adult Social Care Transformation Plan includes approaches to reduce these. Areas of particular focus include suicide prevention, looked after children and older people's mental health.

Strategic, joined up approach for DFG spending

Approach to integration with wider services – using DFG to support housing needs of people with disabilities or care needs and arrangements for strategic planning for the use of adaptations and technologies.

The approach to using the DFG to support the housing needs of people with disabilities or care needs is supported by the Torbay Council Housing Strategy 2020-25 <https://www.torbay.gov.uk/council/policies/community-safety/housing-strategy/>, which recognises the need for its Strategy to support the Community and Corporate Plan and recognises the significance of housing within the wider determinants of health, particularly in helping to alleviate the pressure on Adult Social Care and Health services. The strategy enables the co-ordination several housing and health related priorities including, aids and adaptations for disabled people, home improvements; access to community equipment and assistive technology to enable independence at home, speed up hospital discharge/reduce readmission, prevent escalation of need e.g., accidents and falls and support maintenance of physical and mental well-being.

As part of this year's Better Care Fund, we have set aside a small amount to invest in a Strategic Review of our approach in relation to DFGs.

Torbay's housing strategy aims to deliver homes fit for the future at each stage of life to meet the needs of an increasing aging population; higher proportion of older people; higher proportion of population with disability; increased referrals for Disabled Facilities Grants; higher proportion of one person households; higher proportion of households aged over 65 living alone (from Housing and Health Needs Assessment). As part of improving quality of homes and providing homes fit for the future, there will be the development of additional extra care housing units. The local partnership arrangements including, an integrated ASC and housing strategy team, ensure effective partnership with local housing providers, local communities; large and small private sector bodies, the broader public sector; and our local community and voluntary sector.

Agreed approach to support safe and timely discharge from hospital and continuing to embed a home first approach

Planning for a patient's discharge from hospital is a key aspect of effective care and some will have ongoing care needs that must be met in the community. Meeting the ongoing care may involve specialised equipment at home or daily support from carers to complete the activities of daily living. Planned of the patient's return home, to ensure that there is no gap in the provision of care between the discharge from hospital and the initiation of community services is widely recognised. The flow of information about the patient must also be handed over from the hospital team to the community team so an informed plan of care can be put into place. Discharge planning is vital: poor discharge planning may lead to reduced quality of patient outcomes and delayed discharge planning can cause patients to remain in hospital longer than necessary.

The Complex Discharge Hub with a single system co-ordinator supports the discharge of patients on Pathways 1-3 from the acute hospital and decides the pathway, destination and level of care required to support the appropriate prescription of care from acute settings. The approach uses triage and liaison with Short Term Services (STS) and independent providers. The hub works across 7 days with an MDT workforce with the aim that the level of support provided enhances patients' independence utilising digital technology where possible. A recruitment programme is in place to increase workforce for STS.

The new Trusted Assessor roles at T&SD working from within the hospital on behalf of care providers to support appropriately assessed and supported discharges to those environments, facilitating and supporting close working relationships and collaboration with them, but also the primary link for P0 clients to support a smooth discharge back to their usual place of residence if it is a care environment. The control team also undertake a daily review of all P0 patients with a LoS >7 days to ensure that if they require any help or support from the Discharge Hub, that this is escalated and reviewed.

There is a complex discharge daily sit rep meeting to check and challenge the approach towards complex discharges which maintains oversight of actions to be completed to facilitate discharge. This meeting includes voluntary sector colleagues to increase understanding of voluntary sector services and ensure appropriate input to support discharge. Increased collaboration between therapy and discharge teams is aiming to create a team ethos and improve everyone's understanding of each other's challenges and pressure. Aiming for a Joint therapy team being established across acute, community and social care – sharing the assessment burden.

The team are working with hospital wards to develop ways of managing people's care within the hospital that avoids multiple moves across in-patient wards and embeds the ethos of home first.

a) Avoidable admissions: overall plan for reducing rates of unplanned hospitalisation for chronic ambulatory sensitive admissions.

The indicator measures the number of times people with specific long-term conditions, which should not normally require hospitalisation, are admitted to hospital in an emergency. These conditions include, for example, diabetes, convulsions and epilepsy and high blood pressure. The rate is the standardised rate per 100,000 population of emergency admissions for chronic ambulatory care sensitive conditions.

Plans include extending urgent community response offer, the use of surgical and medical receiving units 24/7 and extending the enhanced health in care homes offer.

In terms of frailty - in response to Torbay and South Devon NHS FT joining the Acute Frailty Network programme for a year, greater Healthcare of the Older Person clinical presence has been embedded at the Front Door. The workforce currently consists of a Consultant and Registrar with a Frailty Advanced Nurse Practitioner starting in January and a Frailty Discharge Coordinator out to advert. This team is working closely with the already established Joint Emergency Team. The emphasis is on Same Day Emergency Care and admission avoidance. Other focuses include system wide frailty identification and the roll out of a Comprehensive Geriatric Assessment.

We also have plans in place covering admission avoidance for people with Long Term Conditions, specifically respiratory and diabetes:

- **Respiratory**

PCN's piloting a COPD pathway by working with community teams and referring into intermediate care. Weekly MDTs with specialist nurses available to support. Successfully seen as an enabler to support discharge.

Respiratory 'hot' clinics in place by December 2021, to avoid unnecessary admissions by allowing rapid access to respiratory physicians and specialist nurses, enabling stable patients to be managed in the community.

- **Diabetes**

Following results from an audit in September 2021, where 100% of required acute diabetic foot referrals were made, a B3 podiatry post is in place providing education, foot touch tests and next steps to all wards within TSDFT.

Individuals can still self-refer to the National Diabetes Prevention Programme (NDPP) until March 2022. 92% of PCN referrals, for the period April 2020 to October 2021, are for NDPP.

TSDFT continuing the roll out of CONNECT Plus app which has been co-designed with NHS clinicians and patients to make it easier to manage multiple conditions together and in one place. Its range of features provides 24/7 access to clinically assured information that helps patients to be better educated about their conditions. CONNECT Plus empowers patients by enabling them to monitor progress, manage their medication, handle numerous appointments, and better care for themselves from the comfort of their own homes. This means that patients will need fewer appointments, make fewer calls to the department, and it becomes much easier to run patient-initiated follow-up programmes.

b) Length of Stay: plan for reducing the percentage of hospital patients with a length of stay over 14 days and 21 days.

Percentage of hospital inpatients who have been in hospital for longer than 14 and 21 days

- Model for Winter to include forensic review completed on all patients with a LOS greater than 10 days by the Clinical site Manager with a physical presence on wards to discuss patients with MDT workforce. The aim is to support a reduction in patients moving to >14 days with a focus on the patients with a criteria to reside and what needs to happen to bring care decisions forward.
- Weekly MDT meeting including mental health teams, complex Discharge. Reviewing all patients with no CTR and LOS > 14 days. Supported shared understanding of each other's challenges and pressures.

c) Discharge to normal place of residence: plan for improving the percentage of people who return to their normal place of residence in discharge from acute hospital.

Percentage of hospital inpatients who have been discharged to their usual place of residence.

Home First strategy throughout the hospital. Plans include that any patient not on Pathway 0 or not returning to their usual place of residence with usual package of care is assessed by ward staff and then referred into discharge hub.

The discharge hub undertakes multidisciplinary triage and decides the pathway, destination, and level of care. Return to usual place of residence is supported by multi-agency intermediate care teams and short-term services.

d) Admissions to residential and nursing homes: plan for reducing rates of admissions to residential and nursing homes for people over the age of 65.

Adult Social Care Improvement Plan is engaged with improving ASC, focussing on strength-based approach, efficiency, effectiveness, innovation, and cashable savings. This plan includes ambitions to reduce admissions to residential and nursing care, increase the use of extra care housing and increase the number of people supported to stay in their own home.

Torbay Council and Torbay & South Devon NHS Foundation Trust has jointly commissioned two new extra-care housing schemes with the express outcome of reducing admissions for older people to general residential care (we have projected a reduction of 200 commissioned residential care beds by 2030) in Torbay and extending the length of time older people can remain independent before requiring residential care with nursing. The first scheme of 80 units is at the design stage and has involved the University of Stirling's Dementia Design Centre to ensure that our admission reduction approach includes maximising independence at home for people with varying degrees of dementia. Start on site is scheduled for June 2022, with completion and mobilisation in December 2023. The second scheme of 100 units has a more complex development schedule due to the nature of the site but will be completed and mobilised in late 2024.

Further to this, we are respecifying our existing extra-care schemes (108) to increase the capability of the service to divert older people with care needs away from residential care; this will be mobilised in 2022 and is expected to a further reduction of 12 admissions a year.

e) **Effectiveness of reablement: plan for increasing the proportion of older people who are still at home 91 days after discharge from hospital into reablement/rehabilitation**

Our plans include using our multi-agency Intermediate Care Teams and enabling short term services to support people after discharge from hospital. These teams have close links with social prescribers and our voluntary sector partners so that people continue to be supported after initial, intensive short-term intervention.

Torbay Council and Torbay & South Devon NHS Foundation Trust are at the early stages of jointly commissioning a 20-24-bed residential hospital step-down and reablement service, working in partnership with an existing Torbay care home provider alongside an embedded NHS multidisciplinary therapy team in the same building. Mobilisation of this service would be late 2022 and it is anticipated that 96-124 older people would go through the service annually, improving flow through the integrated health and care system and significantly improving post-discharge outcomes, including a reduction in unplanned hospital readmissions.

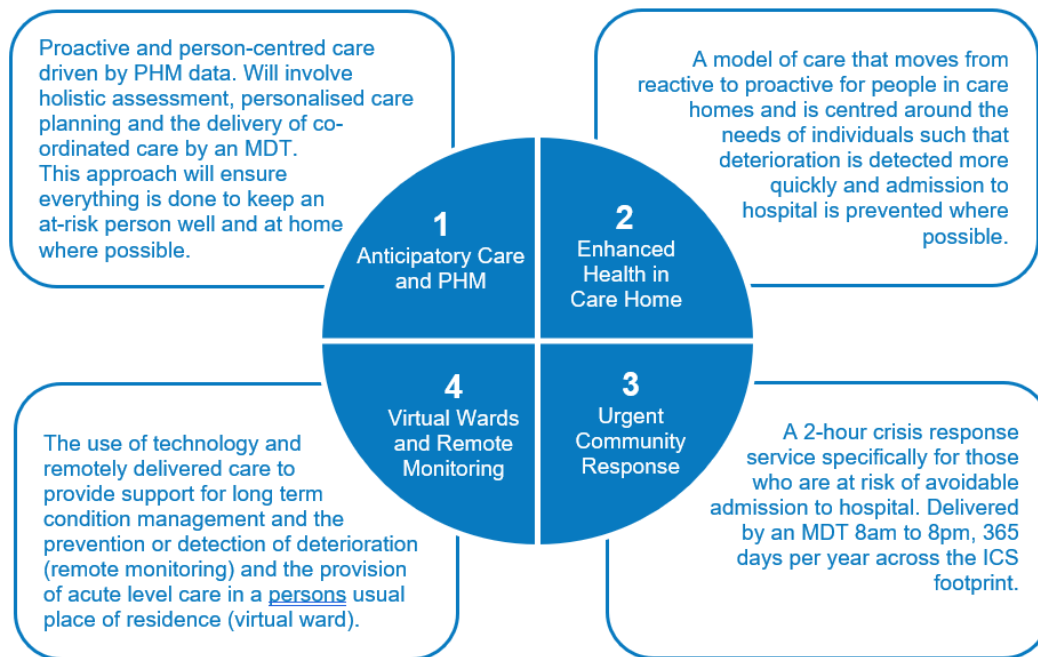
Community First Strategy

The ten components of our Community First strategy follows the ten areas of our Integrated Care framework which describes our approach in Devon to deliver truly integrated care in community services. The strategy itself forms the first component, being the map by which we will realise our vision and deliver integrated care across Devon ICS. As BCF is an enabler to this vision, investment will be particularly focused in 2022/2023 on the discharge to assess model and more appropriate use of capacity for integrated community-based health, social care, and mental health services, with a greater focus on care closer to home, supported by timely discharge and virtual wards.



Our community approach to keeping people at home

The diagram below highlights four key areas which directly seek to keep people at home (in their usual place of residence) when it is safe to do so. This strategy aims to move us to a place where we can increasingly have the resource, infrastructure, and clinical skill to support people with higher acuity needs in the community. In addition to the programmes below, there are several more specific services areas that support the avoidance of unnecessary admissions for people. A good example of this currently is the Devon ICS End of Life review, of which a focus is on giving people the increased ability to die in their preferred place and reducing avoidable admissions.



Our priorities align with the High Impact Change Model (have completed a self-assessment on managing transfers of care), and we have adopted the national discharge to assess model across Devon and are monitoring the delivery of the time to transfer standards daily and working as a Devon system to share learning and make improvements where required through our System Flow programme. It is important here that existing good practice in Torbay and indeed other parts of the system are considered as such as part of the approach in the wider system and we don't impact good progress.

Through detailed analysis of daily performance, we recognise that our main challenges are with pathway 2 and 3 discharges. Care market business continuity, workforce and market sufficiency are the key issues that we are grappling with. We are currently undertaking a piece of work, as one of the 10 points of the national 100-day challenge, to understand our discharge demand and capacity and are modelling this for each of our five localities. From this modelling work we will then draft a local plan for each area addressing; demand reduction for pathways 1-3, efficiencies within each pathway and capacity creation for each discharge pathway.

We continue to focus on supporting early discharge planning by expanding the reach of the discharge hubs and proactively supporting people home from hospital, improving patient flow through the hospital, further developing a 'one team' approach, driving forward our plans for integration including the voluntary sector, mental health services and the independent sector

and further developing the home first approach and maximising impact from the enhanced health in care homes workstream. This can be seen in our continued/new investments including through the Better Care Fund in such areas as:

- In-reaching B7 into ED to collaborate and link with JETS/Frailty/acute teams
- new Trusted Assessor / Admiral nurses working directly with the private care providers for transfers of care but also focussing Pathway 0 patients that are resident within a care environment to ensure they return to their usual place of residence
- Assistant Practitioners review all Pathway 1 from the Rapid Team, and they re-triage the Pathway 2 to ensure their prescription of care is correct and if it can be de-escalated
- multi-agency discharge teams
- enhancing our urgent and intermediate care / reablement services to build both capacity and skills
- extending hours of service across the system but particularly in community teams to move towards embedding a 7-day service and avoid peak admission and discharge times,
- increasing the scope and availability of residential and nursing care placements through discretionary purchase of beds to increase capacity
- building on the skills of staff within care homes but also investing in the support we wrap around through such things as enhanced therapy support and proactively targeting primary care support to the sector
- building the scope and reach of our community equipment and telecare and assistive technology opportunities.

The Better Care Funding and our approach to integrated working are contributing to a number of existing schemes and supporting the development of others which are helping to address our local pressures, including capacity in the community, pressure of the complex caseload and the use of bed-based care.

Equality and health inequalities

Briefly outline the priorities for addressing health inequalities and equality for people with protected characteristics under the Equality Act 2010 within integrated health and social care services. This should include

- Changes from previous BCF plan
- How these inequalities are being addressed through the BCF plan and BCF funded services
- Where data is available, how differential outcomes dependent on protected characteristics or for members of vulnerable groups in relation to BCF metrics have been considered
- Any actions moving forward that can contribute to reducing these differences in outcomes

Healthy people are at the core of healthy societies. Yet health is more than just the absence of disease. The World Health Organisation defines health as “a state of complete physical, mental and social well-being”. When it comes to health, accessible and high-quality health care is important, but as little as 10% of a population’s health and wellbeing is linked to access to health care. Many other factors, such as the home and the community we live in, our environment, work, education and money, influence whether we are healthy and happy. It is therefore crucial to address these and create an environment that enables people to be as healthy as they can.

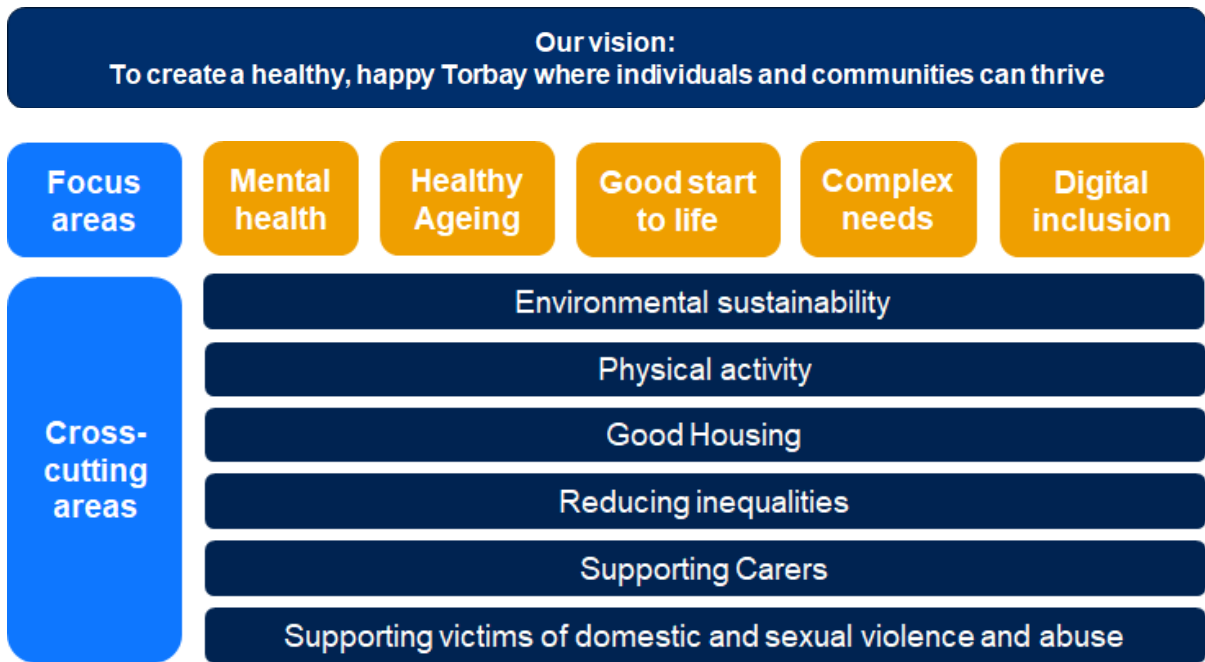
The circumstances in which we live, our daily activities and our social lives affect our physical and mental health and wellbeing. At the same time, having a physical illness or mental health problem can have a significant impact on our social and working lives and our wellbeing. Everyone in our community should have the opportunity for good health and wellbeing. To increase the health and wellbeing of the people in Torbay we need to work across all sectors and organisations to address the factors that influence these. This Joint Health and Wellbeing Strategy sets out our focus areas and key actions to improve lives in Torbay over the next four years.

Torbay offers a great quality of life for individuals and families, with a great natural environment on the English Riviera, a wide range of outdoor activities, excellent schools and a growing arts and cultural sector. But in common with other coastal communities, Torbay faces major challenges. Some of these are listed below. For more detail consult Torbay Council’s Joint Strategic Needs Assessment.

The Strategy in summary

The Joint Health and Wellbeing Strategy lays out the plan to improve the health and wellbeing of the population in Torbay between 2022 – 2026. Five focus areas and six cross cutting areas identify priorities for collective system action over the next four years. The Health and Wellbeing Board has selected priority areas that relate to all aspects of health and wellbeing, without duplicating existing work or losing focus by spreading efforts too widely.

The Joint Health and Wellbeing Strategy provides a framework for the Health and Wellbeing Board to promote and monitor progress in the areas identified to be most important. It also provides a direction for the commissioning of services in other areas and identifies medium and long-term goals. The goals outlined in the following sections of the strategy will provide a basis for the Health and Wellbeing Board to monitor progress on each priority area.



The goals and actions laid out in Torbay’s Health and Wellbeing strategy will be delivered by Torbay Council, constituent members of the Joint Health and Wellbeing Board and partners, in accordance with the table below.

The Health and Wellbeing Board has agreed ‘areas of focus’, ‘areas to sponsor’ and ‘areas to watch’. Areas of focus match the focus areas of the Strategy. These are where the Board will take a more active direction and oversight of delivery. Areas to sponsor and watch are the underpinning areas where the Board is not the lead for delivery but requires assurance from partners that progress is on track.

For each area of focus there is a lead strategic group who will oversee delivery. There will also be an annual delivery plan sitting beneath the Strategy, defining actions year on year.

To ensure we achieve our aims in the agreed priority areas, an outcomes framework sets out the indicators and measures against which progress will be measured. Progress reports will be presented at the quarterly Health and Wellbeing Board meetings. In addition to this, the Health and Wellbeing Board will hold a spotlight session on each work area to examine progress in more detail through the year.

Specific focus and approach

When we published our last JSNA, in 2020, we highlighted the widening inequalities gap in the ten years since the Marmot Report, Fair Society, Healthy Lives, was published. During the last two years of the COVID-19 pandemic, those inequalities have only widened further. Those most adversely affected by both the direct and indirect impacts of the pandemic are the most vulnerable in our communities, living in the areas of highest deprivation. People in poorer health were more likely to become seriously ill with COVID-19, those in temporary work were more affected by job insecurity through lockdown, and those living in crowded or poor-quality accommodation were more likely to find it difficult to cope with disrupted schooling.

The spotlight on COVID section showcases some of the impacts: numbers of our population claiming universal credit have increased significantly; instances of domestic or sexual violence and abuse rose in all parts of the country during the national lockdowns; NHS

waiting lists have burgeoned, and the number of people in contact with mental health services has increased substantially. The Torbay Food Alliance, and the Torbay Community Helpline, supported thousands of people with practical day to day help. This reflects both the acute needs of our population, and the great community spirit and heart of our community organisations and our volunteers.

As we move, we hope, from the acute phase of the pandemic to living with endemic disease, we now face the enormous challenge of enabling all members of our communities to recover health and wellbeing. Clearly this is inextricably linked with recovering financially, having a stable job and a secure home, being socially connected, and feeling truly part of a community. As a Council we are leading work to tackle the COVID deficit through our Turning the Tide on Poverty programme. This builds on the Marmot principles of healthy start in life; fair employment and good work for all; healthy standard of living; sustainable communities; and preventing ill-health. The chapters of the JSNA set out what we will need to tackle in each of these areas.

However, the situation has changed rapidly and repeatedly due to the Covid-19 pandemic and response, followed more recently by the Cost-of-Living Crisis being experienced due energy increases and changes to taxation and benefits being implemented in April 2022.

The Task and Finish Group discussed the themes identified within the Marmot Report 'Fair Society, Healthy Lives'. Marmot published a further report 'Build Back Fairer' examining the impact of the Covid-19 pandemic and the national measures taken to manage it on health inequalities. Further recommendations were made on short-, medium-, and long-term measures that should be taken to mitigate these adverse impacts (see Appendices). Turning the Tide on Poverty describes the approach in Torbay to embed these Marmot themes and recommendations.

The Torbay Covid-19 Recovery Board reviewed and updated the impact assessments and agreed to align the Covid-19 Recovery Strategy with Turning the Tide on Poverty work streams in revising approach to recovery planning. There are now key strategies and plans in place to deliver on these themes including the Economic Strategy currently under development and the Joint Health and Wellbeing Strategy which is out for consultation. In addition, there is a Strategic Housing Strategy and Children's Improvement Plan in place both overseen by Boards.

National policy has also influenced the situation with a shift in the pandemic response to Living with Covid and statements of Levelling Up missions. It was important that while responding to and implementing national policy that we were reviewing the situation on the ground in our local communities.

A series of multi-sector workshops have been held, to explore how as a local system we can address key issues driving health inequalities. These were guided by the policy objectives recommended in the Marmot review. The workshops were held around four inter-dependent themes:

- Best Start: Give every child in Torbay the best start in life and enable them to maximise their capabilities and control over their lives
- Fair Employment: Maximise opportunities for people in Torbay to access good, fair work which pays a living wage
- Ill Health Prevention: Strengthen the role of ill-health prevention in Torbay

- Healthy Standard of Living: Ensure that rented accommodation in Torbay is of a good standard that supports good health.

Reducing inequalities

Health inequalities describe differences in the opportunities that people have to lead healthy lives. Health inequalities do not only exist in life expectancy, but also in access to and availability of care, behaviours that impact health and social determinants of health such as housing. Due to the impact of inequalities on health outcomes, reducing inequalities is an important goal in the NHS Long Term Plan, and should be a key aim of any public health policy in Torbay.

In Torbay, we have very affluent areas, but also quite deprived areas that struggle with poor housing, poverty, insecure jobs, low wages. Inequalities have also worsened during the pandemic, meaning that this is now more important than ever.

Ask from other service areas:

- Every time a service changes a quality and equality impact assessment should be completed
- All employees should be trained to recognise the needs of minority and ethnic groups
- Introduce a Rural Proofing for Health Toolkit into the service delivery of local health and care systems
- Ensure that digital care pathways are developed in ways which increase inclusion

Inequalities

Inequalities are variances between different groups within society that are both avoidable and unfair. They develop out of the conditions that we are born, grow, live, work and age in. These conditions impact in different ways as well as in different combinations, which manifest in such a way as to be either beneficial or detrimental to people's lives, such as health behaviours, health status and wellbeing.

Inequalities can exist between population groups in a geographic community in different ways, with many individuals and groups intersecting across two or more of these (Figure 3).

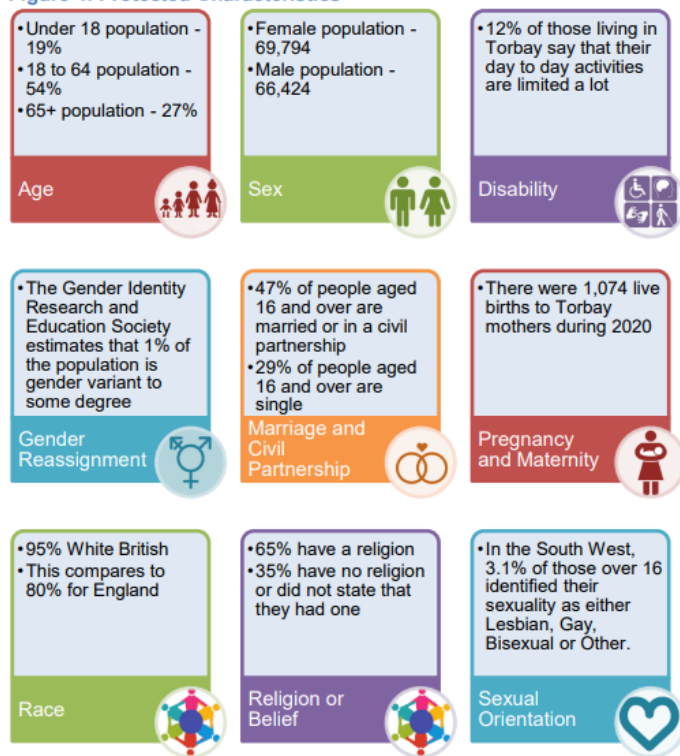
Figure 3: Inequalities and intersection



- Socio-economic groups and deprivation: *Examples include those who are unemployed, on low incomes or people living in deprived areas.*
- Protected characteristics: The Equality Act protects people against discrimination because of the nine protected characteristics that we all have. *Examples of protected characteristics are sex, race, sexual orientation, and disability.*
- Vulnerable groups in society: These are groups of people who because of certain factors mean they are more at risk than others in society and/or marginalised in society. *Examples include people with a disability, people with substance misuse problems, prisoners, and homeless people. Inclusive health groups can be an alternative term that is often used for this population group.*

Protected Characteristics

Figure 4: Protected Characteristics



Protected characteristics are the nine characteristic groups protected under the Equality Act 2010, these are listed in Figure 4. Under the Act, people are not allowed to discriminate, harass or victimise another person because they have any of the protected characteristics. There is also protection against discrimination where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic.

Torbay's population includes an increasing number of people with lived experience of health and wellbeing challenges. As this population ages, the need for health and care services is estimated to increase substantially in the future. Torbay needs health and care services that promote the health and independence of people in the community and take older citizens' needs and preferences into account.

Physical, mental, and social wellbeing are closely connected and any programme to support healthy ageing needs to promote these together. There is also a need to understand and to tackle people's experiences of social isolation, discrimination, and exclusion. We need to work together to overcome these complex challenges and see this as an opportunity for engagement and learning about health and wellbeing for us all, right across the life course.

Together we want to transform the way we approach this, focusing on the strengths, skills and experience we can all contribute to society as we age, and enabling us as individuals to take steps to promote and improve our own health and wellbeing with each new decade.

What are our goals?

Every individual:

- Understands the process and is aware of ways for preventing and living with ill-health
- Has their choices and ambitions acknowledged and promoted
- Is able to choose the level of support that will enable them to live independent and socially connected lives
- Is respected for their life experiences and abilities
- Is treated with dignity in all health and care services

To make this happen we will

- Adopt a whole community approach inclusive of all ages and cultures, and require the same of our partners
- Ensure health and care services are shaped by people with lived experience and from diverse backgrounds
- Enable trusted relationships that fully support peoples' wellbeing
- Promote and support the wellbeing of carers
- Promote services that are accessible, inclusive, and effective
- Ensure support is targeted at prevention and is determined by need, not age
- Actively challenge discrimination
- Ensure that when care is needed it is accessible, compassionate and of high quality
- Enable communities to support safe, healthy, active, socially connected, intergenerational living
- Develop housing provision that is suitable and adaptable for people as they age, promoting independent living.

Devon Integrated Care System

NHS Devon is committed to the promotion of equal opportunities, addressing health inequalities, and fostering of good relations between people protected under the terms of the Equality Act 2010, the Health and Social Care Act 2012 and Human Rights legislation.

The key headlines from the developing Equality, Diversity and Inclusion strategy are that One Devon is moving towards a new approach to inclusion that prioritises co-production and working with community partners to understand the needs of our diverse communities in Devon. Inclusion should be at the heart of our organisational culture and is set to be the foundation of joint working within the One Devon and NHS Devon. Since the last BCF Plan, NHS Devon implemented a new Equality, Diversity, and Inclusion Team, which includes an Equality, Diversity and Inclusion Project Manager and System Equality, Diversity, and Inclusion Lead.

ICs have a leading role in tackling health inequalities, through building on the [Core20PLUS5](#) approach introduced in 2021/22 to support the reduction of health inequalities experienced by adults, children and young people, at both the national and system level. CORE20Plus5 remains the focus of NHS Devon's combined HI and prevention plan, with plans to strengthen leadership and system-wide awareness of health inequalities through a range of activities, including the participation in the national piloting of both the

CORE20PLUS5 Connectors model; the support and investment we continue to make in the work of our Local Care Partnerships (LCP's); and our ambition to be a pilot area for the HEE Health Inequalities eLearning programme.

Embedding Health Inequalities across the Devon system is being delivered through a number of actions, including:

- Working closely with our workforce programme, NHS Devon will aspire to deploy Health Inequalities awareness to all staff. This will ensure the workforce:
 - Have a common understanding of what health inequalities are, and how they can affect the population of Devon.
 - Are more confident in asking patients to share personal information about themselves that will assist us in ensuring that factors such as where they live, their ethnic background and other characteristics are not resulting in unacceptable differences in access, experience, and outcome.
 - Are confident in identifying health inequalities.
 - Are confident in taking positive action to tackle any identified health inequalities experienced by the people they meet.
- Working closely with our colleagues in Communications & Engagement NHS Devon will aim to raise awareness of health inequalities within our population. This will support patients in being confident in why it is safe and relevant to share information about themselves.
- In 2022/23 NHS Devon revised the Quality and Equality Impact Assessment (QEIA) which will be launched across Devon to ensure HI is fully considered in all change. A “soft launch” within NHS Devon in Q3 will inform final revisions prior to a phased, wider rollout for completion by Q4 2022/23. This refreshed tool will view inequalities from the perspectives of those affected by them through co-design with the relevant inclusion health groups. Importantly, not only will this tool make it easier to identify potential inequalities brought about by change, but it will also connect those completing the assessment with best practice and easy to understand, tangible examples of how to mitigate against possible inequalities.
- Revisions to our governance structure for health inequalities will give increased focus supporting the Health Inequality priorities our LCP's, and the PCN's within them, have described, alongside the delivery of whole-Devon improvements.
- Establish even stronger links with our network of Health Education England HI Fellows.
- Build upon the work of Devon Communities Together cultural awareness programme that describes a common understanding of why tackling health inequalities is important to our communities, to influence both public health & VCSE sector workforce and our population.

By November 2022, NHS Devon will have completed a homeless health needs assessment within each locality to give both a local, and aggregated whole-Devon, view. The homeless

HNA will also be used to inform future commissioning requirements of Primary Care services to support the homeless population and ensure inequalities that may exist in the current provision are addressed across Devon. From a study undertaken in 2020 to understand attendance and discharge experiences of no fixed abode and addiction patients at local hospitals.

Currently work is being undertaken on Devon's overarching primary care and Community First strategies, People Led Change and the expectation is that addressing health inequalities will be a prominent feature of that work (strategy production July 2022).

Investment in prevention priorities continues both in whole-Devon workstreams, and in interventions at place via our £2m annual prevention fund.

Devon approaches 22/23 having made significant improvements in the capacity and leadership of the Health Inequalities programme. Through:

- The appointment of a Non-Executive Director with the responsibility for Health Inequalities
- Alignment of the HI, Prevention and Health Inequalities agendas under the portfolio of the Deputy Director of Commissioning of Out of Hospital.
- Identification of a whole-Devon SRO for Digital Inequalities
- Appointment of a Head of Health Inequalities and Prevention
- Increased support to, and engagement with, the HEE funded Health Inequalities Fellows network in Devon.
- Dedicated project management capacity in place to support localities in taking action to deliver the priorities they will define to achieve the aims of our Equally Well aspirations.

NHS Devon's Population Health Management programme is closely linked with the Health Inequalities team. The Population Health Management Programme has the overall aim of having a systematic population health analysis at system, place, and neighbourhood level, by 2023/24 enabling LCPs, PCNs and partners including mental health and local authority, to understand their population's needs, including the wider determinants of health, and design interventions to meet them. As an end state, all LCPs and PCNs should be routinely utilising PHM to develop targeted interventions for identified 'at risk' cohorts. The One Devon Dataset (ODD) is in the process of being developed. The dataset will allow all data to be accessible in one place, with various organisations able to access the data.

Using the data made easily accessible by the One Devon dataset will enable us to inform the Better Care Fund schemes, ensuring better outcomes for the population as well those facing inequalities in accessing services.

Better Care Fund Submission Templates:

Please find the associated templates required in support of this narrative document embedded below:



BCF 2022-23
Planning Template



BCF Demand &
Capacity Template -

Title: Trauma Informed Practice Report

Wards Affected: All

To: Health and Wellbeing Board **On:** 15 December 2022

Contact: Debbie Freeman

Email: debbie.freeman@torbay.gov.uk

Background

Trauma and Trauma Informed Practice

What is Trauma?

Trauma can be defined as ‘an emotional wound, resulting from a shocking event or multiple and repeated life threatening and/or extremely frightening experiences, or set of circumstances, that may cause lasting negative effects on a person, disrupting the path of healthy physical, emotional, spiritual, and intellectual development

(National Child Traumatic Stress Network)

Trauma can result from a single event such as an accident or assault, but more commonly refers to developmental trauma i.e., trauma resulting from an event or series of events in childhood such as physical, sexual, or emotional abuse, or events in the household like parental death, imprisonment, substance use, or domestic abuse.

What is Trauma Informed Practice?

Trauma-Informed Practice is a way of working that responds to the evidence that trauma is prevalent in the population, and knowledge around the potential impact on people who have experienced trauma.

Why is it important to use a Trauma Informed Approach?

Trauma Informed practice draws on the evidence that trauma is prevalent in the population (both within the communities we serve, and the workforce) The now famous Adverse Childhood Experiences study in the US recruited participants from 1995 to 1997 and undertook long term follow up. The study demonstrated a clear link between adverse childhood experiences (ACE’s) and health and social problems across the lifespan. The study found that ‘ACE’s’ were common amongst the cohort and that there was a direct and graded relationship to various health issues such as heart disease and cancer. In addition, a link with other issues was identified – for example having 4 ‘ACE’s’ in childhood was associated with a 4-to-12-fold increase in

problematic use of alcohol and drugs, depression and suicide attempts compared to those with no 'ACE's'. Adverse community experiences (for example poverty, housing, and discrimination) can both drive and compound adverse childhood experiences. The clear linking of ACE's and 'social problems' across the lifespan gives a clue for our work; that we can be sure that a proportion people who come into contact with 'helping services' or the Criminal Justice system have a history of trauma.

It's important to recognise that response to trauma is not reductive – a variety of factors determine the impact of trauma – for example the severity and length of the traumatic event(s), whether there are other trusted adults in the child's life, and material circumstances. (i.e. the impact of, for example, maternal depression on a child in a single parent family living in poverty with no support network would be different to that of a child in an affluent family with a large support network and other trusted adults)

Childhood trauma impacts on development - "Trauma produces actual physiological changes, including a recalibration of the brain's alarm system, an increase in stress hormone activity, and alterations in the system that filters relevant information from the irrelevant." (Bessel van de Kolk) - and can therefore impact on the ability to form relationships and navigate social situations in adults - and can lead to 'attempts to survive' such as drug or alcohol use, violence, unusual behaviours etc.

It is therefore clear to see that many people whose behaviour is troubling to communities or services may have a history of trauma. This is not to 'excuse' their behaviour, but to change the narrative from 'something's wrong with this person' to 'something has happened to this person – they have a story of adversity which has traumatised them' which can be helpful in formulating our response both as practitioners and as a system.

Trauma informed practice can be characterised by a shift in thinking from 'something's wrong' with a person to 'something's happened to them' The recent Government working definition of Trauma Informed practice has the following principles:

- Safety
- Trust
- Choice
- Collaboration
- Empowerment
- Cultural consideration

What has been achieved in the past six months? Trauma Informed Practice Programme

We are delivering a Trauma Informed Practice programme to staff who work in services where they are very likely to be working with people who have experienced trauma.

This programme runs over 8 months (half a day a month) and combines information, skills and opportunities to reflect on practice. The programme is delivered by a local organisation, Zebra Collective, who specialise in work around Trauma and Trauma Informed practice.

The first programme ran in 2021 and was delivered to 85 staff and volunteers working with people experiencing homelessness. Phase 2 of the programme, funded by the Community Safety partnership and Public Health, is working with 250 staff across service such as Drug and Alcohol teams, Domestic Abuse services, Police, Probation, School nurses, Children's centre staff, Community Safety etc.

150 of these staff completed the programme in September 2022, and the third programme with a further 100 staff has begun.

The programme is being evaluated by Plymouth University. A light touch interim evaluation of the 2021 programme has been completed and showed real impact on thinking and practice for the staff that completed the programme for example some comments from staff - 'there's a buzz around trauma informed practice in the office' 'It's completely changed my perspective and how I work with people'

The full evaluation will be completed in May 2023.

Groups to support Trauma Informed learning

The following groups have been established to support staff in embedding trauma informed practice. The groups all meet monthly and are well attended and valued. Staff from across Drug and Alcohol services, Public Health, Community Safety, Adult Social Care, Children's services, Housing Associations, Domestic Abuse support services, Probation, Police and Mental Health providers attend.

- Trauma Informed practitioners' group – provides a space for people working directly with people to come together and reflect on their experience of embedding trauma informed practice in their work.
- Trauma Informed teams/services group – for managers/team leaders looking to embed trauma informed practice in their team/service. The group is working on Trauma Informed staff supervision and will then move on to first contact with services. They produce documents to be shared, as well as sharing experiences and reflecting on making changes within their teams.
- Trauma Informed strategic group – for staff looking to embed trauma informed practice through their strategic roles e.g., commissioning. The group is working on using activities such as procurement and contract management to embed trauma informed practice.

Trauma Informed Network

The numbers of people signed up to the Trauma Informed network has risen from 30 in October 2021 (when the Trauma Informed Approaches Project Manager came into post) to nearly 300 members in December 2022, showing the impact of dedicated

time for Trauma Informed work. A Torbay Trauma Informed Network You Tube channel has recently been created - [Torbay Trauma Informed network - YouTube](#)

Trauma Informed work within the Torbay MCN Alliance

The Torbay MCN Alliance (Homelessness services, Drug and Alcohol services and Domestic Abuse support services) has adopted Trauma Informed as one of its guiding principles. All staff within the Alliance have either completed or are participating in the Trauma Informed programme.

Regional Work

Torbay (Debbie Freeman – Project Manager for Trauma Informed approaches) initiated regional work around Trauma Informed practice with Trauma Informed leads in Plymouth, Devon, and Cornwall. This led to a large well attended regional conference in July 2022 with speakers such as Nazir Afzal OBE, and subsequent joint guest speakers across the Peninsula.

Relational Council work

A Relational Council approach is being adopted and developed within Torbay Council. This approach will include Trauma Informed Approaches and Restorative approaches (the approach used in Children's services) These two approaches fit together well and share common elements. The approach has been welcomed by SLT and will now proceed to Council. A long-term plan for embedding relational approaches is being developed, both internally and in work with the community in Torbay.

What is the planned activity for the next six months?

Trauma Informed Practice Programme

The current programme of Trauma Informed practice learning comes to an end in April 2023. There is a lot of interest from various organisations in accessing the programme in an ongoing way (for new starters in organisations where staff have attended the programme, and for staff in organisations that have heard about the programme and wish to access the learning) Cross organisational co-commissioning opportunities are currently being explored to enable the programme to continue being available.

The full evaluation of the 2022/23 programme is expected to be completed by May 2023.

Regional Work

Regional work is planned to develop some regional principles for Trauma Informed work. We plan to host another conference in summer 2023.

Trauma Informed work within the Torbay MCN Alliance

The Torbay Alliance takes over delivery of services from February 2023. The Project manager for Trauma Informed approaches is supporting Trauma Informed work within the Alliance. We aim to have staff from all services attending Trauma Informed practice groups, have Trauma Informed practice discussed at all Team meetings and in staff supervision within the next 6 months.

Relational Council work

A project plan is currently being developed for this work.

Background Papers:

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

[About the CDC-Kaiser ACE Study |Violence Prevention|Injury Center|CDC](#)

Title: Director of Public Health Annual Report 2022: the stories we tell about alcohol
Wards Affected: All
To: Health & Wellbeing Board **On:** 15 December 2022
Contact: Bruce Bell
Telephone: 07917 242503
Email: Bruce.bell@torbay.gov.uk

1. Purpose

1.1 To inform collective consideration and action

2. Recommendation

2.1 Recommendations as stated in the report:

Recommendation 1: For local premises to celebrate responsible drinking by offering and promoting no and low alcohol options

Recommendation 2: Further build on partnership working to use internationally endorsed alcohol screening tools to help people understand if their alcohol consumption is putting them at risk and providing the information and advice to make any necessary changes that may be identified.

Recommendation 3: Promoting collaborative working between statutory and voluntary bodies to identify those children, young people and families most at risk and supporting them to make changes to their drinking.

Recommendation 4: Gaining a fuller understanding of the role of alcohol in permanent school exclusion and what can be done.

Recommendation 5: Encouraging the use of bar measures such as shot or wine measures in the home and alcohol tracker apps like the free 'MyDrinkaware - Alcohol Tracker' app to help people monitor their intake accurately.

Recommendation 6: Promoting the support offers for those with an alcohol dependency and their family members available in Torbay.

3. Supporting Information

3.1 The Director of Public Health Annual Report is a statutory requirement.

4. Relationship to Joint Strategic Needs Assessment

4.1 This report is independent of the Joint Strategic Needs Assessment but has interdependencies with this document

5. Relationship to Joint Health and Wellbeing Strategy

5.1 This report is independent of the Joint Strategic Needs Assessment but has interdependencies with this document

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

6.1 n/a

Appendices

Background Papers:

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

- Director of Public Health Annual Report 2022: the stories we tell about alcohol
- DPH Annual Report Recommendations for 2022. Update on actions taken for recommendations in 2021 report.

Director of Public Health Annual Report 2022

The stories we tell about alcohol



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Introduction

We tell ourselves stories about alcohol. We know the one that says no social event is complete without alcohol. As children we observe the drinking behaviour of the adults around us and these early examples shape our own lifelong relationships with alcohol. Sometimes the influences are direct and easy to trace but often they are less obvious. Young people grow up hearing about parties where people get drunk and wake with hangovers and for many of them that describes a rite of passage into adulthood. Patterns of binge drinking persist in part because those stories continue to be repeated. Even more pervasive is the underlying assumption that everybody drinks unless they have a specific reason not to –pregnancy or being the designated driver, for example.

There is another set of stories that focus on the problem drinker. With alcohol use being so widespread and prominent in social settings, it is easy to blame the individual who does not fit acceptable patterns of drinking for the problems they experience. These stories portray problem drinking as either a failure of character to be punished or a disease to be treated. These stories highlight the individual and the interventions to fix their problem. However, there are predictable patterns to these individual stories if you pay attention to their common themes. Emergency room staff see the same stories play out repeatedly with different people from one day to the next. Police officers on their different beats can swap stories of drunk and disorderly behaviour that are all too familiar irrespective of where they occur. Social workers invariably spot the signs of problem drinking irrespective of the social class of the families they encounter.

The story of alcohol as the universal social lubricant has an important sub-plot – harmful and hazardous drinking. The social, psychological, and physical consequences of problem drinking occur in a context where alcohol is ubiquitous and there is an expectation to partake if the situation requires it. We cannot successfully intervene with individuals and families to manage problem drinking without seeking to address this wider societal context of alcohol consumption.

Torbay's rates of alcohol-specific hospital admissions and mortality are significantly above the national and regional average. This observation invites questions as to why this is the case. An attempt to explain these statistics by looking only at individual factors seems unsatisfactory. We need to understand why there is a relative concentration of people who have problems regulating their drinking behaviour or are more prone to the harmful effects of alcohol. In the five years between 2016/17 and 2020/21, there is higher hospital admission rates in more deprived areas of Torbay compared to the least deprived areas. Understanding the reasons for this association demands that we pay attention to more complex stories where poverty and alcohol interact to affect the physical and mental health of our residents.

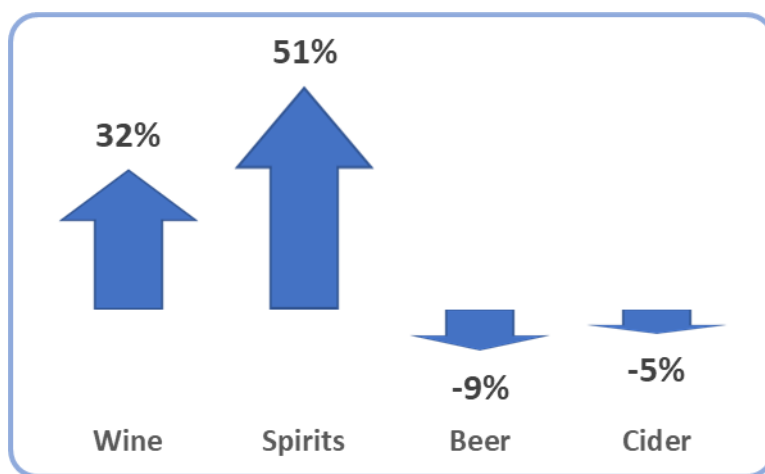
We know that alcohol can cause harm to the unborn child, and it is now accepted that pregnant women should not drink. However, there is a more interesting story about why a given woman would drink during pregnancy. If we are curious to look beyond the behaviour and to explore the multiple factors that influence it, we may have a better chance of changing things not only for the mother and her child but also for the family and wider community. Exploring the stories of under-age drinking can lead to solutions that go beyond enforcement of the law and invite us to address the reasons why these young people drink in the first place. We might identify the factors that predispose some young people to problem drinking in the future. Finally, we may realise that there is a spectrum to harmful and hazardous drinking.

We have made progress in understanding the impacts of alcohol consumption and attitudes are changing but there is more to be done to make responsible drinking the norm in Torbay and to reduce the harms that affect individuals, families, and the wider community. This is the focus of the Annual Report I am making into the health of the residents of Torbay. My recommendations are intended to inform a more positive story about alcohol where the adverse effects are minimised, and we take collective responsibility for promoting more healthy patterns of drinking.

Alcohol as the default

Within the United Kingdom, drinking alcohol is a well-accepted activity for many, and for many adults is an unremarkable, everyday thing to buy and consume. Within our society drinking, is primarily a social activity that facilitates relationships and social bonding that is bound by rules and customs. It is used to both celebrate and console; it is used to relax and wind-down from the day. What is drunk can represent who we are as people or who we aspire to be e.g., drinking champagne, or particular vintages may be used to symbolise status as well as a way of differentiating between generations and genders with certain alcoholic drinks being in vogue at different points in times – Babycham anyone?

Fig. 1: Changes in sales between 2001/02 to 2021/22

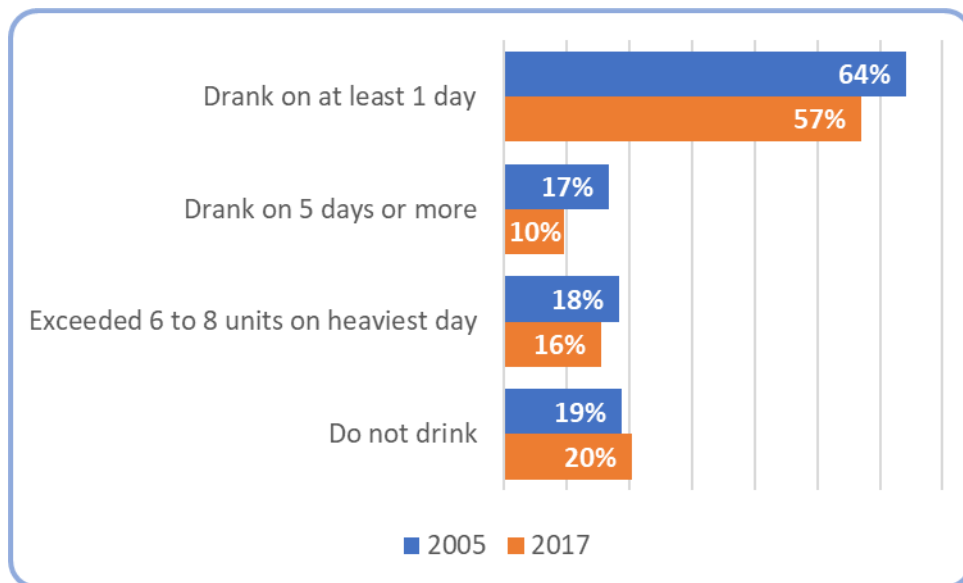


Source UK Alcohol Bulletin

There is an increasing trend, particularly amongst under-25s where alcohol is not part of their lives or lifestyle.

In more recent times, alcohol use has been changing in the UK (Fig.1). Since a peak in the mid-2000s, alcohol consumption has been on the decline (Fig. 2), with the most marked reductions being amongst those who report drinking on five days or more each week. Also, for a myriad of reasons, many choose not to drink at all.

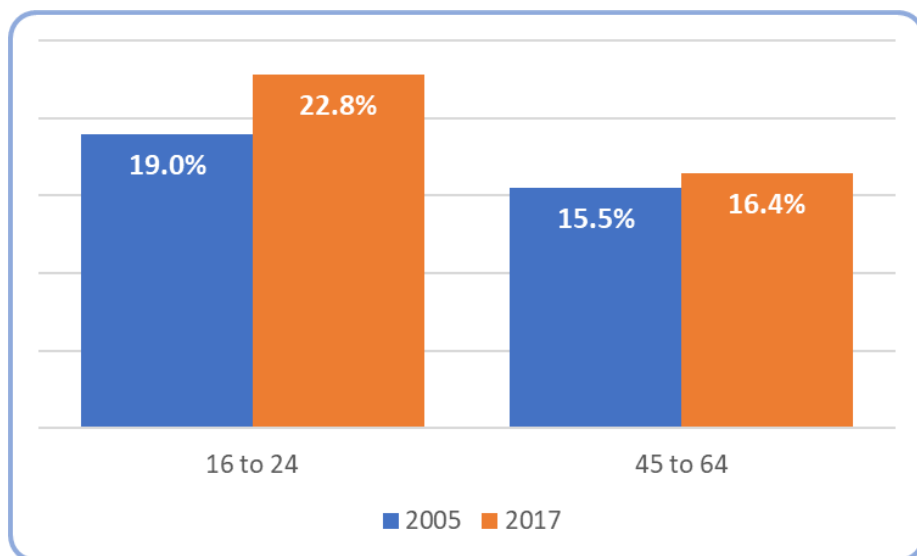
Fig. 2: Self-reported drinking habits in the week prior to interview, Great Britain, 2005 to 2017



Source: Adult drinking habits in Great Britain (ONS)

Within this picture there is also an increasing trend, particularly amongst under-25s where alcohol is not part of their lives or lifestyle (Fig. 3). There is increasing evidence that not only are young people less likely to drink, but if they do this is at more moderate levels than previous generations and is likely to continue as they get older¹.

Fig. 3: Proportion (%) of adults who reported not drinking at all by age, Great Britain, 2005 and 2017



1 Kraus, L., et al. (2018). Are the times a-changin'? Trends in adolescent substance use in Europe. *Addiction*, 113(7), 1317–1332.

Source: Adult drinking habits in Great Britain (ONS)

Fortunately, more and more alternatives, such as soft drinks, mocktails, alcohol-free beers and spirits are becoming available that is meeting demand. For those that do drink alcohol, the increasing availability of 0% or low alcoholic drinks is proving to be a welcome choice also². No or low alcohol drinks in addition to soft drinks and mocktails gives people the opportunity to moderate their consumption by incorporating alternatives into their drinking routine, but without feeling that they are missing out.

As well as a change in alcohol consumption since the turn of this century there has been a change in where people drink with a move away from drinking in licensed premises to one where alcohol is bought from supermarkets and other off-license premises then drunk at home³⁴⁵.

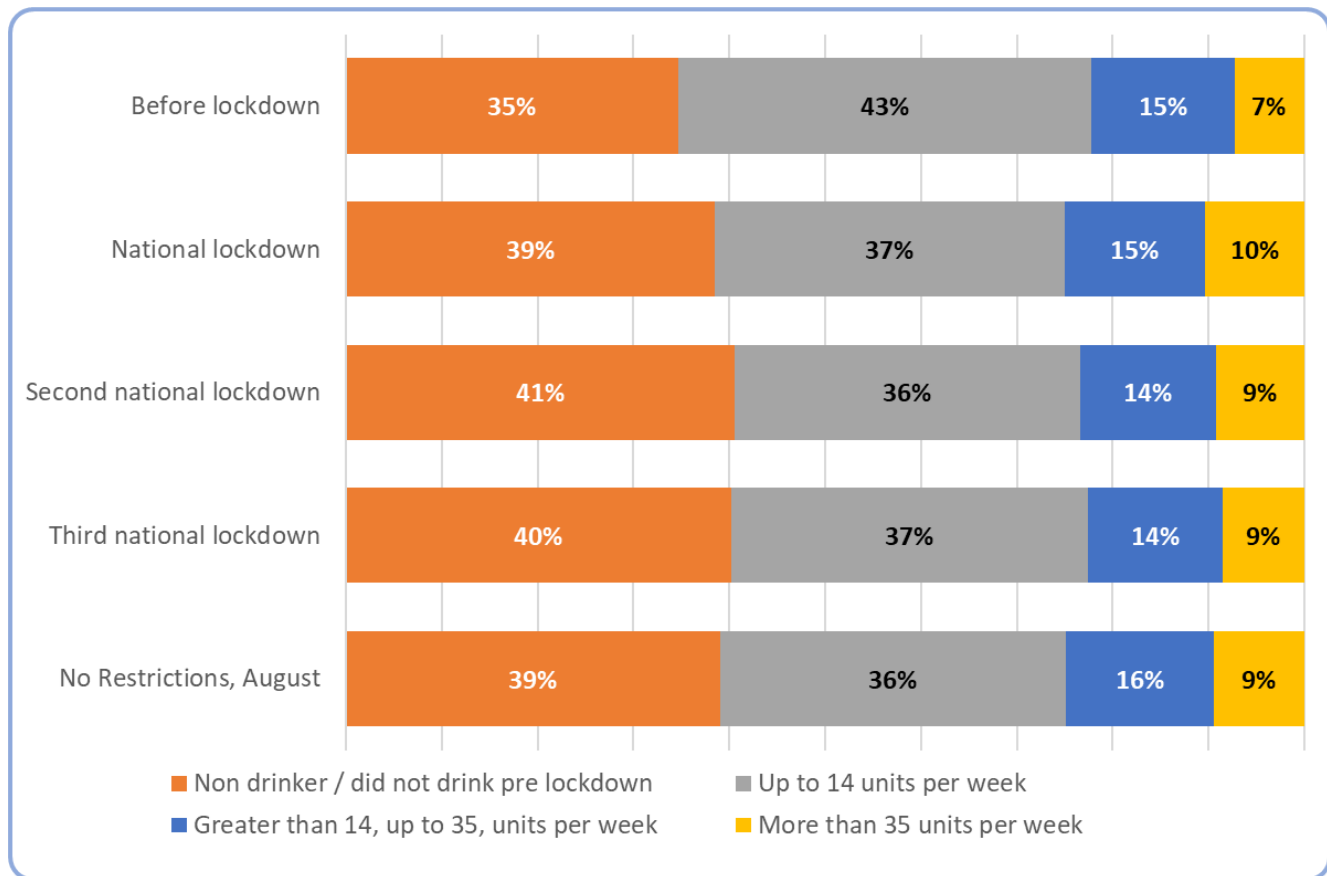
Further changes were observed during the COVID-19 pandemic. On 23rd March 2020, the first lockdown across the UK was introduced by the Government. This at once changed how people lived and connected with family, friends, neighbours, and those that they saw on a day-to-day basis. Licensed venues such as bars, pubs, clubs, and restaurants closed overnight, so home became the default drinking venue for everyone, regardless of what they had done before. However, off-licences were given 'essential business' status which meant they had permission to remain open during lockdown.

The Institute of Alcohol Studies wrote two briefing papers looking at alcohol consumption during the pandemic.⁶⁷ There was some evidence of increased spend on alcohol in supermarkets, however, this is within the context of the reduced spend in licenced premises and with a background of empty shelves where people stockpiled many items such as toilet rolls it is difficult to draw meaningful conclusions.

Across the lockdown period, regular surveys were undertaken in relation to alcohol consumption by the polling company YouGov, which was analysed by the Office for Health Improvement and Disparities and compared to surveys of alcohol consumption before the first lockdown (Fig. 4).

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- 2 Nicholls, E. (2022) The Marketing and Consumption of No and Low Alcohol Drinks in the UK: You can be a hybrid when it comes to drinking. Report of the Institute of Alcohol Studies. March 2022.
 - 3 Foster JH. (2008) The Licensing Act 2003: eighteen months down the road. *Drugs: Education Prevention Policy* 15:1–6
 - 4 Institute of Alcohol Studies. (2010) Alcohol Consumption in the UK—IAS Factsheet. Cambridge: Institute of Alcohol Studies.
 - 5 Foster, JH. & Ferguson, CS. (2012) Home Drinking in the UK: Trends and causes. *Alcohol and Alcoholism* Vol. 47, No. 3, pp. 355–358, 2
 - 6 Institute of Alcohol Studies (2020) Alcohol Consumption During the COVID-19 Lockdown: Summary of emerging evidence from the UK. June 2020.
 - 7 Institute of Alcohol Studies (2020) Alcohol Consumption During the COVID-19 Lockdown: Second IAS briefing. October 2020.

Fig 4: Consumption of alcohol from before lockdown to November 2021 - England



Source: OHID WICH Monitoring Tool

We need to be sure our understanding of alcohol use does not overly rely on our views or experience of the past

Regarding the patterns of drinking, the survey data from this time showed a mixed picture where, for many their alcohol consumption did not change much. However, for there were significant shifts for a distinct minority at both ends of the spectrum where there was an increase in the reporting (between a fifth and third in both cases) of people saying that they had reduced or increased their alcohol consumption⁸. IAS noted that there was emerging evidence that it was those who were the most frequent drinking who had increased their drinking during lockdown and more people were drinking at higher risk levels.

Interestingly, with pubs and bars no longer being available, new ways to maintain the social side of drinking during this time of lockdown started to be seen with 'virtual pubs' of varying types being seen online through video chats or conference calling software such as Zoom.

⁸ Angus, C., et al. (2022) Modelling the impact of changes in alcohol consumption during the COVID-19 pandemic on future alcohol-related harm in England. University of Sheffield. April 2022

All this shows that behaviours and views around alcohol societally are ever changing and evolving. Rather than being a static picture of alcohol consumption and abstinence change is happening at both a micro and large-scale level. Such dynamic evolution means we need to be sure our understanding of alcohol use does not overly rely on our views or experience of the past but rather continues to reflect the reality of the present.

Alcohol and the economy

For the year 2021/22 the provisional figures for duty charged on alcohol was just over £13billion, which is a bit less than double the 2000/01 figure. Wine brings in the most duty, followed closely by spirits, with both seeing the biggest increases in duty raised between 2012 and 2018 (161% and 139% increases respectively).

Torbay has a significantly higher rate of licensed premises than almost all its comparators.

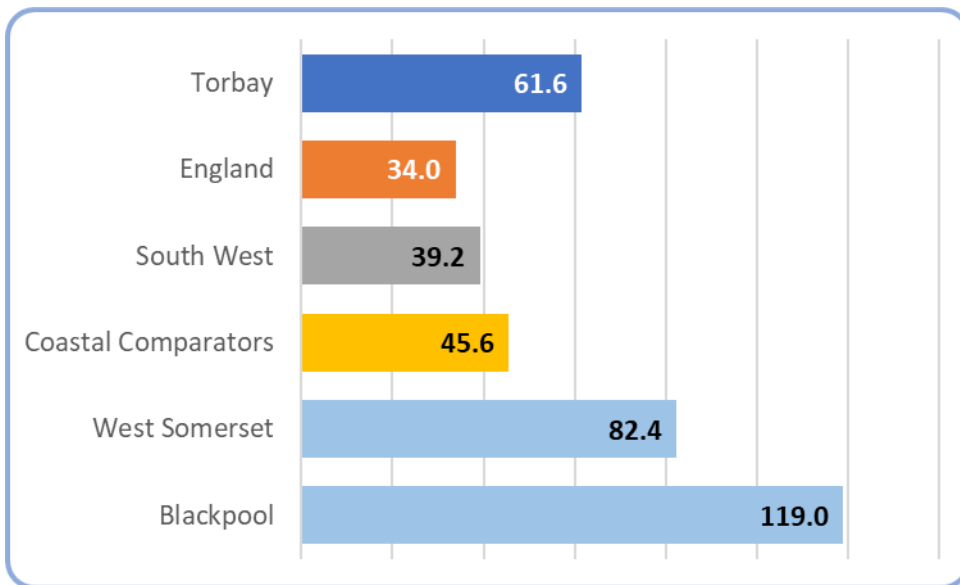
As well as revenue raised through duty on alcohol, there is the alcohol industry itself which is made up of both producers such as brewers and the retailers (licensed and off-licensed). Together these contribute about 2.5% to the gross domestic product of the UK economy and 3.7% of all consumer spending⁹. Around 2.5% of the workforce across the UK is employed in the alcohol industry, although approximately 65% of these jobs are in pubs, clubs, and bars¹⁰, with many being part-time and not as well paid as other sectors in the economy.

Torbay is a premier tourist destination in the UK, with hospitality and leisure being integral to the tourist offer. With alcohol having a key role in the hospitality sector, by default it contributes to the economy of the Bay. When taken as a whole, Torbay has a significantly higher rate of licensed premises than almost all its comparators. However, Torbay's rate is around half that of Blackpool and three quarters of West Somerset (Fig 5).

9 Institute of Alcohol Studies (2017) Splitting the Bill: alcohol's impact on the economy. February 2017.

10 Institute of Alcohol Studies (2017) Splitting the Bill: alcohol's impact on the economy. February 2017.

Fig. 5: Premises licenses selling alcohol – Rate per 10,000 adult residents (2012 to 2018)



Source: Home Office Alcohol and late night refreshment licensing

Alcohol consumption types

There are certain groups, stereotypes, and myths in our society that informs much of the discussion about alcohol. These benefit exploration.

The young person

Young adults aged 16-24 are less likely to drink than any other age group, however alcohol consumption on their heaviest day of drinking has been found to be higher than all other age groups.

As seen in Fig. 3 previously, the consumption pattern of young people under the ages of 25 has been on the decline, such that the current generation has been labelled as 'generation sensible'¹¹. This challenges some of the common perceptions about young people and excessive drinking.

However, despite this high-level shift, of those who do drink alcohol, reports suggest that by the age of 17, half of all girls and almost two thirds of boys' drink alcohol every week and the levels of alcohol consumption among our youth within the United Kingdom remains higher than the European average¹².

Youth drinking may cause the young person to have trouble at school or even with the law and Children who begin to drink before the age of 14 are at increased health risks¹³¹⁴ including alcohol related injuries and alcohol dependency in adulthood¹⁵



11 BBC News. (2018). 'Generation Sensible' in five charts.

12 Health & Social Care Information Centre (2015). Health and Wellbeing of 15 year olds in England: Findings from the What About YOUth? Survey 2014.

13 NHS website. Should my child drink alcohol?

14 National Institute on Alcohol Abuse and Alcoholism (NIAAA) (2006) Early Drinking Linked to Higher Lifetime Alcoholism Risk.

15 Newbury-Birch, D., et al (2009). Impact of Alcohol Consumption on Young People: A systematic review of published reviews. Department for Children Schools and Families. Research Report DCSF-RR067.

The proportion of school children permanently excluded due to drug and/or alcohol use in Torbay is much higher than the national average

Of the 311,000 suspensions and 6,000 permanent exclusions and from state-funded schools in England during the 2019-20 academic year, 3% and 10% respectively were drug and alcohol related. In Torbay, while the proportion of school suspensions related to drug and/or alcohol use is similar to the national picture (4% in Torbay), the proportion of school children permanently excluded due to drug and/or alcohol use in Torbay is much higher than the national average, with 18% of permanent exclusions being a result of drug and/ or alcohol use. The data does not allow delineation between substances to understand the proportion specifically linked to alcohol alone¹⁶

Schools are an important part of any young people's drug strategy, for building resilience, for early prevention, to identify substance misuse and refer into specialist substance misuse services. Being excluded and or suspended from school can have a negative effect on young people and increase their vulnerability to problematic substance misuse.

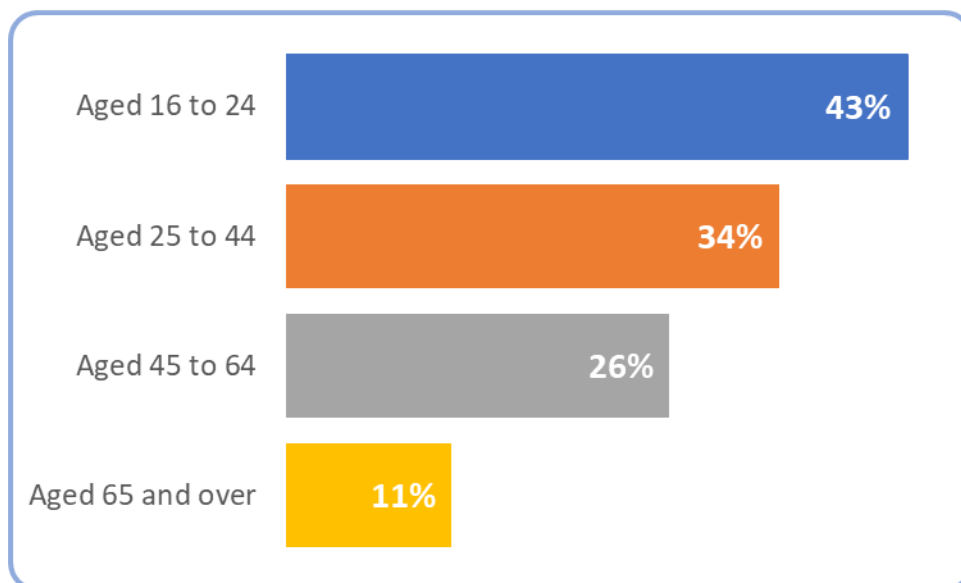
Young adults aged 16-24 are less likely to drink than any other age group, however alcohol consumption on their heaviest day of drinking has been found to be higher than all other age groups. Among drinkers aged 16 to 24 years, 37% reported binge drinking on their heaviest drinking day in 2016 compared with just 10% of drinkers aged above the age of 65 years¹⁷ (Fig. 6). This age group remains one of the groups most likely to be drinking harmfully when compared to the rest of the drinking population¹⁸.

16 ONS (2021) Permanent Exclusions and Suspensions in England: Academic year 2019/20. 29 July 2021.

17 Office for National Statistics (2017). Adult drinking habits in Great Britain: 2005 to 2016.

18 NHS Digital, 'smoking, drinking and drug use among young people in England – 2014.

Fig. 6: Among those who said they drank alcohol, the proportion (%) of adults who exceeded 6/8 units on their heaviest day, by age, Great Britain, 2017



Source: Adult drinking habits in Great Britain (ONS)

The 'big night out' has been a long-established feature of young adult drinking, which is often linked with heavy or binge drinking¹⁹ (the UK also has one of the highest rates of young people aged between 16 and 24 indulging in 'heavy sessional drinking') and may help to provide some understanding of the context within which to interpret these findings.²⁰

The development of mainstream nightlife characterised by large bars, late-night dance bars and commercialised night clubs, occupy youthful 'playscapes' or 'nightscapes' in volume, with different 'brands' targeted at diverse groups within a youthful demographic. When we think about young people socialising in drinking at bars and clubs on a night out, it is worth remembering that regardless of how chaotic they may seem; drunken nights out are in fact structured by norms and rituals – albeit very different ones from the norms and rituals of everyday life. Also, drunken nights out are about small groups of friends rather than individuals, so behaviour must be understood in the context of the group.

While it is only a minority of people who end up in hospital after a heavy drinking session, hospital admission data can be useful in highlighting some extremes in drinking behaviours amongst young people. The data captured for young people

Binge Drinking

The common, everyday description of binge drinking is consuming a lot of alcohol in a short space of time.

The technical definition, however, is drinking more than 8 units of alcohol in a single session for males, or more than 6 units in a single session for females²⁰.

19 Roberts, M., (2013). 'A big night out': Young people's drinking, social practice and spatial experience in the 'liminoid' zones of English night-time cities. *Urban Studies*, Vol 52(3), 571-588.

20 Office for National Statistics (2018). *Adult drinking habits in Great Britain: 2017*.

(those aged under 18) within Torbay admitted to hospital due to alcohol suggests Torbay's young people are experiencing greater levels of alcohol related harm compared to the national average. Latest data shows that for Torbay the rate per 100,000 young people being admitted is 72, compared to the national average rate of 31²¹. On a more positive note, however, the general trend for Torbay (as well as nationally) has been a downward one in number of young people being admitted to hospital for alcohol specific conditions.

Alcohol-related harm amongst young people in Torbay is further seen in the levels of drinking reported by the numbers who are receiving support for their alcohol use. Amongst those young people accessing treatment and support, 18% report consuming between 200 and 399 units of alcohol over a 28-day period in Torbay, which compares with 4% drinking at this level in the national picture of young people in treatment for drug and alcohol problems (Table 1).

Table 1: Number and proportion of young people (under 18) in treatment by drinking level units for Torbay and England 2020-21.

Units	Local (n)	Proportion of young people (%)	Male (%)	Female (%)	England (n)	Proportion of young people (%)	Male (%)	Female (%)
0	16	33%	46%	14%	4,518	50%	57%	38%
1-199	24	49%	46%	52%	3,999	44%	40%	53%
200-299	9	18%	7%	33%	353	4%	3%	6%
300+	0	0%	0%	0%	162	0%	1%	3%
Total	49				9,032			

Source: The National Drug Treatment Monitoring System (NDTMS) data provided by the Young Peoples drug and alcohol service, covering the period 1 April 2020 to 31 March 2021 for young people in treatment.

21 Office for Health Improvement & Disparities (2022). Public Health Profiles: Fingertips.

Social Drinker – evolution to dependency

Outside of the hustle and bustle of the ‘big night out’ scenario, and often as people gain more responsibilities the nature and context of drinking is different. Social drinking refers to casual alcohol consumption and can be described as someone who occasionally drinks alcohol at a low level in a variety of social settings. It happens on special occasions and commonly involves one or two drinks in a pub, bar, or restaurant.

To minimise the risk of alcohol-related health harms, social drinkers should be drinking within the Department of Health Guidelines for alcohol



The key distinguishing feature of a social drinker is someone who, despite regular drinking is still able to function without it. Social drinking is common and generally low risk, without causing disruption to someone's life or creating serious physical, mental or personal problems. To minimise the risk of alcohol-related health harms, social drinkers should be drinking within the Department of Health Guidelines for alcohol consumption of drinking no more than 14 units a week on a regular basis for both males and females.

However, it can become a problem if social drinkers start to drink to excess or binge drink. In England, 58% of adults in a national survey²² reported drinking in the previous week, which was higher than Scotland or Wales. Binge drinking was reported in the South West by almost a quarter. This shows that while many drink regularly but moderately there is a small but significant minority who exhibit heavy episodic consumption within this drinking behaviour.

Multiple social drinking engagements a week can lead to heavy drinking, which in turn increases someone's risk of health harms and can lead to longer-term problems. Drinking socially, and a borderline alcohol use disorder may be harder to tell apart, but if someone is unable to stop drinking, they may not just be drinking socially, and their use may have developed into an alcohol misuse problem.

Social Drinking

In addition to the term social drinking other descriptors in everyday use such as responsible drinking, sensible drinking and moderate drinking are often used interchangeably.

The principle underpinning these terms is about consuming alcohol at a level that doesn't harm others and is minimises risk to the drinker him or herself.

This is often viewed as being linked with lower-risk drinking and adherence to the Department of Health Guidelines.

22 ONS (2017) Adults drinking habits in Great Britain: 2017. 1 May 2018.

Sometimes social drinking can transition into something more problematic when alcohol gets used as an emotional prop. When people feel down, worried, and out of balance in response to life's struggles and setbacks, the feelings of hopelessness, fear, anger, sadness, or overwhelming stress can begin to interfere with how we function in daily life. For some it can be tempting to try to cope in the simplest way possible, by reaching for a drink. Alcohol is a common method of self-medication, as it is so widely available. However, any benefit is short-lived and in the longer run it only makes symptoms worse. It also, does nothing to resolve the underlying cause.

Regular use of alcohol in this way can lead to psychological and physical dependency, a worsening of mood disorders, and increased health problems. It can also damage important relationships with others²³.

Dependent drinker

In Torbay, it is estimated that there are approximately 1,500 adults with an alcohol dependency. This means that for every 1,000 residents, 14 will be living with an alcohol dependency, which is consistent with what is being observed nationally



Unlike the stereotypes that many people have of someone who has an alcohol dependency. It is common for individuals with a dependency to be successful in their career and held in regard by work colleagues as well as members of their community. They are loved by friends and family and often able to mask their problem. As a result, it can be difficult to identify them, and many live their lives in this way without receiving any help and support until an incident occurs or a health warning triggers the need for them to access treatment. Someone drinking in this way may experience wider problems in their lives such as difficulties in relationships with family members and friends, or in the work that they do as well as possibly their behaviours impacting upon the wider community due to, for example, drink driving, anti-social behaviour of even alcohol-related crime.

In Torbay, it is estimated that there are approximately 1,500 adults with an alcohol dependency. This means that for every 1,000 residents, 14 will be living with an alcohol dependency,²⁴ which is consistent with what is being observed nationally²⁵.

23 Ling, J., et al (2012). The 'other' in patterns of drinking: A qualitative study of attitudes towards alcohol use among professional, managerial, and clerical workers. BMC Public Health, 23; 12:892.

24 Public Health England (2017) Alcohol Dependence Prevalence in England. 18 March 2021.

25 Public Health England (2017) Alcohol Dependence Prevalence in England. 18 March 2021.

Access to alcohol treatment is important for people who have a dependency on alcohol and the number of individuals accessing specialist support within Torbay is good when compared to those accessing treatment nationally. Where nationally, 18% of those with a dependency on alcohol access specialist treatment for this, in Torbay this is almost double, with 34% of those who may benefit seeking help.

Within Torbay we are fortunate to have different types of support available to people struggling with an alcohol problem, including access to fellowship groups, like Alcoholics Anonymous, known as AA where the 12-step principles are applied to support people with alcohol addiction. Individuals can access AA online or face to face, with meetings available in various locations across Torbay²⁶. Individuals who may not find the 12-step principles helpful for their recovery or would like to access something in addition also have the option to access SMART (Self-Management and Recovery training) meetings, which supports individuals through a Cognitive Behavioural Therapy (CBT) based approach. SMART groups run face to face in Torquay and are available on-line, with online SMART recovery groups also available to friends and family members of those experiencing addiction, including specific groups tailored just for women and veterans in recovery²⁷.

The Specialist Alcohol Treatment service also offers support to those with an alcohol dependency problem as well as those family members who are affected by a person's drinking. The service works with someone to identify their personal treatment goals and work together to develop a treatment plan, which may consist of access to a range of psychosocial interventions delivered via groups and/or individually, examples may include interventions to address the root cause of the addiction or group work focusing on developing strategies to help manage urges and cravings and prevent relapse. There may also be the opportunity to access medical

Dependent Drinking

Alcohol dependence describes a strong and often uncontrollable desire to drink, tolerance to its effects, and difficulties controlling its use and can cause emotional distress to someone if they are not drinking. Someone who is alcohol-dependent may persist in drinking, despite harmful consequences, such as physical or mental health problems.

interventions to help individuals to detox from alcohol, as well as to manage withdrawal symptoms and to help reduce cravings. This support could be delivered to individuals within the community from their homes or from in an inpatient setting, depending on the individual's personal circumstance. A range of on-line support interventions are also available, including Silvercloud and Breaking Free Online. These online programmes provide the opportunity for individuals to access support in their own home, specifically targeted to help improve mental health and wellbeing, with specific modules for alcohol. Finally, the specialist service support individuals to link into wider community initiatives to help support recovery, which could include anything from helping

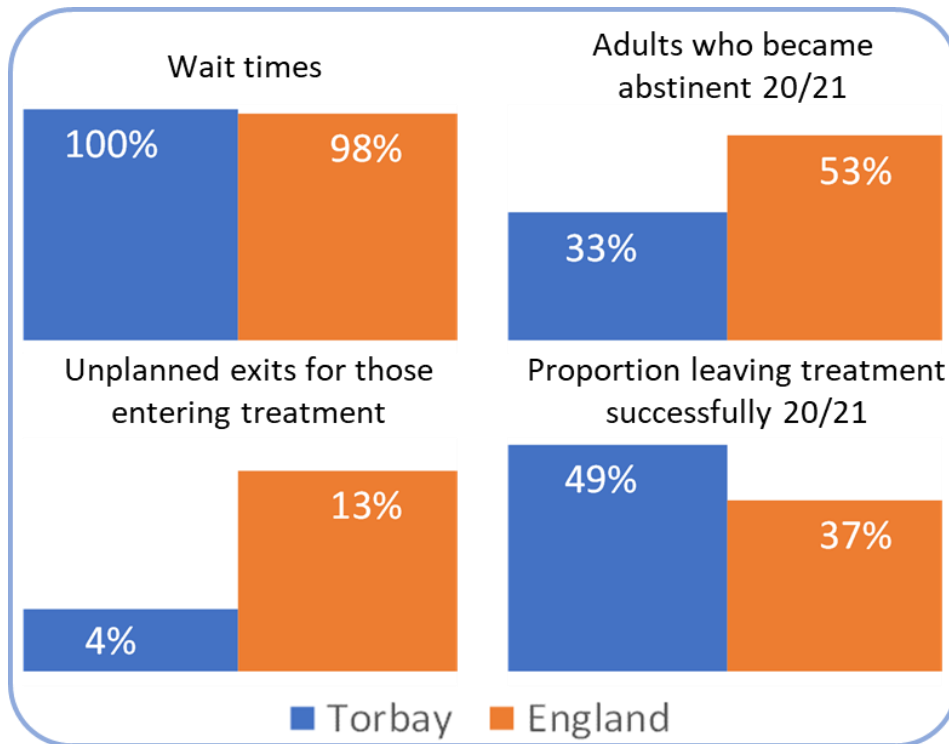
26 Alcoholics Anonymous (2022) Great Britain and English speaking Continental Europe. Website. Find a Meeting | Alcoholics Anonymous - Great Britain (alcoholics-anonymous.org.uk)

27 SMART Recovery (2022). About Online Meetings. [About Online Meetings - UK SMART Recovery](#)

individuals get back into employment, to navigate the housing system or access community activities to support the development of new hobbies and friendship groups²⁸.

The graphs below demonstrate that the Torbay treatment provision is high performing with all key metrics being higher than the national average for 2020/21 (Figs. 7 & 8).

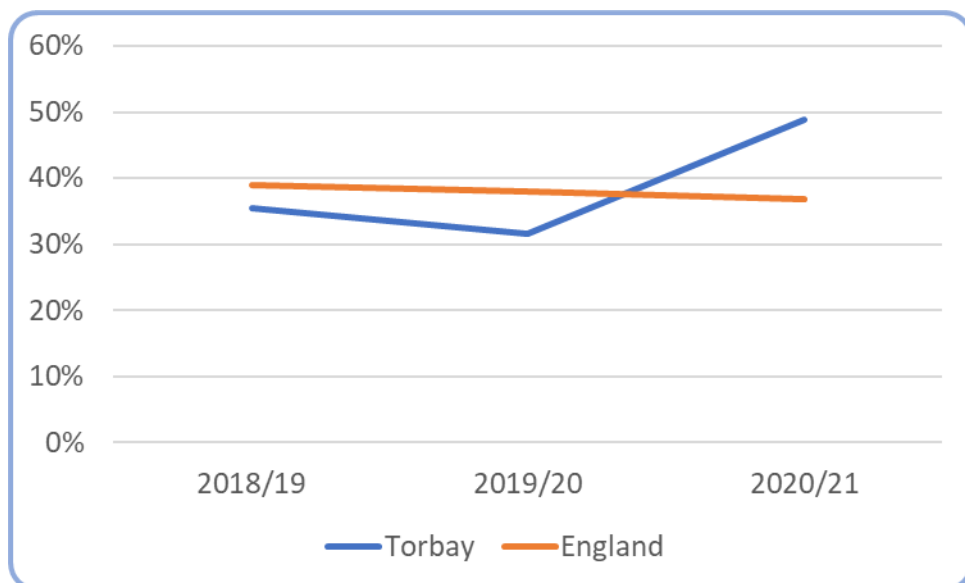
Fig. 7: Torbay Treatment performance compared to England average for 2020/21



Source: The National Drug Treatment Monitoring System (NDTMS) data captured via Torbay drug and alcohol service, during the period 1 April 2020 to 31 March 2021

28 Torbay and South Devon NHS Foundation Trust (2022). Alcohol Treatment Options. Alcohol treatment options - Torbay and South Devon NHS Foundation Trust

Fig. 8: Proportion of treatment population leaving alcohol treatment successfully for Torbay and England, 2018-19 to 2020-21



Source: The National Drug Treatment Monitoring System (NDTMS) data captured via Torbay drug and alcohol service, during the period 1 April 2020 to 31 March 2021

Alcohol within the family

The relationship between consequences of alcohol use and parenting is more marked in Torbay than elsewhere

There are many facets of alcohol in the family unit associated with children, young people, and parents; all of which affects relationships and influences behaviours in different ways. It is well known and recognised that the drinking behaviours of a young person’s friends has a strong role to play in that person’s drinking decisions. There is, however, a lot of evidence²⁹³⁰³¹ that young people’s drinking behaviours and beliefs are also heavily influenced and informed by their parents drinking, with



29 Seljamo, S., et al. (2006) Alcohol use in families: A 15-year prospective follow-up study. *Addiction*, 101, 984-992.

30 Valente, G., et al. (2010) Family Life and Alcohol Consumption: A study of the transmission of drinking practices. Joseph Rowntree Foundation. October 2021.

31 Bremner P., et al (2011) Young People, alcohol and influences. Joseph Rowntree Foundation. 17 June 2011.

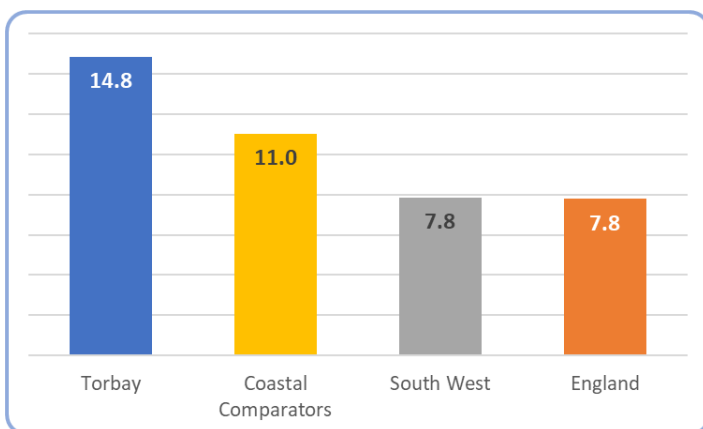
this starting from a very young age³²³³. This is even more significant if excessive drinking is a feature of the young person or parent.

As well as parental influence of their children’s drinking patterns for the future, alcohol can also play a part in a parent’s ability to care for their children and keep them safe. It is easy for parents to underestimate the implications of consuming or having consumed alcohol whilst being the sole carer for a young child. How often have parents had ‘a few drinks’ at the weekend and a child in their care has injured themselves? If that child requires immediate medical care and must be taken to hospital this poses not only the challenge of how to get the child there (as the parent may well be over the limit to drive there), but once at the hospital there may be concerns raised if the parent(s) are drunk. What may have seemed a reasonable situation at home takes a quite different turn in this context.

Excessive and regular parental alcohol use can impact on someone’s capacity to parent, negatively affecting children’s health and development

Further to this, excessive and regular parental alcohol use can impact on someone’s capacity to parent, negatively affecting children’s health and development. In the most severe cases, parental drinking can result in abuse and neglect of their children as well as inconsistent and unpredictable parenting behaviour. This often involves additional support from health and social care services. Torbay has a higher rate of Child in Need assessments where alcohol is a factor than for England, the South West and our coastal comparators.

Fig. 9: Alcohol misuse as a factor in Children in Need assessments – Rate per 1,000 child residents (2018 to 2021)



Source: Department for Education Characteristics of Children in Needs

32 Velleman, R. (2009) Influences on how children and young people learn about and behave towards alcohol: A review of the literature of the Joseph Rowntree Foundation (part one).

33 Valentive, G., et al. (2010) Family Life and Alcohol Consumption: A study of the transmission of drinking practices. Joseph Rowntree Foundation, October 2021.

The relationship between consequences of alcohol use and parenting is more marked in Torbay than elsewhere in England and is something that warrants particular focus to improve the wellbeing and safety of both children and parents.

Alcohol impacts

As well as the positives alcohol brings to society and the economy, there are also negatives experienced by individuals, families and communities that arise from excessive alcohol use.

Alcohol and health

The World Health Organization³⁴ states that alcohol contributes to more than 200 diseases, injuries, and other health conditions. This health impact can be acute in nature due to being drunk or as a longer-term consequence of drinking alcohol over time.

These health consequences from long-term alcohol use, however, are not experienced equally across society, or even necessarily according to the amounts of alcohol being consumed. While there are higher death rates for alcohol-related causes amongst the poorest in our society, these groups often report lower average levels of alcohol consumption and vice versa. This is often called the 'alcohol paradox'. The most likely explanation being that there is a greater impact amongst poorer sections of society due to the wider social, economic and environmental factors that come into play.



Torbay consistently has higher rates of alcohol-related admissions than other places with those living in our most deprived communities being most affected.

In England, alcohol misuse is the biggest risk factor contributing to early death, poor health and disability for people aged 15 to 49 years old³⁵. When looking at alcohol admissions where alcohol is a primary contributing factor for the admission, this made up almost 348,000 or 2% of all admissions in England³⁶. Torbay's level of hospital admissions related to alcohol is significantly

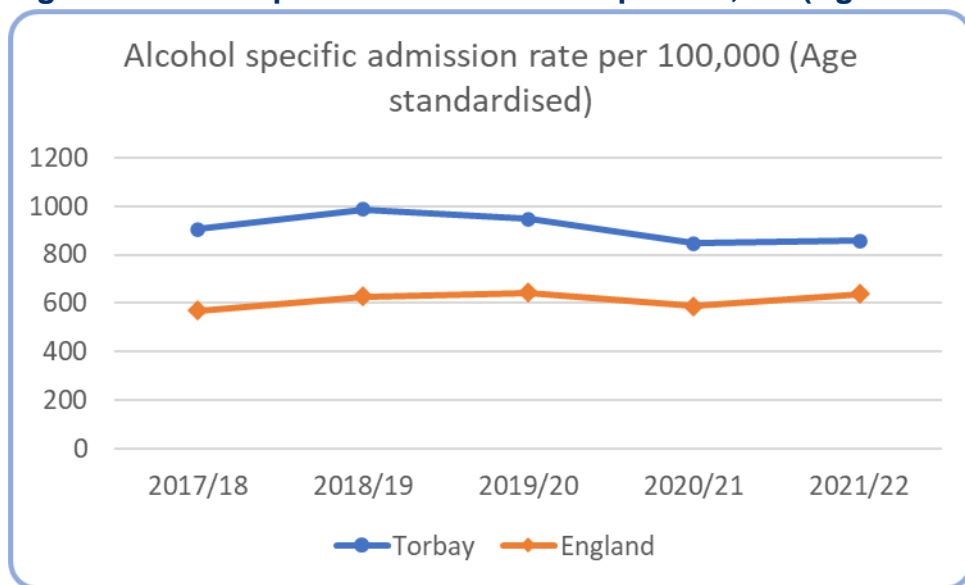
34 World Health Organization (2022) Alcohol. 9 May 2022.

35 Public Health England (2016). The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies An evidence review.

36 Zambon, NP., (2021) Alcohol Statistics: England, House of Commons Library. 28 July 2021.

above these national rates. Fig. 10 shows the extent of difference in hospital admissions rates for alcohol specific conditions relate where one of the diagnoses is entirely linked with alcohol.

Fig. 10: Alcohol specific admission rate per 100,000 (Age standardised) 2017/18-2021/22



Source: Hospital Episode Statistics

While there is an observable difference, this graph also shows admission rates in Torbay during 2020/21 and 2021/22 as falling when compared to the three years previously. When looking at female and male rates there is little to show significant falls in admission rates as the numbers are volatile. When we divide the Torbay population by those who live in areas amongst the 50% least and 50% most deprived in England, admission rates appear to have risen quicker amongst the least deprived 50% during 2021/22.

From this we can see that Torbay consistently has higher rates of alcohol-related admissions than other places with those living in our most deprived communities being most affected. This tells us that the nature of alcohol consumption in Torbay is having a more severe impact upon Torbay's residents' health than is being seen either regionally or nationally.

There will be 200,00 alcohol-attributable hospital admissions more nationally than would have otherwise been expected if COVID -19 had not happened.

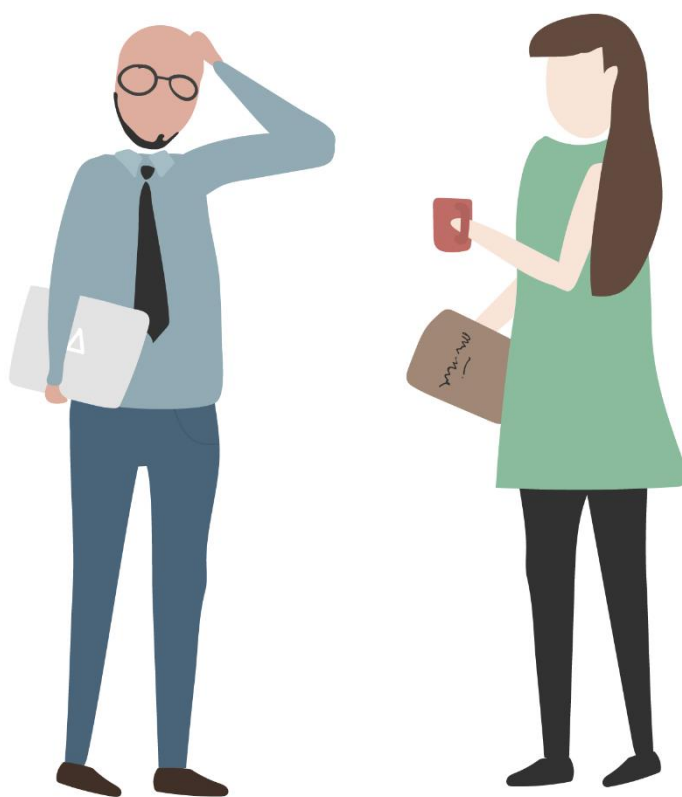
With the change in drinking patterns observed during the pandemic amongst those two distinct populations at either end of the continuum who either stopped drinking completely or who increased their consumption levels, there is uncertainty as to what this may convert into regarding alcohol-related illness and death in later years. To better understand future drinking behaviours post-pandemic and the health impact of this, researchers at the Sheffield Alcohol Research

Group³⁷, considered five different scenarios about how drinking behaviours may change from 2022 onwards. The most likely scenario assumed that lower-risk drinkers who drank within the recommended guidelines would return to their pre-pandemic levels of drinking quite quickly, while those who were drinking at higher levels than recommended would continue doing so for another five years before reducing to pre-COVID levels within the next five years after that. It was forecast that for this scenario a further there will be 200,00 alcohol-attributable hospital admissions more nationally than would have otherwise been expected if COVID -19 had not happened. In addition to this there will be approximately 7,000 more deaths over the coming 20 years.

It is forecast that this will not be experienced equally across the population, with those drinking the most and those in the most deprived areas being most likely to experience alcohol-related harm and death.

Alcohol and economy

While the alcohol industry in all its guises contributes to the economy, alcohol consumption also has its downsides. The most common cost to the economy is absence from work due to a hangover, with this being most likely in those who drink the most³⁸³⁹. However, it is those who drink more in keeping with the recommended levels who are



37 Angus, C., Henney, M., & Pryce, R. (2022) Modelling the impact of changes in alcohol consumption during the COVID-19 pandemic on future alcohol-related harm in England. University of Sheffield. April 2022

38 Marmot, M.G. et al (1993), Alcohol consumption and sickness absence: rom the Whitehall II study, *Addiction* 88;3, 369-82.

39 Jarl J., & Gerdtham U. (2012), Does drinking affect long-term sickness absence? A sample selection approach correcting for employment and accounting for drinking history, *Applied Economics* 44;22,811-25

least likely to be absent rather than those who do not drink at all⁴⁰⁴¹⁴²⁴³.

There is also the situation where people work while suffering with a hangover which impacts on how well they can do their job even if not taking a day off⁴⁴. The consequence of this is that people's thinking and motor skills are likely to be compromised which as best means someone is not performing as effectively as they could or should, but in some industries, this may be putting the person or colleagues at risk of injury or even death⁴⁵.

When considering the role that alcohol plays amongst those who are unemployed, those who are the heaviest and most at-risk drinkers find themselves being at greater risk than most working age adults of being unemployed⁴⁶⁴⁷.

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- 40 Marmot, M.G. et al (1993), Alcohol consumption and sickness absence: from the Whitehall II study, *Addiction* 88;3, 369-82.
 - 41 Jarl, J.& Gerdtham U. (2012), Does drinking affect long-term sickness absence? A sample selection approach correcting for employment and accounting for drinking history, *Applied Economics* 44; 22, 2811-25.
 - 42 Johansson, E., Bockerman, P. & Uutela, A. (2008), Alcohol consumption and sickness absence: evidence from microdata, *European Journal of Public Health* 19; 1, 19-22
 - 43 Jones, S., Casswell, S. & Zhang, J.F. (1995), The economic costs of alcohol-related absenteeism and reduced productivity among the working population of New Zealand, *Addiction*. 90; 11,1455-61
 - 44 Frith, B. (2016), The impact of employees' heavy drinking on business, *HR Magazine* 13 May 2016.
 - 45 Institute of Alcohol Studies (2016), Factsheet: The health impacts of alcohol.
 - 46 Institute of Alcohol Studies (2017) *Splitting the Bill: Alcohol's impact on the economy*. February 2017.
 - 47 Henkel, D. (2011), Unemployment and substance use: a review of the literature (1990-2010), *Current Drug Abuse Reviews* 4;1, 12.

Alcohol and crime

Alcohol is a factor in approximately two of every five violent crimes committed in England according to the Office of National Statistics⁴⁸, but it is not limited to such serious offences with just under one in five of all recorded crimes being alcohol-related⁴⁹. Furthermore, there is a strong, and well evidenced relationship between alcohol and domestic abuse and sexual violence⁵⁰ with alcohol often consumed at the time of assault by a perpetrator. Where severe violence has occurred, this is even more likely to be the case. It is important to state, however, that alcohol is not the cause of violence and abuse but a factor in it.



For 2021/22 20% of recorded crimes in Torbay had alcohol recorded as a factor, this was up from 17% during 2020/21 and 15% during 2019/20 when there were a series of substantial lockdowns. Looking at the period 2016/17 to 2021/22, the proportion of crimes that had alcohol recorded as a factor is higher in the summer months and at Christmas.

Excluding domestic abuse and sexual offences, 38% of recorded crime within Torbay during 2021/22 was classified as violent crime.

48 Office for National Statistics (2017) Estimates of Violent incidents where the victim believed the offender(s) to be under the influence of alcohol or drugs in England and Wales, year ending March 2006 to year ending March 2016 Crime Survey for England and Wales. July 2017. Reference number 007185.

49 Institute of Alcohol Studies (2017) Factsheet: Crime and social impacts of alcohol.

50 Burton, R. et al (2016) The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review. Public Health England.

51 Torbay Community Safety Partnership (2022)

Alcohol and public services

As well as the distress caused by alcohol-related crime, alcohol consumption causes additional strain on many public services such as when it is a factor in fires and presentations at accident and emergency departments. It is not only the demand impact, but how people respond to the help being offered with high levels of reporting by emergency services about the abuse that they encounter⁵².



Torbay profile - Bit too much for too long

Bit too much too long

This population are at greatest risk later in life, where they have an increased chance of serious ill-health, multiple hospital admissions, and early

There are people who drink just over the recommended guidelines each week and have been doing so for a long period of time. Like social drinkers, these individuals are unlikely to experience problems related to their daily functioning because of their drinking behaviour, however the long-term nature of their drinking has been shown to develop into health difficulties observed later in life. Recent alcohol statistics suggest that it is those adults aged over 45 who are not only most likely to exceed the recommended weekly drinking limits, but also most likely to drink on five or more days in the week with this being more pronounced in the South West than most of the other regions of England⁵³⁵⁴.

Many are educated and highly functional in their day-to-day life and recognise no harm with consuming just over the recommended weekly volumes of alcohol over a prolonged period. These

52 Institute of Alcohol. Alcohol's Impact on Emergency Services

53 Zambon NE. (2021). Alcohol statistics: England. Commons Library research briefing 7626. House of commons Library.

54 World Health Organization. (2018) Alcohol. September 2018.

individuals are likely to hold specific stereotypes with problem drinking and attribute youngsters causing anti-social behaviour / crime and violence or someone who sits on a park bench drinking high strength alcohol as individuals who have the problems with alcohol.

This group of people are often referred to as the hidden population in society. They are unlikely to be viewed as in need of any alcohol support from those around them and will see no reason to change their drinking behaviours or access support. Sadly, this population are at greatest risk later in life, where they have an increased chance of serious ill-health, multiple hospital admissions, and early death⁵⁵.

For Torbay, the evidence points to there being a large number of people in this category given hospital admission episodes for alcohol related conditions are currently at 599 per 100,000 per population⁵⁶. This means there are a high number of people who are unknowingly causing gradual harm to their health, because they are drinking a little too much, too often, over decades.

The impact on our health services should also be considered here, with the increasing numbers of individuals requiring hospitalisation and medicalised intervention for their alcohol use, this can contribute towards the increasing delays and wait times for medical care to be received within the community.

The collective challenge is in helping people to identify if they are drinking in this way which is where awareness raising and using evidence-based alcohol screening opportunistically and at scale will enable people to modify their drinking.

Responsible drinking

Sitting at the centre of both the issue and solution is the concept of responsible drinking and drinking within the recommended guidelines. In 2016, the Chief Medical Officers across the UK updated the responsible drinking guidelines which moved away from a weekly recommendation to a daily one. The advice for both men and women is:

- To drink no more than 14 units a week on a regular basis.
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days.
- If pregnant, the advice is to not drink alcohol at all.

[drinking at home has a strong link with excessive and harmful drinking behaviours.](#)

55 World Health Organization. Global Status Report on Alcohol and Health.

56 Office for Health Improvement & Disparities (2022). Public Health Profiles: Fingertips.

Underpinning this advice is the concept of alcohol units (Fig. 11). The definition of a single unit of alcohol is 10mls of pure alcohol which is the amount that an average adult's body can process in one-hour. With drinks varying in their strength and volume (a pint of lager compared to a shot of vodka) units allow comparisons to be made between them. Most drinks contain 1-3 units of alcohol.

Fig. 11: What 1 unit looks like



Source: Drinkaware

While most people know that the measurement of alcohol is units⁵⁷, and surveys show that most people have heard of responsible drinking levels at a general level, only a minority know these in a way that they would be able to apply the recommendations. Very few people report keeping track of the number of units they drink to inform their drinking^{58,59}

This is further complicated when considering where people drink. With 65-70% being bought from supermarkets and other off-licences compared to only 30-35% of sales in pubs, clubs and restaurants⁶⁰, there can be a mismatch between measures. While drinks in licensed premises are sold in recognised measure e.g., a single shot of vodka will be one unit of alcohol, this is not necessarily the case at home. This means that understanding and sticking to recommended guidelines can be a harder task than it may first appear. In the first instance, it is necessary to understand what a unit of alcohol is; secondly someone must apply this knowledge when pouring a drink. Thirdly there is a need to monitor how many units have been drunk in a single session as well over several days. Finally, someone must be willing and able to drink within the recommended limits.

57 Alcohol Health Alliance UK. (2018). How We Drink, What We Think.

58 Rosenberg et al, (2017) New national alcohol guidelines in the UK: public awareness, understanding and behavioural intentions. *Journal of Public Health*, 40; 3,549-556.

59 Buykx et al (2018) Self-Reported Knowledge, Correct Knowledge and use of UK Drinking Guidelines Among a Representative Sample of the English Population. *Alcohol and Alcoholism*. 53; 4, 453-46.

60 British Beer and Pub Association (2020). *Statistical Handbook 2019*.

Consciously measuring and monitoring alcoholic drinks at home is key to drinking within the recommended guidelines.

With most drinking taking place in the home, and the norm being characterised as a combination of liberal measures and unmonitored consumption it is unsurprising that home drinking has a strong link with excessive and harmful drinking behaviours⁶¹⁶². Against this background, consciously measuring and monitoring alcoholic drinks at home are key to drinking within the recommended guidelines. Helping people not to 'overpour' or under-estimate alcohol content when drinking at home, is essential.

A Holiday from Alcohol

Another useful strategy that helps some people who are drinking a bit more than is recommended, (but who are not dependent on alcohol as this can be dangerous) is taking a break from alcohol for a period. Alcohol Change UK's 'Dry January' programme is a widely known campaign that is based on this concept. People choose to take a break from alcohol by not drinking for the month of January.

The benefits of not drinking, or having a holiday from drinking for a while, are broad ranging. From the obvious of feeling better as alcohol can take a bit of a toll on your body as it tries to process it through the body. Some of the other up-sides people who have done this talk about are:

- Saving money.
- Helping with in any weight loss intentions as alcohol is full of empty calories.
- Better quality of sleep, which means feeling better in the mornings and more energetic during the day.
- Improvements in relationships if alcohol has got in the way a bit.
- Improved mental health as alcohol can worsen people's mental wellbeing.

61 Foster JH., & Ferguson CS. (2012) Home drinking in the UK: trends and causes. *Alcohol*. 47; 355–8.

62 Foster J, & Canfield M. (2017) Predictors of hazardous drinking among home drinkers. *Journal of Substance Use*. 22; 637–42.

Reducing Alcohol harms within Torbay Residents

In summary, many of the key features of Torbay’s alcohol profile are no different to those seen nationally. However, there are other aspects that are unique to the Bay and require further focus and response (Table 2).

Table 2: Torbay’s alcohol profile compared to the national average

Torbay comparable to national average	More common in Torbay
Beverage preferences	Higher numbers of licenced premises.
Profile and trend of the different age groups in the population who drink and abstain over time	Higher proportion of people with an alcohol dependency who access alcohol treatment.
Rates of adults with and alcohol dependency.	Accessible formal treatment support that performs highly
Heavy drinking profile across age groups and between men and women	A Treatment offer that is acceptable to females
Presence of a range of independent alcohol support options such as AA.	When Children in Need assessments are undertaken, alcohol is a more prevalent factor impacting upon parenting.
The lockdowns associated with the pandemic and changing drinking profile will most likely result in higher morbidity and mortality than if Covid-19 had not happened.	Higher rate of young people admitted to hospital due to alcohol-related harm.
The impact of alcohol on attendance and productivity at work	The proportion of school children permanently excluded due to drug and/or alcohol use
The burdens on many public services from alcohol use.	A higher level of alcohol-related hospital admissions with those living in the most deprived communities being most affected
The proportion of school children whose suspension is related to drug and/or alcohol use	
The role alcohol plays in criminal activity	
The dominance of drinking in the home compared to licensed premises	

While there is often an assumption that young people and alcohol dependency have the greatest impact in Torbay, the reality is more nuanced. For young people the overall general trend is away from drinking alcohol when compared with previous generations, but problems with alcohol for this smaller number of young people who do drink is often more complex and impactful. Alcohol consumption within the family for a small but distinct number is adversely affecting the development and safety of children.

For those with an alcohol dependency there is access to a range of support provisions from self-help groups such as Alcoholics Anonymous or SMART Recovery through to community treatment and residential rehabilitation. Not only are these available but we know they are very effective in what they do in Torbay, with many people choosing to get support for their dependency.

The greatest difference, as far as the numbers of people affected, goes is around those who drink a bit more than they should, for a bit longer than they should. It is this population group that are most often being seen in hospital due to alcohol-related health difficulties. Central to any approach here is education and support at national and local levels

At a national level there are campaigns where larger media platforms like TV and Radio can be used to help raise awareness at scale, not only within Torbay but to the general public on a national footprint. National campaigns like alcohol awareness week and Dry January are great opportunities for public health teams and partners to raise awareness of the longer-term harms associated with drinking slightly too much for too long, using social media platforms as one method of engaging this population.

At a local level, it is about involving residents to help us understand what people think, how best to share information and what approach will be most meaningful and be of greatest benefit to make those small changes in drinking behaviour that will improve people's health over time.

Recommendations

Recommendation 1: For local premises to celebrate responsible drinking by offering and promoting no and low alcohol options

Recommendation 2: Further build on partnership working to use internationally endorsed alcohol screening tools to help people understand if their alcohol consumption is putting them at risk and providing the information and advice to make any necessary changes that may be identified.

Recommendation 3: Promoting collaborative working between statutory and voluntary bodies to identify those children, young people and families most at risk and supporting them to make changes to their drinking.

Recommendation 4: Gaining a fuller understanding of the role of alcohol in permanent school exclusion and what can be done.

Recommendation 5: Encouraging the use of bar measures such as shot or wine measures in the home and alcohol tracker apps like the free 'MyDrinkaware - Alcohol Tracker' app to help people monitor their intake accurately.

Recommendation 6: Promoting the support offers for those with an alcohol dependency and their family members available in Torbay.

DPH Annual Report Recommendations for 2022

Recommendation	We did
Ensure mental health and suicide prevention remain a priority for strategic partners across Torbay	Torbay Mental Health and Suicide Prevention Alliance has maintained the focus on mental health with partners through the year. The Alliance agreed a set of strategic objectives which were adopted by the Health and Wellbeing Board as priority areas for the new Joint Health and Wellbeing Strategy 2022-26. Progress on delivery is reported to the Health and Wellbeing Board on a 6 monthly basis. South Devon Local Care Partnership has also agreed mental health / suicide prevention as a priority area for strategic partners across Torbay and South Devon.
Drive continuous improvement in Children and Young People's mental health outcomes through Partnership with families and communities.	Collaborated with South West Family Values, Checkpoint and Young Devon to establish a young person's Wellbeing Service. This includes cognitive behaviour therapy sessions for young persons and their families to help manage mild-moderate anxiety and low mood. Many referrals have been received with a waiting list in place due to demand. The long-term sustainability of this service is being considered at ICS level.
Implement the Torbay suicide and self-harm prevention plan with the aim of stabilising and reducing rates of suicide and self harm across the Bay.	Actions in the prevention plan are being tackled by a range of local partners, all linked into the Torbay Mental Health and Suicide Prevention Alliance. Progress is reported to the Health and Wellbeing Board and also to the Council Cabinet and Overview and Scrutiny Committee. The plan is updated annually and a refreshed plan was approved in September 2022. This incorporates new actions reflecting the impact of the cost of living challenges on mental health and wellbeing. Suicide rates stabilised over the last year but all partners are very aware of the need to support people to access stable homes, work, education and social connections to maintain their emotional health and wellbeing.
Incorporate mental health and wellbeing into the Multiple Complex Needs Alliance from 2022	The procurement for services to join a Multiple Complex Needs (MCN) Alliance has been successfully completed. Work has been happening since May for these services to develop and agree the most effective delivery model that will meet people's needs in an integrated way prior to this new provision going live in February 2023. Commissioning through an Alliance Framework provides a more responsive way to

	<p>structuring and delivering services for people who experience substance misuse problems, homelessness and domestic abuse so that the support they receive is not only aware of, but also responsive to, people's needs, wishes and aspirations.</p> <p>Work has been progressing to best integrate mental health support into the Alliance as part of the mobilisation process.</p>
<p>Support the creation of mental health promoting communities through community development, training, safe spaces and peer support</p>	<p>Torbay Council has awarded £60,000 in funding to twenty-five local CVSE organisations for creative suicide prevention activity. Examples of activity have included: awareness and suicide prevention training for parents of children and young people with special educational needs, one-to-one and group mentoring of secondary school pupils struggling with their emotional health and wellbeing and running peer-support and wellbeing-based workshops.</p> <p>Mental health awareness training is being offered to those hosting 'warm welcoming spaces', maximising opportunities to promote conversations about mental health and wellbeing and to provide safe spaces for people to access support, or simply a listening ear.</p>
<p>Promote and support workplace wellbeing in all sectors across Torbay.</p>	<p>A mapping exercise has been completed as part of Torbay Council's 'Wellbeing Guardian' rollout, including a section on mental health and wellbeing. Assurance has been provided against national standards alongside identification of gaps. Initial conversations have been held with commercial sector partners.</p>
<p>Promote approaches which tackle physical and mental wellbeing together especially physical activity and green spaces to improve wider health and wellbeing.</p>	<p>Active Devon is working with the Healthy Ageing partnerships on promoting physical and mental wellbeing together which includes work with care homes.</p> <p>Delivery of our Connecting Actively to Nature Programme (activity programme for 55+yrs linking activity and the natural environment) has continued and funding secured for Year 5 delivery.</p> <p>The Torbay Wellbeing Engagement Project focused on supporting people through a range of activities to strengthen social, physical and mental resilience.</p>

	<p>A physical activity and mental health programme contract awarded to Active Devon to broker relationships between existing mental health professionals and community physical activity and sport providers, establish clear and effective pathways and referrals between the two, provide training for both our professionals and activity providers and develop a Torbay Mental Health Charter for Physical Activity and Sport for adults.</p>
<p>Collaborate with stakeholders to better understand needs and gaps in mental health to inform future planning and quality improvement.</p>	<p>Torbay Council Public Health is leading on a Devon-wide self-harm needs assessment across the life-course. The literature review on effective interventions is complete. Quantitative and qualitative data collection is under way. The target date for completion is March 2023.</p>

Title: Health and Wellbeing Board Work Programme 2023

Wards Affected: All

To: Health and Wellbeing Board **On:** 15 December 2022

Contact: Julia Chisnell

Telephone: 07584 175711

Email: Julia.Chisnell@torbay.gov.uk

1. Purpose

To update members on the Health and Wellbeing Board Work Programme for 2023.

2. Recommendation

To endorse the Health and Wellbeing Board Work Programme for 2023.

3. Supporting Information

The work programme of the Health and Wellbeing Board is structured around the statutory responsibilities of the Board. For example the Board is required to receive and endorse the Joint Strategic Needs Assessment, and the Joint Health and Wellbeing Strategy, when these are updated.

Business items

The table below includes the business items we expect to need to receive or endorse in 2023. Additional items may be added if necessary during the year.

Partners are asked to ensure any new papers requiring Health and Wellbeing Board approval are notified in advance so they can be added to the forward plan.

Items for update

We have also scheduled items for update for each meeting. These are topical issues where we feel members will be interested to hear, share and comment on progress.

Development workshops

We will continue to hold development workshops to spotlight progress and activity around key areas from the Joint Health and Wellbeing Strategy on a quarterly basis. These are now being held jointly with the Local Care Partnership focusing on priority

areas of interest to both Health and Wellbeing Board and Local Care Partnership members. The workshop schedule will be shared in January 2023.

Emerging issues

The 'emerging issues' process continues in 2023. This is available for partners to highlight emerging topics that are of importance to members and require multi-agency awareness and action. These should be highlighted to Lisa.Antrobus@torbay.gov.uk and Julia.Chisnell@torbay.gov.uk.

4. Relationship to Joint Strategic Needs Assessment

Priorities of the JSNA are reflected in the work programme.

5. Relationship to Joint Health and Wellbeing Strategy

Progress against the Joint Health and Wellbeing Strategy is received six monthly by the Board and the workplan reflects Health and Wellbeing priority areas.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

No implications at this point

Health and Wellbeing Board Workplan 2023

Date	Item	Lead Officer(s)/ Organisation	Purpose
9 March 2023	Business items		
	Peninsula Health Protection Annual Report 2021/22	Julia Chisnell	For information
	Torbay Joint Health & Wellbeing Strategy 6 monthly monitoring reports	Workstream leads	For information & escalation of risks & issues
	Items for update		
	Integrated Care Board & Local Care Partnership business programme	Derek Blackford	
	Turning the Tide on Poverty & Cost of Living work programmes	Lincoln Sargeant, Jo	

Date	Item	Lead Officer(s)/ Organisation	Purpose
		Williams	
22 June 2023	<p>Business items</p> <p>Torbay Joint Strategic Needs Assessment 2023-24</p> <p>Torbay Drug & Alcohol Partnership report</p> <p>Items for update</p> <p>Integrated Care Board & Local Care Partnership business programme</p> <p>Turning the Tide on Poverty & Cost of Living work programmes</p>	<p>Simon Baker</p> <p>Lincoln Sargeant</p> <p>Derek Blackford</p> <p>Lincoln Sargeant, Jo Williams</p>	<p>Statutory requirement (Care Act 2014) to receive and endorse</p> <p>Statutory report</p>
28 September 2023	<p>Business items</p> <p>Torbay Joint Health & Wellbeing Strategy 6 monthly monitoring reports</p> <p>Items for update</p> <p>Integrated Care Board & Local Care Partnership business programme</p> <p>Turning the Tide on Poverty & Cost of Living work programmes</p>	<p>Workstream leads</p> <p>Derek Blackford</p> <p>Lincoln Sargeant, Jo Williams</p>	<p>For information & escalation of risks & issues</p>
14 December 2023	<p>Business items</p> <p>2022/23 Health and Wellbeing Board work programme</p> <p>Torbay and Devon Adult Safeguarding Partnership – Annual Report</p>	<p>Lincoln Sargeant</p> <p>Paul Northcott / Sharon O'Reilly/</p>	<p>For information and endorsement</p> <p>Statutory requirement (Care Act 2014) for Chair</p>

Date	Item	Lead Officer(s)/ Organisation	Purpose
			of HWBB to receive report
	Torbay Better Care Fund – annual report	Derek Blackford	For information
	Torbay Drug & Alcohol Partnership report	Lincoln Sargeant	For information
	Director of Public Health Annual Report	Lincoln Sargeant	Statutory report
	Items for update		
	Integrated Care Board & Local Care Partnership business programme	Derek Blackford	
	Turning the Tide on Poverty & Cost of Living work programmes	Lincoln Sargeant, Jo Williams	

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22 June 2023	<p>Business items</p> <p>Torbay Joint Strategic Needs Assessment 2023-24</p> <p>Torbay Drug & Alcohol Partnership report</p> <p>Items for update</p> <p>Integrated Care Board & Local Care Partnership business programme</p> <p>Turning the Tide on Poverty & Cost of Living work programmes</p>	<p>Simon Baker</p> <p>Lincoln Sargeant</p> <p>Derek Blackford</p> <p>Lincoln Sargeant, Jo Williams</p>	<p>Statutory requirement (Care Act 2014) to receive and endorse</p> <p>Statutory report</p>
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**14
December
2023**

Business items		
2022/23 Health and Wellbeing Board work programme	Lincoln Sargeant	For information and endorsement
Torbay and Devon Adult Safeguarding Partnership – Annual Report	Paul Northcott / Sharon O'Reilly/	Statutory requirement (Care Act 2014) for Chair of HWBB to receive report
Torbay Better Care Fund – annual report	Derek Blackford	For information
Torbay Drug & Alcohol Partnership report	Lincoln Sargeant	For information
Director of Public Health Annual Report	Lincoln Sargeant	Statutory report
Items for update		
Integrated Care Board & Local Care Partnership business programme	Derek Blackford	
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