

# Torbay's Joint Health and Wellbeing Strategy.

2015 – 2020

Torbay Council Version

*“Building a Healthy community”*



# Foreword.

This strategy has been developed and approved by the Torbay Health and Well-being Board (HWBB), a board of senior leaders from across the public and voluntary sectors.

This strategy takes into account the Joint Strategic Needs Assessment (JSNA) and the current plans within partner organisations.

Torbay has a national reputation for integrated working and the work of the HWBB and its members has made great strides to further embed this way of working. In the 4 years the HWBB has existed, much has been achieved.

Examples include;

- Work in schools to improve emotional health and support, sex and relationship education and educational aspiration.
- Increases in the number of people screened within care settings for alcohol
- Development of independent living opportunities for people with Learning Difficulties.
- Greater support to carers including young carers.

Since the previous JHWS was written, much work has taken place to bring partners together around a joint plan and it was felt that in this revised and refreshed version, we need to reflect this rather than produce yet another strategy. To this end, the proposed 2015 – 2020 strategy is a pragmatic approach to producing a JHWS which reflects a number of Joint plans already in existence;

- a. The Joined-up Health and Social Care Plan
- b. The Healthy Torbay framework
- c. The Community Safety and Adult and Children's Safeguarding plans

With the emphasis on integration, it is recognised within this strategy is now the over-riding framework which incorporates many of the previous strategies and plans, Thus within Torbay Council, the Children's and Young People plan, the Older People, Active Ageing Strategy and the Supporting Peoples strategy will be taken forward within the Joined-up plan. In addition it is suggested that the HWBB agrees 3-4 key cross-cutting issues each year for particular consideration where there are significant issues to health and well-being.

The emphasis for the JHWS will be on the added value the HWBB can bring through its focus on determinants and cross-cutting issues. This is reflected in strap line / aim - ***“Building a Healthy community”***

## 1.Introduction.

Health and well-being is complex with a number of different factors coming together which affect how “*healthy*” we feel. We need to recognise that well-being is about not only physical health but also psychological and social health. Depending on our backgrounds and life experiences we tend to each view health and well-being differently and may differ on where we feel the focus of any strategy should be. Our different organisational and professional viewpoints will also differ. We may for example want to **reduce the number of people dying early** or **reduce the gaps in life expectancy** between genders or neighbourhoods or be concerned about those living with **multiple complex illnesses** and want to increase the **number of years of healthy life led**. Some are particularly concerned with **quality of care** and aim to support people to live **active, independent and dignified lives**, especially into their later years. Others consider building a **resourceful community** is key and others that supporting people to grow up, live and work in a **safe and nurturing environment** and prevent a life of crime a priority especially for those most **vulnerable**.

The years that this strategy covers will also be ones of unprecedented economic challenge and we will all be concerned with how we provide services at **least cost** and as **quickly and effectively** as possible. Collectively we need to agree what particular priorities are important which, if addressed will have the **maximum benefit** for the people we serve.

In order to consider these priorities we need to consider a number of issues;

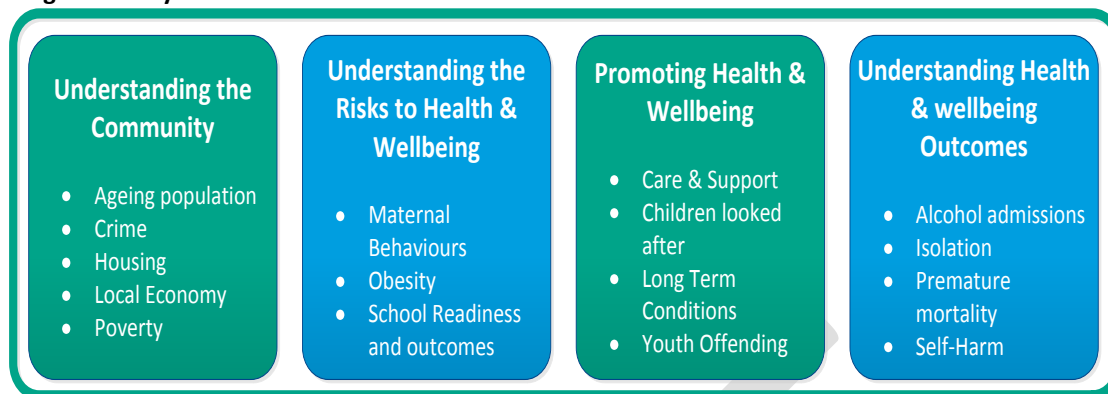
- 1. Health and well-being needs in Torbay and the key drivers of that need**
- 2. What people tell us they would like to see change**
- 3. Government policy – drivers and freedoms.**

## 2. Health and well-being and key drivers of needs

Many of these areas are described in the Joint Strategic Needs Assessment (JSNA). The JSNA is an extensive document and web-based tool that explores all aspects of Torbay’s health and well-being. It’s conclusions reminds us that where you live, how you live your life, how you interact with others and the community and environment around you, have as much effect on your health as how your health and care services are managed. It describes how ill health and the causes of ill health differ across life and also how this accumulates throughout life. It further shows that inequalities are evident across in all age groups. In Torbay for example, those living in more deprived areas live shorter lives, have lower qualifications, have more chronic illnesses and disabilities and live longer with poorer health (an extra 5 years on average) which they develop at an earlier age. This is compounded by an ageing population and together this is causing a rising tide of demand on our health and care services.

Key **needs** from the JSNA Torbay are summarised below:

**Diagram 1: Key issues from JSNA**

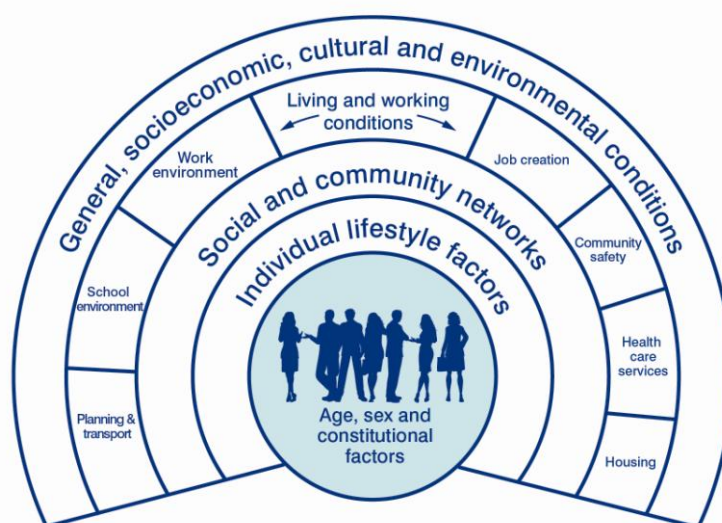


In Torbay the JSNA tell us that the following factors are particular **drivers of this need**;

Factors affecting well-being	What we know
Individual factors	Men have worse health and shorter lives than women overall We have an ageing population
Lifestyle factors	5 behaviours underlie the 5 main causes of illness and 75% of early deaths <ul style="list-style-type: none"> <li>- Smoking</li> <li>- Alcohol</li> <li>- Lack of activity</li> <li>- Poor Diet</li> <li>- Lack of social connection</li> </ul>
Community factors	There are large numbers of people who are vulnerable linked to high rates of self-harm, suicide, alcohol use and violent crime. There are high numbers of looked after children. Isolation and lack of community connectedness is an issue Care and support services are not fully integrated and access and take-up remains an issue with high levels of unmet needs
Social factors	There are 5 social factors linked to poor health; <ul style="list-style-type: none"> <li>- Poverty</li> <li>- Employment and joblessness</li> <li>- Crime and community safety</li> <li>- Education and aspiration</li> <li>- Poor Housing</li> </ul>
Socioeconomic and cultural conditions	The public sectors are facing unprecedented financial pressure which requires disinvestment in some services

This can be illustrated by the following diagram

Diagram 3: Elements affecting health and well-being Adapted from Dalhgren and whitehead.



### 3 What people tell us they would like to see change?

Research and consultation both locally and nationally tells us what people want to see from the care services and how they would like to access them. In summary the following 4 areas are important to people

1. Services that address “what matters to people not what is the matter with them”. Those specified ; **well-being, quality of life, mobility, independence, social connectedness and confidence to manage.**
2. Move away from the medical model to include issues such as housing and neighbourhood environment when planning services. Make greater use of assets including people, communities, neighbours, volunteers, trainers and champions. Integrated models of care should **support and enable the informal workforce and should ensure Community and Voluntary organisations are FULL partners** in the design and delivery of person centred care.
3. Focus on **information and advice and self-care** to promote personal responsibility and give greater control for patient. Improve communication and access to information and support. Help people to help themselves and to live independently at home.
4. Focus on **prevention and promoting health**, especially for those most at risk with emphasis also in the care services esp. in primary care.

## 4. The view from the service user.

Both research and our day to day experiences and consultation involving service users tell us that we are still not intervening early enough to address well-being issues as they arise. Thus people often present to emergency departments with severe illness or in psychological crisis, children are taken into care when families break down and people end up in a police cell who are vulnerable and have poor mental health or have turned to violence, crime or addiction.

Torbay has made great strides towards integration and is nationally recognised for the work it has done. However there are still case where families and individuals have not been supported early enough and where we could have prevented a costly slide into dependence. We need to create models of care where there is a greater shift in focus to early intervention and prevention and we consider all of people's needs be they housing, debt, behavioural or illness related.

## 5. Government policy – drivers and freedoms

There are 3 areas of government policy that have an influence on future strategy for health and well-being;

- The NHS 5 year plan
- The Care Act
- Devolution
- Public sector funding

### **NHS 5 year plan.**

The NHS 5 year plan outlines 3 areas for prioritisation

1. Radical upgrade in prevention and public health
2. Greater control for patients and carers though a promotion of self-care and better access to information/
3. Breaking down barriers to how care is provided

### **Care Act.**

Under the Care Act, local authorities must ensure people who live in their areas:

- Receive services that prevent their care needs from becoming more serious
- Can get the information and advice they need to make good decisions about care;
- Have a range of providers offering a choice of high quality, appropriate services.

The Care Act makes clear that local authorities working with other partners, like the NHS, should provide or arrange services that help prevent ongoing care and support.

### **Devolution.**

Devolution offers more freedoms to work collaboratively across organisations.

In the South West, the emerging plan – *“Heart of the South West”* has the following areas of focus; Prosperity, Governance, Connectivity, Housing planning, Health, care and well-being integration.

## 6. What's already happening in Torbay?

The JHWS needs to reflect the reality of what is already planned locally and to acknowledge the current financial constraints as well as taking note of the evidence of the requirements for system change to improve health in the longer term.

### 6.1 The Joined-up plan for health, care and well-being services.

Torbay already has a national reputation for integrated care and has led the way nationally in joining up health and social care. Building on this, on 1<sup>st</sup> October 2015, the hospital and community care providers came together to create an Integrated Care Organisation (ICO) marking another stage in this journey. Further plans are developing to bring primary care, children's social care and mental health together as part of a new Integrated care model and to better align the Community, voluntary and independent sectors with public sector services. This should see more community based work, a focus on prevention and integrated services for all ages.

Across the public sector, there are also areas where performance is being actively addressed locally. Particular issues are;

- Mental health services – though there has been significant improvements in performance and efficiency, issues remain with regard to access to urgent care and assessment and a desire to embed mental health further with other services.
- Demand for and access to Child and Adolescent Mental Health Services
- The numbers of children who are looked after in care.
- Poor reach of current lifestyle services issues such as weight management
- High numbers of A/E attendances and numbers of avoidable emergency admissions

The work to respond to these issues and to the JSNA is being led by a partnership group, the *Joined-up Board and Systems Resilience Group*, where both commissioners and providers within the care systems are working together on this new way of working. These are described in the ***Joined-up plan***.

At end of 2014, the Joined-Up Board (JUB) for South Devon and Torbay agreed there should be a single programme of integration projects managed across the health and social care organisations, co-ordinated by a single programme office. These projects cover NHS and Council services from adult social care, children's services and public health. They are all core to the delivery of better outcomes for people of South Devon and Torbay through a focus on:

- Joining up resources/local multi agency working
- Earlier intervention and prevention,
- Quality and cost improvement

These covered the following agreed priority areas.

1. Early help for children and young families to tackle inequalities and to include emotional health of children
2. Integrated care for people with multiple ill health conditions
3. Mental health embedded within services
4. Ageing well to promote independence and improve quality of life in the older years
5. Building community resourcefulness

The following plans are being taken forward within the Joined-up plan.

- 1 Financial recovery- Social/other investment
- 2 Local Integrated Multi-Agency Teams with mental health
- 3 Social Work Innovation Fund Transformation (SWIFT)
- 4 Child & Adolescent Mental Health services (CAMHs)
- 5 Integrated prevention model
- 6 Care Act implementation
- 7 Integrated Personal Care planning & commissioning
- 8 Multi-Long Term conditions
- 9 Single Point of Contact (SPOC)
- 10 Outpatient & inpatient innovation
- 11 Frailty services - acute & community
- 12 Ageing Well Torbay
- 13 Older people's mental health and dementia
- 14 Accommodation-based care

In addition, Health and Social care partners across South Devon and Torbay together through the System Resilience Group (SRG) have received Vanguard status for taking forward work to address issues within Urgent care.

All these issues will be overseen by the Multi-agency Systems Resilience Group.

## **6.2 Healthy Torbay.**

Improving population health however is not just the responsibility of health and social care. The work on integrated care also needs to be underpinned and complemented by interventions designed to tackle the underlying social, economic and environmental determinants of health across populations. As described above, the JHWS also needs to acknowledge the close link between the economy and health and the important role of aspiration and emotional health. It also needs to consider the environment in which people live and play and acknowledge that the health and resourcefulness of a community and its assets needs to be a focus as well as the health of individuals within that community. These areas are described within the ***Healthy Torbay framework***.

In 2014, Torbay Council approved the Healthy Torbay framework. This covers work across the public and community sectors in a number of areas. The following areas are **priorities**:



### **Economy; Employment and skills**

There is a clear link between health and the economy. Being materially poor is THE most important factor affecting health but also improving the health of our workforce and tackling unemployment has a clear health benefit.

Though unemployment rates are falling in Torbay, we must continue to work together to improve health by creating local jobs for local people, creating an environment at work that promotes health and aspiration and by promoting opportunities for all in Torbay including those living with poor health and disabilities. There is also a link to **education** as building aspiration and closing the gap in attainment are two key areas of focus to improve both health and wealth across Torbay.

### **Housing.**

There is also a clear link between decent housing and health with homelessness being a particular issue.

### **Community environment**

The way our towns are planned and the environment in which we live has a profound effect on well-being. Planning, transport and building community resourcefulness are key areas of focus and building networks of healthy workplaces and schools.

Within the framework there is also work on Tobacco control, Alcohol, Diet, Physical Activity and sports promotion.

### **6.3 Community safety and safeguarding.**

Finally it has been acknowledged that within Torbay there are groups within our community that are especially vulnerable, more so at this time of economic challenge when resilience is compromised. Services need to develop integrated ways of working across the wider system, including care services, police, probation and the community and voluntary sector to address the particular needs of these groups within our community. Though overall crime is down, there are high levels of violent crime and youth offending and in spring 2015, the Community Safety Partnership (CSP) ran a workshop looking at the threats and risks facing many of the most vulnerable people in the Bay. With the financial cuts, many of the services supporting those who are homeless, who have mental health issues and who are living in poverty, are at risk, with the potential that these vulnerable people will fall into a downward spiral of needs. Many of these people are also at risk of or have offended and the Community Safety Partnership has set out to develop an urgent piece of work to describe how we can work differently to support these clients. It is suggested that this is an early priority to be included within the JHWS though recognising also that this work would aim, over time, for integration into the Joined-up plan for health, care and well-being services. The issue of particular priority was protecting vulnerable people including those suffering from Mental health issues, Domestic violence, Alcohol and drug misuse issues and homelessness.

The **Torbay adult and child safeguarding boards** have strategies and action plans to address these risks and the lessons learnt and action arising from this work should also be considered within the JHWS.

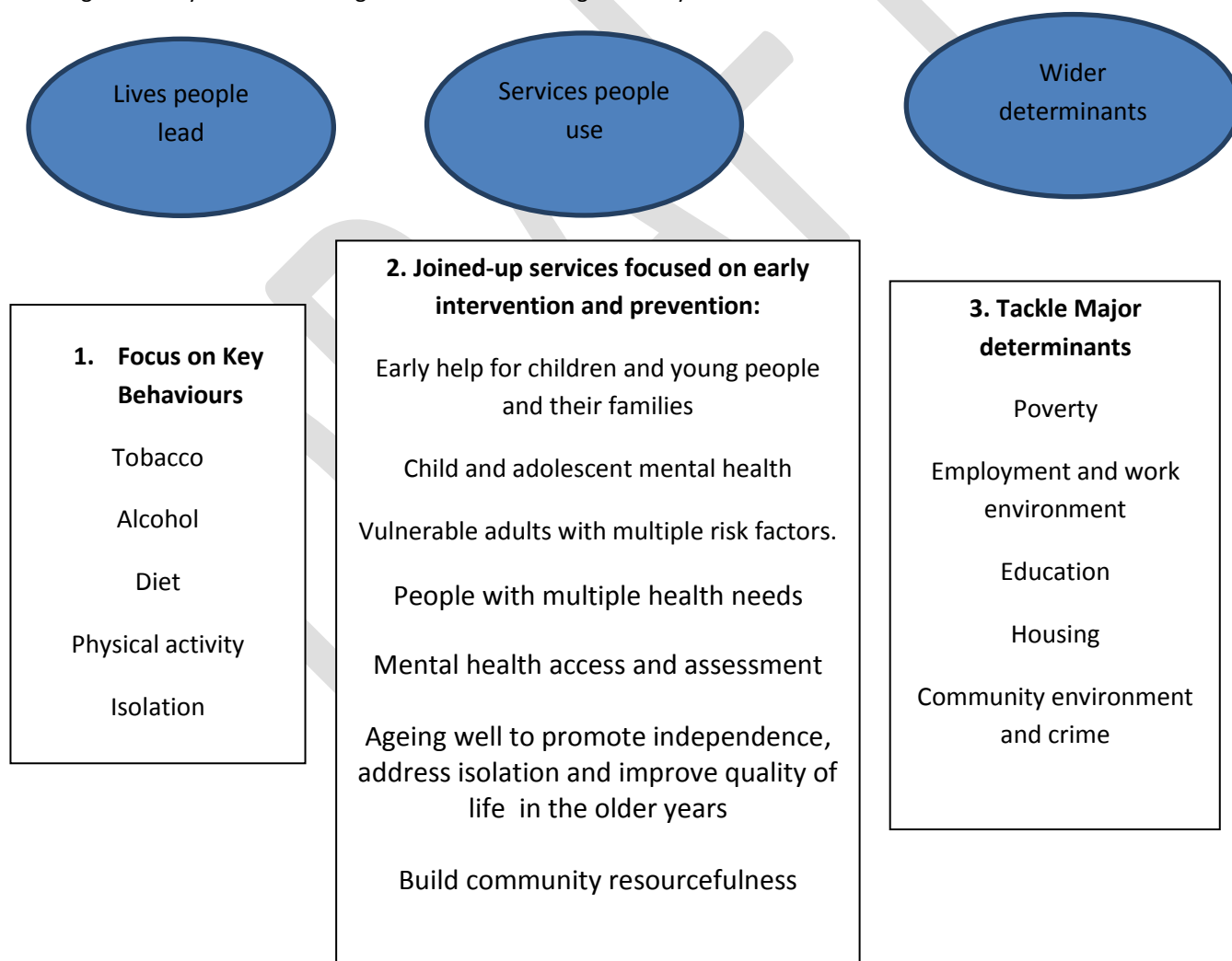
## 7. The proposed approach for Torbay

We are facing a period of unprecedented challenge with escalating costs and demand. Organisations need to work towards a common set of outcomes based on evidence of which issues we should focus on to enable us to “turn the tide” on these costs.

The Joint Health and Well-being strategy needs to outline how all sectors could work together to improve the overall health and well-being of the people in Torbay and the challenges outlined from the JSNA. Much is already happening and this should be reflected in the strategy.

We need to take an approach in this strategy that focused on all the issues outlined above; How people live their lives, how they use services and where current issues lie and how the factors around them effect their health and well-being. Taking the areas identified above the following summarised the proposed approach.

Diagram 3: Key factors affecting health and well-being in Torbay.



## Principles and ways of working.

### 3.1 A life-course approach.

Patterns of behaviours and ways of life are set in very **early life** and have a profound impact on future health and well-being. These patterns dictate future patterns of multi-morbidity. Focusing also on the early years and giving children the best start in life physically, socially and psychologically is therefore incredibly important and of equal urgency to focusing on the old and frail. As children become young adults risk-taking behaviour and vulnerability become embedded so **developing well** is another important area. During **adulthood** these behaviours begin to emerge as early signs of disease and opportunities abound to turn future illness around and lessen the likelihood of longer term disability. Even as we age, by focusing on **ageing well**, promoting exercise, diet and tackling social isolation we can promote independent living and lessen the likelihood of frailty. Finally in the very old we need to ensure people can age and die with dignity and a **good quality of life in the final years** Thus to tackle costs and demands and frailty in older age groups requires not only frailty services but action across ALL the life-course.

### 3.2 A Whole systems approach

Any work within the health and care system also needs to be underpinned and complemented by interventions designed to tackle the underlying social, economic and environmental determinants of health across populations. Thus areas such as planning, crime, housing, planning and transport as well as the wider economy need consideration. Thus we need to ensure health is considered also in local government plans and policies and that determinants are considered in NHS plans and policies.

### 3.2 A focusing on Health Inequalities.

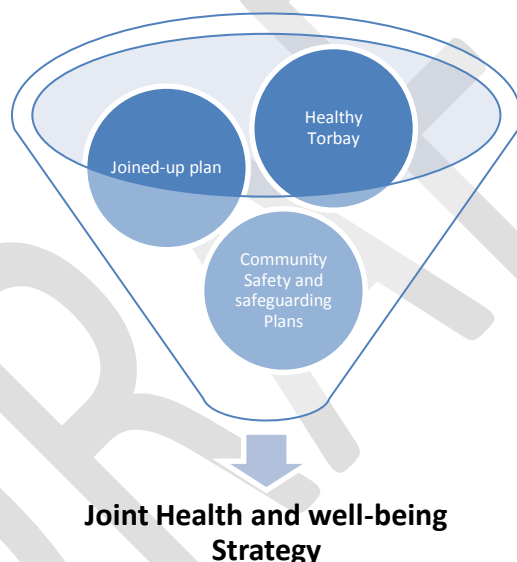
We know from the JSNA that those who live in the more deprived area or who belong to certain groups such as those from BME groups and those with mental health and learning difficulties have worse health. These people not only die younger but spend more years of life suffering from ill health and disability. They often present to the services late and with a greater overall burden of disease for more years than people in more affluent areas. Thus it is imperative we focus on these people, to prevent illness, detect illness earlier and narrow the gap in need, demand and costs that these groups bring. Action is needed in particular in Public Health and in Primary care on tackling lifestyles, access and take-up of services to prevent early escalation of disease.

## 8. Developing the Joint Health and Well-being strategy?

This JHWS needs to acknowledge the work going on in Torbay in the areas outlined in section 6 above. All 3 of these areas have been developed in conjunction with a review of needs and performance issues as well as considerations of local people's views and government policy. Collectively they address the issues outlined in the proposed model above and aim to be delivered with an outcome based population focus.

It would be counter-productive therefore to duplicate the work already going so it is proposed the JHWS going forward encapsulates the 3 area and plans:

- The **Joined-up plan** to address needs through service re-design and through the building of assets within our communities.
- **Healthy Torbay** with its programmes and plans to address underlying causes of ill health and promote health through assets
- The work of the **Community Safety Partnership and Children and Adults safeguarding** Boards to protect the vulnerable, and address safety at the community and individual level.



## 9. 2015/ 16 priorities.

It is also suggested also that the HWBB identify 3-4 issues each year where a focus across all sectors is needed. These areas should be where the Health and Well-being Board (HWBB) through its membership can bring a greater focus to work on specific areas identified as high risk to health and well-being. These should be reviewed on an annual basis. Criteria for selection should be that these issues cover **both** of the following;

- An area of significant need from the JSNA OR an areas where current performance is poor OR an area what is a key driver of significant quantifiable poor health AND
- HWBB members working together can bring added value to delivery

Discussions to date with members have identified the following common issues

- ✚ Urgent mental health support and assessment
- ✚ Alcohol
- ✚ Domestic violence
- ✚ Health, housing and homelessness.

## 10. Measuring success. TBC

The Health and well-being board will need to agree core metrics to monitor the delivery of the strategy as well as having oversight of both a Joint outcome framework and contract management scorecard.

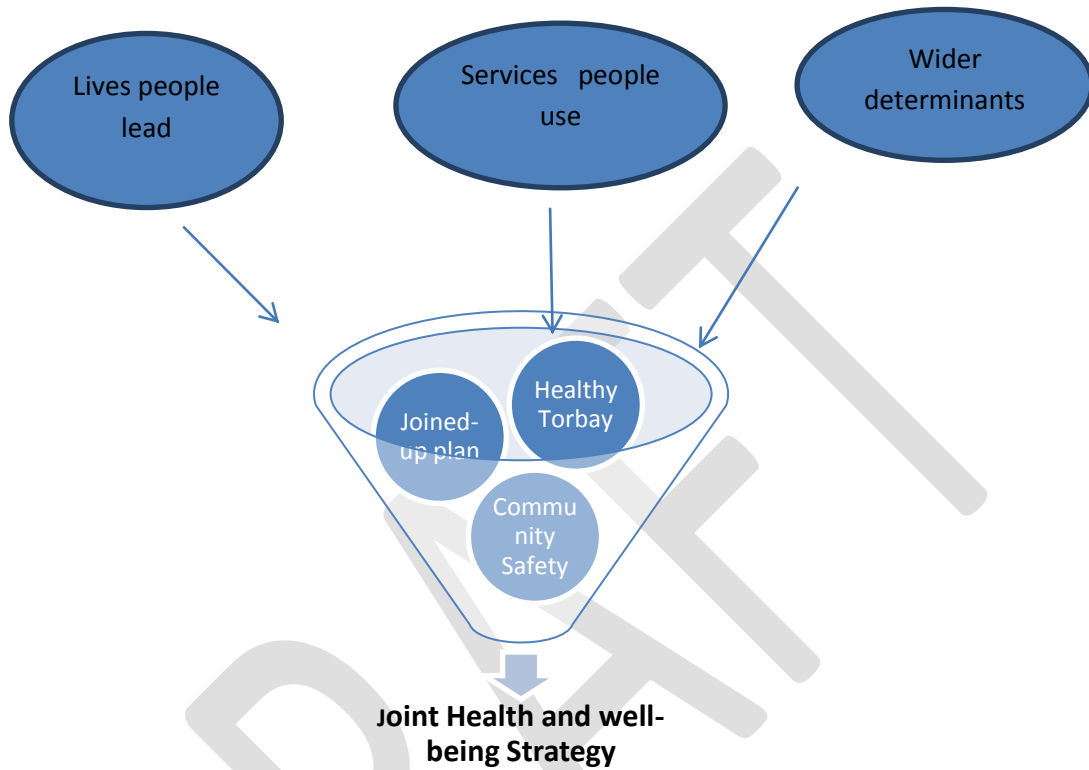
The following are a DRAFT set of proposed over-riding metrics to be considered

Life Course	Key metrics
<b>Early years &amp; developing well</b>	School readiness Non accidental injuries (Self-harm sub-set) 11-18 year olds Numbers of Looked after children Gap in attainment children in receipt of free school meals and others Maternal behaviours (basket) Youth offending Patient/service user experience of care
<b>Living &amp; working well.</b>	Total non-elective admissions Alcohol admissions Mental health assessments (incl within criminal justice settings) Suicide rates Avoidable admissions Patient/service user experience of care Decent homes Homelessness Violent Crime incl. Domestic Violence Employment and income levels
<b>Ageing &amp; dying well</b>	Total non-elective admissions Delayed transfers of care from hospital Proportion of >75 at home 91 days post discharge Permanent admissions of older people to residential & nursing care homes Social isolation Rate of dementia diagnosis Patient/service user experience of care

There should also be agreement on reporting of quarterly performance indicators.

## 11. Governance framework.

It is proposed that within the Governance framework of the HWBB, that the 3 strands that feed into the Joint Health and well-being strategy should be assessed to ensure they reflect the needs identified within the JSNA and the complementary work summarised in Diagram 3 on page 5 as follows



It is suggested that the following groups report into the HWBB via the Joint Commissioning Group. The HWBB would decide on the most appropriate group to take forward in-year priorities to report back.

