

Wednesday, 15 February 2023

**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 February 2023**

commencing at **2.00 pm**

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

**Members of the Committee**

Councillor Johns (Chairwoman)

Councillor Loxton

Councillor Douglas-Dunbar

Councillor Foster

Councillor O'Dwyer

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**Together Torbay will thrive**

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

**1. Apologies**

To receive apologies for absence, including notifications of any changes to the membership of the Committee.

**2. Minutes**

(Pages 4 - 6)

To confirm as a correct record the minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board held on 26 January 2023.

**3. 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.)

**4. Urgent Items**

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

**5. Care Quality Commission Regulation of local authority functions relating to adult social care**

(Pages 7 - 21)

To consider a report on the Care Quality Commission Regulation of local authority functions relating to adult social care.

(Note: Jo Williams, Director of Adult and Community Services and Cathy Williams, Strategic Lead, Adult Social Care Co-production and Reform, will present this item)

**6. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker**

(Page 22)

To receive an update on the implementation of the actions of the Sub-Board and consider any further actions required (as set out in the submitted action tracker).

**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

**Minutes of the Adult Social Care and Health Overview and Scrutiny  
Sub-Board**

**26 January 2023**

**-: Present :-**

Councillor Johns (Chairwoman)

Councillors Foster and Dudley

Co-opted Members

Pat Harris (Healthwatch)

(Also in attendance: Councillor Stockman)

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**18. Apologies**

Apologies for absence was received from Councillors Loxton and O'Dwyer.

It was reported that, in accordance with the wishes of the Liberal Democrat Group and Conservative Group, the membership of the Sub-Board had been amended to include Councillors Dudley and Foster in place of Councillors Douglas-Dunbar and Barnby respectively.

**19. Minutes**

The minutes of the meeting of the Sub-Board held on 24 November 2022 were confirmed as a correct record and signed by the Chairwoman.

**20. Review of Domiciliary Care**

Jo Williams, Director of Adults and Community Services and Steve Honeywill, Head of Adult Social Care Commissioning presented their report on the review of domiciliary care in Torbay and responded to the following questions:

- How many people were subject to 15 minute visits?
- Did the 15 minute visits apply to individuals who just need help taking medication and a welfare check rather than those requiring personal care?
- How quickly does the Council and its partners find out if an individual who is the subject of care, has been admitted to hospital?
- Does the Council have the ability to check computerised information as to hospital admissions?
- Do the figures presented include intermediate care?

- Was there a good relationship and information sharing with housing providers?
- What approach do care providers and their staff take to covering the Torbay area and was it a coordinated approach?
- Was there still extra training available for staff undertaking intermediate care?
- Excluding intermediate care, was there a standard price per hour or different rates for different care agencies and what was it?
- As a Council working with the NHS, was the proportion of funding split 50% between each organisation?
- After 4 weeks could the level of care be reduced to basic care?
- Do care staff receive the same rate of pay or was it dependent upon the care agency?
- Where working hours were variable and flexible, could that affect staff benefits?
- Were respite care numbers included within the figures presented?
- What were the figures for Torbay in respect of delayed discharge from hospital because the individual was waiting for care to be arranged?
- How does Torbay Hospital compare with Royal Devon and Exeter Hospital and Derriford Hospital in Plymouth in relation delayed discharge from hospital because the individual was waiting for care to be arranged?

The Sub-Board expressly congratulated the ICO (Integrated Care Organisation) for having no individuals in the hospital waiting for care at the current time and praised Domiciliary Care providers for their excellent work particularly during the pandemic.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board supports the proposals set out in the submitted report; and
2. that the Board reviews the Transformation and Sustainability Plan for Adult Social Care when it is available.

## **21. Review of unpaid carers**

Jo Williams, Director of Adults and Community Services and Katy Heard, Carers Lead, Torbay and South Devon NHS Foundation Trust presented a report relating to a review of unpaid carers and responded to the following questions:

- Does the Council carry out assessments and meet the cost of respite care?
- Does the Council provide any financial support for the cost of white goods or was there financial or practical assistance available from other organisations or charities?
- Was the carers' services budget met by the Council?
- Were there any proposed changes in the Council's budget to support carers?
- How could the Council identify people who were carers before they become ill themselves?

Members noted the submitted report in respect of the review of unpaid carers.

**22. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker**

The Sub-Board noted the submitted action tracker. The Clerk provided the following updates:

- Update on Minute 8 - An e-mail was circulated to Members on the 19 January with information provided by Shelly Machin, System Director, Torbay and South Devon NHS Trust Foundation, as requested by the Sub Board at the meeting held on the 27 October 2022.
- Update on Minute 16 - The One Devon Partnership Integrated Care Strategy was still under development so all the Sub-Board's comments would be taken into account during the production of the next version(s).

It was agreed that Healthwatch would provide copies of their reports via the scrutiny inbox, which would then be circulated to all Councillors for their information and then used as reference for future discussions by the Sub-Board.

Chairwoman

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**Meeting:** Adult Social Care and Health Overview and Scrutiny Sub-Board

**Date:** 23<sup>rd</sup> February 2023

**Wards affected:** All

**Report Title:** Care Quality Commission Regulation of *local authority* functions relating to adult social care

**When does the decision need to be implemented:** Updates requested by Scrutiny Board

**Cabinet Member Contact Details:** Councillor Stockman

**Director/Divisional Director Contact Details:** Report by Cathy Williams, Strategic Lead for Adult Social Care Quality and Assurance on behalf of the Director of Adult Social Care, Joanna Williams.

## 1. Purpose of Report

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1. To provide the Scrutiny Sub-Board with information regarding changes brought about by the Health and Social Care Act 2022, in relation to the regulation by the Care Quality Commission of *local authority* adult social care functions.

## 2. Reason for Proposal and its benefits

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- 2.1 The report will provide Members of the Board with awareness on the new Care Quality Commission regulatory powers to undertake independent assessment of *local authorities'* delivery of adult social care functions and visibility and assurance on how Torbay Council are preparing for this new assurance process.

## 3. Recommendation(s) / Proposed Decision

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- 3.1 For Members of the Board to note the contents of the report
- 3.2 Officers to follow up regarding any requirements from discussions or specific actions from the Board.

## Appendices

**Appendix 1:** Torbay Council CQC Assurance Readiness Report

### 1. Introduction

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- 1.1 As part of the Health and Care Act 2022 the Care Quality Commission (CQC) has been given additional responsibilities and powers to review, assess and report on council regulated adult social care functions under Part One of the 2014 Care Act, such as prevention, information and advice, market shaping and support services.
- 1.2 It is likely that there will be a single overall rating at Local Authority level, and it is envisaged there will be four rating levels outstanding, good, requires improvement, inadequate. The Act also gives powers to the Secretary of State, to direct Local Authorities or intervene, if satisfied that a local authority is not discharging its functions under the Care Act to an acceptable standard
- 1.3 The new The Local Authority assessment framework will go live in 2023/24 and will be the first time since 2010 that Adult Social Care functions are assessed.

### 2. CQC Assessment Framework and Our Assurance Implementation

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- 2.1 **CQC Assurance Framework.** The new CQC assessment framework is based around four domains and nine quality statements:

- **Domain One: Working with People**
  - Assessing Needs
  - Supporting people to live healthier lives
  - Equity in experiences and outcomes
- **Domain Two: Providing Support**
  - Care Provision, integration, and continuity
  - Partnerships and communities
- **Domain Three: Ensuring Safety**
  - Safe systems, pathways and transitions
  - Safeguarding
- **Domain Four: Leadership**



- Governance, management and sustainability
- Learning, improvement and innovation

2.2 **CQC Assessment Approach:** In assessing Local Authorities performance against these domains, CQC will take into account a broad range of evidence, including (but not limited to);

<p><b>Peoples Experience</b></p> <p>Direct feedback from people with care and support needs, unpaid carers, people who fund or arrange their own care, those close to them and their advocates</p> <p>Compliments/complaints</p> <p>Feedback from people obtained by community and voluntary groups &amp; Healthwatch</p> <p>Adult Social Care Surveys</p> <p>Case tracking</p>	<p><b>Feedback from Staff and Leaders</b></p> <p>Principal social worker</p> <p>Social Care Front Line Teams</p> <p>Out of hours teams</p> <p>Adult social care portfolio holder</p> <p>Overview and scrutiny committee</p> <p>Director of Adult Services</p> <p>Chief Executive</p>
<p><b>Feedback from Partners</b></p> <p>Healthwatch</p> <p>Community groups and voluntary sector</p> <p>Local health partners</p> <p>Primary care</p> <p>Care providers</p>	<p><b>Process</b></p> <p>Charging and Eligibility Criteria</p> <p>Policies and procedures</p> <p>Strategies</p> <p>Information, Advice, Guidance and Website</p> <p>Safeguarding/Quality process</p>
<p><b>Generic</b></p> <p>Self-Assessment</p> <p>Finance; Use of Resources</p> <p>Performance Information; ASCOF Indicators, Survey Results.</p>	

The assessment process will entail both virtual work, on-site visits, and mystery shopping. At the end of the process, Local Authorities are likely to receive an assessment rating and a series of recommendations, leading to an improvement or indeed continuous improvement plan.

**2.3 Progress in Preparing for Assurance:** As noted previously Local Authorities Adult Social Care functions have not been subject to external review and assessment since 2010. As such there is considerable amount of work to prepare and be “assurance ready”. Much progress has already been made in this work including:

- Appointment of a Local Authority Lead for Assurance
- Review of Performance and Financial Benchmarking data
- Participating in Peer Support work across the Southwest ADASS Region
- Engagement activities, with a range of partners (see 5.1)
- Completion of the initial self-assessment
- Development of a Draft Improvement Plan

**2.4 Initial Findings:** The table below provides a high-level summary of strengths and areas for improvement. A more comprehensive and detailed breakdown by Theme is provided in Appendix 1.

Strengths	Areas for Improvement
Integration with health is deep and embedded	Development of Information, Advice and Guidance Offer
Voluntary and Community Sector is a strong partner	Direct Payments take up is lower than benchmarks
Strong Carers Offer	Lack of replacement care to support carers
Strengths based approach and three conversation model is embedded in practice	Transitions pathway via CAMHS requires improvement
Clear Market Blueprint, setting future direction and shape of care provision	Waiting lists for ASC and social care OT
	Contracts and contract management weak in some areas
	Too many people in bedded care

<p>Good joint working with Devon with the joint Safeguarding Adults Board</p> <p>Clear governance in place with the Adult Social Care Continuous Improvement Board with an independent chair and multiagency membership</p>	
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**2.5 Next Steps in Preparing for Assurance:** In order to continue the assurance preparation a CQC Assurance Sub Group has been established in order to:

- Oversee the development of the Councils approach to CQC Assurance
- Oversee the process for assurance and engagement with the Integrated Care Organisation
- Oversee the process for stakeholder engagement and consultation.
- Ensure that all ASC staff, clients and service users, stakeholders, partners and providers have an opportunity to contribute and influence the programme and coproduction runs through the programme

An initial focus of the work programme will be to develop a further version of our self-assessment, develop our improvement plan and establish and maintain our evidence library.

### 3. Financial Opportunities and Implications

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3.1 None from this briefing

### 4. Legal Implications

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4.1 None from this briefing

### 5. Engagement and Consultation

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5.1 Completion of the self-assessment was undertaken in collaboration with a range of stakeholders, partners user groups and staff. An initial briefing has gone to the Adult Social Care Continuous Improvement Board with further engagement planned, for mid-February. It is recognised that the development of our self-assessment and assurance preparation is an ongoing process so further engagement activities will continue to take place.

### 6. Purchasing or Hiring of Goods and/or Services

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6.1 Not applicable to this briefing.

## 7. Tackling Climate Change.

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7.1 Not applicable for this briefing.

## 8. Associated Risks and other information

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8.1 **Not being “Assurance Ready”**; This risk has been mitigated by the employment of a specific post focussing on Quality and Assurance and the establishment of a CQC Assurance Progress. Progress is well underway and on track.

8.2 **Poor Assessment Rating**: This risk is being mitigated by building self-awareness through benchmarking, drafting of a comprehensive self-assessment and development of the improvement plan assessment.

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

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	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	X		
People with caring Responsibilities	X		
People with a disability	X		
Women or men			X
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)			X
Religion or belief (including lack of belief)			X
People who are lesbian, gay or bisexual			X
People who are transgendered			X
People who are in a marriage or civil partnership			X

Women who are pregnant / on maternity leave			X
Socio-economic impacts (Including impact on child poverty issues and deprivation)			X
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			X

## 10. Cumulative Council Impact

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10.1 None

## 11. Cumulative Community Impacts

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11.1 None

## **Appendix One**

### **Torbay Council CQC Assurance Readiness Report**

#### **(February 2023)**

#### **1; Introduction**

As part of the Health and Care Act 2022 the Care Quality Commission (CQC) has been given additional responsibilities and powers to review, assess and report on council regulated adult social care functions under Part One of the 2014 Care Act, such as prevention, information and advice, market shaping and support services. The new The Local Authority assessment framework will go live in 2023/24 and will be the first time since 2010 that Adult Social Care functions are assessed.

#### **2; Preparing for Assurance-Assessment Overview**

As noted previously Local Authorities Adult Social Care functions have not been subject to external review and assessment since 2010. As such there is considerable amount of work to prepare and be “assurance ready”. Much progress has already been made in this work including:

- Appointment of a Local Authority Lead for Assurance
- Review of Performance and Financial Benchmarking data
- Participating in Peer Support work across the Southwest ADASS Region
- Engagement activities, with a range of partners
- Completion of the initial self-assessment
- Development of a Draft Assurance Improvement Plan

To gauge progress in being Assurance Ready South-West ADASS have prepared a stocktake position for each Local Authority to complete with Torbay's assessment set out below:

Table One: SWADASS Assurance Progress Report

Heading	RAG	Comments
Self-Assessment	Green	New safeguarding elements to be completed on 14 February
Self-assessment risks	Amber	See separate slides
Adult Social Care Strategy	Green	Draft strategy has been completed and going to Council in March to approve consultation and engagement
Preparing staff – ‘Getting to Good’	Amber	Initial conversations held with senior social workers plan to progress through the workforce and comms in development.
Briefing Corporate Services and Members	Amber	Scrutiny subgroup booked for February and ASCCIB workshop planned
Support Materials, data	Green	Data requirements in place and have informed the self-assessment. 2 workshops held
Evidence	Green	Evidence folders set up in teams with access granted to all members of the CQC Assurance subgroup
Governance	Green	First CQC Assurance subgroup held in February
Audits	Amber	Social work audits have been underway since Autumn 2021 and further work is ongoing to add to the current structure.
Improvement action plans	Green	Adult social care improvement plan being drafted and will include areas of weakness that come through the self-assessment
Service user views	Amber	Met with the LD Ambassadors to engage with them in relation to CQC. Attending the autism partnership board in February. Going to the Over 50's Assembly. Ongoing discussion with Healthwatch
Gaps and assessment	Amber	Steering group is being convened to work on improving digital access to information and advice. Microsite hosted by the council will be used.

### 3; Self-Assessment

The new CQC assessment framework is based around four domains and nine quality statements:

<b>Theme One:</b> Working with People <b>Quality Statements:</b> Assessing Needs, Supporting people to live healthier lives, Equity in experiences and outcomes
<b>Theme Two:</b> Providing Support <b>Quality Statements:</b> Care Provision, integration, and continuity, Partnerships and communities
<b>Theme Three:</b> Ensuring Safety <b>Quality Statements:</b> Safe systems, pathways and transitions, Safeguarding
<b>Theme Four:</b> Leadership <b>Quality Statements:</b> Governance, management and sustainability, Learning, improvement, and innovation

A self-assessment tool has been developed by ADASS and the LGA covering the CQC themes and quality standards. To complete our baseline assessment, stakeholder groups have been brought together to review the statements and describe our current position against each one. In addition, we have utilised performance and financial information to inform judgement making. Assessment of each statement includes strongly agree, tend to agree, neither agree or disagree, tend to disagree, strongly disagree, or don't know. The overall aim is to understand our strengths and weaknesses, building our "Self-Awareness" and our initial assessment is set out in the tables below:

Table Two: Overall Assessment

Theme		Assessment
Working with People	Assessing needs	10 strongly agree, 4 tend to agree (14)
	Supporting people to live healthier lives	9 tend to agree, 1 neither agree nor disagree, 2 tend to disagree, 1 strongly disagree (13)
	Equity in experiences and outcomes	2 neither agree nor disagree, 1 tend to disagree, 2 strongly disagree, (5)
Providing Support	Care provision, integration and continuity	2 strongly agree, 3 tend to agree, 3 neither agree nor disagree, 2 tend to disagree, 1 strongly disagree (11)
	Partnerships and communities	4 Strongly agree, 3 tend to agree (7)



Ensuring Safety	Safe systems, pathways and transitions	2 strongly agree, 4 tend to agree, 3 neither agree nor disagree (9)
	Safeguarding	6 strongly agree, 1 tend to agree (7)
Leadership	Governance, management, and sustainability	1 strongly agree, 8 tend to agree, 1 neither agree nor disagree (10)
	Learning, improvement, and innovation	5 tend to agree, 2 neither agree nor disagree, 3 tend to disagree (10)

Table Three: Assessment Summary- Working with People

Theme One; Working with People			
	Assessing Needs	Supporting People to live healthier lives	Equity in experiences and outcomes
Performance Indicators	Performance Improvement: "Impact of ASC services" and % clients who receive DPs Performance Strengths- Perform well on provision of Information and advice. Carers DPs and Self-Directed Support	Strengths- LD adults who live in their own home. Carer reported quality of life and carers. Improvement; Admissions to Residential/Nursing both older people and working age. Users wanting more social contact	
Key strengths	Strengths Based Approach, Carers Health and Wellbeing Checks Integrated Approach, Long Standing and Embedded Arrangements for Complex Clients (weekly MDTs) Some Examples of Positive Diversity Working Advocacy Support Services in Place Transition Process- Strength and Weakness	Long established history of work with Health Good work with the VCS and developing Community Offer (Community Helpline/Community Builders) Partnership working evidenced on cross cutting issues such as Carers, DA etc Good range of Telecare offered and piloted. Drop-in centres available	LD Autism and Partnership Boards in place with good user representation Example of user involvement in Supported Living Framework Good examples of Carers involvement "Carers Ambassadors"
Key areas for improvement	Front Door including Community Front Door Pathway 2 Direct Payments low take up Growing Waiting Lists	Overarching Strategy in Development, linked to draft Transformation and Sustainability Plan Information and Advice Offer needs development Improve Reablement/Intermediate Care Offer as too many people in bedded care	Systematic Use of EIAs Accessible Information and Advice

**Table Four: Assessment Summary- Providing Support**

<b>Theme Two; Providing Support</b>		
	<b>Care provision, integration, and continuity</b>	<b>Partnership and Communities</b>
Key Performance Indicators	Care homes good/outstanding above England Average Nursing homes slightly below England Average Care Homes slightly above England Average Community based services above England Average	Overall Satisfaction of people who use services above England Average Overall satisfaction of carers with social services above England Average
Key strengths	QAIT-Works with sector to improve provision Market Blueprint & Commissioning decisions can be linked back to JSNA Good engagement with market including forums and newsletters Supported Living Framework example of good commissioning/service spec, based on outcomes and personalisation Joint commissioning with Neighbouring Authorities and Health	Integration with Health. Section 75 and Strategic Agreement Good Partnership working with VCS. Treated as equal partner and key delivery partner Joint working with Devon (Safeguarding Adults Board) Key partnership Boards in place
Key areas for improvement	Lack of Contracts/Contract Monitoring Not all strategies are co-produced No workforce plan for the Independent Sector - however the ICB has undertaken to produce an integrated workforce strategy for health and social care into which Torbay participates. Lack of carers short breaks	Costs of ASC Growing Intermediate Care/ Reablement Performance

**Table Five: Assessment Summary- Ensuring Safety**

<b>Theme Three: Ensuring Safety</b>		
	<b>Safe Systems</b>	<b>Safeguarding</b>
Key Performance Indicators	% of users who feel safe 21/22 below National Average Proportion of Social Care Service users aged 65plus say the services they use make them feel safe and secure 21/22 below national average	Individuals involved in Safeguarding enquiries per 100,00 21/22 below National Averages % of section 42 safeguarding enquiries where desired outcomes asked 21/22 above National Average % of section 42 safeguarding enquiries where desired outcomes were asked for and expressed where outcomes fully achieved 21/22 below national average

Key strengths	Integrated Health and Care Teams with Integrated Budgets Joint SAB with Devon Provider of Concern Meetings and Dedicated QAIT team Strengths Based Practice Disabled Children Transition Pathways	Torbay and Devon Safeguarding Board; Key strengths across LA Boundaries, Wide Membership of all key partners including users, Clear Business Plan Clear Policies and Procedures, including Modern Slavery Protocol SPOC in place to triage calls MSP embedded
Key areas for improvement	Sufficiency of appropriate Care Provision Growing Waiting Lists CAMHS Transition Process Hospital Discharge Pathway means people end up on wrong pathway/care setting	Provider of concern protocol needs updating

**Table Six: Assessment Summary-Leadership**

<b>Theme Four: Leadership</b>		
	<b>Governance and Management</b>	<b>Improvement and Innovation</b>
Key strengths	Clear Governance Arrangements in Place including multi agency. ASCCIB. Independent Chair Strategic Agreement in place Clear Carers Strategic and Improvement Plan in place EQIAs regularly used	LA and Trust open to external reviews and challenges. Utilisation of Independent Chair. Examples of working with communities in planning and delivery of services Appointed and utilised academic research in residence in ICO and tied in with social workers. Work with Research in Practice Good range of training and development opportunities in place Good examples of using Tech including bespoke posts to support roll out. Examples of learning from SARs
Key areas for improvement	No exec rep for ASC at Trust Trust arrangements have split ASC Leadership Functions HW highlighted access for Deaf Community difficult	More Systematic Use of people and communities in designing and delivering services Learning from peoples feedback needs further work, embedding complaints and learning from incidents Online self assessments paused Not always evidence that learning from external reviews are carried forward into action plans

#### **4; Next Steps in Preparing for Assurance**

In order to continue the assurance preparation a CQC Assurance Subgroup has been established to:

- Oversee the development of the Councils approach to CQC Assurance
- Oversee the process for assurance and engagement with the Integrated Care Organisation
- Oversee the process for stakeholder engagement and consultation.
- Ensure that all ASC staff, clients and service users, stakeholders, partners and providers have an opportunity to contribute and influence the programme and coproduction runs through the programme

An initial focus of the work programme will be to develop a further version of our self-assessment, establish and maintain our evidence library and develop our CQC Assurance Improvement Plan. An initial outline of the improvement plan is outlined below:

Table Seven: Draft CQC Assurance Improvement Plan

<b>Improvement Area</b>	<b>Rationale for Judgement</b>	<b>Recommended Response</b>
<b>Waiting Lists both for ASC and OTS</b>	Regular Trust Performance Data highlights that waiting lists remain high	Risk Stratification and Monitoring Process in place. Transformation Plan (Front Door Redesign)
<b>DOLS Waiting List</b>	Benchmarking higher than Comparators	Ongoing Scrutiny and Oversight. No further actions proposed
<b>Outstanding Packages of Care</b>	Monthly Trust Performance Data indicates numbers of O/S POCs circa 130plus	Ongoing scrutiny and oversight. Transformation Plan (Front Door Redesign) to consider
<b>Low take-up/ Performance of Direct Payments</b>	Benchmarking Data indicates below England Average	Will form part of Transformation Plan. Year Two priority with initial market development initiatives in Year One
<b>Workforce Development Plan for the Independent Sector</b>	No current plan in place or clear strategy	Stocktake of existing initiatives to be completed and greater visibility on workforce data
<b>Lack of easily available Information and Advice Guidance (including online self-assessments)</b>	Performance Benchmarks well in this area but feedback from Assurance Group highlights this to be an issue	Information Advice and Guidance to be a service development priority in 23/24
<b>Quality assurance processes need embedding, including strengthening the service user voice</b>	Highlighted during self-assessment	Stocktake of progress against existing QAF to be undertaken and reported to ASCCIB
<b>Lack of replacement/respite care to support carers</b>	Feedback from Self-Assessment Process and Carers Groups	TBC
<b>Transitions pathway via CAMHS is poor often referrals are late or non-existent</b>	Feedback from self-assessment process	TBC

<b>Contracts and contract management weak in some areas</b>	LGA Review Findings & Feedback from Self-Assessment Process	Part of Transformation Plan (Additional Resource Agreed)
<b>Reablement/Intermediate Care</b>	91 day performance indicator below England Average  Too many people on Pathway 2 & too many people being admitted to Long Term Residential Care	Stocktake of progress presently in process.  Will form part of Transformation Plan (Delivery Partner Priority)
<b>Long term support needs (18-64) met by admissions to res/nursing per 100k above England Average</b>	Benchmarking Data	Transformation Plan (Supported Living/LD Strategy/Day services)
<b>Long term support needs (65 plus) met by admissions to res/nursing per 100k above England Average</b>	Benchmarking Data	Transformation Plan (Extra Care Strategies/Reablement Plans)
<b>Trust ASC Leadership Arrangements (Split Responsibilities/Exec Level Presence)</b>	Deloitte Report & Self-Assessment Feedback	TSDFT to review recommendations and produce response
<b>DASS Line of Sight to Delivery in Trust</b>	Self-assessment Feedback	Being built into Strategic Agreement
<b>Access Arrangements for Hard-to-Reach Groups (including Deaf Community)</b>	Healthwatch and Service User Feedback	Will form part of Information, Advice and Guidance Review
<b>Increased service user involvement in planning and delivery of services.</b>	Self-Assessment feedback	Work with Healthwatch to develop enhanced programme

Cathy Williams/Craig McArdle- February 2023

### Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker

Date of meeting	Minute No.	Action	Comments
27/10/22	8	<p>Wait times for adult social care assessments and care.</p> <p>Members asked that following information be provided:</p> <ol style="list-style-type: none"> <li>1. The number of people who have been removed from the waiting list as a result of seeking private treatment; and</li> <li>2. The approach taken to share the waiting list data across teams and with partners.</li> </ol>	Awaiting response – complete update circulated prior to the meeting - <a href="#">complete</a>
24/11/22	15	That NHS England/the Integrated Care Partnership be requested to provide an annual update to the Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board on improvements in dental access and planned oral health improvement initiatives, including key outputs and key performance indicators via an accessible dashboard (the content of which to be agreed with the Director of Public Health).	Report submitted to NHS England/Integrated Care Partnership and added to the 2023/2024 Work Programme - <a href="#">complete</a>
24/11/22	16	That the Board notes the progress of the One Devon Partnership Integrated Care Strategy and recommends that further details around prevention, housing and workforce are included as well as ensuring the voice of the child and young person is heard.	Report submitted on 5/12/22 – complete update reported at the meeting - <a href="#">complete</a>