

**OUR  
SERVICES**

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PLANS**

**OUR  
PLACE**

**A Market Position Statement  
for Adult Social Care  
& Support in Torbay 2014+**



South Devon and Torbay  
Clinical Commissioning Group

# Executive Summary

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Torbay's Market Position statement (MPS) is designed to provide information and analysis of benefit to providers of care and support services in Torbay.

It is intended to help identify what the future demand for care and support might look like on the basis of what we know now about our local population and services. Torbay's purpose is to communicate to new and existing providers the things they need to know in line with local and national strategies for Adult Social Care. This will help with:

- Business planning
- Investment decisions
- Response to opportunities such as personal budgets and integration
- Reduce the risk of wasted resource on poor investments or poorly targeted initiatives

We work in close partnership with all agencies across the Torbay health and care economy. Our Health and Wellbeing Strategy ([www.torbay.gov.uk//Joint Health and Wellbeing Strategy.pdf](http://www.torbay.gov.uk//Joint%20Health%20and%20Wellbeing%20Strategy.pdf)) sets the broader context for our work over the next few years.

We need your help to shape and provide opportunities for an innovative and diverse market that can help people achieve independence and make personal choices for their care and support within a value for money context. The MPS is an important part of that process and although this focuses on Adult Social Care, in future years we wish to extend it into a broader health market and Children's Social Care.



*Working together for a healthier Torbay*

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*A market position statement sets out in a single place what we know about services in Torbay now; how they are used; how well they meet needs and aspirations and; the funding available. It also shows how demand for services, expectations and funding are expected to change in the future.*

# 1. Why produce a market position statement now?

Not just to meet a government requirement but most importantly to:

- stimulate and encourage a diverse market in Torbay capable of working in partnership to transform services for people and deliver outcomes for the area
- communicate an open and transparent strategic vision for the market, setting out commissioning intentions as a platform for strong partnership and participation
- build connections to transform the area by sharing information to support service design and improvement.

To make this a reality, development of the statement is underpinned by the three elements below:

Torbay's Market Position Statement provides information and analysis on:

- the population and place of Torbay including trends and future projections and the likely impact of changing national and local policy on the area
- the supply of accommodation-based, community, preventative and early help services in Torbay and how well they meet current demand
- how the council and partner organisations work together with service providers and the local community to plan, commission and deliver local services and how this will improve.

## *Inform*

Bring together demand information including, demographic profiles, trends, future projections & policy imperatives.

Describe current supply, how resources are currently allocated & future resource plans.

## *Influence*

Capture current experience & expectations for the future.

Shared analysis of demand, supply & changing landscape of health, care & support to shape the future together.

## *Innovate*

Use the information & ideas generated to stimulate new ways of working together.

Design & deliver outcomes by making best use of all available resources.

This statement sets out to:

- Create a better understanding of the needs and aspirations of Torbay's population, not just based on statistical analysis.
- Outline strategic priorities for integrated public sector commissioning and purchasing in Torbay.
- Support discussion with local providers, service users, patients and carers.
- Consider ways to promote creative solutions to meet changing and emerging need making best use of limited resources.
- Support planned transition from current provision to future Torbay provision.

## 1.1 Key Messages

Budgets for care and support are reducing and the demands of an ageing population will exceed available resources across health and social care unless traditional models of provision and funding change.

Torbay's community and acute health and social care services will become an integrated care organisation (see 1.4 below) with a pooled budget of just over £300M and an aspiration over the next 5 years to:

- provide 7 day a week services
- reduce bed based care
- focus services on prolonging independence
- help people to manage their conditions.

## 1.2 Opportunities for Market development

In facing up to the financial challenge and demand pressures we will work with service providers and the Community Voluntary Sector to use the strengths and assets of communities to change demand pressures into solutions for care and support. This statement provides information for both existing and new providers who are outcome driven, flexible and innovative. Successful providers will work collaboratively to deliver efficient, quality care and support closer

to home with a focus on individual needs and outcomes as part of an integrated system in the following areas:

### ***Reducing and avoiding reliance on bed based care through a more co-ordinated approach to accommodation based care through:***

- Continued reduction in long term placements into residential care
- Focus on short term re-enablement, rehabilitation, recovery, respite and crisis
- Development of extra care housing
- Later admission to long term nursing care

### ***Community services based on individual outcomes, or goals, to prolong independence and avoid or delay the need for more intensive or acute care by:***

- Supporting people to achieve personal outcomes that maximise their independence and choice
- Meeting needs of those with multiple and complex needs including poor mental health and substance misuse
- Making sure services include and respond to people whose behaviour may challenge
- Encompassing the needs of children as well as adults
- Forming part of a single point of entry to primary care and other community services
- Fully utilising the opportunities of community equipment, assistive technology, home improvement and minor adaptations
- Supporting and caring for people at the end of their lives

### ***Putting in place prevention and early help care and support to help people manage their own conditions and increasing community resilience by:***

- Helping people to stay healthy
- Supporting carers
- Reducing social isolation and loneliness

- Being proactive and identifying potential problems early
- Ensuring access to quality information, advice and assistance
- Making available expert advice for people to manage their finances including, those who pay for their own care.

## 1.3 Torbay Picture

People in Torbay have benefited from a history of integrated health and social care provision. This has reduced the need for local residents to be in hospital or to have to go into a care home. For instance, there are 11 fewer care homes in Torbay in 2013 than there were in 2011 and the average number of occupied hospital beds fell from 750 in 1998/99 to 502 in 2009/10. We have instead developed support that enables people to remain in the community such as the 107 units of extra care housing that are being developed between 2010 and 2015.

Torbay Council and the NHS, working with a variety of independent providers, wish to build on those strengths but there are nonetheless, some real challenges:

- We have a higher proportion of older people in Torbay. Our average age at 45.7 years is older than the national average. This difference is expected to grow to around 5 years by 2020<sup>1</sup>.
- Torbay was ranked 84th out of 150 in the worst category for premature deaths nationally by Public Health England in 2013. There is a gap in life expectancy of 6-8 years between the least and most deprived communities in the Bay.
- Estimates suggest around 7.5% people over 65 in Torbay (2,500) have dementia and this is expected to increase<sup>2</sup>.
- 6600 referrals were made to intensive community reablement services in 2012/13 (see Appendix 1: table 21).
- The cost of hospital treatment for those over 85 is expected to rise by about £1M in 2020

from 7.3M in 2012 to 8.5M in 2020<sup>3</sup>.

- 17,850 (14.6%) dependent children under 16 in Devon were living in poverty in 2011<sup>4</sup>.
- Average house prices are x8 national earnings-30% higher than national average. (Torbay Local Plan 2012).
- Torbay has the lowest Gross Value Added (GVA)<sup>5</sup> per head in England (Local Plan 2012) and wages are second lowest in country.

*Budgets for care and support are reducing and the demands of an ageing population will exceed available resources across health and social care unless traditional models of provision and funding change.*

## 1.4 An Integrated Care Organisation

South Devon and Torbay is a national Pioneer site. The aim of the Pioneer is to make health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or being placed in care homes. Locally our plans include the development of community hubs (to improve access to all community care and support and health, including GP services) and the provision of seven-day services.

The creation of an integrated care organisation (ICO) locally, with the planned acquisition of Torbay and Southern Devon Health and Care NHS Trust by South Devon Healthcare NHS Foundation Trust, is central to our agreed model of care. This will be an entirely innovative new model, building on our

1 2012/13 JSNA for Torbay [www.torbay.gov.uk/jsna](http://www.torbay.gov.uk/jsna)

2 Torbay Health profile 2013, Public Health England, 24 September 2013 [www.healthprofiles.info](http://www.healthprofiles.info)

3 2012/13 JSNA for Torbay [www.torbay.gov.uk/jsna](http://www.torbay.gov.uk/jsna)

4 Child and Family Poverty in Devon - A Hidden Issue? 2011

5 GVA: value of goods or services produced in an area, industry or sector in an economy

history of seamless, integrated service which gives people greater control over their own care, looks to reduce obstacles and bureaucracy and focuses on community support and staying well.

[http://southdevonandtorbayccg.nhs.uk/images/Pioneer\\_Bid\\_final.pdf](http://southdevonandtorbayccg.nhs.uk/images/Pioneer_Bid_final.pdf)

NHS services are commissioned locally by the South Devon and Torbay Clinical Commissioning Group. Their vision of 'creating excellent joined-up care for everyone' drives commissioning priorities of:

- Promoting self-care, prevention and personal responsibility, resulting in less need for urgent care.
- Developing joined-up patient-centred community services (including mental health) closer to home.
- Leading a sustainable health and care system, encompassing workforce, estates and IT

South Devon and Torbay Clinical Commissioning Group has published its Integrated Plan for 2014-2019. This Integrated Plan sets out aims and priorities for the next three years and how the healthcare budget will be spent. The Plan can be viewed at: <http://southdevonandtorbayccg.nhs.uk/index.php/about-us/op/161-south-devon-and-torbay-integratedplan>

## 1.5 Government Priorities

The vision for a reformed care and support system is set out in the 'Caring for our Future' White Paper which includes the following priorities:

- Promoting people's wellbeing and Independence
- Supporting businesses to grow
- Reforming care & support funding

This vision acknowledges that change in the market for services is required so that choice and control can be exercised. The 'Open Public Services' white paper, published in July 2011, set out the government's vision for public services reform. These plans for modernising services are based on five principles:

- Choice and control
- Decentralisation
- Diversity Fairness
- Accountability

## 2. Inform – What we know

### 2.1 Demand

#### *Torbay Joint Strategic Needs Assessment (JSNA)*

*The JSNA uses a 'life course' framework to consider different population needs based on their collective journey through life in Torbay:*

*Starting well*

*Developing well*

*Living & working well*

*Ageing well*

[www.torbay.gov.uk/jsna](http://www.torbay.gov.uk/jsna)

The Joint Strategic Needs Assessment (JSNA) provides a picture of the population and place of Torbay, the outcomes for our population in relation to health and wellbeing and how the population and their needs are projected to change.

The ageing population in Torbay is increasing. Meeting the more complex health needs of those aged over 85 in 2020 is expected to cost Torbay about £1 Million more annually than it did in 2012. As the population ages the number of people living with dementia is also expected to increase. Much of the care provided in Torbay is unpaid in 2012/13 Torbay had the highest proportion of unpaid carers in England<sup>6</sup>.

#### 2.1.2 Health Inequalities

Life expectancy for a man born between 2008 and

<sup>6</sup> Census 2011

2010 in Churston-with-Galmpton is around 83.1 years compared to 75.4 for men born in Tormohun. There is a gap of 18 years in Torbay's more deprived communities between disability free life expectancy and life expectancy compared to a gap of 14 years in less deprived communities<sup>7</sup>.

#### 2.1.3 Accommodation-based care

While spend on residential and nursing care is the largest area of spend in the adult social care budget demand for traditional accommodation based care is in decline. Fewer people are entering residential care and those who do so tend to enter at an older age and stay for a shorter period. A national Bupa report in Jan 2011 found the average length of stay was 801 days<sup>8</sup>.

As shown in the table below, permanent admissions to residential and nursing care (for state funded older people in Torbay) increased by 12% for those aged over 84 and decreased by almost half (49 to 25) for those under 65 between 2010 and 2013<sup>9</sup>.

**Table 1: Permanent admissions to care homes**

Year of admission	1) <65	2) 65-74	3) 75-84	4) >84	Total
2010/11	49	17	62	125	253
2011/12	31	21	65	104	221
2012/13	25	24	64	142	255
<b>Grand Total</b>	<b>105</b>	<b>62</b>	<b>191</b>	<b>371</b>	<b>729</b>

#### 2.1.4 Self-directed support

More people in Torbay are purchasing their own

<sup>7</sup> Torbay JSNA 2012/2013

<sup>8</sup> Length of stay in Care Homes, Forder, J & Fernandez, J (Jan 2011) Bupa/PSSRU

<sup>9</sup> ASC CAR statutory returns (these figures exclude admissions to group homes, funded nursing care, continence care & continuing health care)



care through direct payments: 14% in Torbay compared to 12.8% in the South West as a whole in 2012/13. It is estimated by Torbay and Southern Devon Health and care Trust that 60% of people are using agencies and 40% are employing Personal Assistants. Community equipment, home improvements and adaptations are being used to support independent living and extra care housing (where people live in their own self-contained accommodation with care and support on site) is being developed as an alternative to residential care.

### 2.1.5 People who fund their own care and support

Estimating the number of people who fund their own care and support without any involvement from the public sector is more difficult. In certain circumstances Torbay is required to set up contracts on behalf of people who fund their own care if they do not have the capacity to do this for themselves, or someone available to do this on their behalf. In November 2013 Torbay was contracting on behalf of (about 130 people who fund their own care, also known as self-funders).

An IPC (Institute of Public Care) survey of providers for Torbay and Devon in August 2013 found ‘overall, out of the 358 people living in the care homes surveyed, 151 were self funders, which is 42% of the total. The homes specialising in care for older people all had at least a quarter of residents that were self funders.’ It is more difficult to estimate the number of self-funders in community services because of the diverse range of services and different providers involved. (See Appendix 3: IPC Torbay Market Position Survey Report, August 2013, page 14)

The Dilnot proposals on care funding reform outlined in the Government’s white paper, ‘Caring for our Futures’ will mean more people who fund their own care and support may be entitled to a social

care needs assessment and access to advice. This is likely to result in demand for additional social care assessments and good quality information and financial advice for self-funders.

### 2.1.6 Housing

In Torbay the majority of people live in their own homes or the private rented sector. According to Torbay’s Private Sector House Condition Survey in 2011 owner occupiers accounted for 70% of the local housing market, with the private rented sector at 22% being above the national average of 14% and social housing was just 8%. This is illustrated in Table 2 below. The House Condition Survey in 2008 estimated Torbay had a higher than average number of homes in multiple occupation.

**Table 2: Housing by tenure**

Tenure	Dwellings 2011	Percent 2011	Torbay 2009	Torbay 2008	Torbay 2006	EHCS 2008
Owner Occupied	44,870	70.1%	71.8%	71.8%	72.0%	68%
Privately rented	13,950	21.8%	19.6%	19.4%	19.7%	14%
Housing Association (RSL)	5,160	8.1%	8.6%	8.8%	8.3%	8%
Local Authority*	0	0.0%	0.0%	0.0%	0.0%	10%
<b>Total</b>	<b>63,980</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Source: Torbay Private Sector House Condition Survey 2006/2008/2009/2011**

\*Local authority figures are shown here for comparative purposes. Torbay Council’s housing stock has been transferred and therefore forms part of the RSL figures.

Housing advice enquiries to the Council’s Housing Options Team increased substantially from 12,018 in 2009/10 to 19,721 in 2012/13, with 7225 in the first quarter of 2013/14 (April – June). If the pattern in quarter 1 of 2013/14 remains the same for the whole year, the total for 2013/14 could be over 28,000 advice and enquiries.

Last year (2012/13), 382 people applied to Torbay Council as homeless and 75 (20%) were accepted as being in priority need of accommodation. As on 6 November 2013, 3107 households who have

stated a wish to live in Torbay are on the waiting list for social housing.

### 2.1.7 Legal responsibilities, quality and performance requirements

Torbay is required to meet certain statutory obligations in relation to health, social care and support. They have a duty to assess need against eligibility criteria in accordance with social care and housing legislation and provide access to relevant services where eligibility criteria are met.

There are national outcomes frameworks for health, adult social care and public health. Performance against some of the measures attached to these outcomes is benchmarked against other areas. One example of this is performance reporting against the 'Towards Excellence in Adult Social Care' performance framework and the submission of quarterly housing performance information.

Registered Housing Providers (social housing landlords or housing associations) are required to make regular returns to the Homes and Communities Agency (HCA) and standards in hospitals, nursing and residential care homes are monitored by the Care Quality Commission (CQC) against national criteria.

Services commissioned by Torbay Council, Torbay and Southern Devon Health and Care NHS Trust and South Devon and Torbay Clinical Commissioning Group report against local performance and quality criteria.

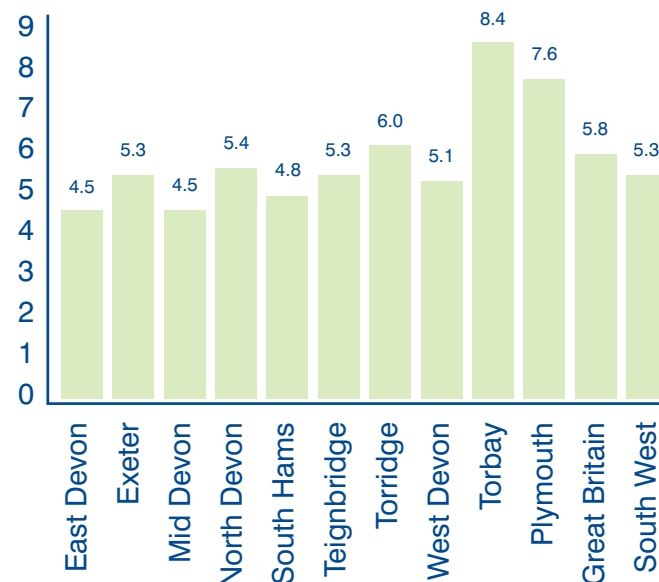
### 2.1.8 Welfare Reform

The local Government Association<sup>10</sup> calculates that average losses per working age household due to welfare reform range from £652 in South Hams to £1,030 in Torbay. The average losses suffered by claimant households themselves are distributed differently, with East Devon, Torbay, Teignbridge and North Devon experiencing amongst the 20% highest income drops in the country.

According to the Devon Joint Strategic Needs

overview<sup>11</sup> Torbay and Plymouth have the highest rate of claims of disability benefits (as % of working age population), followed by North Devon and Torrington, as illustrated in Table 3 below.

**Table 3: ESA/IB and/or DLA claims Nov 2012 (as % of working age population)**



## 2.2 Supply

Supply is described using the categories below. The next phase of the MPS will include other areas that form part of the total picture of health, care and support services in these areas including, Torbay general hospital, community hospitals and public health community and preventative services. Appendix 1 includes further detail of provision and activity within the service categories listed below.

### Accommodation based services

- Residential care nursing homes
- Private hospitals
- Supported living
- Host family carers
- Sheltered housing
- Extra care housing
- Homeless emergency accommodation
- Social rented housing

<sup>11</sup> Devon JSNA overview <http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2012/07/Joint-Strategic-Needs-Assessment-Devon-Overview-2012.pdf>

<sup>10</sup> The local impacts of welfare reform LGA August 2013

## Community based services

- Personal & non personal care & support
- Social care reablement
- Community Equipment & Assistive Technology
- Employment support
- Rapid response
- Day activities
- Meals services
- Night sitting
- Respite care services
- Personal assistants
- Self-directed support
- Intermediate care
- Community nursing

## Preventative & Early Help services

- Supporting people services
- User support groups
- Befriending services
- Information, advice, advocacy
- Community & voluntary sector networks
- Community based short breaks
- Care & repair services
- Carers groups

## 2.3 Accommodation-based services

### 2.3.1 Residential and Nursing Care Homes

Torbay has more care homes than average and a correspondingly higher number of care home beds. End of life care profiles<sup>12</sup> from Public Health England showed that in 2012 Torbay had 7.1 care homes per 1,000 population aged 75+ compared to 4.4 in England and 166.4 care home beds per 1,000 population aged 75+ compared to the England average of 114.1.

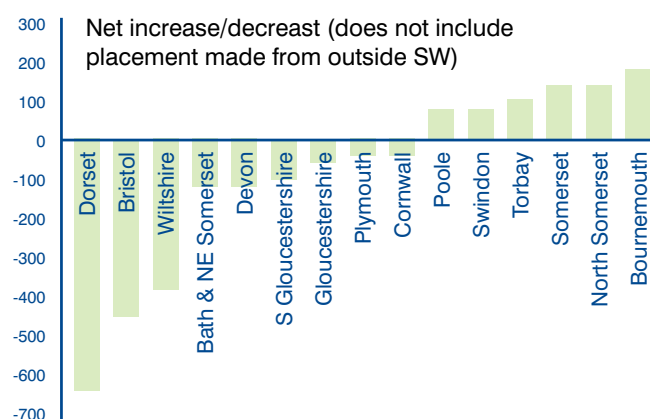
There is a notable difference between the balance of residential and nursing homes nationally and those in Torbay. In November 2013<sup>13</sup> CQC reported that on 31 March 2013 the national average split between residential and nursing care provision was 73% residential care and 27% nursing care. However, in Torbay the split was 83%:17% indicating there is an over-supply of residential care homes in Torbay (see appendix 1: tables 5-8).

In September 2013 there were 87 residential care homes with 1829 beds and 18 nursing homes with 648 beds registered with CQC. The majority of homes (72 at the time of writing) are registered to provide care for people over 65. Care homes in Torbay tend to be older and smaller compared to other parts of the country. 60% of homes in Torbay have less than 25 beds; 7% have between 26 and 50 beds and; less than 3% have over 50 beds. (See Appendix 1: Tables 3-4)

Torbay and Southern Devon Health and Care Trust (or the Trust) is not the only purchaser of care home placements in Torbay NHS Trust. In October 2013 a snapshot showed 825 of the total beds were purchased by the Trust; 189 were purchased by Health and 1427 (57%) were known to be self-funders. The remaining beds were either purchased by other local authorities or vacant.

A study of use of care beds across the South West taken on 31st March 2013 showed that Torbay had over 100 more people placed from other authorities than it had placed out of area.

**Table 4: Ordinary Residence South West Survey 2013**



<sup>12</sup> [http://www.endoflifecare-intelligence.org.uk/end\\_of\\_life\\_care\\_profiles/la\\_2012\\_pdfs](http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/la_2012_pdfs)

<sup>13</sup> The State of Health Care and Adult Social Care in England 2012-2013, CQC, November 2013

Whilst the Trust's use of the care home market is still slightly higher than average (718.4 permanent admissions for people aged 65 or over per 100,000 population in 2012/13 compared to 697 England average) there has been a 4% per annum reduction in the number of people supported in long term placements over the last three years. This is likely to be the result of people entering care at a later stage and, on average, staying for shorter periods of time. The number of social care clients supported in care homes at year end (excluding fully self-funded) as reported to the Trust's board over the last three years is shown in Table 5 below.

**Table 5: Clients supported in care homes**

Period	Clients
2010/2011	781
2011/2012	730
2012/2013	717

### 2.3.2 Private hospitals

In October 2013 there were 3 independent (non-NHS) hospitals registered by CQC in Torbay for people with poor mental health and learning disabilities and in August 2013 there were 21 patients, of which 17 were funded by South Devon and Torbay Clinical Commissioning Group. These 17 were not necessarily Torbay residents (See Appendix 1: Table 11) There are 32 bed spaces at these hospitals and one of the hospitals has a self contained flat within the grounds. There is no set budget for this type of service provision however based on current information the projected spend for clients with a learning disability in independent hospitals, for 2013/2014, is £654,178.

### 2.3.3 Supported living

On 4 November 2013 there were 17 providers of enhanced supported living for people with learning disabilities. 2013/14 budget preparation for adult social care estimated an annual figure of 41 people in supported living funded by Torbay. It is difficult to calculate the exact amount of supported living because providers do not have to register with CQC as residential care although care services are provided to individuals living

at the same address. Funding for supported living comes from individual contracts for care and excludes any requirements concerning the accommodation. Placements into supported living in Torbay may be made by other local authorities and this may result in the responsibility for funding transferring to Torbay which can result in unplanned budget pressure.

### 2.3.4 Host family carers

In 2012/13 there were 19 vulnerable adults, for whom placement into residential or nursing care was not appropriate, supported in this way. Currently a single provider is commissioned to arrange and support placements. People are cared for as a member of the household sharing accommodation and meals. They are provided with companionship and help with a range of daily living activities including, cleaning and laundry.

### 2.3.5 Sheltered housing

Historically sheltered housing has been available to people over 50 who are able to live independently in self-contained accommodation but require some reassurance and help. Traditional models of socially rented, sheltered housing are changing and while support may previously have included a warden on site it is now far more likely to be a peripatetic service providing 'enhanced' housing management support funded through the rent. According to the Homes and Communities Agency (HCA) at the end of March 2013 there were 8 Registered Social Housing Providers (formerly known as Housing Associations). At this time these providers owned 884 and managed 735 rented sheltered housing units in Torbay (some will be owned and managed by the same provider). Providers are registered with the Homes and Communities Agency (HCA) who set standards for social landlords and monitor their performance.<sup>14</sup>

### 2.3.6 Extra care housing

Extra care housing provides a popular alternative to residential care. Comprising self contained

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<sup>14</sup> Homes and Community Agency: <https://nroshplus.homesandcommunities.co.uk>

accommodation, commonly in fully accessible flats or bungalows, care and support are based on site.

Developments are sometimes referred to as 'Extra Care' or 'Retirement Villages.' They often include a mixture of sheltered and extra care housing units as well as a range of other facilities including medical treatment rooms, hairdressers, chiropodists and restaurants. 45 units of extra care housing have been developed since 2009 with a further 62 in the pipeline. An additional 85 units are under consideration.

Sheltered, or retirement, housing (sometimes including care) for older people is also provided by the private sector to buy or rent. As a popular retirement location people may move to Torbay when relatively healthy and need further support from the state as they age or as their income reduces. There are a number of existing schemes in Torbay and others in development. Private sector sheltered and extra care housing providers have a key role to play in meeting future demand for accommodation based care and support and this statement is intended to help facilitate increased partnership working between public and private sector housing providers and the Community Voluntary Sector.

### **2.3.7 Homeless emergency accommodation**

Torbay Council has a responsibility to provide emergency accommodation for some people assessed under Section 193 and 195 of the Housing Act 1996 as homeless and in priority need. Those in priority need are normally households with dependent children, pregnant women and people who are vulnerable as a result of their age, illness or disability.

On 30 June 2013 there were 36 households in emergency accommodation. Emergency accommodation is provided in a number of different ways in Torbay including use of hostel accommodation for single people, supported accommodation for families, private sector accommodation and by spot purchasing rooms in bed and breakfast accommodation.

### **2.3.8 Social rented housing**

This is housing managed by Registered Social Housing Providers (formerly known as Housing Associations). In March 2013 there were 7 registered providers supplying 3931 units of self-contained general needs housing.<sup>15</sup> While this is not supported, housing tenants are more likely to be vulnerable or living in poverty. Social landlords are not for profit organisations regulated by the HCA with wider social responsibility including, often providing an enhanced housing management service for vulnerable tenants. They also tend to play a greater role in community support and development than private landlords.

## **2.4 Community based services**

### **2.4.1 Personal and non personal care & support**

Personal and non personal care and support is often referred to as domiciliary care. In November 2013 there were 15 different providers in Torbay. While overall numbers of people in receipt of personal care and support remained fairly static between 2010 and 2013, numbers of older people with poor mental health increased slightly from 108 in 2010/11 to 169 in 2012/13 (see Appendix 1: Table 20). Despite increasing numbers of people receiving self-directed support personal care still tends to be measured in hours and tasks rather than outcomes. This will change and in October 2013 providers were invited to tender for the opportunity to provide a 'Living Well at Home' care and support service from 2014. The new service will be based on personal outcomes with a focus on re-enablement and recovery.

### **2.4.2 Social care re-enablement**

Torbay 'Intensive Home Support Service' provides a brief, up to 6 weeks, intensive domiciliary care service to people being discharged from hospital to support them to live as independently as possible by learning, or relearning, skills necessary for daily living. 6,600 referrals were

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<sup>15</sup>Homes and Community Agency: <https://nroshplus.homesandcommunities.co.uk>

made to this service which is currently provided by Torbay and Southern Devon Health and Care NHS Trust in 2012/13. (See Appendix 1: Table 21)

### **2.4.3 Community Equipment and Assistive technology**

This covers a range of aids for daily living to support independence at home, often following health events for example, a stroke, loss of mobility, or following orthopaedic surgery. Complex equipment includes items such as hoists or specialist mattresses. More simple aids for daily living include, seat raisers and walking aids. Home improvements and minor adaptations also fall under this heading.

The total number of people over 18 receiving equipment and adaptations fell slightly from 3266 in 2010/11 to 3109 in 2012/13. Over the same period there was an increase in the number of people over 65 with poor mental health receiving equipment and adaptations from 149 to 207 (See Appendix 1: Table 22). These services are provided under a single contract which was tendered in 2013. A revised service and new provider will be in place in April 2014.

Tele health and tele care items, such as bed sensors and ipads, form part of a range of assistive technology. A Community Alarm Service is provided by Torbay and Southern Devon Health and Care NHS Trust as well as other private sector providers in the Bay.

### **2.4.4 Employment support**

In October 2013 there were 3 employment support services in Torbay provided by 2 different providers. One service is a partnership between Torbay Hospital, South Devon College and Torbay Council.

The other two contracts are provided by the same provider. One provides employment support to people with poor mental health and 77 people used the service in 2012/13. The other provides support to people with learning disabilities many of whom have Aspergers or Autistic Spectrum Condition.

### **2.4.5 Rapid response**

Torbay has a 24 hour/ 7 days a week Crisis Response Team which made 5334 visits in 2012/13, an increase of almost a 1000 since 2010/11 (See Appendix 1: Table 26).

### **2.4.6 Day activities**

In November 2013 there were 8 providers of day activities for people with a learning disability and 16 providers of day activities for older people. The Learning disability Commissioning Strategy at Appendix 4 provides further detail on commissioning priorities for people with learning disabilities. A wide range of activities are provided including art, socialisation, gardening, cooking and walking.

### **2.4.7 Meals services**

The total number of people receiving a meals service has reduced from 315 in 2011/12 to 181 in 2012/13. (See Appendix 1: Table 28) There are 2 contracted providers. One is a voluntary organisation and the other one is in the independent sector. There are 6 known private meals providers.

### **2.4.8 Night sitting**

In 2012/13, 32 people received night sitting services. This is more than twice as many as in 2010/11 (See Appendix 1: Table 29). This type of service is commonly provided when someone without a resident carer needs support following hospital discharge.

### **2.4.9 Respite care services**

In 2012/13 442 adults received respite services funded, part funded by adult social care in Torbay (See Appendix 1: Table 30). Respite services enable relatives who provide full time care to have a break from carer duties for a short period of time.

### **2.4.10 Personal assistants**

One voluntary sector service in Torbay runs payroll facilities for people who need help employing

personal assistants to help them manage their care and support. They were providing this service for 166 people on 19 August 2013.

### 2.4.11 Self-directed support

56.4% of people using social care services received self-directed support in 2012/13 and 14% of people received self-directed support through a direct payment.

### 2.4.12 Intermediate care

2294 people were referred to Intermediate care services in 2012/13. This figure has fallen over the past 3 years from 3074 in 2010/11 (See Appendix 1: Table 31). Intermediate care is used to care for people in a crisis or for a period of recovery following hospital admission.

### 2.4.13 Community nursing

An average of 107,000 visits were made by community nursing services including community matrons, community nurses, assistant practitioners and Support Workers for Intermediate Care (SWICs) between 2010 and 2013 (see Table 6 below). The table also shows the number and proportion of visits made to care homes.

**Table 6**

Period	Number of community nursing (excluding matron) visits to care homes in Torbay	Overall number of community nursing visits in the Torbay locality	Approximate proportion of community nursing visits to care homes in Torbay
2010/2011	25,042	105,644	23.7%
2011/2012	24,615	109,976	22.4%
2012/2013	22,662	105,039	21.6%

**Source: Torbay and Southern Devon Health and Care NHS Trust**

The proportion of visits to care homes is approximate because the first column showing visits to care homes excludes community matrons whereas the second column showing overall

number of visits includes matrons.

### 2.4.14 Self funders

The IPC (Institute of Public Care) survey in August 2013 (see 2.1.4 above) found that out of the 5 community based services who responded with full information, 59 out of 411 (14%) were self funders. This section of the survey covered both Devon and Torbay and included the following services: personal care and support, night sitting, day services/activities, respite, personal assistants, employment support, and housing related support. (See Appendix 3: IPC survey, page 26)

## 2.5 Preventative & Early Help Services

### 2.5.1 Supporting people services

Services are provided by 14 different providers who support people to become or remain independent in their own homes. 1244 people entered short term services in 2012/13. At 21 August 2013 accommodation based services included 606 units of sheltered housing, 45 extra care units and 273 units of accommodation for vulnerable adults, young people and families. At this time there were 505 units of outreach support. (See Appendix 1: Table 33-34)

### 2.5.2 User support groups

One user support group for people with poor mental health received funding of £6,291 pa from Torbay and Southern Devon Health and Care in 2013/14. Further user support groups including, an older persons' forum, a group for people with poor mental health and a peer support group for people with drug and alcohol issues also operate in Torbay.

### 2.5.3 Befriending services

One befriending service providing information and advice, a luncheon club and activities received £63,000 funding from Torbay and Southern Devon Health and Care Trust in 2012/13

## 2.5.4 Information, advice and advocacy

The number of people in Torbay referred to advocacy services has increased over the 3 year period from 196 in 2010/11 to 318 in 2012/13 (See Appendix 1: Table 35). The services included advocacy for people with a learning disability and/or communication difficulties, Independent Mental Capacity Advocacy, Independent Mental Health Advocacy, and Independent Health Complaints Advocacy. 3 advocacy services were funded by Torbay and Southern Devon Health and Care NHS Trust at a cost of £87,800 in 2012/13. One national advice agency received grant funding of £154,100 2013/14 from Torbay Council. A further advice agency received funding from central government of £35,800 for court representation and specific debt advice re mortgage repossession in Torbay in 2013/14.

## 2.5.5 Community and voluntary sector networks

The Torbay and Southern Devon Health and Care Trust contracts include 20 organisations classed as the 'third sector' (voluntary organisations) for older people, learning disability, primary care, mental health, social care, community care and carers with estimated total annual funding of £5,807,821.61 in 2012/13. This includes services that are covered in other sections of this report such as Community Equipment Service; Information, Advice and Advocacy services; and Carers services. Torbay Council has agreed to provide £300,000 funding over 3 years to support the Community Development Trust which was formed in 2012 with the objective of bringing together Torbay community voluntary sector organisations to co-ordinate planning and opportunities particularly in relation to funding, volunteering and advice and information.

### *Big Lottery Aging Well*

*Loneliness and isolation is a real issue for many older people in Torbay. In October 2013 local community voluntary sector organisations collaborated through the newly created Community Development Trust and passed the first stage of the bidding process.*

## 2.5.6 Community based short breaks

These are short term residential respite stays. The number of people receiving these services has reduced over the 3 year period 2010/11 to 2013/14 from 239 adults aged 18+ in 2010/11 to 191 people in 2012/13- 2 years later. Most of the clients had a physical disability and were aged over 65. Only 24 of 191 clients were aged under 65. (See Appendix 1: Table 36)

## 2.5.7 Care and repair services

The budget for the home Improvement Service which is commissioned from an external voluntary sector provider for 2013/14 is £48,000. In 2011/12 there were 134 enquiries to the Home Improvement Service.

## 2.5.8 Carers Groups

In 2012/13 the Older family carers initiative received £25,000 funding from Torbay Council; the Carer Enabling service pilot received £55,000; Home based breaks service for carers £97,000.



# 3. Current and future levels of resource

\* (directly attributable to Torbay and Southern Devon Health and Care Trust)

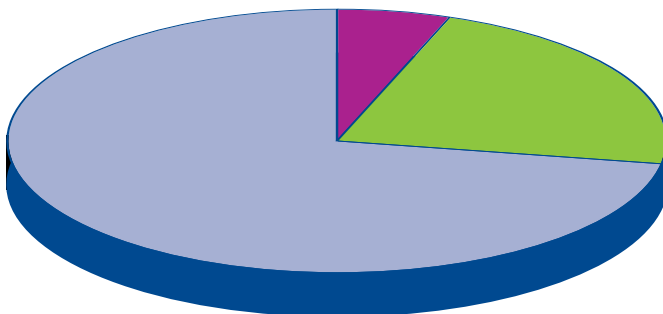
## 3.1 Financial position - 2013/14 budget allocation - Torbay Adult Social Care\*

This section provides an overview of the budget allocation for adult social services in the Torbay area for 2013-14.

In 2013-14 the budget for adult social care in Torbay is £43.3m, an increase of £500K from the 2012/13 budget figure of £42.8m. Total planned gross spending on adult social care is £52.9m. This is funded by £43.3m from Torbay Council and £9.6m income received from clients who contribute toward the cost of their care.

The chart below shows how the £43.3m budget has been allocated.

**Budget 2013-14 - £m's**



**Independent sector: £31.2m**

**Operations: £9.6m**

**In house learning disability: £2.5m**

## 3.2 Budget analysis 2013/14

The Trust has allocated £2.5m for its in-house Learning Disability Services in 2013-14, including costs of £1.1m for two residential homes and £1.4m on the provision of day care.

Operations have a budget of £9.6m for 2013-14. This is the funding to provide care management and social care support across Torbay and includes the cost of social workers, community care workers, Occupational Therapists, Physiotherapists, Finance and Benefit Assessors

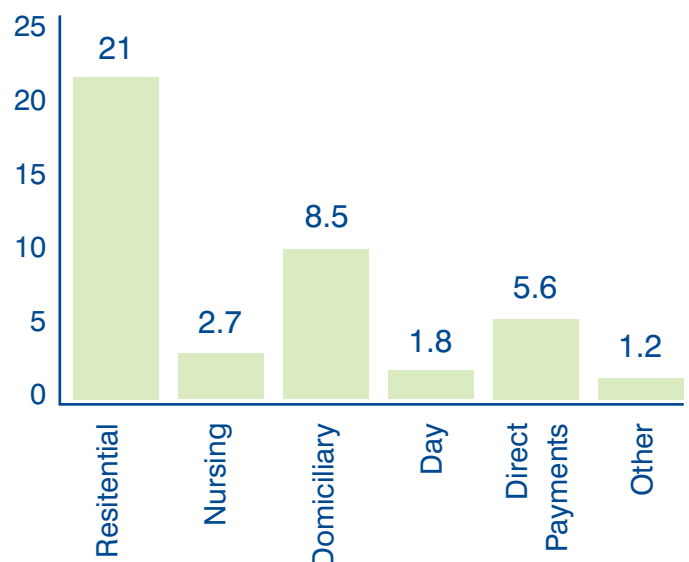
and commissioning and support service staff including, Business support, Finance, IT, Procurement, Performance and Human Resources.

Over 72 per cent of the adult social care budget is for the purchase of care (including, residential care, nursing, day and domiciliary care) from the independent sector (voluntary and private sector providers). The majority of this spend is with providers within Torbay but some specialist care is provided out of area. At any point in time it is forecast that there will be on average around 2,400 clients receiving a core service. The client's ages will range from 18 to 100+ and services will be provided to clients with learning disabilities, dementia, sensory and physical disabilities, vulnerable people, the frail and elderly.

In 2013/14 the net budget for the independent sector is £31.2m. Gross spend with the independent sector is forecast to be £40.8m with income expectations of £9.6m. The vast majority of income is from charges made to clients. Under national legislation, all social care clients receive an individual financial assessment and this can result in a client being asked to contribute towards the cost of their care provision.

The gross expenditure budgets within the Independent Sector are illustrated in the chart below.

**Independent Sector Gross Expenditure breakdown 2013/14 -£m's**



### 3.3 Financial outlook for 2014-15 and beyond

Funding arrangements for Adult Social Care (ASC) are under review at a national level. Therefore the financial arrangements for 2013-14 are based on what is known at present.

Torbay Council, in line with the comprehensive spending review (2011-2015), is required to make substantial budget reductions. The Trust and South Devon and Torbay Clinical Commissioning Group acknowledge the tight financial constraints over the period as well as the significant financial challenges that they face themselves as organisations, and will continue to deliver the best possible care and support within these constraints.

This will be done in consultation with the Council and where it is necessary to make changes to the way services are delivered consultation will take place with the people and carers who use the service.

Torbay Council's medium term financial plan can be found at: [www.torbay.gov.uk/mediumtermresourceplan1215.doc](http://www.torbay.gov.uk/mediumtermresourceplan1215.doc)

### 3.4 Budgets 2014-2016

Local government is facing unprecedented financial challenges with reduced funding from central government in the face of increasing demand for services. Torbay Council set the 2014/15 budget in February 2014, this included a savings programme totalling £22m to be found over 2 years (2014/15 and 2015/16). These savings included reductions in council financial support for social care and support.

From August 2014 the Integrated Care Organisation will combine Torbay and Southern Devon Health and Care Trust and South Devon Healthcare Trusts budgets into a pooled funding pot of over £300M to provide better care for the people of Torbay.

# 4. Influence – Transforming the future together

## Summary of demand and supply

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This section considers how well existing supply meets the current and future demand projections set out in this statement and what needs to change to achieve better care and support including, what people have told us about their services and their ideas for improvement.

### 4.1 Accommodation based services

Alongside changing demographics of people living longer with fewer disability free years and inequalities in life expectancy people's choices and expectations have changed. They want to remain independent in their own homes and with loved ones for as long as possible. Despite this the majority of adult social care financial investment is still in accommodation-based services. There are a number of different types of accommodation based-services from supported living, intermediate and respite care, through to residential and nursing care, community hospitals and hospices.

Many care homes in Torbay are in older properties. The design of these buildings can be hard to alter. While they may meet the needs of people who chose to enter care at an earlier age, fewer people are choosing to do so now and those reliant on public funding are unlikely to be eligible unless they have substantial or critical needs. It is possible that this has resulted in a division between those homes catering largely for self funders and those catering mainly for publicly funded residents. (See Appendix 2, Case Study 1: A Tale of 2 Care Homes)

Extra care housing provides a real alternative to residential care and can help support people to live as well as possible with increasing care and support needs and a variety of long term conditions.

#### Future commissioning intentions (accommodation)

- Continued reduction in long term placements into residential care
- Focus on short term reablement, rehabilitation, recovery, respite and crisis
- Development of extra care housing
- Later admission to long term nursing care

### 4.2 Community based services

Take up of self directed support has been slow and personal and domiciliary care is still based largely on tasks and hours. Advances in technology, equipment, community health services and palliative care can all support people to remain at home for longer including, receiving end of life care and support in at home rather than in hospital. Despite this while 75% of people say they would like to die at home in 2011 only 42% of people died at home<sup>16</sup>. Much more can be done to maximise the benefits of technology in providing care and support including, tele health and tele care to prolong independence and improve the quality of people's lives.

The current focus on tasks and hours rather than personal outcomes, coupled with the reputation and perception of care work, partly in response to well publicised failures in the media, and the low status of care affects the quality of care and the degree of choice and control people feel they are able to exercise over their care. Care staff can change frequently making it hard to build trusting relationships with those they care for and their relatives and friends to understand personal interests and preferences. Torbay is committed to

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<sup>16</sup>DOH Policy update on improving care for people at the end of their life, March 2013

changing this and a new outcomes-based 'Living Well at Home' care and support service will be launched in July 2014 and developed over the following year.

#### Future commissioning intentions (community):

- Supporting people to achieve personal outcomes that maximise their independence and choice
- Meeting needs of those with multiple and complex needs including poor mental health and substance misuse
- Making sure services include and respond to people whose behaviour may challenge
- Encompassing the needs of children as well as adults
- Forming part of a single 'wide front door' to primary care and other community services
- Fully utilising the opportunities of community equipment, assistive technology, home improvement and minor adaptations
- Supporting and caring for people at the end of their lives

### 4.3 Preventative and early help services

The social and economic benefits of prevention and early intervention are well-documented. Access to good quality, co-ordinated information, advice, advocacy and support makes the concepts of choice and control a reality. Helping people to make earlier choices about their future accommodation, care and support, as well how the cost of their care and support will be met is vital. Services need to become better at identifying care and support needs, including carers' needs, earlier in advance of a crisis. The Community Voluntary Sector has a key role here because often the most effective support comes from those with shared experience, or a common interest or community. More use can be made of good neighbour and befriending schemes, building on the assets and strengths of whole communities.

#### Future commissioning intentions (prevention & early help):

- Helping people to stay healthy
- Supporting carers
- Reducing social isolation and loneliness
- Being proactive and identifying potential problems early
- Providing, or co-ordinating, quality information, advice and assistance
- Making available expert advice for people to manage their finances including, those who pay for their own care

### 4.4 What people say about their services

*"It would be wonderful to have my bed changed and have my legs and my feet done,"*

*Sally Lubanov speaking about 15 minute care visits on BBC Radio 4's Today Programme, 7th October 2013*

Local engagement and surveys show that, while 86.5% of people say care and support services help them to have a better quality of life, only 43.6% say they have as much social contact as they want with people they like.<sup>17</sup> Responding to a questionnaire on domiciliary care services from Torbay LINKs (now Health watch) in 2012 people identified some improvement were needed including:

- Standard induction training
- Information on approved providers
- Support to access direct payments and personal budgets
- Access to the same carer most of the time
- Timing of visits to be appropriate to the service user not the provider and to allow enough time

<sup>17</sup> Adult Social Care and Carers Survey 2013

Many of these issues echo national concerns as well as those identified by Torbay & South Devon Health & Care NHS Trust in service reviews.

In the Council's August 2012 annual Viewpoint survey 89.5% of respondents either strongly agreed, or tended to agree, that the Council should concentrate on providing and developing services which make sure people receive the support they need to remain living in their own home. However, only 38% agreed the council should concentrate on keeping people at home if this meant the council had less money to spend on other services, such as residential care. Comments on current services included, people not being aware of services or worried about cost; that care homes are not always the best solution and; that patients and their carers aren't listened to. Ideas for improvement included more clubs and trips for the housebound, stimulating exercise in care homes to improve mobility and that social care should be available in doctor's surgeries.

The broad themes from The Clinical Commissioning Group's community services engagement sessions in November and December 2013 were:

**Need for better communication:** between providers and to patients, including a directory of services for patients, so people know who to contact for what & when.

**Ideally one person to coordinate care**, often GP but doesn't need to be

**Education, prevention & self-care:** people want to know more about their condition: what it is and how to manage it. Include the younger generation. Self help groups in the community - community hubs, single point of contact, somewhere for people to go and meet up.

**Accessibility of services** is important – opening hours 7 days, public transport, buildings that are fit for purpose. Include access to information that is in a variety of formats suitable for every individual. Language to suit the person not the professional

**Reliability of services, consistency** – Knowing who will come to see them and when.

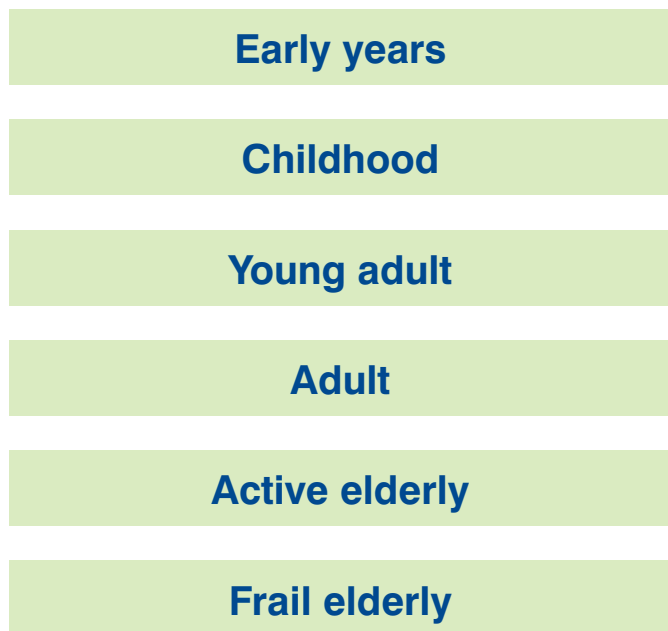
**Continuity of care, responsiveness** - Relationship building with carers is important to make people feel safe. Quality should be same wherever and whenever it is delivered, every setting, every time of day or day of week

**Make more use of voluntary services** - To help people live at home, using support already in community, "neighbourliness" & "community spirit"

**Support for carers** - Don't just focus on the recipient of care

# 5. Innovate!

Better care will be achieved across the life course



Future commissioning will support an integrated care pathway (see Table 6 below) to deliver transformed health, social care and support services:

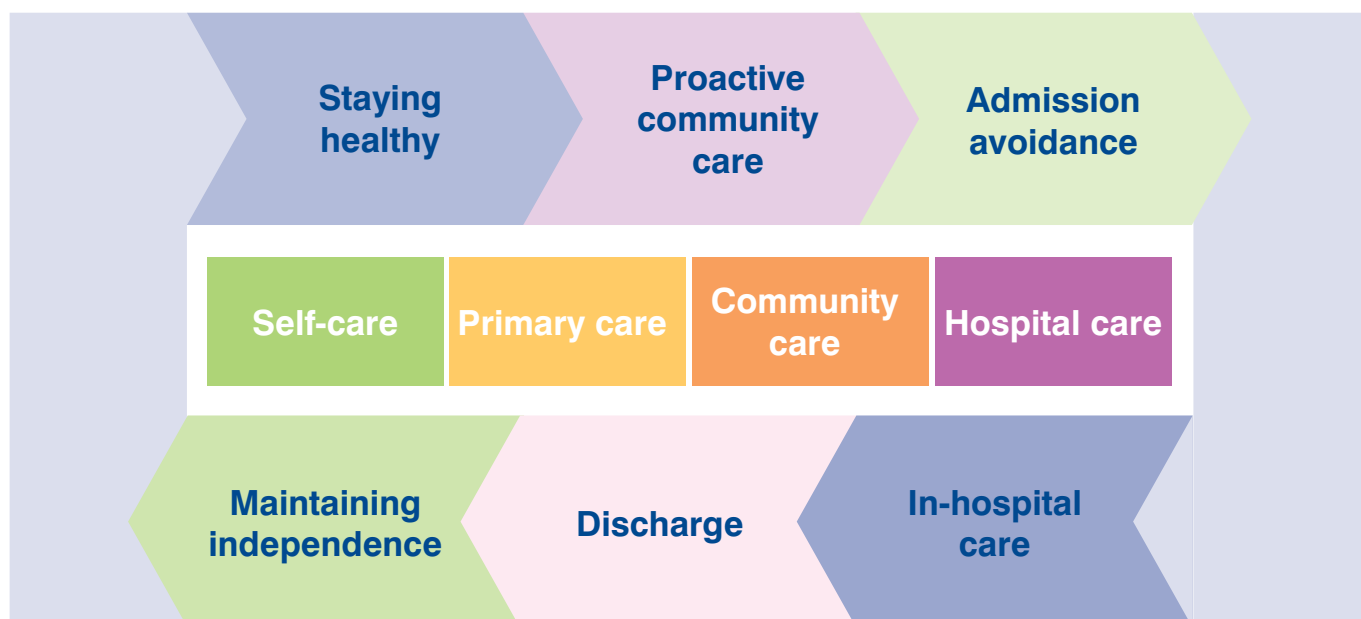
- Providing 7 day a week services
- Reducing bed based care
- Focus services on prolonging independence
- Helping people to manage their conditions.

## 5.1 Areas for Market Development

The future will be about providers and commissioners working together with communities in new ways, involving people and organisations who have not always had their voices heard. Person centred care allows extraordinary ideas and plans from people themselves to improve the quality of their lives and ensure when services intervene they do so at the right time and in the right way to support independence and recovery.

Torbay is working with the Community Voluntary Sector (CVS) to make sure commissioning and procurement processes are proportionate. We will involve the CVS, as well as service users and carers, early in the commissioning process to co-produce service solutions resulting in the best outcomes for communities and families as well as individuals.

Table 6: The Integrated Care Pathway



## 5.2 Personalised Care and Support

The earlier sections of this statement set out the key messages for the market on plans for an even more integrated future across all aspects of health and social care in Torbay and South Devon. Services will focus on prevention, independence, recovery and re-enablement; supporting people to stay well and manage their own conditions; treating people in the community wherever possible and; reducing the need for bed based care in hospital and other residential settings.

Some incidents will happen irrespective of early help and prevention so a focus on re-enablement and recovery is vital. The role of accommodation-based care and support needs be clearer and focused on managing crisis, supporting re-enablement and rehabilitation in community settings and returning people home wherever possible. (See Appendix 2, case study 2: Juno)

## 5.3 Making more sense of a range of accommodation based options

People's needs and expectations are changing along with changing demographics. People want to stay independent in their own homes for as long as possible. For older people and those with disabilities extra care housing provides an alternative to residential care. Supported living and better packages of community care and support have seen numbers of people under 65 in residential care decline.

Older people are entering residential and nursing care at a later stage, often for shorter periods. This trend is likely to continue especially as advances in assistive technology and equipment allow even those with more pervasive dementias to remain in their own homes. Similarly research shows the majority of people would prefer to end their days at home and improvements in community care and support and developments in hospice care mean end of life care can be provided to people in their own homes. (See Appendix 2, case study 3:

Jane and Suffiah)

Accommodation-based care and support needs to form part of a continuum of care and support both as an alternative to acute bed-based care and to support recovery, re-enablement and rehabilitation in community settings, including crisis support for people with poor mental health. Increasing partnership with private sector developers of retirement villages and housing with care will increase choice and the range of accommodation options available to meet changing needs and aspirations. (See Appendix 2, case study 4, The Extra Care Village).

## 5.4 Community care and support

There is potential to extend the use of technology to promote independence by demonstrating the possibilities and increasing the confidence, not only of those who will use it to improve the quality of their lives, but also of professionals and clinicians to maximise the benefits.

Lack of resources as well as a tendency towards top down control has led to a preoccupation with tasks and hours and 'doing to, or for' rather than 'with' Reviews of care and support can be infrequent or too rigid in their scope, perhaps missing important voices because of lack of time, training, awareness of more complex needs or advocacy support. (See Appendix 2, case study 5: Penelope).

## 5.5 Prevention and early help

People want to be involved in shaping their services and have ideas on how services can be improved. A single route to primary care and vital community services such as health information, mental health, family support and housing will simplify pathways and make sure interventions are targeted at the whole person, or whole family, their environment and specific circumstances rather than on a single issue or condition. Access to advice and information is a vital component of early help. (See Appendix 2, case study 6: Chablis).

## 6. Setting the future direction for services through integrated multi-agency commissioning

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Commissioning for all ages (children and adults) will be joined-up at a strategic level across Torbay Council (including public health) with scope to join up further with South Devon and Torbay Clinical Commissioning Group. Strategic commissioning will be confined to setting strategic direction for health, social care and support incorporating other commissioning for people such as, housing, leisure, education and community safety. Governance will be through the Health and Wellbeing Board with strategic commissioners taking into account the wider strategic direction for the area including, economic development and welfare.

Budgets will be pooled within the Integrated care Organisation by August 2014 and day to day operational commissioning responsibility will sit with the provider organisation including, financial monitoring, contract management and quality assurance. This will enable issues to be addressed quickly and ensure people are supported to commission their own services wherever possible. Where this is not possible their GP, social worker, other professional or carer will commission on their behalf. Strategic commissioners will set up frameworks for service

purchase, develop partnership relationships with providers including, working with providers and other stakeholders to develop and facilitate markets and ensure compliance, quality and efficiency at a strategic level.

### 6.1 An integrated outcomes framework for Torbay

An integrated outcomes framework is in development bringing together outcomes for adult social care, public health, children's and the NHS. Outcomes are clustered under the following domains:

- Helping children & young people have the best start in life
- Supporting & prolonging independence
- Improving mental health & wellbeing
- Reducing reliance on acute bed based care
- Promoting prevention, reducing inequalities & the gap in life expectancy
- Relentlessly improving the quality of care provided



# 7. Aspirations for future market position statements

The purpose of Torbay's market position statement is to:

- Stimulate and encourage a diverse market in Torbay capable of working in partnership to transform services for people and deliver outcomes for the area.
- Communicate an open and transparent strategic vision for the market setting out commissioning intentions as a platform for strong partnership and participation.
- Build connections to transform the area by sharing information to support service design and improvement.

Torbay and South Devon have ambitious plans over the next 5 years to transform the health, care and support system. To support this goal the market position statement could be expanded over the next 3 years to include a greater range of services targeted at health, care, support and wellbeing across adults and children. This may help to increase understanding of the full picture of services and how the nature of traditional services and the way in which they work together across geographic areas and the public, independent and community voluntary sector can be transformed to improve outcomes for both individuals and communities.

The usefulness of this first phase of the market position statement in meeting the purpose will be assessed through consultation with service users, providers and commissioners in 2014. Many other services form part of a total system of health, care and support, so while focus of future statements will be informed by consultation, there are a number of themes that could be included over the next few years including:

- Additional analysis of self-funders
- Implementing care funding reform
- Safeguarding
- Public health

- Children's services
- New ways of working
- Involving people in measuring success and quality
- Benchmarking performance data
- A joint Torbay & South Devon MPS
- Greater use of social media, Interactive web based information

Some of the following services could be included:

## Accommodation based services

- Children's homes
- Adoption & foster care services
- District general hospital
- Community hospitals
- Private sheltered, extra care or retirement housing
- Hospice

## Community based services

- Child & adult social work services
- Drug treatment services
- Community Psychiatric nursing
- Approved mental health practitioners
- Child & adult social work services
- GP & primary care services
- Health Visiting
- Midwifery

## Preventative & Early Help services

- Lifestyles advice & support
- 'Virtual ward' & 'hospital at home' services
- Independent domestic abuse advocacy & advice
- Street wardens
- 'Troubled family' interventions





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