

Wednesday, 15 June 2022

ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD

A meeting of **Adult Social Care and Health Overview and Scrutiny Sub-Board**
will be held on

Thursday, 23 June 2022

commencing at **2.00 pm**

The meeting will be held in the Meadfoot Room - Town Hall

Members of the Committee

Councillor Johns (Chairwoman)

Councillor Barnby (Vice-Chair)

Councillor Douglas-Dunbar

Councillor Loxton

Councillor O'Dwyer

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ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD AGENDA

1. Apologies

2. Declarations of Interest

- a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

- b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

3. Urgent Items

To consider any other items that the Chairwoman decides are urgent.

4. Torbay and South Devon NHS Foundation Trust Torbay Hospital Care Quality Commission Inspection Report (Pages 4 - 17)

To review the response from Torbay and South Devon NHS Foundation Trust Torbay Hospital to the Care Quality Commission Inspection Report published on 4 March 2022.

5. Adults Social Care Governance Changes (Pages 18 - 33)

To receive an overview of the changes to Adult Social Care Governance (Note: Paper submitted to Cabinet on 24 May 2022).

6. Terms of Reference and Membership of the Adult Social Care and Health Overview and Scrutiny Sub-Board (Pages 34 - 35)

To note the Terms of Reference and Membership of the Sub-Board and to consider if the Sub-Board wishes to appoint any additional non-voting co-opted members to help provide expert advice and support.

7. Adult Social Care and Health Overview and Scrutiny Sub-Board (Pages 36 - 40)

Work Programme

To approve the work programme for the Board for the 2022/2023 Municipal Year.

Meeting Attendance

Please note that whilst the Council is no longer implementing Covid-19 secure arrangements attendees are encouraged to sit with space in between other people. Windows will be kept open to ensure good ventilation and therefore attendees are recommended to wear suitable clothing.

If you have symptoms, including runny nose, sore throat, fever, new continuous cough and loss of taste and smell please do not come to the meeting

Report to the Trust Board of Directors				
Report title: CQC Annual Assurance Report		Meeting date: 25 th May 2022		
Report appendix	None			
Report sponsor	Chief Nurse			
Report author	System Director of Nursing and Professional Practice, South Devon Quality and Compliance Manager			
Report provenance	Reports on all aspects have been provided to Quality Improvement Group (QIG), Quality Assurance Committee (QAC) and the Trust Board, through the year.			
Purpose of the report and key issues for consideration/decision	<p>To provide an annual update for assurance, for the period April 2021 to March 2022, on:</p> <ul style="list-style-type: none"> • Compliance with CQC standards and response to previous CQC inspections • The Trust's current registration status • The CQC's monitoring activity of the Trust • Preparation for future inspections and monitoring activity. 			
Action required (choose 1 only)	For information <input type="checkbox"/>	To receive and note <input checked="" type="checkbox"/>	To approve <input type="checkbox"/>	
Recommendation	<p>The Trust Board is asked to receive and note:</p> <ul style="list-style-type: none"> • The Statement of Purpose • Changes to CQC Regulatory approach • Update on Trust actions against findings from recent inspections • Preparation for future monitoring 			
Summary of key elements				
Strategic objectives supported by this report	Safe, quality care and best experience	x	Valuing our workforce	
	Improved wellbeing through partnership		Well-led	x
Is this on the Trust's Board Assurance Framework and/or Risk Register	Board Assurance Framework	x	Risk score	20
	Risk Register	x	Risk score	12

	BAF Objective 4: To provide safe, quality patient care and achieve best patient experience, responding to the new paradigm of harm and safety as a result of COVID-19			
External standards affected by this report and associated risks	Care Quality Commission	x	Terms of Authorisation	
	NHS Improvement	x	Legislation	
	NHS England	x	National policy/guidance	x

Report title: CQC Annual Assurance Report		Meeting date: 25 th May 2022
Report sponsor	Chief Nurse	
Report author	System Director of Nursing and Professional Practice, South Devon CQC Compliance Manager	

1. Introduction

This report provides the 2021/22 annual update to the Trust Board on the following:

- Trust's registration status (Section 2)
- Statement of Purpose updates (Section 3)
- Update on future changes to CQC's regulatory approach (Section 4)
- CQC formal Trust inspections and ratings 2021/22 (Section 5)
- CQC's ongoing monitoring of the Trust (Section 6)
- Preparation for future monitoring/inspection visits (Section 7)

The CQC became fully operational in 2009 as the independent regulator of health and social care in England. Since 2010, all providers of health and social care in England have been legally required to register with the CQC.

From 1 April 2015, new Health and Social Care Act Regulations came into force, setting out the Fundamental Standards of care that all providers must meet, and below, which the care they provide must not fall. The Key Lines of Enquiry (KLoE) and all CQC activity has its bedrock in these standards.

2. Trust's Registration Status

Torbay and South Devon NHS Foundation Trust (T&SDFT) is currently registered with the CQC to provide the following regulated activities, with no conditions or restrictions on its registration:

- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- Family planning
- Management of supply of blood and blood derived products
- Maternity and midwifery services
- Personal care
- Surgical procedures
- Termination of pregnancies
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury.

3. Trusts Statement of Purpose Updates

The Statement of Purpose is a document legally required by Trusts that includes a standard set of information about the services we provide. TSDFT's Statement of Purpose was last updated in 2nd February 2022 to reflect changes brought about due to COVID, such as service location moves, temporary stops and restarts. The document had also been updated earlier in the year, as the Trust finessed its Covid response plans.

This document will be reviewed again, in May 2022, as the Trusts normalises more services as we move to *Living with Covid-19* as part of the Government's new phase of managing Covid nationally.

4. Update on Future Changes to the CQC's Regulatory Approach

In May 2021 the CQC released its five-year strategy, following extensive public consultation.

The CQC launched the new strategy with the aim of making a positive impact on patient care while regulating providers in a much more targeted and risk-based way. The refocus also reflects the dramatic way health and social care have changed over the past 10 years and the CQC wanted its focus to be people and community centric. To this end they have set out 4 themes, two core ambitions and 12 outcomes.

Themes:

1. People and communities – CQC's regulation will aim to be driven by people's needs and experiences
2. Smarter regulation – the new strategy will focus on deploying a more dynamic and flexible approach by providing up-to-date and high-quality information and ratings
3. Safety through learning – CQC will have a complete focus on safety by requiring a culture that enables people to voice concerns, allowing for shared learning and improvement opportunities
4. Accelerating improvement – lastly, the CQC will encourage health and care services as well as local systems to access support to help improve quality of care.

Core ambitions:

1. Assessing local systems: Providing independent assurance to the public of the quality of care in their area
2. Tackling inequalities in health and care: Pushing for equality of access, experiences and outcomes from health and social care services

CQC outcomes:

People and communities' outcomes

1. Our activity is driven by people's experiences of care.

2. We clearly define quality and safety in line with people's changing needs and expectations. This definition is used consistently by all people, and at all levels of the health and social care system.
3. Our ways of working meet people's needs because they are developed in partnership with them.

Smarter regulation outcomes

1. We are an effective, proportionate, targeted, and dynamic regulator.
2. We provide an up-to-date and accurate picture of quality.
3. It is easy for health and care services, the people who use them and stakeholders to exchange relevant information with us, and the information we provide is accessible, relevant, and useful.

Safety through learning outcomes

1. There is improvement in safety cultures across health and care services and local systems that benefit people because of our contribution.
2. People receive safer care when using and moving between health and social care services because of our contribution.

Accelerating improvement outcomes

1. We have accelerated improvements in the quality of care.
2. We have encouraged and enabled safe innovation that benefits people or results in more effective and efficient services.

Core ambitions: Assessing health and social care systems, and tackling inequalities in health and social care

1. We have contributed to an improvement in people receiving joined-up care.
2. We have influenced others to reduce inequalities in people's access, experiences and outcomes when using health and social care services.

What this means for the Trust

The Hospital ratings system will remain, however being rated by physical inspections according to a set time frame is coming to an end and a continuous assessment based on risk will be deployed. Any site-based inspections will likely be reserved for those care providers which cause the CQC's internal systems to alert them to an unacceptable increase in risk, based on the information and data they have gathered.

The complicated and multiple 'key lines of enquiry' will be replaced by one simpler system of questions rooted in what people expect of services. These questions focus on statements which the CQC considers to be more relatable both to providers and the public at large than is the case presently. Currently the thought is these will be called Quality Statements.

The five key questions the CQC apply to inspect will remain and any contact/inspection/assessment will still be based on the following: are services safe, effective, caring, responsive and well led? The 12 fundamental standards, (person

centred care, dignity & respect, consent, safety, safeguarding from abuse, food and hydration, safe premises, complaints, good governance, safe staffing, fit & proper staff and duty of candour) also remain unchanged. These are the basis of what and how we deliver care and the focus of the Trust in terms of CQC preparedness.

The Provider Information Request (PIR) is no longer required. This was a substantial and broad data gathering exercise that took place a number of weeks before an inspection. In the new strategy the CQC will look to be more specific in respect of the data & evidence required to demonstrate that a service is good or outstanding. There will also be a scoring system for each piece of evidence that will be required to be provided. This will allow more transparency of the CQCs inspection process and aid Trusts in their preparations.

The CQC will also continue to use its monthly Direct Monitoring Approach (DMA) in assessing core services via their monthly meetings. Here, under the 5 key questions (as mentioned earlier) the Trust provides information demonstrating compliance which is discussed via the pre-arranged Teams meeting with the CQC inspectors.

Timescales for revised approach

Their strategy is not set in stone and is likely to be refined further as the CQC develop the tools and documents they need to explain their new regulatory approach.

To date, we are waiting for further information to be released by the CQC but in the interim, the Trust must continue its focus on delivering the fundamental care standards and in maintaining or improving the quality of the care it gives in conjunction with its community and partners.

5. CQC Formal Inspection Visits and Trust Ratings

With effect from February 2022, the CQC have resumed normal inspection activity, paused due to COVID in 2020. This includes a return to inspect and rate NHS trusts that are rated Inadequate (I) or Requires Improvement (RI). They have continued necessary inspections, based on risk during Covid and this methodology continues. Additionally, the CQC will continue with their programme to inspect in-line with risk for emergency departments and the findings from the Ockenden Report will form a natural part of their Maternity activity.

During the period April 2021 to March 2022, TSDFT has received one formal CQC inspection.

The CQC carried out a short announced Focused Inspection on 1 December 2021 where they visited the Emergency Assessment Unit 4 (EAU4), Forrest Ward (the trust's escalation ward at the time of the inspection) and for comparison, George Earle Ward. The CQC carried out this inspection because a number of concerns had been raised with them relating to: staff shortages; concerns that patients were not receiving enough nutrition and hydration on Forrest Ward; and, concerns that staff were not completing observations on patients in a timely manner on both wards.

In March 2021, the CQC published the report from the above announced inspection. In response, and prior to its release, the Trust had developed a comprehensive improvement plan which became and still remains a priority for the organisation.

The CQC report recorded 3 Must Do improvement actions and these are:

- Ensure risk assessments are completed fully for each patient, within 24 hours of admission to hospital, in line with trust policy. The service must also ensure they consistently keep detailed clear and up-to-date nursing records of patients' care and treatment (Regulations 12 12(2)(a) and 12(2)(h)).
- Ensure patients requiring additional support with nutrition and hydration are quickly identified and actions taken (Regulation 17 2(c)(f)).
- Ensure governance processes are improved to undertake consistent audits and thereafter that these results are reviewed and acted upon (Regulation 17 17(2)(b)).

As well as 3 Should Do improvements:

- Improve governance processes to have clear identification of patient risk.
- Improve processes to identify the acuity of patients on EAU4 and adjust staffing levels appropriately.
- Review the Core Training Policy which includes statutory and mandatory training.

The following table sets out our approach to improvement against these requirements:

Improvement Requirement	Action	Current Position	
Must Do Improvement Actions			
Ensure patient risk assessments are completed fully for each patient, within 24 hours of admission to hospital, in line with trust policy. The service must also ensure they consistently keep detailed clear and up-to-date nursing records of patients' care and treatment (Regulations 12 12(2)(a) and 12(2)(h)).	<ul style="list-style-type: none">• A comprehensive action plan was created in December 2021• The overarching risk assessment framework has been revised and amended• Daily clinical audits• Monthly Matron audits• Monthly reports at Quality Improvement Group and IGG	Risk assessment	Compliance
		Falls	83.1%
		Capacity	90.9%.
		Pressure ulcers	83.4%.
		End of Life (TEP)	86.7%
Ensure patients requiring additional support with nutrition and hydration are quickly identified and actions taken (Regulation 17 2(c)(f)).	All staff follow the Six Steps to Patient Safety that the Trust has created:	83.3% (Taken from monthly Safety Assessment audit)	
Ensure governance processes are improved to undertake consistent audits and thereafter that these results are reviewed and acted upon (Regulation 17 17(2)(b)).	<ul style="list-style-type: none">• Daily electronic auditing of the care booklet continues• All patients are discussed at the Ward Safety Brief• The Audits results are discussed with the ward manager matron meetings and to the weekly Matron ADNPP meetings too• Standing agenda item on all ISU IGG's and ISU leads aware.• Reported at QIG and exception reporting to QAC• GGI have been commissioned by the organisation to review and strengthen clinical governance processes	There is more work to do to strengthen our governance process and emend this as a priority. This includes; <ul style="list-style-type: none">➤ Peer to peer review of evidence of audits➤ Work with GGI to strengthen governance processes in ISU➤ In the interim a "Good Governance Guide" is being developed for clinical leaders	
Should Do Improvement Actions			
Improve governance processes to have clear identification of patient risk.	<ul style="list-style-type: none">• The auditing process and focus on the patient assessment booklet Trustwide has provided a clear way to assess and identify the risks patients may have as well as ensuring the correct action are taken to meet their needs	The auditing process and results are discussed at the relevant board rounds, and meetings to ensure the clear identification of patient risk is paramount	
Improve processes to identify the acuity of patients on EAU4 and adjust staffing levels appropriately.	<ul style="list-style-type: none">• There is a process in place to review staffing and patient acuity data electronically at the twice daily Safe Staffing meeting• Monthly reporting to the Nursing & Midwifery Workforce Council to ensure oversight and scrutiny.	More work is needed to ensure improvement in compliance of recording patient data. This is being led by the ISU ADNPP with support from the Safer Staffing Lead. 55% of days in the month patient acuity scores were completed in March 36% of days in the month acuity scores were completed in March	
Review the Core Training Policy which includes statutory and mandatory training	<ul style="list-style-type: none">• A new assurance framework has been completed and approved at PEGG	Policy review is in place with an expected close date of Sept 2022	

The Table below lists the Trusts Core Services and their CQC activity in 2021/22, as well as their rating and when that was attained. Please note the Trust has an overall CQC rating of Good

Table 1. Core Services Ratings by CQC as of Year End 2021/22 and areas visited

CQC designation	Core Service	Current rating (date rated)	April 2021 to March 2022 CQC activity (not rated)
Acute (Torbay Hospital)	Urgent and Emergency	Requires improvement (2020)	
	Medical care (inc older people's care)	Requires improvement (2020)	Dec 2021 on-site Focused Inspection on EAU4 and Forrest ward – 3 Must Do actions DMA – Oct 2021
	Surgical Care	Requires improvement (2020)	DMA – Aug 2021
	Critical care	Good (2016)	DMA Canx by CQC due to Covid - Jan 22
	Maternity Care	Requires improvement (2020)	DMA - April 2022
	Gynaecology	N/A	DMA Canx by CQC due to Covid - Jan 22
	Children and young people	Good (2020)	DMA Canx by CQC due to Covid - Feb 22
	End of life care	Good (2018)	DMA Canx by CQC due to Covid - Mar 22
	Outpatients	Good (2018)	DMA – Dec 2022
	Diagnostic imaging	N/A	
Community health	Community adults	Outstanding (2016)	
	Community children and young people	Good (2018)	
	Community inpatients	Good (2020)	
	Community end of life	Requires improvement (2018)	
	Community dental	Outstanding (2016)	
	Community urgent care	Good (2016)	
Mental health	Substance misuse	N/A	
Ambulance	Patient transport services	Outstanding (2016)	DMA Sept 2022
Adult social care	St Edmunds	Good (2018)	

During 2021/22, the Trust continued, despite the Covid pandemic, to progress its improvement plan following the March 2020 CQC inspection. This inspection resulted in 28 Must do and 46 Should Do improvement actions. In April 2022 9 Must Do and 8 Should Do actions remain open. These actions fall into 4 main themes that had been greatly affected by the pandemic: Training compliance, Appraisal compliance, Trustwide clutter and a rolling medical devices replacement programme. The Trust and ISUs continue to work to close these actions and the revised date for close is set for Sept 2022

Of the immense Trust wide work that has resulted in the closure of Must do and 38 Should Do actions, the following is a selection of the work that has been undertaken:

The CQC said we must ensure the Trust has a clear oversight of compliance with resuscitation training levels, to include intermediate and advanced life support training for adults and paediatrics, and that we can assure ourselves that our staff are up to date with their training needs and the patients are ultimately safe.

In response to this an improvement plan was created via the Education team. Their first steps were to look at the Training Needs Analysis document and obtain the numbers of staff, Trust requirements for intermediate and advanced needs and carry out a gap analysis. Once achieved this allowed for courses to be provided at each level and reports generated to show the growing compliance rate.

The CQC also required The Children's and Young Persons service to ensure they can evidence compliance of paediatric resuscitation in the training needs analysis and this has been fully completed too.

The Resuscitation Committee also helped to monitor the progress of this action

With the new starters included in the reporting mechanisms, a really robust monitoring system is in place, which gives monthly feedback to managers on compliance.

The maternity team were tasked with improving the Maternity Early Obstetric Warning Score (MEOWS) assessment in line with policy. MEOWS is a tool used to help identify deterioration in women and ensure appropriate early intervention is started. The team, through a Task and Finish Group, reviewed the current situation, formulated an improvement plan, carried out the interventions and monitored the outcome through a 12-week audit process the results of which showed compliance higher than the target rate of 80% compliance. The team are continuing to look to improve MEOWS and are looking at electronic versions.

Maternity had also focused on ensuring safety checks on equipment was 100% compliant. Through Key Performance Indicators, Maternity wide communications and Audit, the checks are running at 100% compliance

The Team have also been improving Medical Staff training compliance, this has proved

challenging through the Covid pandemic but training development plans, monthly monitoring and Governance oversight has this action been achieved and this compliance will help with the Clinical Negligence Scheme for Trusts (CNST) processes Maternity has to comply with.

Maternity have shown great teamwork and planning in achieving their CQC Improvement plan objectives.

Our CQC website, under continued improvements in my area has many more of the actions taken to ensure and enhance the care we give

6. CQC's Ongoing Monitoring of the Trust

The local CQC inspectors and the Trust have continued to engage throughout the pandemic and maintain a good working professional relationship.

The Trust has continued to receive routine enquiries from the CQC, as part of their ongoing monitoring of the Trust. The local CQC inspectors request additional information on specific concerns relating to services provided by the Trust, such as specific complaints, safeguarding concerns and patient-related incidents. All of these events are routinely managed internally by TSDFT through established processes and governance routes. When the information on the specific events requested becomes available it is passed to the CQC. The CQC also raises enquiries from feedback received directly by the them, in regards to the services provided by the Trust, to which the Trust will provide a timely response.

To monitor this process the Trust meets the CQC inspectors formally, via the monthly Open Enquiry meetings. These meetings are 1 hour long and are carried out via teams. They are an opportunity to formally discuss issues that have come to the Inspectors attention, and review Safeguarding, Complaints and Clinical Incidents. They also receive updates on the ongoing CQC Must Do improvement action plans.

On a quarterly basis the Trust manages a CQC Engagement meeting. This is a 3-hour meeting and generally involves presentations from the Chief Nurse, Chief Operating Officer and the Chief Executive on Trustwide issues. It may also include presentations or discussions from specific teams, for example, Maternity, People Partners, re topical issues such as the Ockenden report or the NHS Staff Survey. The CQC also update the Trust on their national and regional issues or key findings, as appropriate. The meetings provide a valuable opportunity to share positive stories, and practices and to update the CQC around any concerns relating to specific services. These meetings have been invaluable during Covid.

In 2021/22 the CQC introduced a procedure called Direct Monitoring Approach (DMA), this being a key facet of its new strategy of regular and ongoing assessment of Trust core services via data and compliance. The CQC pose a number of written questions to a specific area in advance, based on their 5 key questions and Key lines of Enquiry, which the area then answers through data, policy and narrative. These documents are discussed and reviewed via the hourly meeting. To date Urgent and Emergency Care, Maternity, Surgical, Medical, Patient Transport & Outpatients Department have had

DMAs. Four planned DMAs were cancelled by the CQC as they stepped down inspection activity during the 3rd wave of Covid, over the 2021/22 winter period.

From these DMAs, the CQC have identified no issues and no further action was required. The teams found them very beneficial and allowed them to showcase any quality improvement work or best practice they had undertaken.

Overall the engagement activity with the CQC in 2021/22 has been very positive, and the new relationships built this year with the 2 new local CQC inspectors has been very productive.

7. Ongoing Assurance and Preparation for future monitoring/inspection visits

Well-Led

Building on the independent Well Led review undertaken by Deloitte in 2020, the Trust has taken a number of steps to strengthen systems of governance under the following headings and by the following actions, (please note these are only a selection from the full action plan):

Leadership

- Further development of the Board & Executive Team Development Programme
- Review of roles and working arrangements via portfolio review
- Development of a Board Concordat
- NED Skill set review

Vision & Strategy

- Strategic Development Group established
- Executive Lead for coordination & integration of the Corporate Strategy
- Strategic Alliance Partnership Board for coordinating the Health & Care Strategy

Culture

- Successful appointment to the position of Health & Care Strategy Director
- Professional Leaders Group in place chaired by Chief Nurse
- NEDs portfolio and experience reflects the breadth of our community experiences
- Refresh of the Communication's & Engagement Strategy
- Completed review of staff feedback processes

Risks & Performance

- Summary Dashboard presented with the Board Assurance Framework
- Board cover sheets include reference to BAF corporate objectives
- New QIA Framework agreed by QAC in July 2021 and implemented

Stake Holder Engagement

- Planned in person engagement programme limited due to Covid
- Patient experience and engagement conference held and vision and objectives agreed
- Communications and engagement strategy has been developed and due to Board in October 2021

The Trust established an Executive Review Programme to seek further assurance around improvements reported at Core Service level. The aim was to review evidence of improvement work in relation to their Must Do improvement actions, following the 2020 CQC inspection. These occurred over a number of days and via a combination of Teams, Face to Face (F2F) presentations and/or area visits. The review was supported by the Internal Audit team who also acted as an independent critical friend in the process. The formal evaluation of the programme has been given by Internal Audit to the board which showed the process to be very positive and beneficial.

Core services presented their evidence with a view to Executive assessment determining the improvement action having not been met, partially met or requiring further evidence to assure closure. The process was carried out in a positive manner and of the 29 Must Do Improvement actions, 9 remain open. These actions fall into 4 main themes that had been greatly affected by the pandemic: Training compliance, Appraisal compliance, Trustwide clutter and a rolling medical devices replacement programme.

These actions continue to be monitored at the Trusts CQC assurance group.

Of the improvement actions closed, the variety and volume of work that has been generated during Covid to close them has been very positive.

Evidence via the Ward Accreditation System

The Ward Accreditation system provides objective assessment of wards and departments against a framework of international standards, including the CQC fundamental standards. Action planning by the Ward Manager and Matron follows a review, to enable the ward or department to improve towards or maintain the highest rating. The Ward Accreditation system is part of the wider Nursing and Midwifery Excellence programme, a collaborative approach ensuring oversight and assurance of the key components of nursing and midwifery at Torbay. The Ward Accreditation system is well received by wards and departments.

Peer to Peer review

In 2021/22, a clinically-led peer-to-peer review process for TSDFT was developed and implemented within the Covid limitations.

The aim was for quality improvement through assessment, enquiry and learning between peers.

The process was designed to:

- be positive, supportive experience and provide a 'critical friend' to encourage reflection and improvement
- look at evidence against the CQCs KLOEs

- fit with the new Ward Accreditation Scheme, and the leadership and patient safety walkarounds.

From our findings in 2021/22 a new process is being formulated to match the new CQC strategy as they are a valued and productive way to help prepare staff for any inspection or area enquiry. The new approach is being built on the 15 steps and 'fresh eyes approach' and will be more inclusive of different staff at the appropriate grade who use or access the ward areas.

CQC Continuous Assurance Group

The group retains a healthy membership, a high attendance rate and is a key focal point to share CQC information regarding local/national inspections of other Trusts, key publications, the CQC's bi-monthly Insight tool, progress against the CQC actions plans, DMAs, and debate of key issues. The group continues to report monthly to the Quality Improvement Group and bi-monthly to the Quality Assurance Committee.

Internal Website

The Trusts CQC website has been reviewed and developed and is the source for all CQC information. The site includes helpful tips and guides as well as formal assessments and booklets to help staff prepare for a CQC visit. The site also includes the ward infographics of all they have achieved in relation to the Must Do Should Do improvement action journey, newsletters and inspection reports.

8. Conclusion

For assurance, this report has provided an annual update to the Quality Assurance Committee on the Trust's: current registration status; compliance with the CQC standards; response to previous CQC inspections; CQC's monitoring activity, and the preparation for future inspections and monitoring activity. This is in addition to the bi-monthly reports submitted to QAC.

9. Recommendations

The Trust Board is asked to receive and note:

- the Statement of Purpose
- Changes to CQC Regulatory approach
- Update on Trust actions against findings from recent inspections
- Preparation for future monitoring

Meetings: Cabinet

Date: 24 May 2022

Wards Affected: All

Report Title: Adults Social Care Governance Changes and appointment of Adults Continuous Improvement Board

Is the decision a key decision? No

When does the decision need to be implemented? From August 2022

Cabinet Member Contact Details: Cllr Jackie Stockman, Cabinet Member for Adult Services and Public Health, Jackie.stockman@torbay.gov.uk

Supporting Officer Contact Details: Joanna Williams, Director of Adult Social Services, 01803 2017175, Joanna.williams@torbay.gov.uk

1. Purpose of Report

The governance arrangements in this paper set out how the Council can assure itself that the functions it has delegated are being done to a good standard and to ensure that the strategic direction it is setting for adult social care is being delivered in practice and that the desired outcomes for the public are being secured. This includes the duties included in the recent White Paper, 'People at the Heart of Care'.

This paper proposes a revised ASC Governance system for Torbay Council. It is designed to ensure that The Council understands and is able to clearly articulate its duties. The Governance system must ensure that we are meeting these duties and that the expectations of the people of Torbay are being met.

2. Reason for Proposal and its benefits

This proposal seeks to ensure we have sound governance and oversight in place to assure ourselves, and the people of Torbay that Adult Social Care (ASC) is delivering what it should, and that the voice of the lived experience of the people and communities of the people of Torbay is informing and shaping everything we do.

Torbay Council is, and will remain, accountable for its statutory adult social care functions (ASC). Through a partnership arrangement, Torbay Council (the Council) has delegated responsibility for the delivery for much of those functions to Torbay and South Devon NHS Foundation Trust (TSDFT).

3. Recommendation(s) / Proposed Decision

1. That the current Adults Improvement Board be revised and replaced with a newly appointed Adults Continuous Improvement Board, with an independent Chair, to provide the principal mechanism by which Torbay Council oversees the delivery of Adult Social Care, jointly with Torbay and South Devon NHS Foundation Trust. The Head of Governance Support be delegated authority to prepare the terms of reference and membership for the revised Board in consultation with the Cabinet Lead for Adult Social Care and Director of Adult Social Services.
2. That the overall governance structure for Adult Social Care (as set out at Appendix 1 and 2), including relationship with the newly appointed Adult Social Care and Health Scrutiny Sub Board, be noted.

Appendices

Appendix 1: ASC Governance Proposals (Top Level)

Appendix 2: ASC Assurance – Integrated Level

Appendix 3: Torbay Council and Torbay & South Devon Foundation Trust Financial Arrangements – Process Outline

1. Introduction

1.1 Statutory Responsibility for Adult Social Care

Torbay Council is, and will remain, accountable for its statutory adult social care functions (ASC). Through a partnership arrangement, Torbay Council (the Council) has delegated responsibility for the delivery for much of those functions to Torbay and South Devon NHS Foundation Trust (TSDFT).

The governance arrangements in this paper set out how The Council can assure itself that the functions it has delegated are being done to a good standard and to ensure that the strategic direction it is setting for adult social care is being delivered in practice and that the desired outcomes for the public are being secured. This includes the duties included in the recent White Paper, 'People at the Heart of Care'.

As a fundamental principle, The Council seeks to ensure that the voice of the lived experience of the people and communities of the people of Torbay inform and shape everything we do.

1.2 Torbay's Model of Adult Social Care

The Vision for Adult Social Care in Torbay is:

Thriving communities where people can prosper

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

Torbay is focussed on an asset-based way of working, which is co-designed and delivered with communities, adult social care providers and individuals. ASC Improvement plan is a three-year program, jointly undertaken with TSDFT to deliver this model of transformed ASC and substantially reduce cost.

The programs are outlined in the diagram below.

PROJECT	KEY PRIORITIES		
Front Door	Care Act 2014: Prevention	Connecting to our communities	Reducing dependency on ASC
Gateway & Flow	Effective flow of people in ASC	One Bay wide service	Front End & Complex Care Service
Intelligent Brokerage	Care market knowledge	Care market relationships	Arranging affordable care
Information, Advice & Guidance	Understanding demand	Meeting demand	Building relationships between IAG providers
Professional Practice Improvement	Care Act compliance	Effective social work practice	Creative solutions with community partners
Data Culture	Understanding demand for ASC services and flow	Support care market capability	Plan for the future
Innovation Engine	Pipeline ideas from staff quickly	Support improvements across the integrated organisations	Enable change more quickly
Future QAIT	High quality assurance monitoring of Providers	Support Care Providers to be high quality	Improve regulatory compliance monitoring
Under 65 Mental Health Residential Review	Reduce unnecessary reliance on residential care	Support people to make their own decisions	Person-centred approach to accommodation
Review & Insights	Outcome focused packages which support not disable	Review clients in areas where Torbay benchmarks poorly – U65	Use a Community-Led Approach
Improved Contracting	Improve our Provider Frameworks	Ensure Value for Money	
Hospital Discharge	Begin discharge planning on admission	Use a "home first" approach	Analytical tools that can help discharge planning teams

2. Options under consideration

2.1 The revised ASC Governance system

The proposed Governance structure is designed to ensure that Torbay Council is aware, and can assure itself that we are meeting, the expectations of the people of Torbay. The Council must meet the requirements of the People at the Heart of Care White Paper, deliver our statutory duties, and deliver our vision via the commitments of the ASC Improvement Plan.

The ASC Governance Structure is attached as Appendix 1 and 2. It is a two-tier system of higher-level council governance, with a more complex integrated structure beneath the ASC Improvement Board.

2.1.1 The Adult Social Care Continuous Improvement Board

This review proposes that the current Adult Improvement Board is revised to be the principal mechanism by which Torbay Council oversees the delivery of ASC, jointly with TSDFT, and renamed to be Adult Social Care Continuous Improvement Board (ASCCIB). It has the voice of lived experience, understanding, and responding to population health and data as a fundamental principle.

This Board will oversee the Torbay Adult Social Care Quality Assurance Framework. The QA Framework enables a Fit for Purpose approach so that ASC services are suitable for their intended purpose and Right First Time where continuous improvement is a fundamental principle. It is proposed a role is created in ASC to lead on this work.

Sound financial governance and robust oversight of spend is key in the relationship. This is done via a Financial Governance process attached as Appendix 3.

This will be done via a new Quality Assurance Framework which will include:

- Delivery of Outcomes and Performance. (Transformation and Performance Committee)
- Oversight of budget management and assurance of financial process in TSDFT (Operational Finance Report, Budget Containment Meetings)
- Delivery of the Adult Social Care Improvement Plan, including ASC Precept transformation funding. (ASCIP Report, Transformation and Performance Committee)
- Oversight of the Adult Social Care Commissioning plan and development, including understanding unmet need. (Commissioning Blueprint)
- Oversight of Safeguarding Vulnerable Adults (Devon and Torbay Safeguarding Partnership)
- Consideration of priority areas needing focussed reporting and support. (People Target Operating models)

2.2 Health and Social Care Scrutiny

Scrutiny is a part of the Council's democratic structure led by non-executive councillors. The Overview and Scrutiny Board set up a sub-committee of the Board on 13 April 2022 to carry out this role. The Adult Social Care and Health Overview and Scrutiny Sub-Board works to the common aim of improving services for the local community and is involved in the following:

- Policy review and development: Helping to shape the way public services are delivered.
- Scrutinising decisions: Is the right action being taken? Are services working effectively?
- External scrutiny: Examining services that impact upon the local community.

Scrutiny does not make decisions; it uses evidence to make recommendations to the Cabinet to request change. The purpose of Scrutiny of ASC is to look at the impact of Council policy on ASC and its place in the wider Integrated Care System. The Sub-Board will provide constructive challenge to shape the Council's policy and decision-making that impacts on ASC.

The Adult Social Care and Health Overview and Scrutiny Sub-Board's function would be

- To review the implementation of existing policies and to consider the scope for new policies for all aspects of the discharge of the Council's functions concerning the provision of personal services for adults including social care, safeguarding and special needs services and relating to the health and wellbeing of the people of Torbay, including the activities of the Health & Wellbeing Board, and the development of commissioning strategies, strategic needs assessments and, generally, to discharge its functions in the scrutiny of any matter relating to the planning, provision and operation of the health service in Devon;
- To assess the effectiveness of decisions of the Cabinet in these areas of the Council's statutory activity.
- To relate scrutiny to the achievement of the Council's strategic priorities and to its objectives of promoting sustainable development and of delivering best value in all its activities.
- To make reports and recommendations as appropriate arising from this scrutiny to the Council and to the Secretary of State for Health, in accordance with the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The Adults Scrutiny will link with Children's scrutiny in key joint matters, this may be carried out by the main Overview and Scrutiny Board which includes members from both Sub-Boards.

2.3 Devon and Torbay Safeguarding Adults Partnership

Oversight of Safeguarding Adults will flow to Cabinet and Scrutiny. The Devon and Torbay Safeguarding Adults board will sit alongside the Continuous Improvement Board to oversee this.

The Partnership is a Safeguarding Adults Partnership established by Devon County Council, Torbay Council & South Devon NHS Foundation Trust under section 43(1) of the Care Act 2014.

The core objective of the Partnership, set out in section 43(2) of the Care Act 2014, is to help and protect adults in its area in cases where:

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

The Partnership executes this duty on behalf of Torbay and Devon County Councils by co-ordinating and ensuring the effectiveness of what each of its members does. The Partnership is empowered to do anything which appears to it to be necessary or desirable for the purpose of achieving its objective.

The Care and Support Statutory Guidance paragraph 14.134 – 14.135 sets the following roles for the Partnership:

- It oversees and leads adult safeguarding across the locality
- It will be interested in a range of matters that contribute to the prevention of abuse and neglect, including:
 - The safety of patients in its local health service,
 - The quality of local care and support services
 - The effectiveness of prisons and approved premises in safeguarding offenders
 - The awareness and responsiveness of further education services
- It will be an important source of advice and assistance, for example in helping others improve their safeguarding mechanisms.
- It will make effective links with other key partnerships in the locality and share relevant information and work plans. It will cooperate to reduce any duplication and maximise any efficiency, particularly as objectives and membership is likely to overlap.

2.4 Links to other Boards

Adult Social Care in Torbay embraces its links and dependencies on other services, as we focus on joined up services for our residents. As such, Adult Social care also reports and is accountable to other boards and systems.

2.4.1 Torbay Children's Continuous Improvement board

This board oversees the delivery and improvement of services for children and their families in Torbay. The Adult Social Care Continuous Improvement Board is intrinsically linked to this board in formulating the joint delivery to key shared functions such as Transition to Adulthood; supporting young carers; the delivery of safe and high-quality housing and safeguarding priorities such as County lines and exploitation.

The Independent Chair of the Adult Social Care Continuous Improvement Board sits as a member of this board, and the arrangement is reciprocated for the independent chair of the Children's Board.

2.4.2 Torbay's Strategic Housing Board

Torbay's Strategic Housing Board is now established and will work collaboratively with ASC Improvement Board

2.5 Devon's Integrated Care System

ICSs are partnerships of providers and commissioners of NHS, Social Care and Public Health services who work together with communities, independent sector, charitable providers, and the voluntary sector to plan and deliver care to meet people's needs.

Organisations in Devon have been working together for several years and, from July 2022, ICSs will be put on a statutory footing. As part of this, a new NHS organisation called the Integrated Care Board (ICB) will be formed, responsible for planning (commissioning) NHS services.

Torbay Council is a partner in this arrangement and will link via the HWBB – our sovereignty and decision making is not affected or changed, but we are committed – and required – to focus on joint priorities in the Health and Care System. The reporting for the ASCCIB in relation to its role in supporting ASC and health integration will continue to evolve as the ICS governance arrangements develop

3. Financial Opportunities and Implications

3.1 Financial arrangements

A Section 75 in place with TSDFT to deliver operational services in relation to the Care Act 2014, the Mental Health Act 1983/2007, and the Mental Capacity Act 2005. Practically this means the delivery of Social Work Services, operational delivery of Safeguarding Adult Services, operational commissioning, and contract management of the social care market are delivered by TSDFT.

Demographic pressure on that spend is significant. For example, 27% of Torbay's population are aged 65 or over, compared to just 18% of population across England. By 2040, this is expected to rise to one in three (34%) of Torbay's population. As our population ages, we expect the number of frail people, people with physical restricted mobility, slowness, low physical activity, and people with dementia to increase over the coming years and require support from health and social care services.

- Frailty estimates for Torbay show that over the next 10 years frailty rates will increase by 25% to over 5000 people.
- Prevalence data estimates for Torbay show that over the next 10 years, the number of people living with dementia will increase by over 30% to 3300 people.
- People with poor physical health are at higher risk of experiencing common mental health problems, and those people with mental health problems are more likely to experience poor physical health.

- One-in-four adults will experience mental illness during their lifetime. Measures such as depression rates in primary care, and hospital admissions for self-harm and suicides, are higher in Torbay compared to wider England average.

Other issues affecting levels of need are prevalence of learning disability. A learning disability can be mild, moderate or severe, and affects the way a person understands information and how they communicate. The percentage of GP patients known to have a learning disability is higher across Torbay compared to England.

4. Legal Implications

4.1 Statutory Duty

Torbay Council holds the statutory duty to ensure that ASC is in place in Torbay. This consists of duties under The Care Act 2014, The Mental Capacity Act 2005 and the Mental Health Act 1983/2007. Duties are undertaken in a partnership arrangement:

- Torbay Council retains responsibility for oversight of the Adult Social Care market and the wider delivery of wellbeing and information and advice. This is done in partnership with the community and voluntary sector in Torbay.
- A Section 75 in place with Torbay and South Devon NHS Foundation Trust (TSDFT) to deliver operational services in relation to the Care Act 2014, the Mental Health Act 1983/2007, and the Mental Capacity Act 2005. Practically this means the delivery of Social Work Services, operational delivery of Safeguarding Adult Services, operational commissioning, and contract management of the social care market are delivered by TSDFT.

This proposed ASC Governance system for Torbay Council is designed to ensure that The Council understands and is able to clearly articulate its statutory duties. The Governance system must ensure that we are meeting these duties and that the expectations of the people of Torbay are being met.

5. Engagement and Consultation

- 5.1 Adult Social Care seeks to ensure that the voice and influence of people with lived experience, their carers, social care providers, statutory and voluntary/community sector partners are at the centre of all our decisions.
- 5.2 We undertake multiple and varied co-design, engagement and consultation exercises.

6. Purchasing or Hiring of Goods and/or Services

6.1 All allocation of monies will be undertaken in line with procurement regulations.

7. Tackling Climate Change

7.1 this is not applicable

8. Associated Risks

The Adult Social Care Risk Share caps the financial risk for Torbay Council until April 2025.

Without delivery of the plan, and due governance, there is the potential for increased cost to destabilise the arrangements. If Adult Social Care were to return to the Council we would regain responsibility for all spend.

Torbay and South Devon NHS Foundation Trust report that Adult Social Care spend is substantially higher than the financial arrangements agreed.

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	Vulnerable people will receive joined up services and access to preventative community-based activity.		

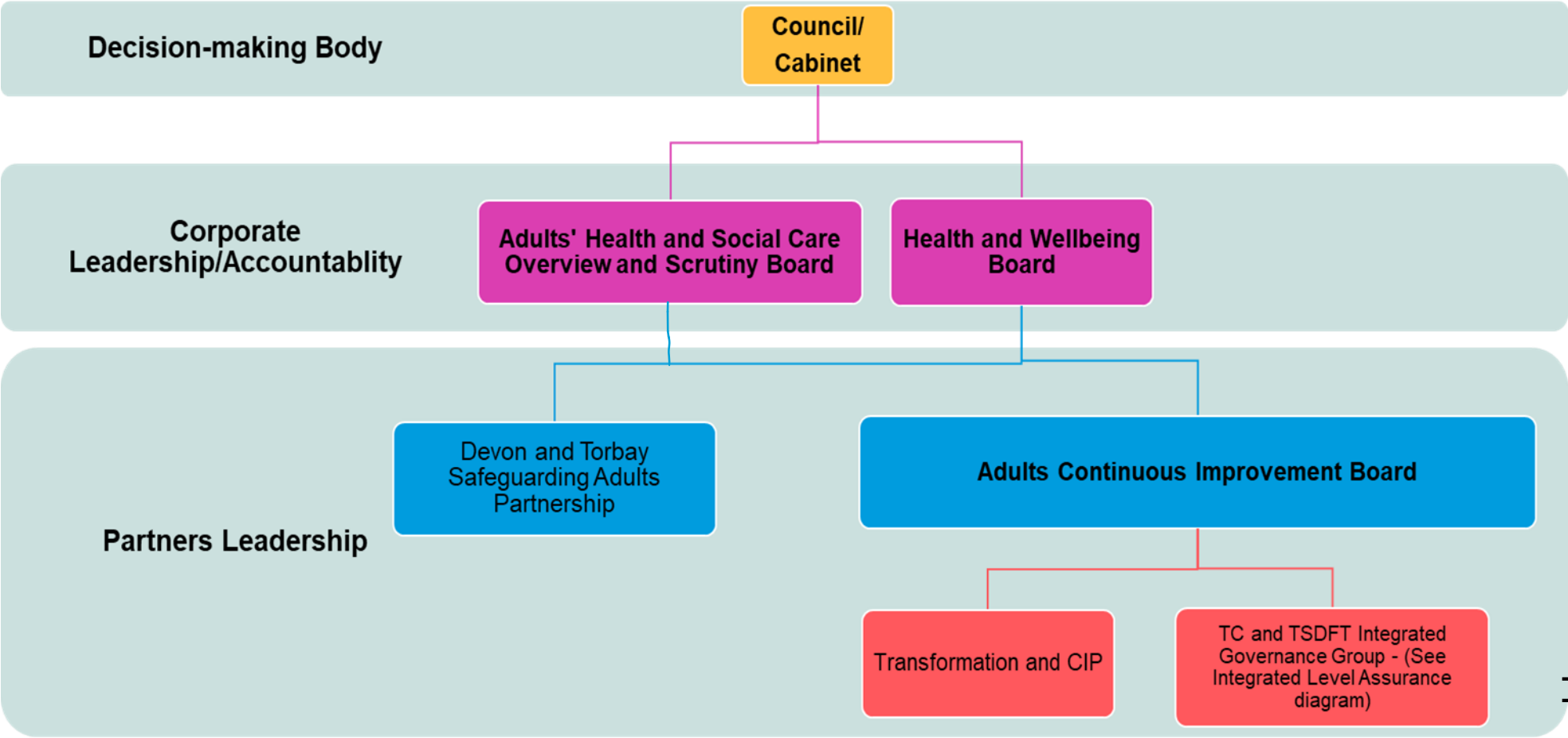
People with caring Responsibilities	There is a strong focus on supporting people with caring responsibilities.		
People with a disability	Vulnerable people will receive joined up services and access to preventative community-based activity.		
Women or men			N/A Adult Social Care is available equally to the whole population, dependent on eligibility.
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)			N/A Adult Social Care is available equally to the whole population, dependent on eligibility.
Religion or belief (including lack of belief)			N/A Adult Social Care is available equally to the whole population, dependent on eligibility.
People who are lesbian, gay or bisexual			N/A Adult Social Care is available equally to the whole population, dependent on eligibility.
People who are transgendered			N/A Adult Social Care is available equally to the whole population, dependent on eligibility.
People who are in a marriage or civil partnership			N/A Adult Social Care is available equally to the whole population, dependent on eligibility.

Women who are pregnant / on maternity leave			N/A Adult Social Care is available equally to the whole population, dependent on eligibility.
Socio-economic impacts (Including impact on child poverty issues and deprivation)			N/A Adult Social Care is available equally to the whole population, dependent on eligibility.
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			N/A Adult Social Care is available equally to the whole population, dependent on eligibility.

10. Cumulative Council Impact

10.1 None

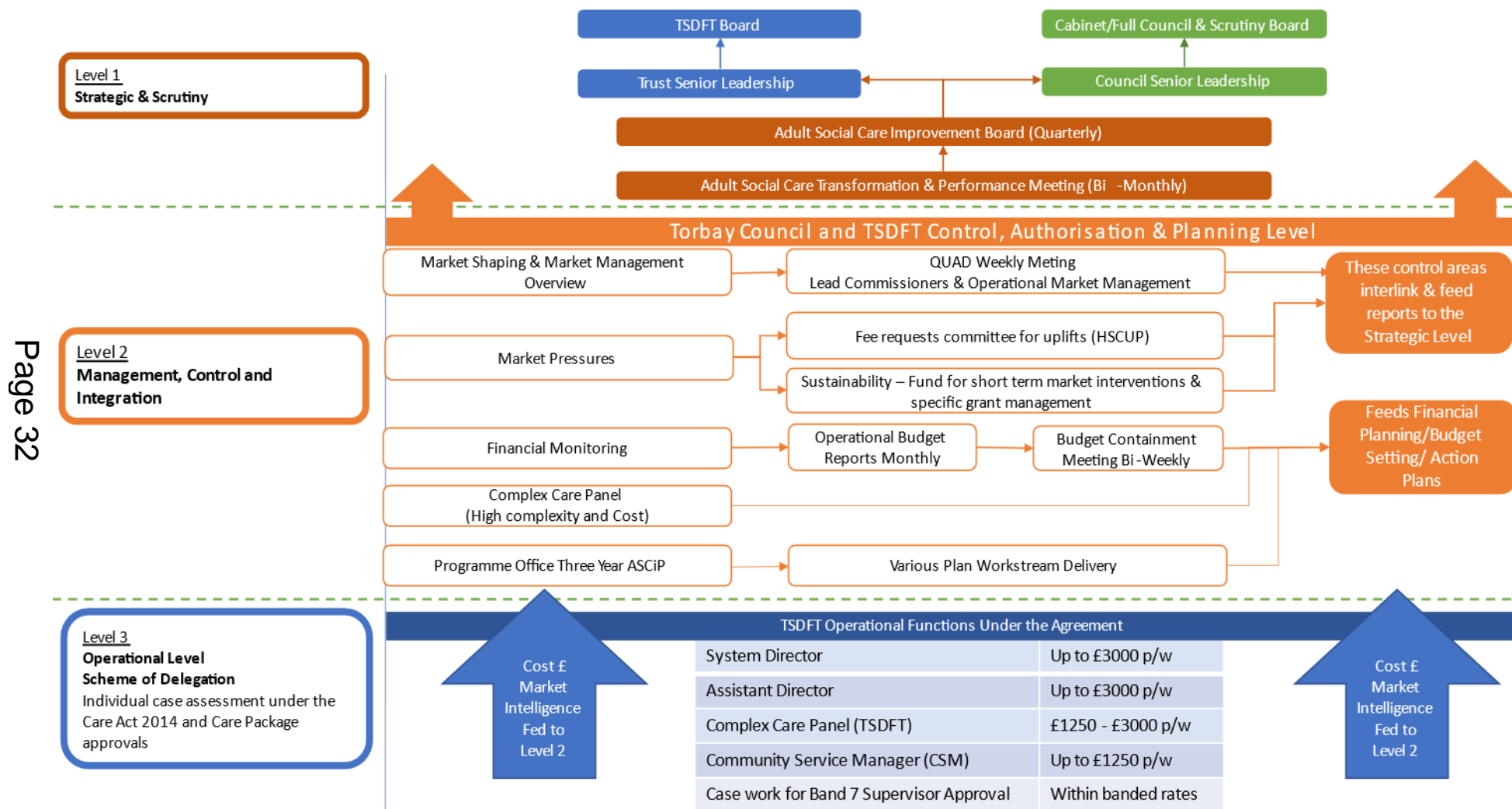
11. Cumulative Community Impacts



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Torbay Council and Torbay & South Devon Foundation Trust Financial Arrangements – Process Outline



Terms of Reference and Membership of Adult Social Care and Health Overview and Scrutiny Sub-Board

Name and Terms of Reference	Membership
<p>Adult Social Care and Health Overview and Scrutiny Sub-Board:</p> <ol style="list-style-type: none"> 1. to review how the needs and interests of adults are met by all departments, policies, services and decisions; and how performance is evaluated and improved; 2. to review universal, targeted and specialist services for adults including: <ul style="list-style-type: none"> • prevention and management of risk; • social care; • adults wellbeing; • education – supporting and enabling learning for adults; • internal and external partnership working for adults; • supporting adults and carers; and • relevant financial management; 3. to consider all matters and issues arising from the Council's power of scrutinising local health services in accordance with the Health and Social Care Act 2001, the National Health Service Act 2006 and Health and Social Care Act 2012; 4. to assess the effectiveness of decisions of the Cabinet in these areas of the Council's statutory activity; and 	<p>This is a Sub-Committee of the Overview and Scrutiny Board and comprises 5 members of the Council in accordance with the political balance requirements (excluding Members of the Cabinet), Chaired by the Scrutiny Lead for Health and Adult Services (Councillor Johns).</p> <p>Conservative (2): Councillors Barnby and O'Dwyer</p> <p>Liberal Democrat (2): Councillors Douglas Dunbar and Johns</p> <p>Independent Group (1): Councillor Loxton</p> <p>Non-Voting Co-opted Members:</p> <p>Healthwatch (1): Pat Harris</p> <p>Chair of Voluntary Sector Network (1): Amanda Moss</p>

Name and Terms of Reference	Membership
5. to make reports and recommendations as appropriate arising from this area of overview and scrutiny.	

Adult Social Care and Health Overview and Scrutiny Sub-Board Work Programme 2022/2023 – Draft Version 3

Initial Draft Approved 23 June 2022

Updated 27/5/22

Timetable of Meetings

Date	Meeting	Issue	Outcomes and Objectives
7 June 2022	Masterclass with Devon County Council	GP Strategy	To attend a masterclass with Devon County Council to receive background to the NHS Devon GP Strategy (Chair/Vice-Chair, Overview and Scrutiny Co-ordinator, Cabinet Member for Adults and Public Health to attend this briefing)
23 June 2022	Board	Torbay and South Devon NHS Foundation Trust Torbay Hospital Care Quality Commission Inspection Report	To review the response from Torbay and South Devon NHS Foundation Trust Torbay Hospital to the Care Quality Commission Inspection Report published on 4 March 2022 – Derek Blackford to liaise with invitees to confirm details.
23 June 2022	Board	Torbay and South Devon NHS Foundation Trust Draft Quality Account 2021/22	To review the draft Quality Account for 2020/21 and provide feedback to the Trust to be included in the final account – Derek Blackford to liaise with invitees to confirm details.

Date	Meeting	Issue	Outcomes and Objectives
23 June 2022	Board	Adults Social Care Governance Changes	To receive an overview of the changes to Adult Social Care Governance (Note: a paper was submitted to Cabinet on 24 May 2022) – Jo Williams/Councillor Stockman.
23 June 2022	Board	Terms of Reference and Membership of the Adult Social Care and Health Overview and Scrutiny Sub-Board	To note the Terms of Reference and Membership of the Sub-Board and to consider if the Sub-Board wishes to appoint any additional non-voting co-opted members to help provide expert advice and support – Tracy Rowe
23 June 2022	Board	Adult Social Care and Health Overview and Scrutiny Sub-Board Work Programme	To approve the work programme for the Board for the 2022/2023 Municipal Year – Teresa Buckley/Jo Williams
July 2022	Masterclass with Devon County Council	Community Urgent Care	To attend a masterclass with Devon County Council to receive background to the NHS Devon Community Urgent Care (Chair/Vice-Chair, Overview and Scrutiny Co-ordinator, Cabinet Member for Adults and Public Health to attend this briefing)
28 July 2022	Board	Primary Care Strategy for Devon	To consider the Primary Care Strategy for Devon and how this impacts on Torbay residents –Sam Cush to co-ordinate attendees and paperwork/Councillor Stockman (Note a Masterclass is being held on 7 June 2022 which Cllr Douglas-Dunbar and Teresa Buckley will be attending.)

Date	Meeting	Issue	Outcomes and Objectives
28 July 2022	Board	Wait Times for Adult Social Care Assessments and Care	To receive an update on the length of time people are waiting to receive care assessments for adult social care and the action being taken to address this – Jo Williams/Councillor Stockman
29 September 2022	Board	Dentistry Provision in Torbay	<ul style="list-style-type: none"> To receive an update on the <u>NHS England and NHS Improvement South West » Dental Reform Strategy</u> – NHSE Commissioner or Chair of the Dental Reform Programme (Mark Richards/Bruce Bell Torbay Public Health contact) To consider if there is sufficient NHS dentist capacity in Torbay and what action is being taken to address long waiting lists to access urgent and non-urgent dentistry, especially for elderly or vulnerable patients - NHSE Commissioner or Chair of the Dental Reform Programme (Mark Richards/Bruce Bell Torbay Public Health contact to co-ordinate attendees)
29 September 2022	Board	Adult Social Care Procurement and Contracting Review and Action Plan	To review the report and action plan (via the Adults Continuous Improvement Board) – Joanna Williams
27 October 2022	Board	Suicide Awareness and Prevention	<ul style="list-style-type: none"> To review the work around suicide awareness and prevention and how the Council can work with others to help reduce the high numbers of suicides in Torbay – Lincoln Sargeant/Rachel Bell/Councillor Stockman (requested at O&S Board on 8.12.21)

Date	Meeting	Issue	Outcomes and Objectives
October 2022	Masterclass with Devon County Council	Community First	To attend a masterclass with Devon County Council to receive background to the NHS Devon Community First (Chair/Vice-Chair, Overview and Scrutiny Co-ordinator, Cabinet Member for Adults and Public Health to attend this briefing)
November 2022	Masterclass with Devon County Council	Workforce	To attend a masterclass with Devon County Council to receive background to the workforce planning (Chair/Vice-Chair, Overview and Scrutiny Co-ordinator, Cabinet Member for Adults and Public Health to attend this briefing)
24 November 2022	Board	Workforce Recruitment and Development across the Integrated Care Organisation System	To review the work being carried out on workforce recruitment and development and the interface with health and care across the Integrated Care Organisation System, including the voluntary sector, linked to making Torbay a good place to work and live at a future meeting – Jo Williams/Derek Blackford to lead on co-ordinating this/Paul Renshaw/Councillor Stockman (requested at O&S Board on 8.12.21).
22 December 2022	Board		
26 January 2023	Board		
January 2023	Masterclass with Devon County Council	Health Inequalities	To attend a masterclass with Devon County Council to receive background to the NHS Devon Health Inequalities (Chair/Vice-Chair, Overview and Scrutiny Co-ordinator, Cabinet Member for Adults and Public Health to attend this briefing)

Date	Meeting	Issue	Outcomes and Objectives
23 February 2023	Board	Adult Social Care Self-Assessment	<ul style="list-style-type: none"> To consider a report on the self-assessment of Adult Social Care provision and performance within Torbay and to make recommendations to the Cabinet or Adult Social Care Continuous Improvement Board – Jo Williams/Councillor Stockman
February 2023	Masterclass with Devon County Council	Digital	To attend a masterclass with Devon County Council to receive background to the NHS Devon Digital (Chair/Vice-Chair, Overview and Scrutiny Co-ordinator, Cabinet Member for Adults and Public Health to attend this briefing)
23 March 2023	Board		
27 April 2023	Board		

Devon NHS Long Term Plan (topics and dates to be confirmed)