

FIVE YEARS ON; MAKING A DIFFERENCE?

Achievements and challenges for
population health, five years since
Public Health's move to Local Authorities
2017 Director of Public Health Report



CONTENTS

1. What do we know about living in Torbay?.....	6
2. Health Improvement and the wider determinants of health	16
3. Health Protection	22
4. Commissioning of Public Health services	26
5. Healthcare Public Health	37
6. Review of previous challenges	42
7. Concluding remarks	51

ACKNOWLEDGEMENTS

This annual public health report has been written by Dr Caroline Dimond, Director of Public Health for Torbay, with contributions from the Public Health team, in particular:

Paul Iggulden - Consultant in Public Health

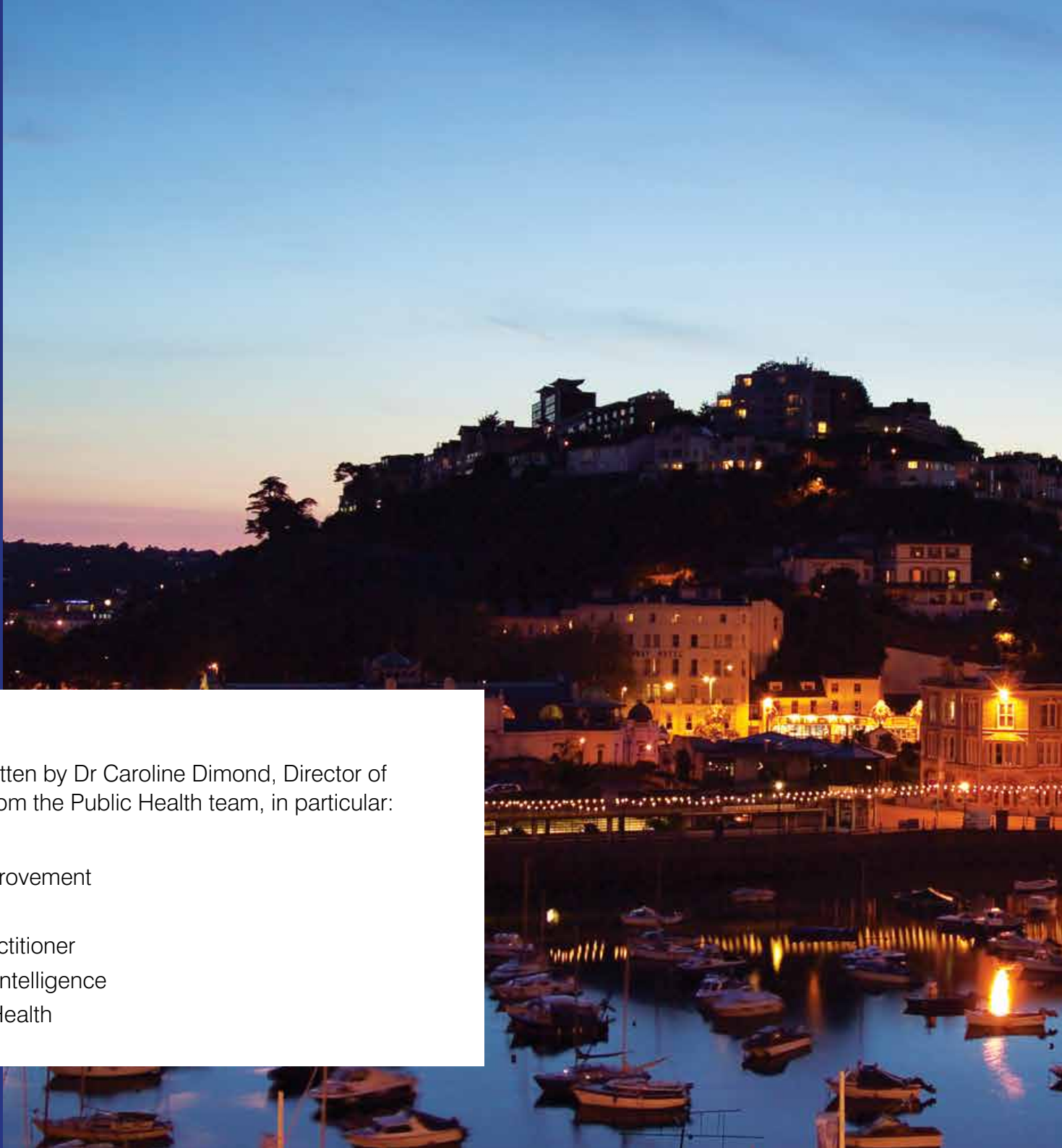
Ian Tyson - Acting Head of Public Health Improvement

Bruce Bell - Consultant in Public Health

Mark Richards - Advanced Public Health Practitioner

Gemma Hobson - Public Health Specialist - Intelligence

Julia Chisnell - Specialty Registrar in Public Health



FOREWORD

FIVE YEARS ON

In April 2018 it will have been five years since Public Health came across to the Council and three years since I became the substantive Director of Public Health (DPH). Working in Local Authorities has brought new and exciting opportunities for Public Health, enabling us to bring a real focus to the population's health and wellbeing. By working with colleagues in the Council we are able to look at the causes of ill health and also to consider, in particular, the needs of those under the care and support of the Council as well as continuing to work with NHS colleagues on the prevention of illness. But how well have we done in Torbay? What have we achieved and how have we supported the Council in its strategic ambitions and the Health and Wellbeing Board (HWBB) in its partnership based priorities?

For this year, the fifth anniversary of Public Health "coming home" to the Local Authority, it is these two questions that I would like to explore in this annual report for Torbay: Five years on; Making a Difference?



Caroline Dimond
Director of Public Health

INTRODUCTION

This report considers what Public Health has achieved over this time; how they have improved their own service areas but also how they have supported the ambitions of both the Council's Corporate Plan and the priorities of the Joint Health and Wellbeing strategy (JHWS). These are outlined in the adjacent boxes.

In order to do this I first look, in Chapter 1, at what we know it is like to live in Torbay. This sets the scene and highlights the opportunities but also the challenges we face to enable communities to be healthy and thrive as per the Council's ambition.

This is followed by Chapters 2-5 where I look at four key areas of Public Health and outline for each:

- Why it is important for population health.
- What has been achieved in this area.
- What the plans are for 2018/19.
- How this contributes to the health and social care system challenges.

The four areas addressed are as follows:

- Chapter 2: Health improvement and wider determinants.
- Chapter 3: Health Protection.
- Chapter 4: Commissioning of Public Health services.
- Chapter 5: Healthcare Public Health.

Finally, each year since becoming DPH I have made some recommendations for future work and in Chapter 6, I review and consider what progress has been made in 2017 and what more needs to be done. These make up the recommendations for 2018 that I summarise on the following page.

CORPORATE PLAN

The Council's ambition is to create a Prosperous and Healthy Torbay where communities are healthy and thrive. This is laid out in the Corporate Plan which has as its core principles:

- Using resources to best effect.
- Reducing demand through prevention and innovation.
- An integrated and joined-up approach.

The plan brings focus to five key actions:

Targeted Action 1: Protecting all children and giving them the best start in life.

Targeted Action 2: Working towards a more prosperous Torbay.

Targeted Action 3: Promoting healthy lifestyles across Torbay.

Targeted Action 4: Ensuring Torbay remains an attractive and safe place to live and visit.

Targeted Action 5: Protecting and supporting vulnerable adults.

JOINT HEALTH AND WELLBEING STRATEGY

Torbay's Councillors have also long been supporters of integration and joined up working. In health these priorities have been described by the multi-agency HWBB within the JHWS.

Current priorities are to:

1. ALL work together to focus on promoting good health and preventing illness AT SCALE.
2. Enable children to have the best start in life and address inequalities in outcomes.
3. Build emotional resilience in young people.
4. Create places where people can live healthy and happy lives.
5. Support those who are vulnerable and living complex lives and address the factors that result in vulnerability.
6. Enable people to age well.
7. Promote mental health with a focus on early intervention.

RECOMMENDATIONS

1. Make further effort to embed prevention in ALL our work.

Within the Integrated Care System and Local Care Partnership, prevention, early intervention and self-care are noted as significant ambitions. In order to achieve this, we need to increase the pace of this work and embed prevention within all workplans. The work to develop tools to enable this to happen and the work on culture change now needs to move from the developmental and piloting stage to delivery within the proposed New Model of Care supported by workforce changes and shifts in resources. Though this developmental work is led by the Torbay and South Devon Prevention Board, the delivery of this “Prevention @ Scale” ambition needs action from all partners and all services.

2. Begin opportunistic screening for early identification of hypertension and atrial fibrillation within community and primary care settings

I recommend within the integrated work on primary care and the new strategy for Primary Care that we strive for greater emphasis on opportunistic early identification of illness beginning with hypertension and atrial fibrillation.

3. The Healthy Torbay work needs to gain momentum both within communities and at town level, linking also to Health and Wellbeing Centres

Consideration of how this occurs needs attention. Early wins could be in the areas of housing and debt. A focus on the Marmot proposals and work on addressing deprivation are also key.

4. Form a multi-agency Children and Young People Partnership Board to bring the focus to the causes and drivers of poor children's outcomes and our high safeguarding numbers

This should include the following areas of focus:

- Adverse Childhood Experiences (ACE)
- Prevention of neglect
- Addressing inequalities in school achievement and building aspiration
- Emotional health and wellbeing and self-harm and ensuring delivery of the system Sustainability Transformation Programme Children and Young People's Emotional Health and Wellbeing Plan.

5. Establish Torbay as an age friendly community

The vision for ageing well in Torbay is a priority for 2018 to enable older people to age well addressing isolation, lifestyles and frailty prevention.

6. I call again for a shift in focus to prevention and earlier intervention in mental health

We need to ensure in 2018 that work begins in

earnest, to shift the focus to the promotion of emotional health and wellbeing and prevention.

7. The partnership work on adults and families with multiple complex needs requires refocusing during 2018 and governance arrangements for this work agreed and established

I hope that the year ahead will see the development on an effective holistic service offer for the most vulnerable adults and families in the Bay. In addition, I would like all local services to become ‘trauma informed’ and that this ambition is reflected in both commissioning specifications and in service redesign work.

Supporting communities to be healthy and to thrive is a noble ambition. To support this agenda, I have strived to use the resources within Public Health to best effect working to the principles set out in the Corporate Plan and working as much as possible to support the JHWS priorities. The budget and staff numbers within Torbay Council Public Health are small and we are therefore only a small part of the possible solution to these challenges.

Everyone will need to work together to address them. I invite you therefore to consider the above recommendations and think how you also could work towards addressing these in your own work or in the work of your team, department or organisation.

Alone we can strive but together we can achieve.

A photograph of a person and a child walking away from the camera on a paved path in a park. The person is wearing a dark puffer jacket and blue jeans, and the child is wearing a purple puffer vest over a white long-sleeved shirt and dark pants. They are holding hands. The path is covered with fallen autumn leaves, and the background is filled with trees with green and yellow foliage. The text "1. WHAT DO WE KNOW ABOUT LIVING IN TORBAY?" is overlaid in white, bold, sans-serif font on the left side of the image.

1. WHAT DO WE KNOW ABOUT LIVING IN TORBAY?



The way we seek to understand the health and wellbeing of the local population, is by bringing together data and other “intelligence” from partners into a paper and web-based resource called the Joint Strategic Needs Assessment or JSNA. In this section of the annual report I summarise key findings from the latest JSNA to identify the needs of the population over the life course, from birth to death.

A life course approach enables an understanding of needs and risks to health and wellbeing at different points along the path of life; our needs as babies and in our early years differ significantly to our needs and risks to health and wellbeing as we enter adulthood or retirement. Understanding the risks to health and wellbeing at different points helps us to identify opportunities to promote positive health and wellbeing, to treat illness earlier and to prevent future ill health and loss of independence. It also helps us to understand the overall burden of disease that may need to be considered in planning public services.

Thus, the Torbay JSNA is a suite of documents, web tools and presentations that help to inform and guide commissioning (the purchasing) of health, wellbeing and social care services in the Bay. The JSNA is also a means by which local leaders work together to understand and agree the needs of the local population. This is the sixth JSNA to be written

for Torbay since 2007. The latest version represents the most acute levels of social challenge within Torbay so far.

The JSNA is developed by the Public Health Knowledge and Intelligence Team (KIT). The KIT unpicks performance, activity and outcome statistics and applies intelligence to inform us about who, where, why and what is driving performance and demand. This allows services to focus on those in greatest need – this could be by age group, sex or community. The specialist skills within the KIT enable data to be turned into knowledge and intelligence which is then used by commissioners within the Council and the NHS to inform commissioning. This is a big undertaking but this year, to support the work going on at ward and town level we have also produced profiles for each ward. In total there are five profiles for each geographical area, totalling 95 in all, covering the life course. All the profiles and specific health needs assessments can be found at

www.southdevonandtorbay.info/

OVERVIEW

Torbay has a resident population of 133,883 (2016 Mid-Year Estimate), 51.5% female and 48.5% male with an average age of 44.8 years¹. Thanks, in part, to the above average warm weather and high quality outdoor environment Torbay is a popular retirement destination.

However, Torbay's economy is amongst the weakest in England, and has declined in recent years. Wages are low and work can be seasonal. Whilst house prices are £40,000 less than the England average they are nearly 7 times the average local salary. Torbay is also the most deprived local authority in the South West (based on the Indices of Multiple Deprivation 2015). In fact, 28 of the lower super output areas (LSOAs being a unit of aggregation used in the Census) in Torbay are in the top 20% most deprived areas in England (up from 12 in 2004)² as figure 1 shows:

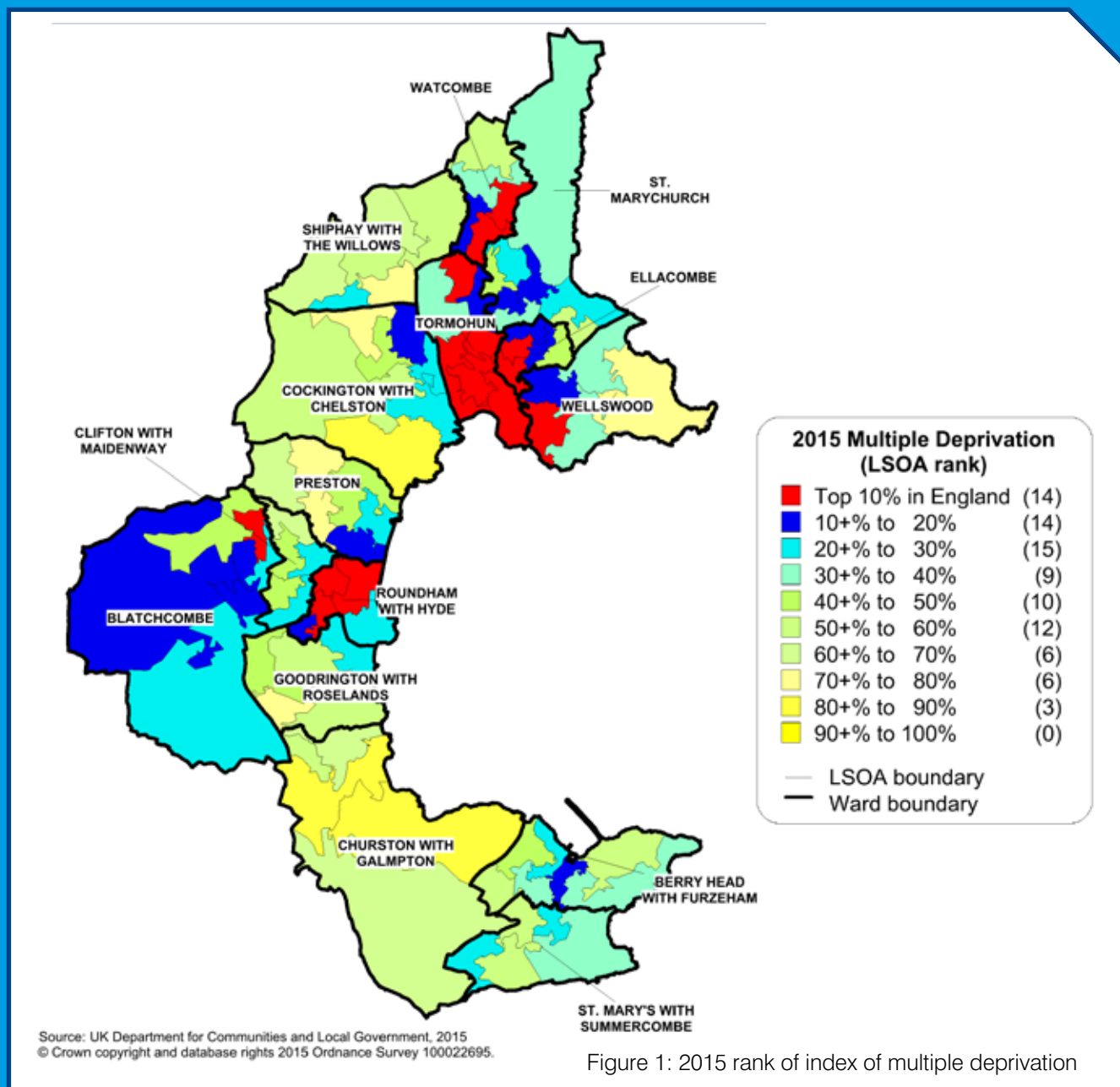


Figure 1: 2015 rank of index of multiple deprivation

So, why is this the situation in Torbay?

There is evidence to suggest that disadvantage begins before birth and accumulates throughout life. To reduce inequalities across the life course, it is important therefore to reduce poorer outcomes from pregnancy and birth, and during childhood. It is with this in mind, I look to the health of the young child in Torbay first.

GETTING THE BEST START IN LIFE

Around 1,400 children are born in Torbay every year. While both breastfeeding rates at 6-8 weeks and the proportion of children receiving their childhood vaccinations are examples where improvements have been made in recent years, there remain some significant challenges for children in Torbay. Most concerning of all is that around 1 in 4 children continue to live in poverty (living in households where income is less than 60% of the median income). Poverty can restrict a child's opportunities and their life chances including their long term health. This and the many issues with parental wellbeing lead to high demand on children's social care and significantly affects the number of children looked after by the Council which remains amongst the highest in England. We have a rate for Looked after Children aged under 5 that is 2½ times higher than the national average.

DEVELOPING WELL

Torbay has some very high quality schools and as a result educational progress is promising. Key Stage 4 (KS4) average attainment 8 (GCSEs) score per pupil was 49.3 against the national average of 46.4. However, this overall positive picture of academic achievement hides significant variation. It is of note that, whilst inequalities are narrowing in Torbay compared to the national trend, there continues to be a significant attainment gap between free school meal eligible and non-free school meal eligible children at KS2 and KS4.

The JSNA highlights a wide range of health and wellbeing challenges facing young people. Torbay has significantly higher than England rates of admissions for alcohol-specific conditions and for self-harm amongst young people. Whilst binge drinking and alcohol related admissions are decreasing locally they remain higher in Torbay than the national average. Self-harm admissions continue also to show a concerning increasing trend locally, while national rates of admissions remain reasonably stable.

Of other health behaviours, healthy weight for young people is of particular concern. For school-age children, we have the data from successive National Childhood Measurement Surveys which show a considerable increase in the proportion of obesity during primary

school years. Primary school is a critical time for children to establish healthy eating habits and higher levels of physical activity. Currently 1 in 4 enter primary school overweight (at age 4-5) and 1 in 3 leave overweight (at age 10-11). However, unhealthy lifestyles in general can even be seen reflected in the state of our teeth. In Torbay we have three times the rates of tooth extractions due to dental decay compared to national rates.

LIVING AND WORKING WELL

Unhealthy lifestyle choices and high levels of deprivation are strongly associated with a higher risk of potentially preventable chronic conditions such as type 2 diabetes and cardiovascular disease. Rates of several chronic conditions are higher in Torbay including Diabetes, Depression, Hypertension, CVD, and COPD.

In Torbay we have a mixed picture around lifestyles. On the positive side, the population is increasingly physically active with a rate of 66%, similar to the national rate of 65%. However on the negative side, despite this, in common with the England average, around 6 out of 10 adults in Torbay are overweight or obese so there is still a real challenge to overcome.

Whilst smoking rates have fallen in recent years both locally and nationally, it remains an

issue in Torbay where around 17% of adults smoke tobacco compared to 15.5% nationally³. Smoking rates are higher in more deprived communities and are highest amongst those who are homeless or chronically excluded. The health benefits of stopping smoking are considerable; prolonged cigarette smoking from early adult life triples age-specific death rates, but stopping smoking at age 50 halves the hazard, and stopping at age 30 avoids almost all of it⁴.

Unsafe alcohol consumption also remains a priority issue for Torbay with hospital admissions rates for alcohol specific conditions, 79% higher than England. Whilst binge drinking trends appears to be reducing, the number of people experiencing ill health as a result of long term unhealthy drinking habits is increasing. This pattern is also often seen in those in their middle years.

Prevention of disease and good management of existing health conditions are pressing issues for Torbay. A reduction of unplanned and/or preventable hospital admissions would both improve patient's experience of health and wellbeing and contribute to cost savings. Rates for unplanned emergency admissions are significantly higher in Torbay than the national and CIPFA averages.

People with mental health conditions have a lower life expectancy and poorer physical

health outcomes than the general population. Evidence suggests this is due to a combination of clinical risk factors, socio-economic factors and health system factors. Data for Torbay presented in the JSNA shows significant need for mental health support from teenage years through to older adults. The rate of emergency self-harm hospital admissions (14/15 – 16/17) is significantly higher for 10-24 year olds compared to England at 982.5 per 100,000. A significantly higher proportion of 16-64 year olds (4.5%) are claiming Employment Support Allowance for mental and behavioural disorders (2015-17). In addition, there is a significantly higher rate of provision of adult social care long term support for adults with mental health needs in Torbay (14/15-16/17).

Vulnerable people need higher levels of protection and support. There are higher levels locally of those accessing support for learning disabilities (495.3 per 100,000) and physical health support (422 per 100,000); which, in the case of physical personal care support is over double the national rate. This care is provided by social care services and augmented by care from unpaid carers. In Torbay 15.9 percent of people provide unpaid care on a weekly basis and many of those cared for are not in receipt of social care support. Carers tend to be in poorer health than non-carers, and higher levels of unpaid care are associated with particularly poor general health. Long term unpaid carers

are also more likely to be economically inactive compared to those not providing care.

Torbay's schools perform well on average supporting the development of the younger generation. However, 1 in 4 adults in Torbay do not have any formal qualifications, thereby, limiting their employment options. This in turn contributes to the fact that average earnings for full time workers in Torbay are significantly lower than the England average. Residents in Torbay earn the 4th lowest earnings (full time annual gross pay) in England out of 152 local authority areas. The gap between the England and Torbay average is £9.3k per year. As a tourist destination Torbay also has significantly higher levels of employment in the distribution, hotels and restaurants sector, leaving people vulnerable to seasonal working patterns and there are especially high levels of part-time employment in Torbay compared to both CIPFA nearest neighbours and the England average. Both of these contribute to our low wage economy and a high ratio also of earnings to house prices.

Figures 2 and 3 opposite illustrate this. Positively however, the numbers of residents claiming job seekers allowance (JSA) has been reducing at a rate similar to the national average. Currently only 1% of the working age population are claiming JSA.

Health inequalities are related to the shortage of new homes and the affordability of housing in general. The quality of Torbay's housing stock is relatively poor. 45% of Torbay's population live in an area in the top 20% most deprived in England for indoor deprivation (IMD 2015) which means they lack central heating or do not meet the decent homes standard. With a much higher proportion of Torbay residents in private rented accommodation than social rented, the monitoring and correction of poor home standards is more challenging. Housing is unaffordable to the more vulnerable. Whilst house prices are £40,000 below the national average they are less affordable to the local population as wages are significantly lower than average. As a result of this, both homelessness and insecurity of tenure are rising, 24 people were street homeless at the last count (November 2017).

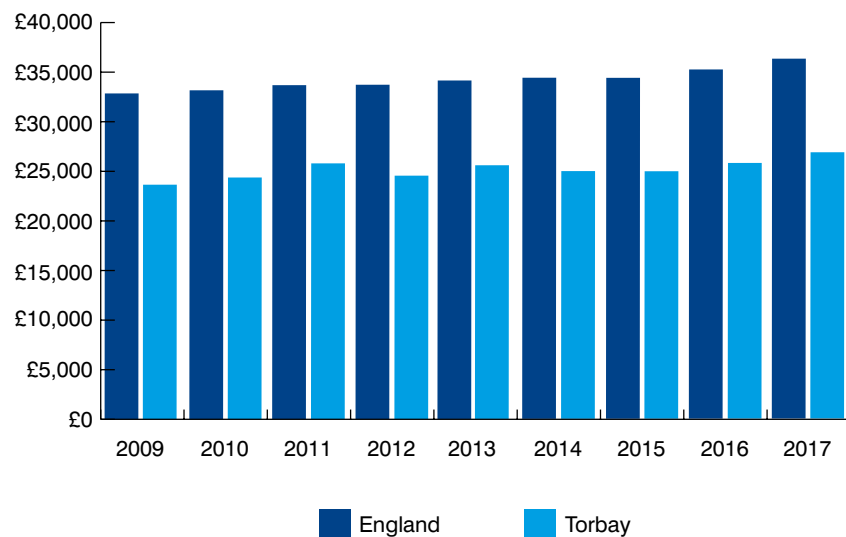


Figure 2: Gross annual pay - mean full time workers

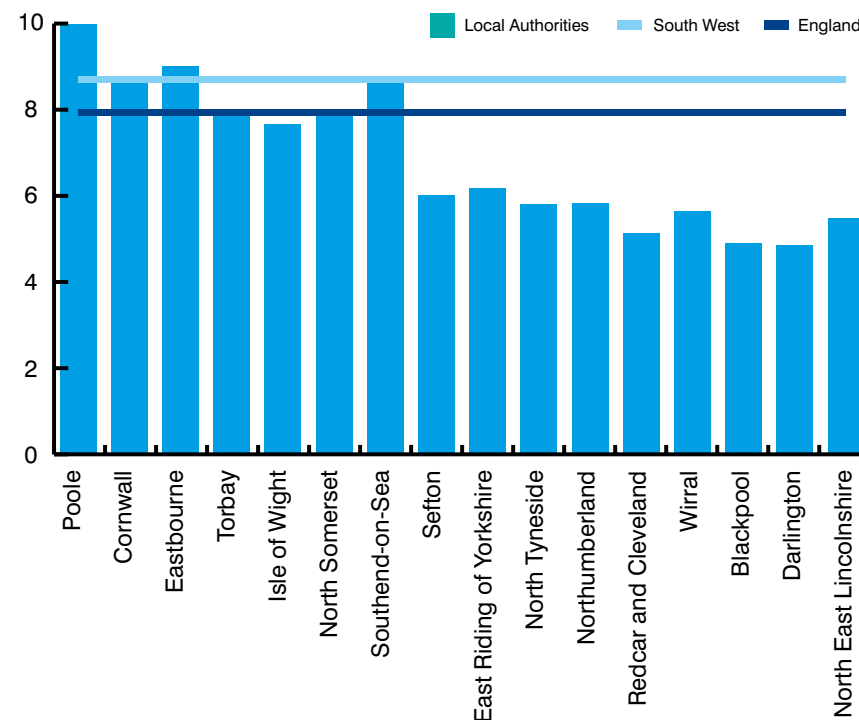


Figure 3:
Ratio of average full time earnings to house prices

AGEING AND DYING WELL

Torbay has an older population structure than the England average. The number of people in Torbay aged over 85 is expected to more than double over the next decade or so (increasing by an estimated 2900 people)⁵, with increasing numbers expected to be frail and require support from health and social care services. Older people are particularly vulnerable to social isolation and loneliness owing to loss of friends and family, reduced mobility and income. Already Torbay has higher rates of those requiring support for social isolation (155 per 100,000 compared to 115 per 100,000 nationally) and those requiring mental health support (473 per 100,000 compared to 404 per 100,000 nationally)⁶.

Frailty is linked to long-term conditions. These are conditions requiring long-term treatment and include conditions such as heart disease, diabetes and mental health problems. People with long term conditions are the most frequent users of healthcare services. Those with long-term conditions account for around 29% of the population, but use around 50% of all GP appointments and 70% of all inpatient bed days. Long-term conditions and frailty are the main challenges facing health-care systems worldwide especially when people have more than one illness, known as multi-morbidity. As life expectancy increases, more people are living with a complex mix of health problems. The number of people in Torbay with these co-morbidities (more than one health condition) is expected to rise by a third in the next ten years.

Frailty is also linked to deprivation and socio-economic factors. We expect the number of frail people, people with, for example, limited physical mobility, weakness, weight loss, slowness and low physical activity, to increase, specifically in our older age groups. Compounding this, the number of people with dementia is also expected to increase over the coming years. Figures 4 and 5 below illustrate this.

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

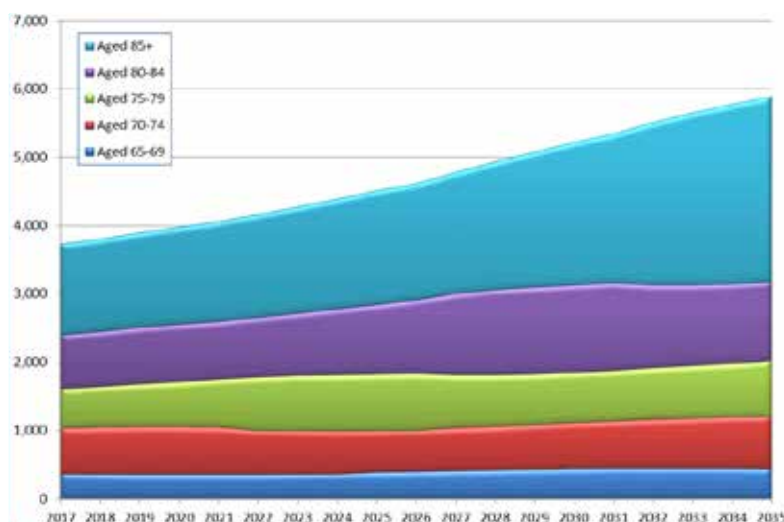


Figure 4: Frailty estimates for Torbay

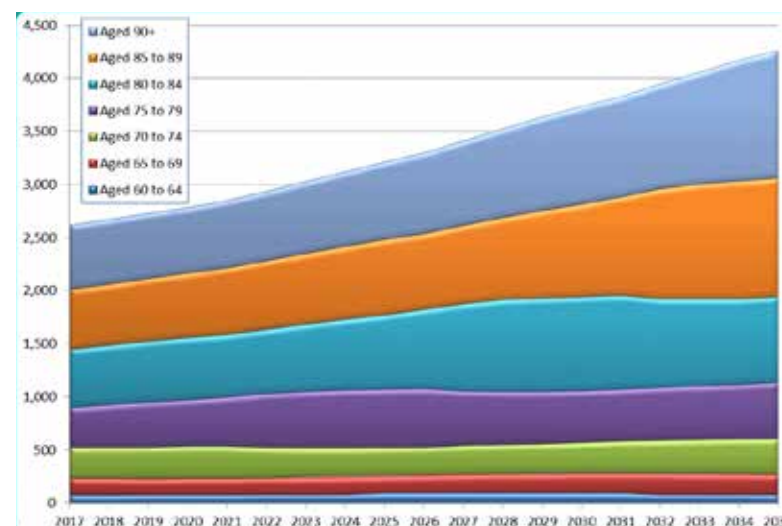


Figure 5 : Dementia estimates for Torbay

⁵ NOMIS, 2014 Sub national population projections

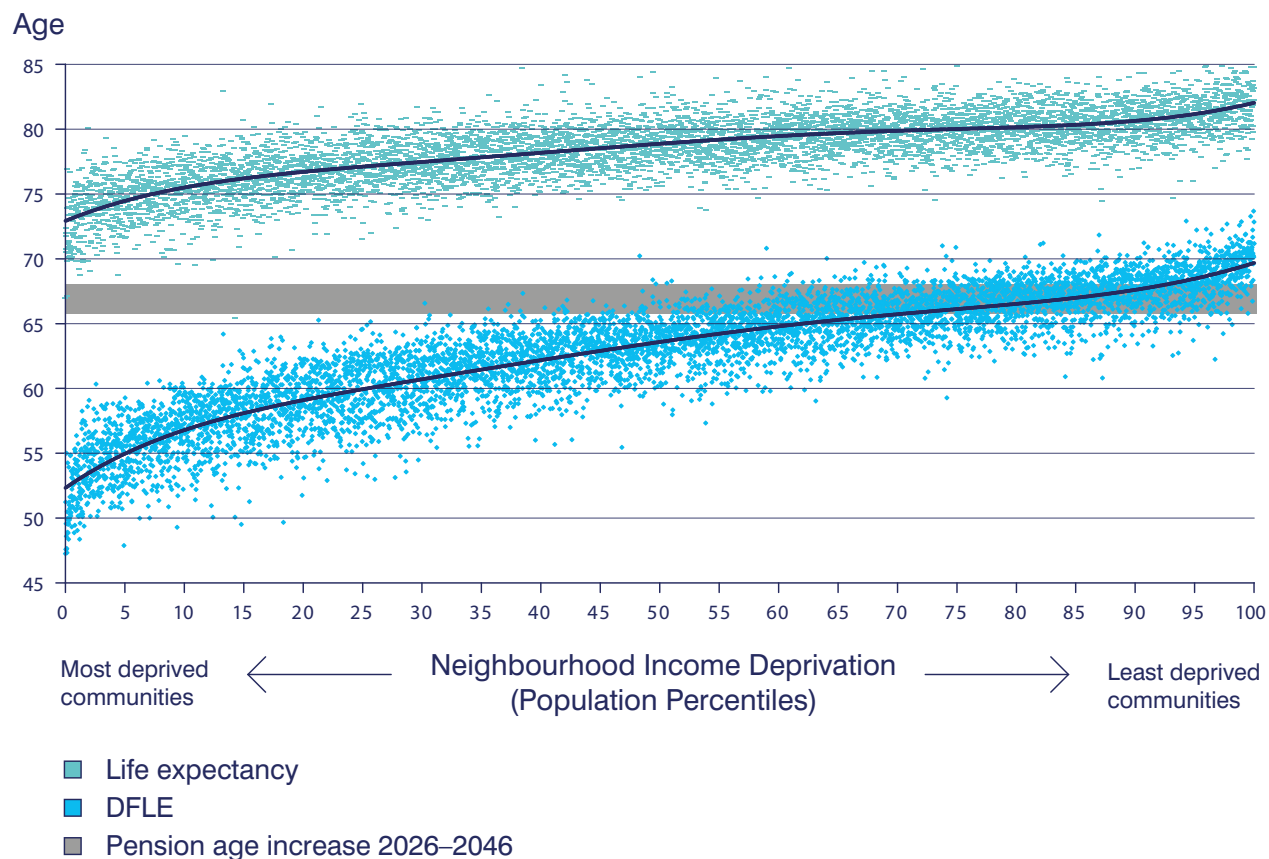
⁶ Rate of Adult Social Care long term support those aged 65+ per 100,000 population aged 65+ years [TSDNHSFT; NHS Digital]

Another important consideration is that whilst life expectancy has been increasing, disability free life expectancy has decreased. A higher proportion of people in Torbay's more deprived communities spend a larger amount of their life in need of some increased level of support because of this disability.

Figures 6 illustrates this.

Whilst people in our more deprived communities tend to die earlier than those in the least deprived, they also tend to spend more of their life in poor health. What this means is that, on average, the more deprived female populations in Torbay can expect to live their last 23.8 years of life with a disability compared to 16.2 years for those in the least deprived areas, and still expect to die around 8.3 years earlier. For the males population in the most deprived communities of Torbay, they can expect to live their last 20.5 years of life with a disability compared to 14.7 years for those in the least deprived areas, and still expect to die around 8.7 years earlier⁷. This has a significant impact on the numbers of people living in ill health in the Bay and also increases the costs of the care they need.

Figure 6: Life expectancy and disability-free life expectancy (DFLE) at birth by neighbourhood income level, England, 1999–2003

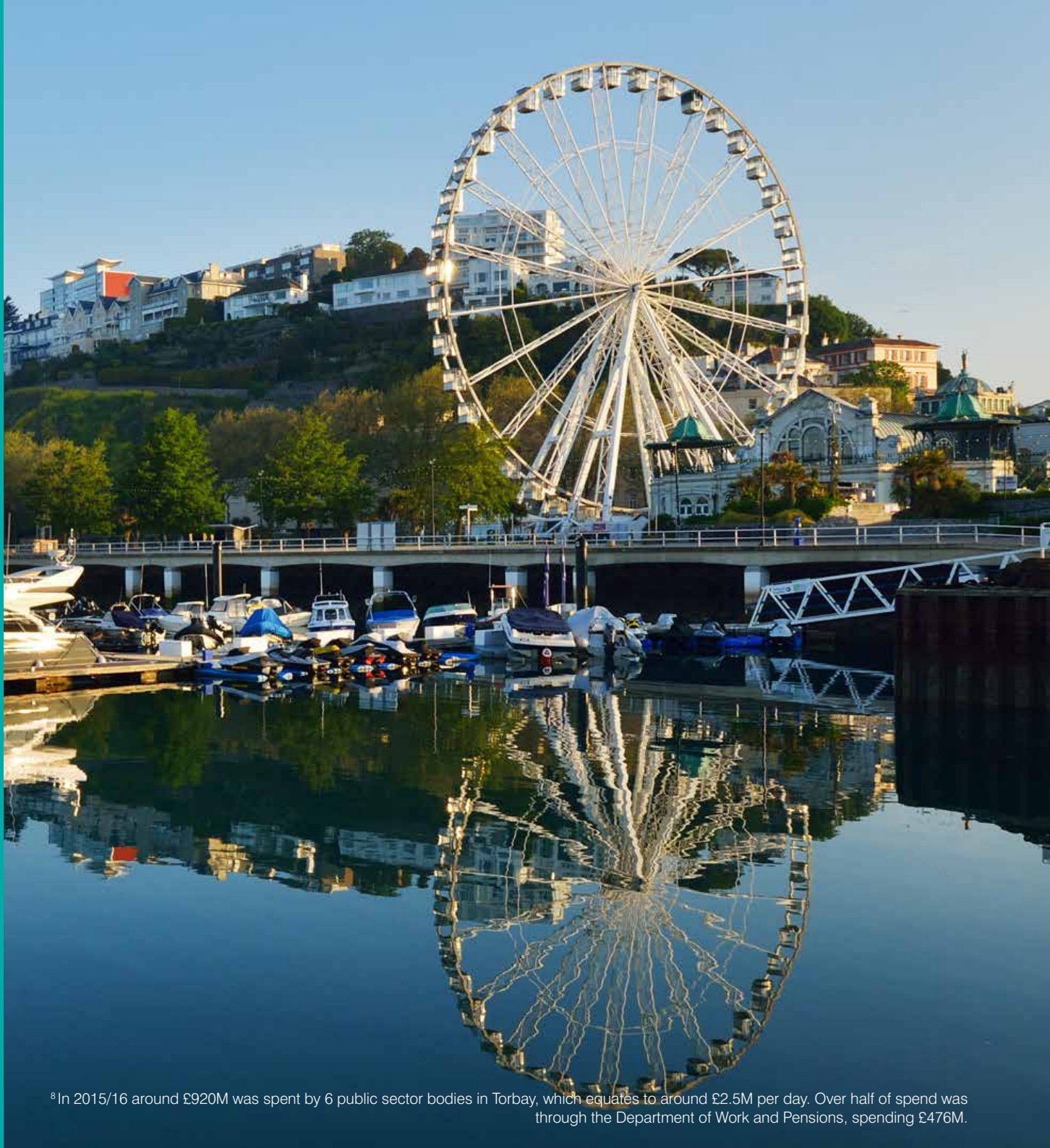


Source: ONS

⁷PCMD, NOMIS and ONS

RESOURCES AND COSTS

It will be a shock to some to learn that the total public sector spend in Torbay, including benefits and state pensions, amounts to nearly £2.5 million a day⁸, a considerable sum of money. Inequality also has been estimated to cost £75-80 million a year. This undermines the ability of Torbay to move forward and illustrates the clear link between health, productivity and prosperity. Furthermore, spend associated with an ageing population, frailty, disability and risk taking behaviour is set to increase unless we change the model of care and spend within the public sector. Relative deprivation also is increasing and this is a significant driver of costs as is poor aspiration, poverty, debt and low self-esteem.



⁸In 2015/16 around £920M was spent by 6 public sector bodies in Torbay, which equates to around £2.5M per day. Over half of spend was through the Department of Work and Pensions, spending £476M.

SUMMARY

One way of summarising the health issues in Torbay is to look at the inequalities in life expectancy. Though life expectancy at birth is close to the national average; 78.9 years for males and 83.3 years for females compared with 79.5 and 83.1 nationally and though life expectancy has increased, there are differences within the population. Figure 8 below shows the life expectancy gap across different wards in Torbay. The gap in life expectancy at birth between communities across Torbay is around 8.9 years for males and 5.2 years for females. This is of real concern.

Source: PCMD, NOMIS and ONS

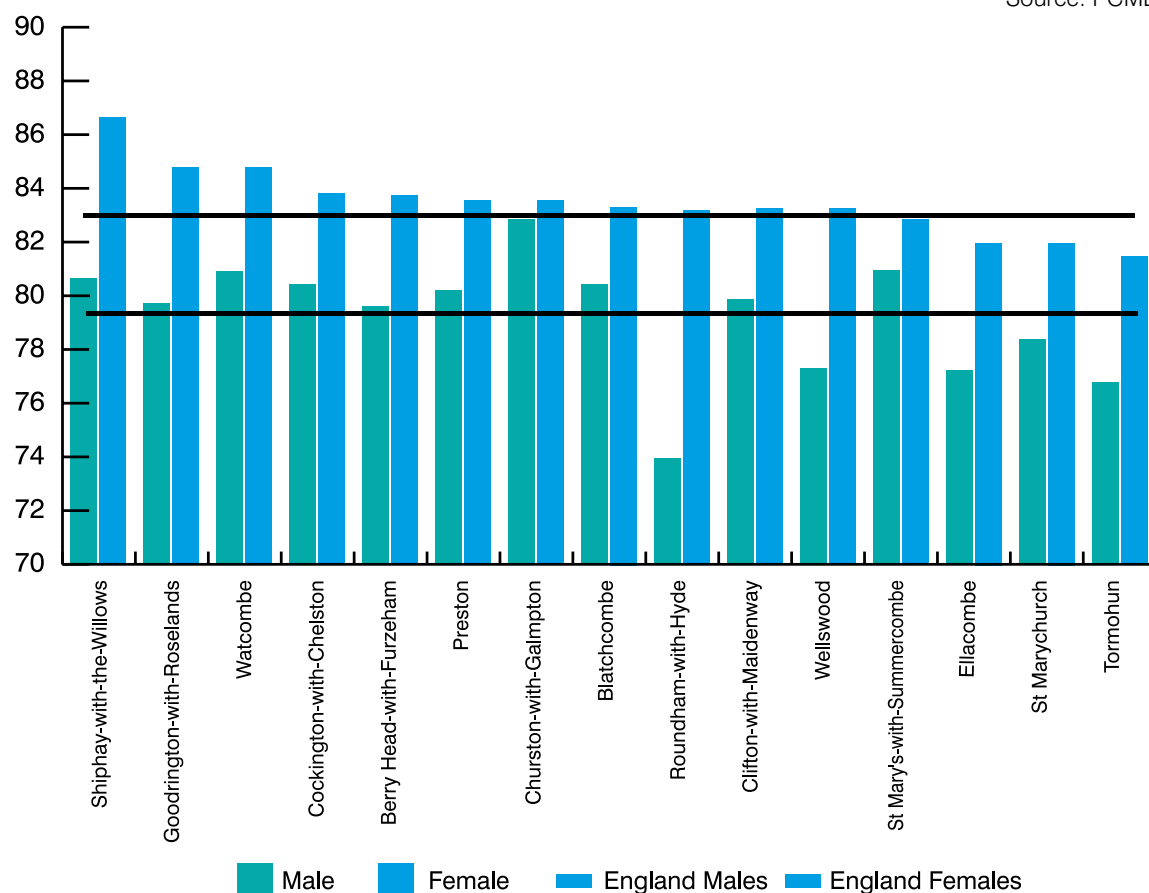


Figure 8: 2013/15 Life expectancy at birth by electoral ward and sex across Torbay compared to England

So why this picture of inequalities, why the above issues for the populations of Torbay and what do we need to do to address them?

As with other areas across England, we face a number of health and wellbeing issues in Torbay and the pressure on public sector spend is increasing at the same time as spending cuts are biting. This is bringing real challenges. The above summary of resource spend illustrates the need for a system-wide approach and the findings of the JSNA highlight these system challenges. These can be summarised as follows:

- Reducing inequalities and tackling poverty.
- Promoting achievement and aspirations.
- Helping people to live in a great place.
- Supporting people to get the best start in life.
- Promoting emotional health and wellbeing across the life course.
- Encouraging healthier lifestyle choices.
- Supporting people to age well.
- Supporting those with vulnerabilities and multiple needs to improve life chances.
- Helping communities to help themselves where possible.

Our responses to these challenges are considered in subsequent chapters of this annual report.



2. HEALTH IMPROVEMENT AND THE WIDER DETERMINANTS OF HEALTH



This is the area of Public Health in which we consider how we can tackle the underlying causes of ill health so that a good standard of life is possible. We do not have a budget for this area but work is taken forward through a few dedicated staff who work with others in areas such as housing, planning, the promotion of physical activity, the promotion of good diet and the promotion of emotional health and wellbeing.

2.1 WIDER DETERMINANTS OF HEALTH

WHY ARE THEY IMPORTANT?

The health and wellbeing of individual people and the communities they live in is affected by a wide range of factors. These factors, known as 'wider determinants of health' can sometimes be outside of our control, for example gender or genetic make-up. However, other wider determinants exist that can be actioned upon and improved through the efforts of organisations such as the Government, local authorities, the NHS, the commercial and voluntary sectors as well as the local people and communities affected.

These factors such as the environment, the economy, society and health as a whole, are generally interconnected with one another as shown in the following figure.

You will see from the figure on this page that there are numerous areas or wider determinants where local authorities such as Torbay Council, its elected members, officers and workforce are well placed to act as a catalyst for action; not only directly but to develop the partnerships and empowered

communities crucial to effective action to address these determinants.

Examples of wider determinants include:

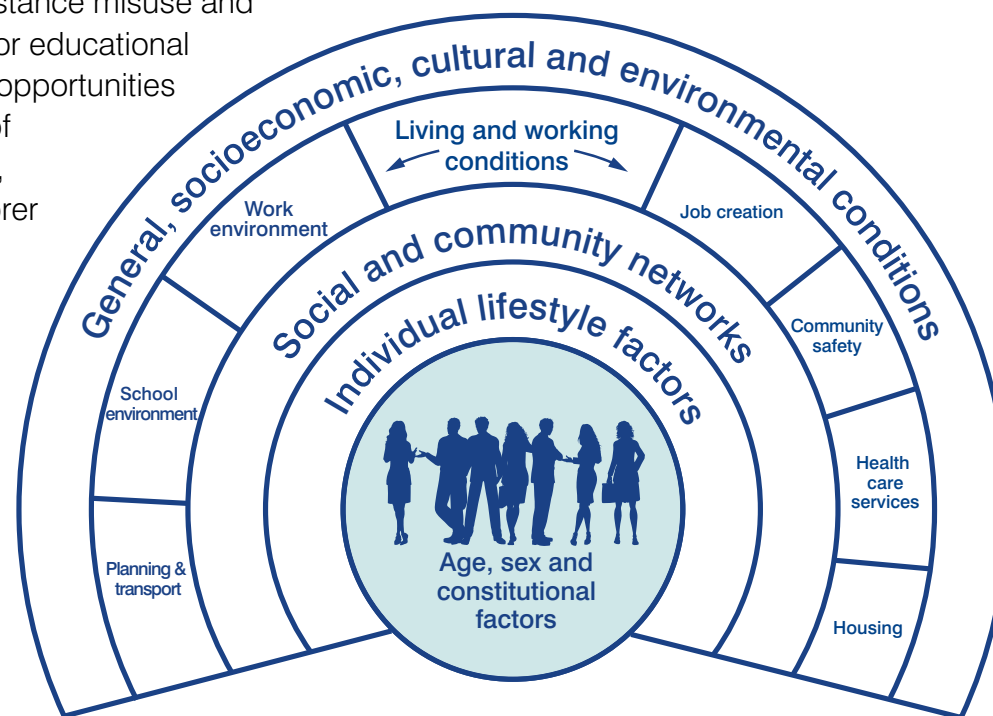
Socio-economic status: low levels of personal and family income and social position, often associated with other aspects of deprivation (such as debt, poor housing, unemployment and being affected by crime) can result in poor physical and mental health.

Education: educational attainment allows people to maximise opportunities, determine future employment and income as well as lowering the risk of substance misuse and teenage pregnancy. Poor educational attainment reduces life opportunities and increases the risk of poverty, unemployment, social isolation and poorer physical and mental health.

Physical environment: environmental themes play a significant role in affecting our quality of life and health. Those living in areas with safe water supplies, clean air, a

healthy working environment and comfortable housing are more likely to be in good health than those living in poorer physical environments.

Social environment: having support from family, friends and the local community is important for preventing isolation and loneliness, contributing to good mental wellbeing and therefore improving overall health.



WHAT DO WE DO: ACHIEVEMENTS SINCE TRANSITION

Public Health Teams moved from the NHS to local authorities in 2013. One of the chief aims was to recognise and strengthen the many different elements of the Council's work to address the wider determinants of health, develop further work where gaps were apparent and then place that work within a strong upstream (or ill health prevention) model that sits within a much wider partnership setting.

Some of our statistics make for hard reading and justify a call to action:

- Torbay has highest rates of insolvency in the UK.
- Almost 1 in 3 children are overweight or obese by the time they leave primary school.
- People from poorer areas of Torbay generally live shorter lives and more years with poorer health than people from more affluent areas.
- Torbay is ranked amongst the 20% most deprived local authorities in England and is the most deprived area in the South West.

There has been a significant increase in Torbay residents living in areas amongst the top 20% most deprived areas in England – 18,500 in 2004 to almost 1 in 3 (42,000) people in 2015.

Some examples of achievements to date include:

- Consolidating 'Safe & Well' fire safety scheme between Torbay Council and Devon Fire and Rescue Service (DFRS) to enable referrals and training opportunities to reduce fire risk within the home.
- A new multi-agency Suicide Prevention Strategy that includes an audit of current need, projects and a review of current frontline workers' caseloads.
- A new alcohol strategy that looks to deliver a suite of interventions focusing on reduced alcohol harm and the night time economy.
- Passing of a Healthy Torbay Supplementary Planning Document (SPD) which includes the ability to restrict fast food outlets in neighbourhoods and areas close to schools.
- Holiday hunger: in the absence of free school meals many Torbay children go hungry during school holiday periods. Local primary schools, social enterprises (Real Junk Food Project), charities (South West Family Values) and Public Health have partnered to create a pilot model to combat this issue through the provision of a nutritious meal aligned with cooking skills and family based craft activities with the school setting.
- Working with colleagues across the Council to develop and progress the workplace wellbeing agenda.

PRIORITIES FOR THE YEAR AHEAD

Our work in this area is guided by consideration of the six pillars of the Marmot Review (2010), namely to:

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy living standard for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill-health prevention.

In the year ahead we will:

- Support key departments within Torbay Council, such as housing, to maximise their ability to deliver upstream interventions intended to prevent ill-health.
- Develop a 'three towns' approach to address key wider determinants and wellbeing issues that includes mental wellbeing, improved nutrition, reduced sedentary behaviour, housing quality and accessibility, income maximisation, adult literacy and loneliness.

2.2 HEALTH IMPROVEMENT

WHY IS IT IMPORTANT

Many of the conditions that have the greatest impact on health are preventable, being caused by unhealthy lifestyle choices such as smoking, substance misuse (including alcohol and drug-taking) being physically inactive and eating and drinking unhealthily.

Promoting healthy lifestyle choices and empowering individuals to make healthier choices is central to our work to tackle long-term, chronic diseases and reduce preventable illness and death. Choosing a healthy lifestyle will lead to a longer, happier life with decreased risk of chronic illness:

- Healthy eating combined with regular physical activity are important parts of a healthy lifestyle. Both can help us to reach and maintain a healthy weight and reduce the risk of chronic disease.
- Tobacco and alcohol not only decrease quality of life but can also cause an earlier death. Alcohol abuse can lead to reduced mental health, liver failure, car-accidents and potential overdose. Additionally, tobacco use, is associated with increased risk of cancer, heart disease, stroke and respiratory issues.

- Lots of things can cause stress, including work, relationships and money problems. Stress can affect how you feel, think, behave and how your body works. In the long-term stress puts your health at risk.
- Regular poor-quality sleep can have a huge effect on your health, putting you at risk of developing serious medical conditions and can affect your body, thoughts, emotions and behaviour.
- Illicit drug use poses a high degree of risk – the level dependent on the interaction between the drug (amount, type, regularity, other substances within, method of intake), the person (mental and psychological factors) and the setting (or immediate environment).

WHAT DO WE DO: ACHIEVEMENTS SINCE TRANSITION

Since 2013 Public Health has commissioned a lifestyles service for the prevention and management of un-healthy lifestyles (see chapter 4). The level and type of contact, as well as the interaction and support provided by this service is designed to vary according to the ability of the person to self-manage - providing the most intense level of service to those requiring it (typically with the most complex needs). To support this work, Torbay Council also leads on a number of

partnership responses and provision designed to improve healthy lifestyle choices through awareness raising, the promotion and delivery of lifestyle theme specific opportunities and the evaluation of delivery. Typically, the lifestyle themes are poor diet, physical inactivity, substance misuse (with a focus on harmful alcohol consumption and effects) and smoking.

Examples of recent work include:

- Creation of partnership steering groups to oversee the healthy weight and physical activity agendas. In both cases the groups work to vision (or strategy) documents and accompanying action plans. The steering groups represent a wide section of stakeholders including the local authority, NHS, voluntary sector, commercial providers and Public Health England.
- Delivery of local authority led and managed partnership workshops designed to collate best practice and stimulate ideas and action with regard to topical issues such as childhood obesity.
- Development and sign-off of a new partnership Alcohol Strategy to cover alcohol harm reduction, the night time economy and the impact on children and families.
- Promotion of national campaigns such as Change 4 Life and OneYou.

PRIORITIES FOR THE YEAR AHEAD

In the coming year, we will:

- Focus on childhood obesity and partnership ideas and solutions (identified at the March 2018 workshop).
- Develop a joint Early Years and Infant Feeding Vision in partnership with Devon and Plymouth healthy weight partnerships.
- Launch the new Torbay physical activity vision document Torbay on the Move alongside its kick-starter projects such as Active Mums and Run 4 Your Life (the Torbay equivalent of Golden Mile where every child of primary school age runs or walks one mile every day).
- Launch the Torbay Healthy Schools Programme. Phase one is a new online resource for early years settings and schools covering statutory requirements, advice and guidance, best practice, networking and training opportunities in regard to nutrition, physical activity, emotional health and wellbeing and PSHE. Subsequent phases may cover additional aspects such as annual conferences, extended training opportunities and awards schemes.

- Deliver the National Diabetes Prevention Programme in Torbay and South Devon with NHS partners.
- Deliver a localised social marketing campaign and Information and Brief Advice (IBA) in regard to alcohol harm reduction.

CONTRIBUTION TO SYSTEM CHALLENGES FROM HEALTH IMPROVEMENT AND THE WIDER DETERMINANTS OF HEALTH

This work supports Priority 2 of the Joint Health and Wellbeing Strategy. Public Health leads this work. The framework document is Healthy Torbay and the Healthy Torbay Steering Group oversees this work.





3. HEALTH PROTECTION



The work in this area in the main sits with colleagues in other organisations such as Public Health England (PHE) and NHS England (NHSE). However, we do have a mandated role to protect the public in Torbay and so work with others to gain assurance that things such as Communicable Disease Control, immunisations, screening and emergency planning are robust and safe. We have four team members with knowledge and experience in this area and two who oversee it as part of their role.

WHY IS IT IMPORTANT?

Protecting our health is vitally important – by putting preventative measures in place we can reduce the numbers and impact of infectious diseases, long-term health conditions, and environmental threats. It is an area where no one organisation can work alone. We work closely with health and care partners across Devon to make sure we have effective systems in place to prevent and respond to infectious disease outbreaks or environmental events.

WHAT DO WE DO: ACHIEVEMENTS SINCE TRANSITION

Our role is chiefly an assurance one and covers:

- Prevention and control of infectious diseases.
- Oversight of immunisation and screening.
- Support to tackling healthcare associated infections.
- Emergency planning and response.

Examples of what we do:

- Promote and support flu vaccination in priority groups, including social care workers where it's really important for staff to be vaccinated to help protect vulnerable residents.

- Work with partners across the system (Clinical Commissioning Groups (CCGs), Public Health England, acute and community Trusts, neighbouring local authorities and social care) to improve community infection prevention and control. If we get this right it reduces the spread of infections in the first place, reduces pressure on hospitals and other health and care services, and also helps to slow down the development of anti-microbial (antibiotic) resistance.
- Work with Public Health England to increase the uptake of immunisation programmes in Torbay, for example the childhood measles, mumps and rubella (MMR) vaccine, which protects our children against measles, mumps and rubella. The more children vaccinated, the better the population as a whole is protected.
- Work with Public Health England to increase uptake of NHS screening programmes, for example breast, bowel and cervical screening and aortic aneurysm screening (AAA). When cancer and other diseases are detected early, or before they properly develop, they can be treated much more easily.
- Work with colleagues in Community Safety in the Council to respond to major outbreaks or health emergencies. This includes making sure we have effective plans in place in case

we have extreme weather events or a flu pandemic in the future.

PRIORITIES FOR THE YEAR AHEAD

- Infection prevention and control remains a priority for Torbay in association with partners across Devon.
- Working in partnership to address anti-microbial resistance which is a major global challenge.
- Increasing flu vaccination uptake in vulnerable groups and especially in people who work in care homes and domiciliary care across Torbay. The more people who take up the flu vaccine, the better we protect our vulnerable and older people, and the fewer hospital admissions and days off work through illness.
- Continuing to support increased uptake of screening and immunisation programmes, especially MMR vaccination and breast screening. These are an important way to help protect ourselves and our families against future disease.
- Continuing to work with partners in the Council and beyond on emergency preparedness and response.

CONTRIBUTION TO SYSTEM CHALLENGES

This area is all about prevention. The Public Health team in Torbay work in this area has prioritised community infection control including infection control in care homes and increasing flu vaccination. These areas all sit under Priority 1 of the Joint Health and Wellbeing Strategy; delivery of Prevention at Scale.



4. COMMISSIONING OF PUBLIC HEATH SERVICES





This is the area where most of our resources - our budget and our staff resources are spent. It is also the area where services are mandated. This is because many of them have direct contact with people, needing treatment and care or are where universal important services such as health visitors lie. The principal areas of commissioned services are detailed in this chapter:

- Sexual health.
- Lifestyles.
- 0-19 nursing.
- Drug and alcohol services.

4.1 SEXUAL HEALTH

WHY IS IT IMPORTANT?

Sexual health is an important and wide-ranging area of public health. Most of the adult population of England are sexually active⁹, and having the correct sexual health interventions and services can have a positive effect on population health and wellbeing, as well as helping individuals who are at risk. However, many people, including health professionals, are not comfortable talking about sexual health issues and some groups at higher risk of poor sexual health face stigma and discrimination which can impact on their ability to access services¹⁰. Groups at highest risk include young people, some black and ethnic minority groups, and gay and bisexual men.

WHAT DO WE DO: ACHIEVEMENTS SINCE TRANSITION

Torbay Public Health team has commissioned sexual health services from the NHS for over 10 years. These are well established, integrated services bringing together a number of complex and inter-dependent parts of the sexual health system to provide wrap-around sexual health services that meet the needs of the population¹¹.

We are currently working to re-procure elements of this previously integrated system. This is to better meet the emerging picture of needs. We have used the JSNA alongside a range of information sources to develop a specific sexual health needs assessment (SHNA) for Torbay. The JSNA, and more detailed SHNA, identified a number of areas where change for positive sexual health is required including:

- Teenage conception rates. The rate in 1998 (start of the national Teenage Conception Strategy) in Torbay was: 55 per 1000. In 2015, this had reduced to 22.9 per 1000. This is still higher than the national and regional average but shows that since 1998, Torbay has reduced its teenage conception rate by 43.8%.
- HIV late diagnosis rates are higher than both the regional and national figures however the diagnosed prevalence rate in 15-59 year olds is significantly lower than the England average.
- Abortion rates are higher than both the regional and national rates.

PRIORITIES FOR THE YEAR AHEAD

As a result of the findings of our needs assessment work, in July 2018 sexual health services will be re-procured by commissioning collaboratively with Devon County Council with the aim to:

- provide improved use of public money by providing services across a wider geography.
- open the market to a wider range of suitable providers to modernise service provision.
- Improve outcomes for both reproductive and sexual health, as well as those at risk of or living with HIV.

By embedding prevention (e.g. condom distribution schemes), digitalisation (on-line access) and self-care (e.g. STI self-test kits) into the new contract, the Council will demonstrate the Corporate Plan ambitions which are part of a Healthy Torbay approach¹².

⁹ Mercer CH, Tanton C, Prah P, et al. Changes in sexual attitudes and lifestyles in Britain through the life course and over time: findings from the National Surveys of Sexual Attitudes and Lifestyles (NATSAL). Lancet. 2013

¹⁰ Torbay Sexual Health Rapid Needs Assessment, Torbay Public health Team, April 2017

¹¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/144184/Sexual_Health_best_practice_guidance_for_local_authorities_with_IRB.pdf

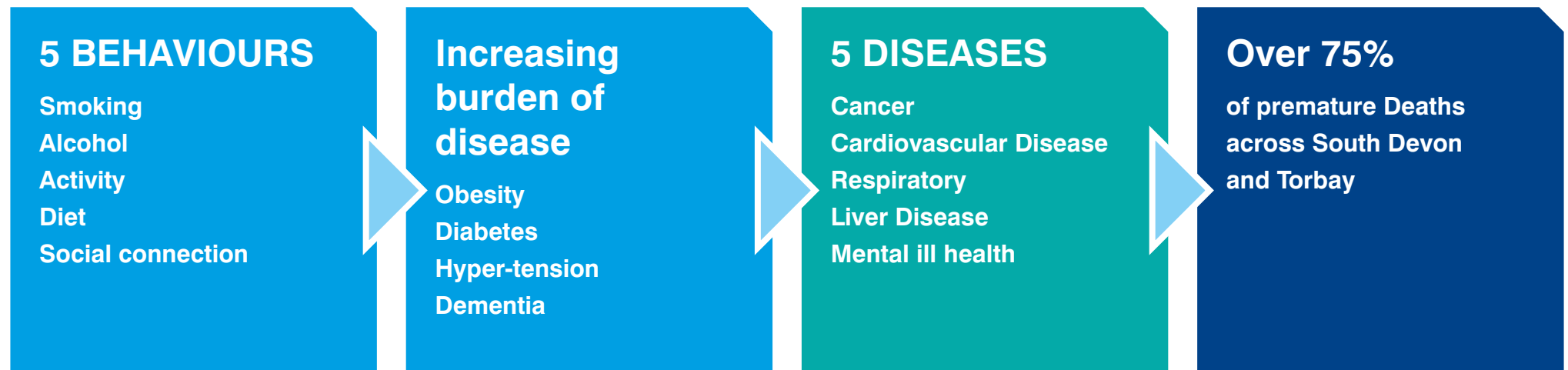
4.2. LIFESTYLES

WHY IS IT IMPORTANT

Local authorities are required by statute to take steps to improve the health of the population. The Health and Social Care Act 2012 gives examples of health improvement measures that local authorities could take, including giving information, providing services to promote healthy living and providing incentives to live more healthily¹³. As part of this duty, Torbay Council seeks to improve health and wellbeing and reduce inequalities in health for residents of Torbay.

If we look at the illness groups that cause most of the early death in Torbay and South Devon, we find there are 5 groups which make up over 75% of these deaths.

If we in turn then look at the behaviours that drive these diseases, there are then 5 key behaviours. Thus, as the following diagram illustrates 5 behaviours drive 5 illness areas which cause 75% of early deaths.



¹² <http://www.torbay.gov.uk/media/11013/corporate-delivery-plans.pdf>

¹³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213009/Public-health-role-of-local-authorities-factsheet.pdf

It is clear from the most recent JSNA that the lifestyle choices of Torbay residents are not improving, or not at the pace and scale required. For example, there are currently estimated to be 66,400 obese adults living in the area, with 18,100 smokers and almost a quarter of all adults are classed as 'inactive'.

Often, these unhealthy behaviours cluster in populations. While more affluent groups have changed their lifestyles over the last decade, this is not the case for those less well-off – as demonstrated in the most recent JSNA, those living in the most deprived communities locally can expect to die earlier and live less of their life without a disability compared to those in the least deprived communities.

WHAT DO WE DO: ACHIEVEMENTS SINCE TRANSITION

Since Public Health responsibility moved to the Local Authority in 2013, Public Health has commissioned a lifestyles service for the prevention and management of unhealthy lifestyles - although these services were mainly commissioned to address single lifestyle issues, such as smoking or weight.

When we recently reviewed this service, we found that these services have been reasonably effective but could have offered more holistic and targeted support to enable people with multiple unhealthy behaviours to improve their

health and wellbeing. In addition, many people can and will make positive lifestyle choices and changes without any external support at all.

To ensure the Council continues to make the best use of shrinking resources, a process of system redesign was undertaken in 2016/7, together with the Lifestyle Service with the aims being¹⁴:

- To deliver a healthy lifestyles 'system' rather than separate services (being replicated in a number of other local authority area including Plymouth, Devon, Dorset and Gloucestershire).
- To make more effective use of the available assets across this system, including the capacity of individuals, existing services



¹⁴ <http://www.torbay.gov.uk/media/8917/mayors-response-to-consultation.pdf>

and communities to empower and support healthy lifestyle behaviour change.

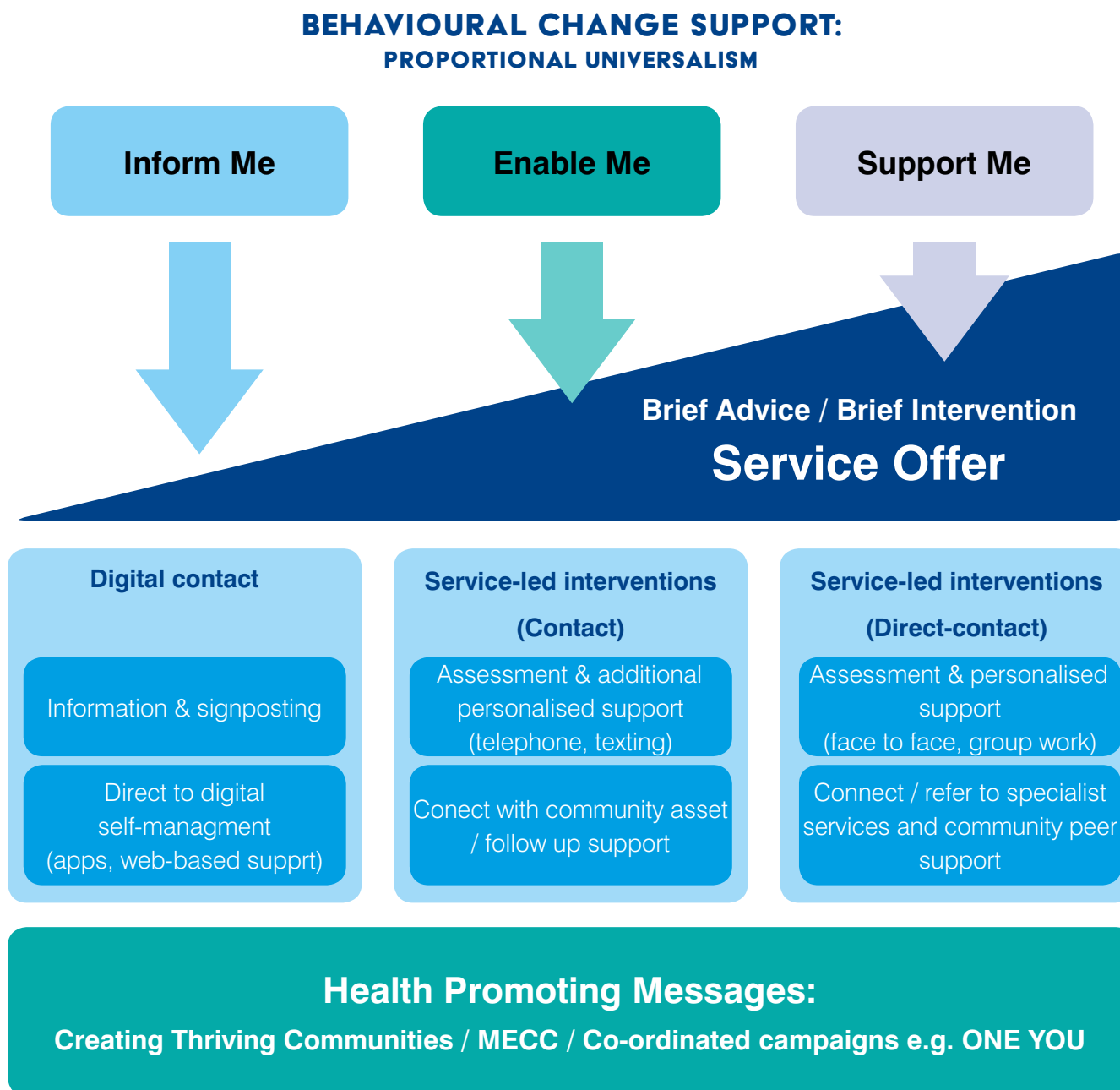
- To continue to deliver effective services within a diminished financial envelope.

This is summarised to the right in what we call an Inform – Enable – Support Model.

The aim is to decrease the need for support by promoting more self-care and linking to community assets. This enables the service to have greater reach and ultimately to save on costs.

PRIORITIES FOR THE YEAR AHEAD

This new service was commissioned from 1 April 2017 and is now delivering services which are tailored to the person's needs and wishes, providing more concentrated services for those who need it, whilst empowering those who have the resources to make the next step in improving their behaviour¹⁵. The next step will be to review and monitor these emerging lifestyles 'systems' with a view to re-procure this service for autumn 2019.



¹⁵ <https://www.torbayandsouthdevon.nhs.uk/services/healthy-lifestyles/>

4.3. 0-19 PUBLIC HEALTH NURSING

WHY IS IT IMPORTANT

Health visitors and school nurses are long established services providing care and support to families and young people. They are qualified nurses or midwives with specialist training for children, young people and families. Health visitors lead and deliver the Healthy Child Programme for 0-5 year olds¹⁶, offering support to all families in pregnancy up to when children are aged 5 whilst school nurses lead and deliver the Healthy Child Programme for 5-19 year olds¹⁷, working predominately with children, young people and families¹⁸.



They work closely with other health services, children's services and schools, to ensure that the child's emotional and physical health needs are met. They are also trained to spot health problems or concerns early, so that timely support can be provided, to ensure each and every child and young person lives in a safe environment. Parts of these services must be delivered by the local authority (e.g. the 5 checks delivered by a Health visitor¹⁹) whilst other parts (e.g. school nurses) are best practice, but discretionary.

WHAT DO WE DO: ACHIEVEMENTS SINCE TRANSITION

The responsibility for commissioning of school nurses transferred to the local authority in 2013, whereas health visitors transferred in October 2015. Since the health visitor transfer, Torbay Public Health Team has undertaken a process of review and redesign of these services, adopting the Benson model of workforce planning²⁰, so that health visitors and school nurses become a much more integrated service working across the entire 0-19 age range.

In 2017 the requirement to 'test the market' and procure these, as well as a number

of other services, became apparent. As a result a transformative programme of re-commissioning of young people's services including Children's Centres, Public Health Nursing, drug and alcohol services and a range of young people's specialist support services has been undertaken²¹. The aim of this is to bring together a range of services into 'family hubs' to improve efficiency and effectiveness so that young people and families:

- Only have to tell their story once.
- Can receive the help they need in one place.
- Do not 'fall through the gaps' whilst moving between multiple services.
- Receive timely services so that escalation of harm is prevented.
- Receive innovative and evidence based interventions.
- Have better outcomes.

To underpin the planning of this project, the Torbay JSNA alongside Public Health England's Child Health Profiles²³ highlighted that areas of concern exist in regards to children and young people that this project aims to improve, including:

- High levels of child poverty.

¹⁶ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/167998/Health_Child_Programme.pdf

¹⁷ https://www.rcpch.ac.uk/system/files/protected/education/HCP_from-5-19-years-old.pdf

¹⁸ www.gov.uk/government/uploads/system/uploads/attachment_data/file/329869/Parents_Fact_Sheet.pdf

- High levels of child protection cases and children in care.
- High levels of smoking in pregnancy.
- Low breastfeeding rates.
- High levels of dental cases requiring hospital admission.
- High levels of hospital admissions for young people for alcohol and substance misuse.
- High levels of hospital admissions caused by injuries for children and young people.
- High levels of hospital admissions for mental health conditions and as a result of self-harm.

PRIORITIES FOR THE YEAR AHEAD

The re-commissioning of young people's Public Health nursing services is a significant undertaking, and will continue through to implementation in April 2019. Market warming events have been undertaken in early 2018, with the formal procurement process starting in April 2018.



¹⁹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592893/Review_of_mandation_universal_health_visiting_service.pdf ²⁰ <http://benzonwintere.com/benson/>

²¹ <http://www.torbay.gov.uk/council/integrated-commissioning/>

²² <https://fingertips.phe.org.uk/profile/child-health-overview/data#page/1/at/102/are/E06000027>

4.4. DRUG AND ALCOHOL SERVICES

WHY IS IT IMPORTANT

Drug and alcohol use presents many problems to many communities, not just in Torbay. From long term illnesses like liver disease, to alcohol related assaults, criminal damage and drug-dependent acquisitive crime; the effects can be both long term, traumatic and far reaching in terms of user's families and friends²³.

Whilst the misuse of drugs is widespread, actual physical addiction is present in much smaller numbers of people²⁴. In Torbay it is estimated that there are 775 opiate and crack users²⁵ and 1666 dependent drinkers²⁶.

The harm caused by alcohol and drugs²⁷ is well known: deaths from alcohol-related liver disease have doubled since 1980, a quarter of all deaths in young men aged 16-24 has alcohol as a contributory cause, and drug-related deaths are on the rise²⁸.

WHAT DO WE DO: ACHIEVEMENTS SINCE TRANSITION

Torbay has a well-established drug and alcohol treatment system that works with those suffering from drug and alcohol addiction. It aims to support people with substance use to become re-established as a contributing member of society. This is often a long and complicated process. The average time in treatment for a heroin user in Torbay is just under 3.5 years (Source: Torbay Diagnostic Outcomes Monitoring Executive Summary, PHE, Q2 2017/18).

Since the transition to the local authority, public health has been working with the providers of drug and alcohol services to create a more lean and financially-efficient system. Services have been reconfigured by public health so that a single provider manages the entire system – with a number of providers working to one organisation: Torbay and South Devon NHS Foundation Trust.

PRIORITIES FOR THE YEAR AHEAD

In 2018, Public Health will begin a full drug and alcohol system review; looking at opportunities to make substance misuse services more preventative and review how services meet the wider vulnerabilities agenda including safeguarding adults and children, trauma and childhood experiences, offenders, domestic abuse and mental health. This will be within a context of finding further financial efficiencies. It is expected that this programme of work will commence in April 2018, with the subsequent re-procurement being completed by April 2020.

²³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

²⁴ <http://qna.files.parliament.uk/qna-attachments/603981/original/HL2377%20-%20why-invest-2014-alcohol-and-drugs.pdf>

²⁵ <https://www.gov.uk/government/publications/opiate-and-crack-cocaine-use-prevalence-estimates-for-local-populations>

²⁶ <https://www.gov.uk/government/publications/alcohol-dependence-prevalence-in-england>

²⁷ <http://qna.files.parliament.uk/qna-attachments/603981/original/HL2377%20-%20why-invest-2014-alcohol-and-drugs.pdf>

²⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2016registrations>

CONTRIBUTION TO SYSTEM CHALLENGES FROM COMMISSIONING OF PUBLIC HEALTH SERVICES

The following demonstrates how within our own commissioned services we are moving to a greater focus on the Joint Health and Wellbeing Strategy system priorities:

- Sexual Health - our new service will have a greater emphasis on prevention, on sexual health, not just sexual illness, and on improving access and self-care. All link to Priority 1; Shifting the focus to Prevention.
- Lifestyles - this service is being re-designed to enable greater access, scope and reach with links to community assets and digital tools. This also supports Priority 1.
- Public Health Nursing - this service has been re-designed to enable a greater focus across both Public Health and Children's Services on prevention and in particular to enable our children to build resilience to improve emotional wellbeing. This work supports three priority areas:
 - Focus on prevention.
 - Best start.
 - Emotional health.
- Drug and Alcohol services - the main re-design of services will occur next year when we hope also to bring a greater emphasis to prevention and early intervention and also to consider how we can link in general to support people who also live complex lives. This this work will support both Priority 1; focus on prevention and Priority 4; people living complex lives.







5. HEALTHCARE PUBLIC HEALTH

This is the work we do to support the NHS which is mandated. This work helps us advocate for population health with our NHS colleagues. It involves working both locally and Devon wide. I lead in this area of work supported by others in the team.

WHY IS IT IMPORTANT

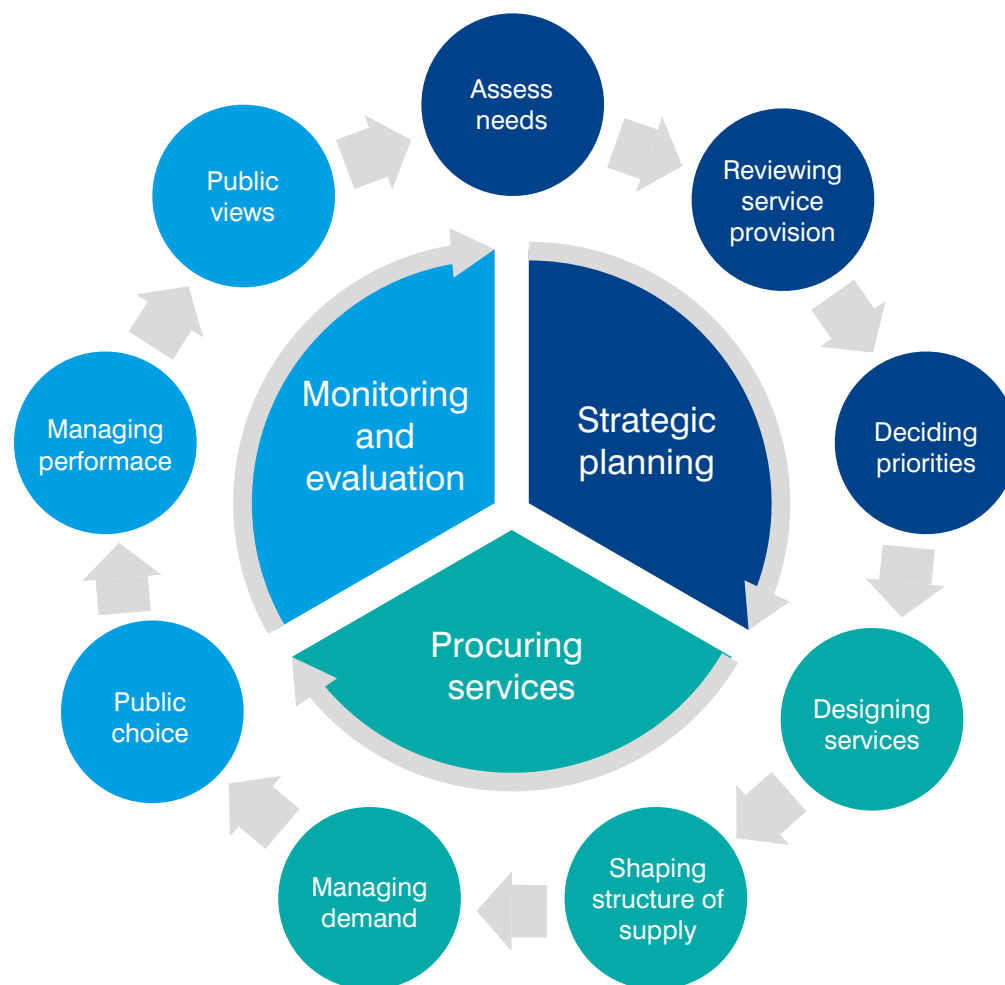
The NHS system and in particular the key commissioners of services, Clinical Commissioning Groups (CCGs), look to Public Health for expert technical support in the commissioning of services. Local Authority based Public Health teams such as ours in Torbay are required to provide a Healthcare Public Health Advice Service to Clinical Commissioning Groups as part of our grant funding conditions; this is sometimes referred to as the 'core offer'. Working with partners across the health and social care landscape also gives us the opportunities to influence the development of a wide range of strategies and policies with the aim of improving health and wellbeing.

WHAT DO WE DO: ACHIEVEMENTS SINCE TRANSITION

The advice given as part of the 'core offer' supports all stages in the commissioning cycle, from assessing needs, to reviewing service provision, prioritisation, to procurement and monitoring and evaluation. This draws on Public Health analysis expertise, evidence of what works and skills in translating needs into services. Our Public Health 'offer' to support the Healthcare system can be summarised as:

- Assessing needs through the Joint Strategic Needs Assessment (JSNA) and in-depth needs assessments for specific topics or population groups.
- Reviewing evidence of best practice.
- Developing models of provision and pathways of care.
- Developing monitoring frameworks.

The following figure illustrates the commissioning cycle and gives context to the work described above.



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

The Healthcare Public Health offer is provided by a combination of Public Health Intelligence staff, our consultants and the DPH.

Public Health is within this, actively involved in the prevention at scale work that is being progressed through both the Devon-wide Sustainable Transformation Partnership (STP) and within the local Torbay & South Devon system. This aims to work across the health, social care and community & voluntary sectors to increase the emphasis on prevention and early intervention. Members of the public health team are key partners in the creation and development of system-wide approaches that will do this.

At Devon-wide level, I Chair the Devon-wide STP Prevention working group. This group has developed a common vision and delivery model for prevention across Devon and delivered a number of early savings projects. These are:

- Making Every Contact Count (MECC) training and delivery.
- Lifestyle services collaboration and pan Devon work.
- Alcohol brief interventions work.
- Work to embed a common evidence based offer to address falls and frailty.

- Work to begin a programme on diabetes prevention.
- Work to begin a common approach to Mental Health promotion.
- Community Infection control.
- Emotional Health and wellbeing of children.

Locally I also co-chair the South Devon and Torbay Prevention Board and here we have also developed tools to support MECC and the use of assets in communities to ensure there is a focus on “what’s important to people” in our services across Torbay and South Devon. This in turn links to the development of social prescribing type models that seek to help people connect with non-medical community support and activities that promote health and wellbeing.

Our strategic partnership work means Public Health engages with many stakeholders across the system and we aim to integrate our work with that of others wherever possible. Strategic bodies that we are members of include the following:

- CCG Governing Body.
- Integrated Care Partnership Strategic Commissioning Group.
- Devon wide Sustainable Transformation Partnership (STP) Prevention Working group.

- System Delivery Group.
- Care Model Delivery Group.
- Community Safety Partnership.
- Children’s Safeguarding Board.
- Senior Leadership Team (SLT) of Torbay Council.
- SLT Transformation Board.
- Health Protection Forum for Devon.
- Prevention Board.
- STP Transformation group for Children’s emotional health and wellbeing.
- Healthy Torbay steering group.
- 0-19 programme board.

I also work closely with the Chair of the Health and Wellbeing Board to develop the Joint Health and Wellbeing Strategy and support the process to seek assurance against delivery of these priorities.

PRIORITIES FOR THE YEAR AHEAD

These include;

At Strategic Commissioning Devon-wide level, we will work on the:

- Development of a Devon Wide Joint Strategic Needs Assessment.
- Development of a Devon wide shared business plan to support the Integrated Care System. This will include support to functions around evidence, monitoring and evaluation and needs.
- Consideration of any opportunities to bring greater efficiencies in Public Health services commissioning by working across Devon (likely to be confined to lifestyles at this stage).

Within the Prevention working group introduced on page 39 we will continue to embed current projects but also:

- Work to promote health within housing.
- Promote learning on social prescribing.
- Promote use of risk stratification to inform commissioning.

At Torbay and South Devon Local Care partnership (LCP) level we will:

- Further work on Prevention @ Scale, supporting the Prevention Board to promote and deliver tools and programmes across the partnership – see below.
- Consider how we can progress better team working to deliver the aims of the LCP and align areas such as housing and planning work as well as Public Health commissioned services.
- Support the evaluation, research and outcomes based work across Devon.
- Explore options around a combined intelligence offer.

For the Health and Wellbeing Board we will:

- Lead on the development and delivery of a new Joint Health and Wellbeing Strategy.
- Work to help the Board seek assurance that the priorities within the JHWS align to other strategic programmes such as the Strategy of the STP. This will require further discussions and negotiations with partners.

CONTRIBUTION TO SYSTEM CHALLENGES FROM HEALTHCARE PUBLIC HEALTH

The focus for this work is to lead on the work on prevention both locally and across wider Devon.

To support this work, I co-chair the Prevention Board for Torbay and South Devon and I also Chair the Integrated Care System Prevention Working Group. Both support Priority 1; Prevention at scale within the Torbay Joint Health and Wellbeing Strategy.



6. REVIEW OF PREVIOUS CHALLENGES





Continuing the approach adopted in last year's report, this section reviews priorities identified in my first three reports. These are grouped in the following areas and are closely linked to the Joint Health and Wellbeing Strategy priorities:

1. Shifting the focus to prevention.
2. Creating 'Happy Healthy' places and addressing deprivation and inequalities.
3. Giving children and young people a good start in life.
4. Enabling older citizens to age well.
5. Focusing on emotional health and resilience across all programme areas.
6. Breaking the cycle of vulnerability.

Within each section, I review the challenges set in 2014, the recommendations from 2017, the progress against these in 2017 and make recommendations for 2018. I also note how Public Health will support the delivery of these challenges.

REVIEW OF CHALLENGES

1. SHIFTING THE FOCUS TO PREVENTION

Outline of challenge	Recommendations from 2017	Progress made in 2017	Aspirations / recommendations for 2018
<p>An increasing, tangible focus on prevention – within all plans across health and social care organisations, with all front-line staff considering prevention of ill health as a key objective. For example:</p> <ul style="list-style-type: none"> I would like to see the concept of “making every contact count” extended and embedded, whereby front-line staff are able to have meaningful and knowledgeable conversations with people about health-enhancing behaviours. We need to further embed the work on promoting assets within communities and in social prescribing whereby alternatives to medicine are prescribed so that people can achieve “what is important to them”. This requires exploring new ways of working and genuine partnership working with the community and voluntary sector. I would like to see issues such as alcohol and obesity as key issues across all organisations, not just Public Health. 	<p>We need to consolidate plans and continue the work to roll out to all public and voluntary sector organisations</p> <p>Specifically we need to:</p> <ul style="list-style-type: none"> Agree multi-agency priorities for roll out of the “making every contact count” approach to other sectors. Explore the possibilities of social enterprise. Ensure plans to evaluate the roll out across healthcare are meaningful and robust, and ensure that the associated learning from healthcare is generalisable across social care and other sectors. <p>Address the shortfalls in the delivery of the alcohol strategy by taking a system wide approach based on potential cost savings.</p>	<p>Much progress has been made in this area and partners have continued to commit to prevention and have supported the Prevention Board and its work.</p> <p>Specifically:</p> <ul style="list-style-type: none"> Making Every Contact Count (MECC) training programme has been developed. This has been delivered to community groups in Torbay. A range of evidence-based tools, techniques, products and approaches that enable new ways of working to embed prevention and the promotion of self-care across health and social care organisations have been developed working with partners under the Prevention Board. A volunteer-led lifestyles screening and brief advice programme is in place within Torbay Hospital that incorporates alcohol, diet & nutrition and physical exercise with a view to supporting people to adopt healthier lifestyles. MECC rollout is supporting this agenda and is being adopted across the system. Social prescribing is being delivered in pockets across Torbay and we are working across Devon and with the Academic Health Science Network to review national evidence, support peer review and bid for Lottery money to promote this area. This is called the “Life Chances” work. 	<p>Within the Integrated Care System and Local Care Partnership, prevention, early intervention and self-care are noted as significant ambitions.</p> <p>In order to do this we all need to embed prevention in our work. The work to develop tools to do this and the work on culture change now needs to move from the developmental and piloting stage to delivery at scale within the proposed New Model of Care. This will need to be supported by workforce changes and shifts in resources.</p> <p>Public Health will support this by:</p> <ul style="list-style-type: none"> Ensuring more people are to be trained in delivering MECC training in the following settings during 2018: <ul style="list-style-type: none"> GP surgeries. Torbay opticians. Pharmacy staff. Community and voluntary sector. Supporting implementation and evaluation of the enabling techniques, products and approaches across the system. Promoting evaluation and further development of the volunteer-led lifestyles programme. Working to support social prescribing and the Life Chances bid. Working to increase the impact to address our 5 major lifestyle issues, alcohol, diet, exercise, smoking and social isolation.

Outline of challenge	Recommendations from 2017	Progress made in 2017	Aspirations / recommendations for 2018
<p>We need to improve take-up of the public health offer, to reach the hundreds of people within our communities with early signs of disease not known to health or care services. For example, this includes people with early symptoms of diabetes, hypertension, dementia etc, so we can improve the quality and length of life a person may expect.</p>	<p>These were that:</p> <ul style="list-style-type: none"> • New health and wellbeing centres across Torbay must optimise opportunities for early intervention around lifestyle behaviours, like smoking, drinking alcohol excessively, poor diet, lack of physical exercise and lack of social connectedness. • Services should be developed in these centres and within primary care to identify undiagnosed hypertension and diabetes. • Social marketing campaigns should be delivered initially focusing on emotional health and wellbeing. • Incentives should be developed within Primary Care to encourage opportunistic identification of unmet need beginning with diabetes and hypertension. <p>In 2017, the work of the public health team and partners will support this with:</p> <ul style="list-style-type: none"> • A new contract for the lifestyles service. • A greater digital offer of lifestyles advice linked to support in the community based on the Inform – Empower – Support model. 	<p>Again progress has been made by Public Health and its partners:</p> <ul style="list-style-type: none"> • The lifestyles service has enhanced its offer to a broader population through digital and assisted support. • Patient Activation Measures (PAM) have been adopted as an approach to assessing someone's knowledge, skills and confidence (his or her level of "activation") in relation to managing their long term condition(s). This is being used to tailor the support offer for people. • A Help Overcoming Problems Effectively (HOPE) course to help people to understand their long-term health condition by increasing someone's knowledge, skills and confidence to help them manage their health condition has started to be rolled out. • Working with partners across Torbay and South Devon, a list of organisations and individuals who are on hand to help people find the most appropriate services, groups and activities within their local communities has been developed. These community contacts have been made available to frontline workers to assist people in finding out what is available in their area. • Working with partners from across Devon we are working to rationalise where appropriate and integrate where required, directories across Devon to ensure easy access to accurate and up-to-date information on health and wellbeing. • A communities grant approach has been rolled out across Torbay that gives communities the decision-making power to award small grants ranging from £25-£1000 to groups that improve the communities health and wellbeing. 	<p>The focus on this work needs to become embedded both in the new Health and wellbeing centres but also in Primary Care possibly linking to Pharmacies where appropriate</p> <p>I recommend also within the work on Primary Care and the new strategy for Primary Care that we strive for greater emphasis on opportunistic early identification of illness beginning with Hypertension and Atrial fibrillation.</p> <p>Public Health will support this by:</p> <ul style="list-style-type: none"> • Enabling the roll out of the diabetes prevention programme. • Transferring information from Torbay Orb to Devon Pinpoint directory to provide a searchable database to identify the range of community groups and activities that are available across the area. • Evaluation and further development of the community grants approach.

2. CREATING HAPPY HEALTHY PLACES AND ADDRESSING DEPRIVATION AND INEQUALITIES

Outline of challenge	Recommendations from 2017	Progress made in 2017	Aspirations / recommendations for 2018
<p>Develop a multi-agency effort to promote wellbeing and tackle the causes of poor health and the delivery of programmes within the Healthy Torbay framework. For instance, I would like to see how those working in planning and transport, in sports and in tourism consider how, in their plans, they can deliver a healthier Bay and promote wellbeing. This should extend to healthy workplace initiatives across Torbay.</p> <p>Create fair employment and good work for all.</p> <p>Ensure healthy standard of living for all.</p>	<p>2016 accomplishments should be built on during 2017, specifically:</p> <ul style="list-style-type: none"> Establishing a Healthy Torbay brand for easy identification of messages, products and literature. Extend Healthy Torbay Steering Group membership to include external agencies, businesses and the voluntary sector. Develop flagship projects in the three priority areas and within the Healthy Torbay work streams –social, environment and enterprise. Projects may include: <ul style="list-style-type: none"> Reducing social isolation. Promoting social enterprise. Greenspace development. Healthy Schools Programme. Wellbeing at Work Programme using Torbay Council before focusing on small and medium enterprises. Further work needs to occur to promote employment especially in the more deprived neighbourhoods. <p>A specific programme of work to address deprivation also needs developing by partners.</p>	<p>Work on a Healthy Torbay brand has not progressed and is set to be superseded in 2018 by working at the 'healthy town' level.</p> <p>Some flagship projects have been successful such as the Healthy Torbay Supplementary Planning Document which was agreed in 2017, translating our aspirations into clear guidance for developers.</p> <p>The subgroups of the Healthy Torbay framework – Healthy Weights and Physical Activity Steering Groups have developed further in 2017. Both in terms of the work undertaken and the evolving of the Group into a supportive network.</p> <p>Work in Healthy Torbay priority areas has focused on support to the planning process, development of the Run for Your Life programme in primary schools and partnership work with active Devon to secure funding for the Connecting Actively with Nature (CAN) programme.</p> <p>Public Health has inputted into the development of the Economic Strategy for the Bay but more needs to be done to increase employment and tackle deprivation. A bid to secure Big Lottery funding to support family finances was unsuccessful.</p>	<p>This work now needs to gain momentum both within communities and at Town level but also in how it links to the New Care model. Consideration of how this occurs needs attention. Early wins could be in the areas of housing and debt. This needs to link to the Marmot recommendations to address inequalities and should include addressing deprivation.</p> <p>Public Health will lead work in this area.</p>

3. GIVING CHILDREN AND YOUNG PEOPLE A GOOD START IN LIFE

Outline of challenge	Recommendations from 2017	Progress made in 2017	Aspirations / recommendations for 2018
<p>We need to ensure we deliver on the work we have planned for children, especially focused on emotional health and wellbeing and deliver an offer for children which is truly joined up, financially sustainable and focussed on the early years.</p>	<p>We now need to ensure these plans are embedded and built upon, specifically:</p> <ul style="list-style-type: none"> The Healthy Learning Partnership Group should steer the development and embedding of the framework within education. This needs embedding in normal education practice to ensure that the model is financially sustainable. Work towards an integrated public health nursing and children's centres contract. This will formulate a single 0-19 approach to children/young person commissioning and include universal, mandated and targeted services for children/young people up to their 19th birthday. Develop a forum where all those involved in commissioning services for children can be brought together. This should include for example discussions around recommissioning of the Child and Adolescent Mental Health Service (CAMHS) in Torbay. 	<p>Progress in this area includes:</p> <ul style="list-style-type: none"> Research undertaken, in collaboration with the South Devon and Torbay CCG, and with local schools/colleges has helped establish the emotional health and wellbeing needs of pupils, families and staff. This has shaped the development of the Torbay Healthy Learning Website emotional health and wellbeing content and CAMHS recommissioning. Work to develop an integrated 0-19 Children's contract is on track and has involved excellent engagement with staff and children and young people. A Devon wide Children's Emotional Health and Wellbeing Sustainable Transformation Partnership group and plan has been developed to replace separate local authority CAMHS transformation plans. This aims to coordinate children's emotional health and wellbeing across the system from schools, to third sector, to specialist NHS crisis support. 	<p>There is now an urgent need to form a multi-agency Children and Young People Partnership Board to bring the focus to the causes and drivers of poor health and wellbeing.</p> <p>This should include the following areas of focus:</p> <ul style="list-style-type: none"> Adverse childhood experiences. Prevention of neglect. Addressing inequalities in school achievement and building aspiration. Emotional health and wellbeing and self-harm and ensuring delivery of the Transformation plan. <p>Public Health will support this by:</p> <ul style="list-style-type: none"> Completing the content of the emotional health and wellbeing section of the Healthy Learning website. This includes asset mapping of local and national services which could support children and young people in addition to support provided in the classroom. The website will go live this year. Contributing to the Wellbeing Outcome Network (PSHE network) for schools/colleges. Contributing to the Children's Emotional Health and Wellbeing Transformation Partnership Plan and lead on the outcomes and evaluation priorities set within this plan. Tailoring a 5 Ways to Wellbeing campaign for schools and colleges. Ensuring that children and young people are included in future Torbay Suicide Audits and in the refresh of the Torbay Suicide Prevention Plan. Progressing work on the new 0-19 contract.

4. ENABLING OLDER CITIZENS TO AGE WELL

Outline of challenge	Recommendations from 2017	Progress made in 2017	Aspirations / recommendations for 2018
<p>We need to facilitate a greater focus on ageing well, positive ageing and addressing social isolation to enable those in their later years to live fulfilling lives, healthier.</p>	<p>Work that should be taken forward in 2017, includes:</p> <ul style="list-style-type: none"> • Developing a new vision for Ageing in Torbay (led by TCDT) to support the Health and Wellbeing Board, to be presented and agreed in 2017. • Following the 2-year test and learn process of the Ageing Better Fulfilling Lives project, the evaluation undertaken by University of Plymouth will be considered and implemented. • Work should be undertaken to develop and improve the community offers emerging from the asset based community development approach. 	<p>Much work has been undertaken across the themes which make up the Ageing Well Torbay programme.</p> <p>Evaluation of the Ageing Well Torbay programme is being conducted and initial results suggest impacts are being made. More work is required to better understand the cost effectiveness of the pilots.</p> <p>A stakeholder workshop was held in January 2018 to develop the Big Vision for a vision for Ageing in Torbay.</p>	<p>The vision for ageing well in Torbay is a priority for 2018 and alongside this the potential for establishing Torbay as an Age Friendly Community should be established.</p>

5. FOCUS ON EMOTIONAL HEALTH AND RESILIENCE ACROSS ALL PROGRAMMES

Outline of challenge	Recommendations from 2017	Progress made in 2017	Aspirations / recommendations for 2018
<p>Mental wellbeing must no longer be an afterthought and must be at the forefront of all we do. We need to consider mental health and wellbeing at every contact and focus on the promotion of mental health across all agencies.</p>	<p>In 2017, it is anticipated that work with the community of Torbay around suicide prevention for men will be embedded and made sustainable.</p> <p>However in 2017:</p> <ul style="list-style-type: none"> • Self-harm now requires strategic attention taking a life course approach. This will necessitate joined up working with commissioners of health, public health and social care. • A focus is now needed on emotional health and wellbeing and the 5 Ways to Wellbeing. • A transformational, preventative approach to Torbay's high rates of domestic and sexual violence and abuse is also needed, to ensure people and families are offered comprehensive help to support their resilience and recovery from such violence and abuse. 	<p>The following progress has been made:</p> <ul style="list-style-type: none"> • All commissioned lifestyle services are now required to measure pre and post wellbeing for every service provided through the commissioning contract. • Support has been provided to the Brixham Mental Health group (a group of volunteers who mobilised community support around the issue of local suicide) in collaboration with Torbay NHS Foundation Trust and the Devon Partnership Trust (adult mental health service provider). • Torbay Community Development Trust and Ageing Well UK have continued to identify and work with local people living alone who may be isolated and require support. • Torbay Council Wellbeing Group has worked to improve workplace wellbeing of employees. 	<p>Though we have begun work within Public Health in this area and there is a great example of a community led focus on Mental Health in Brixham, this area has not yet received the focus it needs from the system. I call again for a shift in focus to prevention and earlier intervention in mental health.</p> <p>Public Health will support this area by:</p> <ul style="list-style-type: none"> • Emotional Health and Wellbeing Lead, and commissioned Lifestyles team members to train in Connect 5 (5 ways to wellbeing promotion with CBT) and deliver two additional training sessions to key groups to maximise reach. • Mental wellbeing training to be delivered to key community connectors including Mental Health First Aid Training, Making Every Contact Count Training and Connect 5 Training. • Creation of a multi-audience 5 Ways to Wellbeing campaign using key place-based groups in schools, workplaces and in the community. • Sign up key members of Torbay Council to the Mental Health Prevention Concordat. • Ensure that the refresh of the Torbay Suicide Prevention Plan has a more preventative mental wellbeing focus, self-harm is included and that this document is transparent (publically available). • Ensure there is a focus on self-harm within partner's plans.

6. BREAKING THE CYCLE OF VULNERABILITY

Outline of challenge	Recommendations from 2017	Progress made in 2017	Aspirations / recommendations for 2018
<p>Many people have significant reasons for their complex support needs often derived from childhood experiences. Health and social problems often compound each other and people can feel trapped in a cycle of chaos, unable to see a way out and often self-medicating to manage their symptoms of trauma. Services need to address both presenting issues but must also look at those physical, emotional, social and environmental factors that are driving demand.</p> <p>We also need to address the underlying drivers of complexity and consider how issues such as poor mental health, violent behaviour and poor decision-making can be linked to behaviours learned within the family environment. As explained above, often the underlying reasons for vulnerability are found in adverse experiences in childhood and the early years. We need to demonstrate a genuine understanding of this and partners need to consider how they can work better together to break the inter-generational cycle of chaotic and often traumatic behaviours.</p>	<ol style="list-style-type: none"> 1. Develop a joined-up holistic service for adults with challenging lives. 2. Work to break the origins of behaviours learned in childhood. 	<p>A partnership group was established with a focus on vulnerable complex adults. Sadly, though much work has taken place to try to address this area, this has proved difficult and there is still much work to do.</p> <p>However, Public Health now has the strategic lead for Domestic Abuse and Sexual Violence and have, together with others in the Council developed a new strategy and action plan, delivery against which has already begun. We have also been successful in winning a bid to deliver Routine Enquiry within Primary care.</p> <p>Public Health has begun to undertake work to re-design our drug and alcohol services taking into account the multiple needs of this client group.</p>	<p>I hope that the year ahead will see local services becoming ACE and trauma informed, and for these to become reflected in both commissioning specifications and in service redesign work.</p> <p>Public Health will support this by:</p> <ul style="list-style-type: none"> • Undertaking data analysis and evidence reviews. • Ensuring the work to re-commission the Domestic Abuse and Sexual Violence contract and the partnership work supports those with complex needs. • Ensuring the work to re-commission the Drug and Alcohol services supports those with complex needs.

7.

CONCLUDING REMARKS

Torbay Council and its partners from the NHS, the Police and the community and voluntary sectors amongst many others have made significant progress to improve health and wellbeing of the population of Torbay. Leaders across our system have continued to aim to focus on prevention and self-care despite considerable pressure on their budgets. There is also now a desire to move to a real focus on population health.

So what has the role of Public Health been since it moved across to Local Authorities? Well, I began this report with two questions:

- What has Public Health achieved?
- How have we contributed to the system's priorities?

Overall I hope this report illustrates that much has been achieved. The following are particular highlights for me:

1. The re-design of our biggest commissioning services, Public Health Nursing and Sexual Reproductive health. These re-designs will lead to improved services and better Value for Money and

a greater focus on prevention and early intervention.

2. The development of tools and ways of working to enable us to take a real step forward to embed prevention and self-care within our health and care services as promoted by the Prevention Board.
3. Delivery of initiatives to promote physical activity and address obesity.
4. Development of a new supplementary planning document to promote health within our planning processes.

However much more remains to be done and we in Public Health in Torbay now need to go further, especially at a time when we look to further integration. The following are three particular areas I would like to see Public Health support in 2018:

1. Bring greater focus to address deprivation in our 3 Towns and Healthy Torbay work working to the Marmot recommendations to decrease inequalities.
2. Increase the focus on emotional health and wellbeing across the life-course but

especially in Children and Young People.

3. Better support work to address the needs of people and families leading complex lives.

Finally, as well as considering Public Health, I also asked a question about wider system priorities and reviewed progress against my recommendations from previous reports. Here too I believe we have made progress as the tables above show. However, I think you will agree with me also that here too more work is needed by all of us. I trust therefore that you too will consider the recommendations I have made in this report for 2018 in whatever work you do and like me, consider how your work or that of your team, department or organisation can contribute and make a difference to the people that live and work in Torbay.



**This document can be made available in other formats.
For further information please contact 01803 207336.**