

Tuesday, 9 January 2024

**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, 18 January 2024

commencing at **2.00 pm**

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

Members of the Committee

Councillor Joyce (Chairman)

Councillor Johns (Vice-Chair)

Councillor Tolchard

Councillor Twelves

Councillor Fellows

Together Torbay will thrive

Download this agenda via the free modern.gov app on your [iPad](#), [Android Device](#)
or [Blackberry Playbook](#). For information relating to this meeting or to request a
copy in another format or language please contact:

Governance Support, Town Hall, Castle Circus, Torquay, TQ1 3DR

Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

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

1. **Apologies**

2. **Minutes**

(Pages 4 - 7)

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 21 December 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 Chairman decides are urgent.

5. **Adult Social Care Self Assessment**

(Pages 8 - 71)

To consider a report on Adult Social Care self assessment in readiness for the Care Quality Commission Inspection.

(Note: presented by Jo Williams, Director of Adult and Community Services, Torbay Council and Cathy Williams, Strategic Lead for Adult Social Care Quality and Assurance, Torbay Council).

6. **Residential Nursing and Care Homes** (Pages 72 - 80)
To consider a report detailing an overview on residential and nursing care homes.
- (Note: presented by Jo Williams, Director of Adult and Community Services, Torbay Council and Lee Baxter, Divisional Director, Adult Social Care, Torbay Council).
7. **Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker** (Pages 81 - 84)
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).

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

21 December 2023

-: Present :-

Councillor Joyce (Chairman)

Councillors Johns (Vice-Chair) and Twelves

(Also in attendance: Councillors Long)

19. Apologies

Apologies for absence were received from Councillor Tolchard and Pat Harris of Healthwatch.

20. Minutes

The minutes of the meeting of the Sub-Board held on 23 November 2023 were confirmed as a correct record and signed by the Chairman.

21. Psychiatric Medication Supervision

Dr Colm Owens Consultant Psychiatrist and Dr Emma Sircar, General Practitioner and NHS Devon Primary Care Lead for Mental Health provided Members with an update and presentation in relation to Devon's approach to physical health monitoring in mental health.

Members were informed that the main aim was to address health inequality for people with severe mental illness by increasing the number of annual physical health checks delivered for people with serious mental illness; to design a safe and commissioned pathway for initiation, monitoring and review of anti-psychotics and to design a safe and commissioned pathway for the physical health monitoring of people with eating disorders. The reasons for this were:

- to attempt to reduce early mortality of patients with serious mental illness by completing health checks and offering appropriate interventions;
- to review anti-psychotic prescribing to ensure that it was still appropriate and to pick up any physical health concerns and intervene;
- to address the current low rates of completion of cardio-metabolic physical health checks for people with severe mental illness and those prescribed with anti-psychotics across the whole system;

- to enable access to checks for all eating disorder/disordered eating patients requiring physical health monitoring.

It was explained that to achieve success, it was essential to include the right people in the work such as experienced experts, acute mental health trusts; primary care, the voluntary sector and commissioners. Taking a collaborative approach was important as well as building good relationships between local teams across the sectors and exploring opportunities and community team engagement. Effective communication was also key, delivered through patient information leaflets; an available video tracking a patient's primary healthcare journey; a system level resource pack and patient passports which enabled people to hold their own information, empowering them to take ownership over health together with information as to why the health checks were so important.

In terms of primary care, the aim was to complete the majority of annual physical health checks for those on the serious mental illness register and to explore how to extend primary care funding to include anti-psychotic monitoring and measures for those with eating disorders and to put in place measures for the physical health monitoring team to review and act upon. In relation to secondary care the focus was on anti-psychotic initiation and stabilisation monitoring with clear guidance to primary care on initiation of anti-psychotics; consideration as to the length of time for medication, how it should be reduced and when. It was important to provide advice and guidance to primary care in relation to anti-psychotics and to ensure annual health checks for those not attending primary care.

Members were informed that the One Devon documents were progressing to sign off and that the test of change could be measured when the results of the North Devon rollout were available, which tested and refined pathways and communications. The North Devon rollout had commenced in November/December 2023 and a rollout in Torbay and Plymouth was envisaged for early 2024 with the rest of Devon likely to follow during the next financial year.

Members received responses to the following questions:

- Could community pharmacists help with the rollout?
- What is the process for reaching out to individuals who are homeless with mental health issues?
- How many people in Torbay are currently prescribed anti-psychotic medication?
- Do those figures include individuals where there may be a post-natal cause?
- When patients attend for review, they might fear that medication may be withdrawn – did that create a barrier for review and how was that currently addressed?
- How would extra funding be obtained in direct relation to those individuals with eating disorders?
- What was the comparison in numbers of individuals with serious mental illness pre-Covid-19 pandemic compared with numbers post Covid-19 pandemic?
- When would the results of the rollout in North Devon be available?

22. Quality of Care and Domiciliary Care

The Divisional Director, Adult Social Care presented the submitted report which provided Members with an update and information regarding how domiciliary care in Torbay was delivered, provided and monitored.

Members were informed that nationally there was a growth in the domiciliary care market and a wide push on recruitment, with a reduction in turnover of staff.

It was explained that there were eighteen providers locally working in the community on a procured framework, "Living Well at Home" which ran from March 2020 to March 2025. The workforce was relatively stable, keeping up with growth and demand. The focus was around keeping people at home if possible and making sure that those individuals discharged from hospital returned home as swiftly as possible.

There were areas of challenges such as:

- care providers having to compete with other employment markets locally when the rates of pay were generally lower for those working in domiciliary care;
- people's needs had also changed and so the demands on the workforce were now different;
- how domiciliary care could become more carbon neutral.

There was a need to stay focussed on the rehabilitation element, setting people focussed outcomes to keep people well and so that they could be more independent in their lives and remain at home. Aspirations included the evolving use of technology to help deliver care in future and this was an area that was being explored. Collaborative working with providers, such as the Integrated Care Organisation remained essential and making sure that contracts remained in place and quality of care continued. The Integrated Care Organisation held oversight of quality performance monitoring with a monthly assurance process and the contract manager held quarterly contract review meetings, with providers sending monthly key performance indicator data which produced monthly dashboards.

Members were pleased to note that the current contract was working well and received responses to the following questions:

- What plans are there for the next contract post March 2025?
- Would the contract following March 2025 look different?
- Did the data provided include private, NHS and intermediate care?
- What was the level of staff turnover?
- Did the same carers visit individuals to ensure continuity of care?
- What would be the biggest challenges in domiciliary care moving beyond 2024?
- What was the standard length of time for a care visit?
- What happened if an individual refuses care? Was that reported back to the agency?

Resolved (unanimously):

1. That Members of the Sub-Board noted the contents of the Domiciliary Care Report;
2. The Director of Adult and Community Services to provide an annual update on domiciliary care to the Sub-Board in December 2024.

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

The Sub-Board noted the submitted action tracker.

Chairman

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

Date: 18th January 2024

Wards affected: All

Report Title: Adult Social Care Self-Assessment in readiness for the Care Quality Commission Inspection.

When does the decision need to be implemented: Updates requested by Overview and Scrutiny Board/ sub Board

Cabinet Member Contact Details: Councillor Tranter

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

1. To provide the Scrutiny Sub-Board with information in relation to the self-assessment with respect to the new Care Quality Commission's (CQC) inspection of Adult Social Care.

2. Reason for Proposal and its benefits

2.1 The report will provide Members of the Board with information on the findings of the self-assessment for Adult Social Care as part of the readiness and preparation for the CQC inspection.

3. Recommendation(s) / Proposed Decision

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 Adult Social Care Self- Assessment Report.

1. Introduction

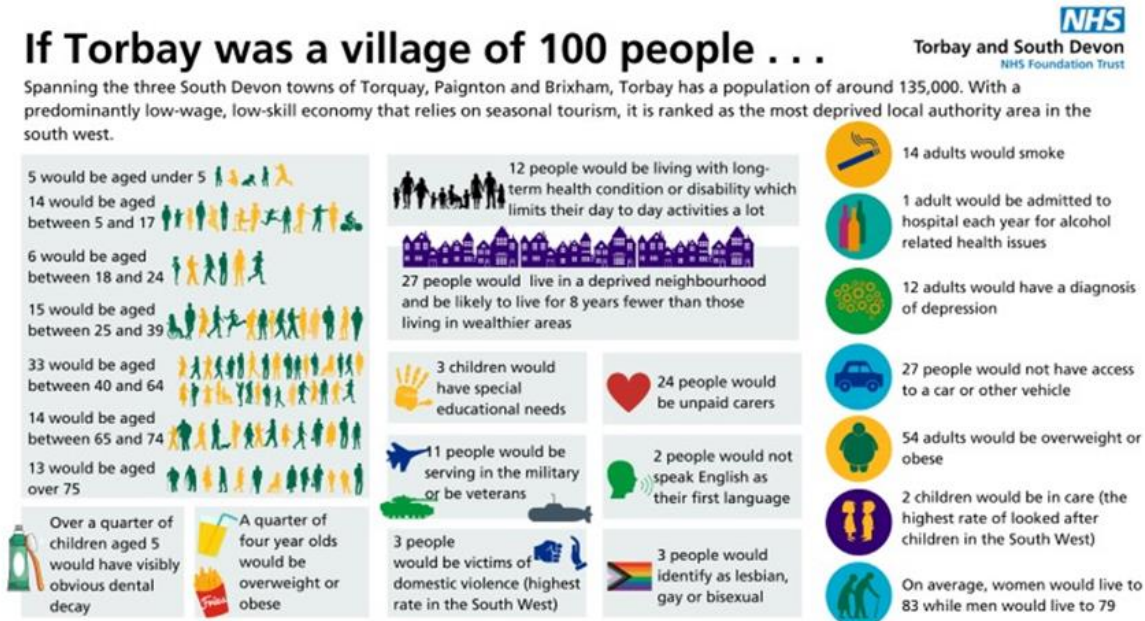
- 1.1 As part of the Health and Care Act 2022 the Care Quality Commission (CQC) has been given additional responsibilities and powers to review, assess and report on council regulated adult social care functions under Part One of the 2014 Care Act, such as prevention, information and advice, market shaping and support services. As part of the preparation work a self-assessment has been completed using the Local Government Association Workbook. Information has been gathered and refined over the last 8 months. There was a review of the safeguarding section by Partners in Health and Care in March 2023. It has also been tested by staff and commissioners in Adult Social Care (ASC) as well as through the South West Association of Adult Social Services CQC peer support. The document was written over Quarter 3 of 2023/24.
- 1.2 This document will evolve and iterate over time with an expectation that it will be updated on a quarterly basis.
- 1.3 This self-assessment will be submitted to CQC as part of the information return that is required by them, when we have notice of inspection.

2. CQC Self-Assessment Report

- 2.1 **CQC Assurance Framework.** The CQC assessment framework is based around four themes and nine quality statements. The self-assessment is designed in the same way and below is an overview of the framework.

| Theme 1: Working with people | Theme 2: Providing support | Theme 3: Ensuring safety | Theme 4: Leadership and workforce |
|--|---|---|--|
| <ul style="list-style-type: none">• Assessing needs• Supporting people to live healthier lives• Equity in experiences and outcomes | <ul style="list-style-type: none">• Care provision, integration and continuity• Partnerships and communities | <ul style="list-style-type: none">• Safe systems, pathways and transitions• Safeguarding | <ul style="list-style-type: none">• Governance, management and sustainability• Learning, improvement and innovation |























2.2 The CQC self-assessment starts with an overview and summary of Torbay Council.



2.3 Several strategic documents have been cited in the self-assessment and links provided within the document.

- Draft Community and Corporate Plan
- Vision and strategy for Adult Social Care
- Joint Health and Wellbeing Strategy
- JSNA
- Integrated Care Partnership and Strategy - Devon Plan
- Better Care Fund

2.4 Infographic below shows our available data for 2023/24

| New Requests For Support | | | | Adults Waiting for Support | | | Care Act Needs Assessment | | |
|---|--|-------------|------------|---|------------|---|---------------------------|-------|-----------|
|  8,472 8,571 in previous year 22/23 | | 18-64 | 1,848 | Care Act Needs | 31/03/2023 | 26/11/2023 | Categories | 22/23 | 23/24 FYE |
| | | 65+ | 6,624 | Waiting | 243 | 85 | Total Assessments | 2,820 | 3,299 |
| Measure | | Performance | | > 6 Months | 10 | 0 | New Carers Assessed | 1,001 | 1,352 |
| We will increase the proportion of adults enquiries resolved by Information and Advice | | 22/23 | 23/24 FYE |   | |   | | | |
| | | 19.8% | 20.9% | | | | | | |
| Adults Waiting For Services | | | | Supporting Adults with Long Term Services | | | | | |
| Categories | | 31/03/2023 | 04/12/2023 | Adults supported in Long term services | | 22/23 | 23/24 FYE | | |
| No formal support | | 8 | 13 | | | 3,287 | 3,681 | | |
| Formal support not at home | | 8 | 7 | Residential/Nursing | | 968 | 1,055 | | |
| Formal support at home | | 16 | 21 | Community | | 2,319 | 2,626 | | |
| Total | | 32 | 41 | Choice and control over offering Direct Payments | | 19.8% | 20.6% | | |
|   | | | |  We will reduce the number of people aged 65+ whose needs are met by admission to res/nurs care per 100k | | 775.4 | 748.5 | | |
| Supporting Our Carers | | | | Supporting Discharge from Hospital | | | | | |
| Carers supported with services or given information and advice. | | 22/23 | 23/24 FYE | Measure | | 21/22 | 22/23 | | |
| | | 1,300 | 1,728 | We will increase the proportion of older people still at home 91 days after leaving hospital with enabling style care. | | 77.10% | 73.40% | | |
| Measure | | Performance | |  Choice and control over offering Direct Payments | | 92.0% | 92.4% | | |
|  Total carers assessed and reviewed | | 1,226 | 1,620 |  23/24 FYE data not yet available. | | | | | |
| Supporting Independence | | | | Supporting Our Learning Disability Adults | | | | | |
| Adults supported in enabling style services | | 22/23 | 23/24 FYE | Adults with LD in a long term service | | 22/23 | 23/24 FYE | | |
| | | 2,803 | 2,807 | | | 582 | 625 | | |
| Measure | | Performance | | Measure | | Performance | | | |
|  We will increase the proportion of adults with reduced or no ongoing service following enabling style care. | | 86.2% | 88.3% |  We will increase the proportion of adults with LD in paid employment | | 7.2% | 6.5% | | |
|  % of all over 65 discharges in enabling style care | | 32.1% | 30.9% |  We will increase the proportion of adults with LD living in their own home or with family | | 79.1 | 82.6 | | |
| Supporting Our Mental Health Adults | | | | Reviewing Services | | | | | |
| Adults requiring mental health support supported in long term services | | 22/23 | 23/24 FYE | Adults receiving long term services for more than 12 months - reviewed in the last 12 months | | 22/23 | 23/24 FYE | | |
| | | 707 | 711 | | | 46.4% | 41.6% | | |
| Measure | | Performance | | Measure | | Performance | | | |
|  We will increase the proportion of adults requiring mental health support in paid employment | | 1.6% | 2.9% |  Adults receiving long term services for more than 12 months | | 1,723 | 1,802 | | |
|  We will support adults in contact with mental health services to live independently | | 36.1% | 19.4% | Adults receiving long term services for more than 12 months and reviewed | | 799 | 750 | | |
| Safeguarding Adults | | | | Deprivation Of Liberty Safeguards | | | | | |
|  safeguarding concerns received | | 22/23 | 23/24 FYE |  DOLS applications received | | 22/23 | 23/24 FYE | | |
| | | 1,161 | 1,079 | | | 1,024 | 1,005 | | |
| Measure | | Performance | | Measure | | Performance | | | |
| Progressed to an enquiry | | 308 | 350 | Applications granted | | 114 | 77 | | |
|  % Progressed to an enquiry | | 26.5% | 32.4% |  Applications not complete at year end (FYE assumed) | | 661 | 768 | | |

2.5 What have we learnt through the self- assessment process so far?

- Developed and consulted on an ASC strategy over the summer of 2023, supported by Healthwatch.
- Set out our approach to co - production.
- Engaged a partner to help with co production.
- Listened to people through the CQC assurance engagement approach and understood that the services for people with Learning Disabilities needed to improve - which led to the co-production of a strategy and action plan.
- Development of a Quality Assurance Subgroup of the Adult Social Care Continuous Improvement Board to focus on improving quality and peoples' voice.
- A renewed focus on complaints and embedding learning into practice.
- Increased audit activity for Social work.
- Ensured that key areas of improvement that we required, was included in the Transformation plan.
- Strengthened and co-produced our information and advice webpages on Torbay Council's website.

2.6 CQC Theme 1: Working with People

Our strengths

- Longstanding integrated working between health and social care which has led to excellent local performance.
- Strength Based approaches and practice development opportunities.
- Strong community sector with good partnerships, supporting the front door to adult social care.
- Strong carers services.
- Significant reduction in waiting times for people to access social care assessment.

Areas for improvement and direction of travel

- Services for people with Learning Disabilities (LD) need to improve and the codesign of the LD strategy with people with Learning Disability and the outcomes framework that is led through the Partnership Board provides the building blocks for this work.
- Direct Payments is an area of improvement for us, and this is a key part of our Transformation Plan for 2024/25.
- Improving the reach of the reablement offer for older people to support a reduction in bed-based care.
- Introducing an enablement offer for working adults.

- Supporting people with Mental Health problems into employment
- Embedding equality and diversity

Key statistics

| Activity | Working well | Improving |
|---|---|---|
| <ul style="list-style-type: none"> ▪ 8,571 requests received from new clients in 2022/23 | <ul style="list-style-type: none"> ▪ 79.1% of adults with Learning Disabilities who live in their own home or with their family in 2022/23 | <ul style="list-style-type: none"> ▪ Carers on the register. ▪ 4,737 April 2022 ▪ 5,408 August 2023 |
| <ul style="list-style-type: none"> ▪ 3,287 clients received long term support in 2022/23 | <ul style="list-style-type: none"> ▪ 85% of people using reablement services reach independence | <ul style="list-style-type: none"> ▪ 229 patients reducing their pathway from P2 to P1 in acute services due to OT in reach. |

2.7 CQC Theme 2: Providing Support

Our strengths

- Long and deep integration with Health via a section 75 agreement.
- Our clinically led QAIT team works well with the sector to improve the quality of provision and develop an improvement plan with those who are struggling, through direct intervention and support from clinicians.
- Good partnership working with the Voluntary and Community Sector.
- Good Home Care provision with almost no delayed Pathway 1 discharges throughout the 22/23 winter period.

Areas for improvement and direction of travel

- Continuing to improve our contracts and contract monitoring processes.
- Development of broader workforce strategies is required, building upon the work of the Integrated Care System and South West ADASS.
- Lack of short breaks for carers. This is a proposed project for Devon in the Accelerated Reform Fund.
- Increase our reach of Reablement services.
- Introduce enablement services to people under 65.
- Too many people in care home placements.
- Improve our understanding of the wellbeing and prevention needs of people waiting on the Community Mental Health waiting list.

Key Statistics

| Activity | Working well | Improving |
|---|---|---|
| <ul style="list-style-type: none"> Over 1,000 people supported by Technology Enabled Care (TECH) | <ul style="list-style-type: none"> 88% Home Care providers rated good or outstanding by CQC | <ul style="list-style-type: none"> Over the last 3.5 years a 7% increase in care homes rated outstanding or good |
| <ul style="list-style-type: none"> 3,287 adults supported in long term services of which 2,319 are supported in community services | <ul style="list-style-type: none"> 81.8% Torbay community-based locations rated as good or outstanding. 229 people have had their pathway reduced from P2 to P1 via our hospital in reach service | <ul style="list-style-type: none"> 79.1% of adults with a learning disability are living in their own home or with family in 2022/23, with a forecast to improve this to 82.6% for 2023/24 |

2.8 CQC Theme 3: Ensuring Safety within the System

Our strengths

- Joint Safeguarding Adults Board with Devon.
- Safeguarding Adults Quality Checker system.
- Provider of Concern meetings and dedicated QAIT team.
- Broad integrated MDT approach to safeguarding.
- Quality checking process to gain feedback about the safeguarding process.

Areas for improvement and direction of travel

- Waiting lists - DOLS. Extra agency capacity has been sourced to reduce the backlog.
- Contract register in place and is continuing to strengthen.
- Strengthening the complaints system.
- Timeliness of flow of activity through SPOC strengthened using Tableau reporting.

| Activity | Working well | Improving |
|---|--|--|
| 1,161 Safeguarding concerns received in 2022/23 | 92.5% of people had outcomes that were fully or partially achieved. | Impact of safeguarding learning in relation to self-neglect saw SPOC referrals increase by 61% post briefing |
| 26.5 % of safeguarding concerns progressed to an enquiry in 2022/23 | 94.8% of people had their risk removed or reduced through our safeguarding processes. (Jan 2023) | 53.6 % of adults asked what outcomes they wanted as part of the safeguarding enquiry that proceed to a section 42 enquiry. |

2.9 CQC Assurance Theme 4: Leadership

Our strengths

- Our long-standing integrated model is delivered under a Section 75 of the NHS Act 2006 and supported by a Memorandum of Understanding between the Council and Torbay and South Devon NHS Foundation Trust, we continue to focus on ensuring our complex arrangements are governed well at Exec level, and a review of the leadership and governance is currently underway.
- There is a multiagency Adult Social Care Continuous Improvement Board (ASCCIB) with an independent chair and representatives from the voluntary sector, the LGA and the ICB.
- Excellent relationships with the voluntary sector and commitment to investing in services that support the wellbeing and prevention duty under the Care Act. This includes a drop in 'Hub' for information and advice and a voluntary sector run helpline which saw 84% of referrals from Adult Social Care resolved totally by the helpline and 5% helped jointly. Only 2.6% were referred back to Adult Social Care.
- Clear co-produced Carers strategy and improvement plan in place.

Areas for improvement and direction of travel

- Continue to collectively work together to monitor/review and find continuous improvements to, quality, cost and productivity as captured in the shared transformation plan.
- Continue to develop the performance reporting to include replacing/or updating the client management system and use of automated reporting tools.
- Improve our processes so we are better equipped to report and review our equality information.
- Maintain DASS line of sight in the integrated arrangements, systems, and processes in place to manage visibility.

| Activity | Working Well | Improving |
|---|---|--|
| <ul style="list-style-type: none"> ASC staff turnover at 10.71% | <ul style="list-style-type: none"> Multiagency Adult Social Care Continuous Improvement Board (ASCCIB) with an independent chair | <ul style="list-style-type: none"> Complaint processes improving with reports and scrutiny at the ASCCIB |
| <ul style="list-style-type: none"> ASC staff sickness in August 2023 is 7% | <ul style="list-style-type: none"> Deeply imbedded integrated arrangements which are effective allowing a good flow of information and exchange supported through the co-location and joint working arrangements | <ul style="list-style-type: none"> TSDFT Staff survey results (2022) show 'we are always learning' as an area of strength compared to the rest of the Trust and an improvement from 2021. |

3. Financial Opportunities and Implications

3.1 None from this briefing

4. Legal Implications

4.1 None from this briefing

5. Engagement and Consultation

5.1 Completion of the self-assessment was undertaken in collaboration with a range of stakeholders, partners, user groups and staff. It is recognised that this will be an iterative process and will require updating on a quarterly basis.

6. Purchasing or Hiring of Goods and/or Services

6.1 Not applicable to this briefing.

7. Tackling Climate Change.

7.1 Not applicable for this briefing.

8. Associated Risks and other information

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 Sub Group. Progress is well underway and on track.

8.2 **Poor Assessment Rating**: This risk is being mitigated by building self-awareness through benchmarking, this comprehensive self-assessment and ongoing review and development of the Adult Sical Care Improvement plan.

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 | 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

10.1 None

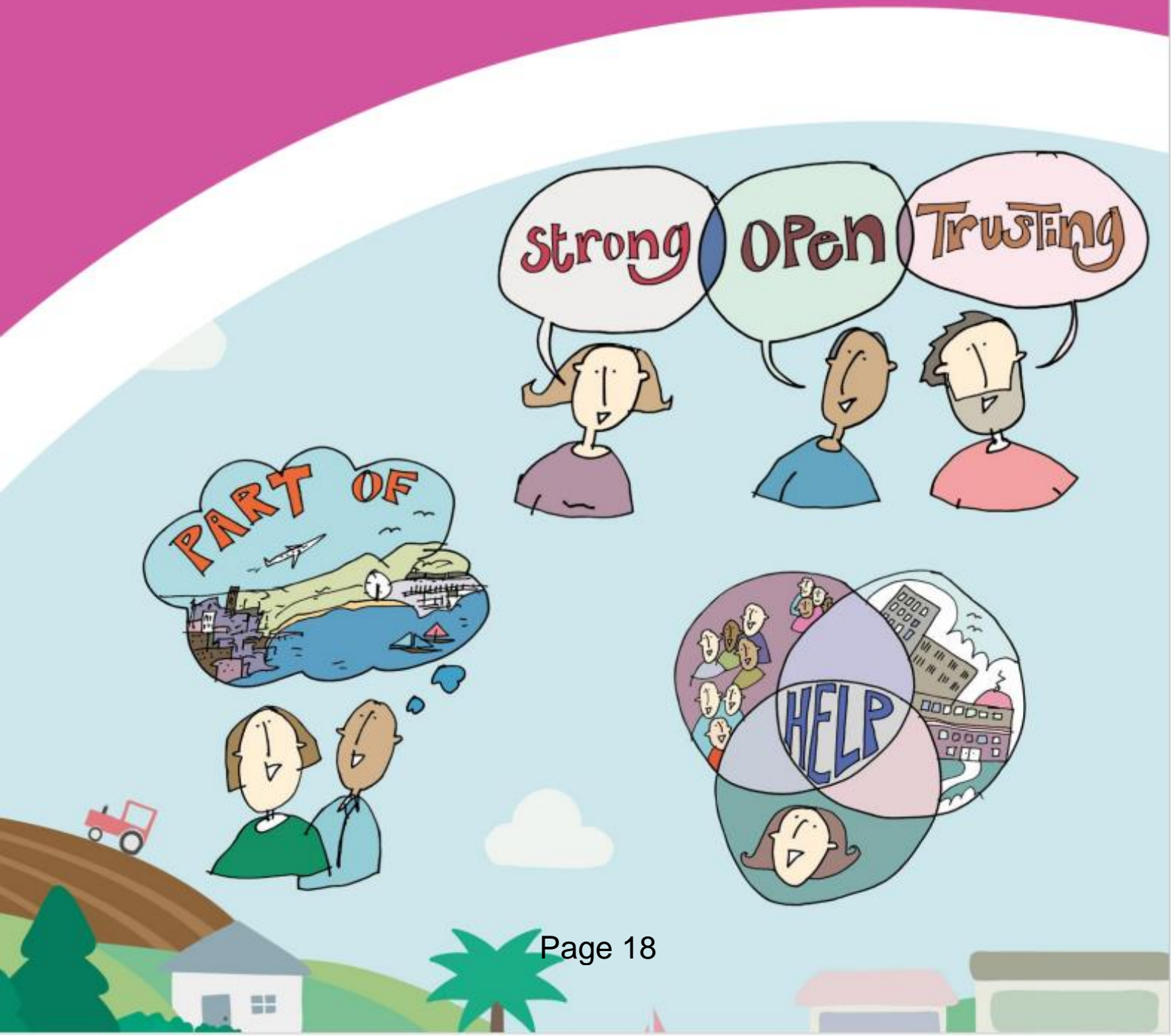
11. Cumulative Community Impacts

11.1 None

Torbay Council

Adult Social Care Self-Assessment Report

02/01/2024



Contents

| | |
|---|-----------|
| Torbay Council | 1 |
| Adult Social Care Self-Assessment Report | 1 |
| Section A: Overview and Summary..... | 3 |
| About Us - Torbay Council..... | 3 |
| Our Draft Community and Corporate Plan..... | 5 |
| Adult Social Care - key facts..... | 5 |
| Care Homes Overview | 6 |
| Vision and Strategy for ASC | 6 |
| Integration: Working effectively in partnership..... | 9 |
| What have we learnt from the CQC self-assessment process so far? | 10 |
| Overview of ASC Outcomes..... | 11 |
| The graphics below shows our available data for 2023/24. | 11 |
| CQC Theme 1:Working with People | 13 |
| Strength Based Practice with a focus on prevention and reablement. | 14 |
| People who draw on care and support. | 15 |
| Workforce and practice development | 15 |
| Case Studies | 17 |
| Support for unpaid and family Carers | 18 |
| Case Study Carers | 20 |
| Quality Assurance and Practice Audit | 20 |
| Adult Social Care Contacts..... | 20 |
| Information and advice | 21 |
| Assistive Technology and equipment | 21 |
| Integrated Working | 23 |
| In House Services | 25 |
| Our Transformation Plan..... | 26 |
| People Waiting for Support from Adult Social Care Services..... | 27 |
| CQC Theme 2: Providing Support | 30 |
| Whole Market Overview | 31 |
| Care Home CQC ratings | 33 |
| Size of Torbay care Homes | 34 |

| | |
|--|-----------|
| Market Oversight | 34 |
| Home Care | 35 |
| Provider Relations | 37 |
| Commissioning and Co Production: Developing Better Learning Disability Provision | 37 |
| Daytime Activities Overview | 38 |
| Integrated Short Term Services..... | 39 |
| Voluntary and Community sector | 40 |
| Adults with Complex needs | 41 |
| CQC Theme 3 Ensuring safety within the system..... | 42 |
| Safeguarding | 42 |
| Deprivation of Liberty Safeguards (DOLS) | 44 |
| Safe Systems | 46 |
| Transitions of Care | 46 |
| Provider Monitoring | 47 |
| Domestic Abuse Strategy | 48 |
| CQC Assurance Theme 4: Leadership..... | 49 |
| Governance Arrangements and Innovations | 50 |
| Leadership on Diversity and Inclusion | 51 |
| Partnerships and Innovation | 51 |
| Learning from experience..... | 52 |

Section A: Overview and Summary

About Us - Torbay Council

The graphic below identifies characteristics of the population in Torbay if it were to be a village of 100 people. Significantly, the graphic demonstrates:

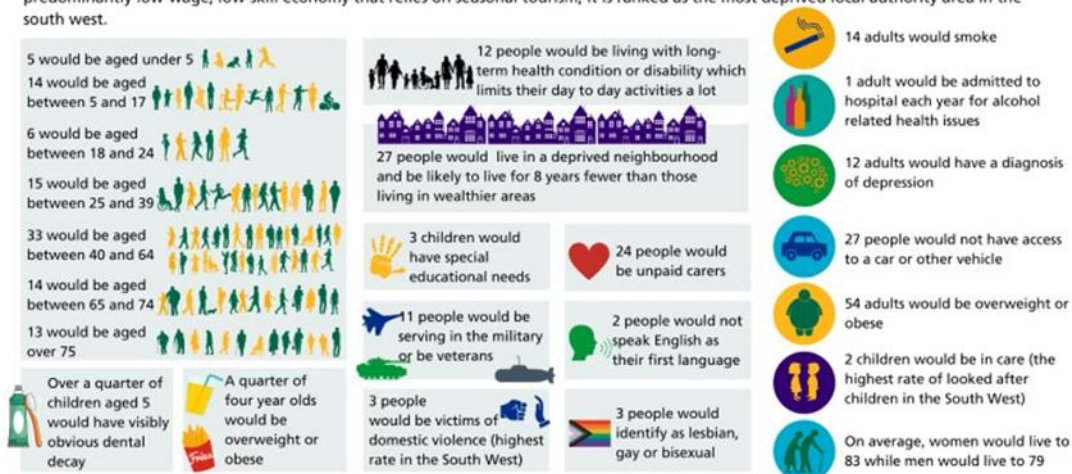
- Torbay’s increasing ageing population with an anticipated pressure growing from the 40 – 64 age group due to higher-than-average deprivation in the area
- 54% of adults would be overweight or obese.
- Torbay has the highest rate of domestic abuse in the south west.
- Over 10% will experience a common mental health condition (Depression).
- Is home to a large number of people with long term health conditions and disabilities.
- Close to a quarter of the population would be identified as an unpaid carer.

There is a long-standing awareness of the socio-economic deprivation that exists in Torbay. Inequalities in health and wellbeing occur in populations both geographically across the Health and Wellbeing footprint and within and across communities, with disadvantaged and marginalised populations most severely affected. The proportion of residents in Torbay experiencing deprivation due to low income has increased in recent years.

If Torbay was a village of 100 people . . .

NHS
Torbay and South Devon
NHS Foundation Trust

Spanning the three South Devon towns of Torquay, Paignton and Brixham, Torbay has a population of around 135,000. With a predominantly low-wage, low-skill economy that relies on seasonal tourism, it is ranked as the most deprived local authority area in the south west.

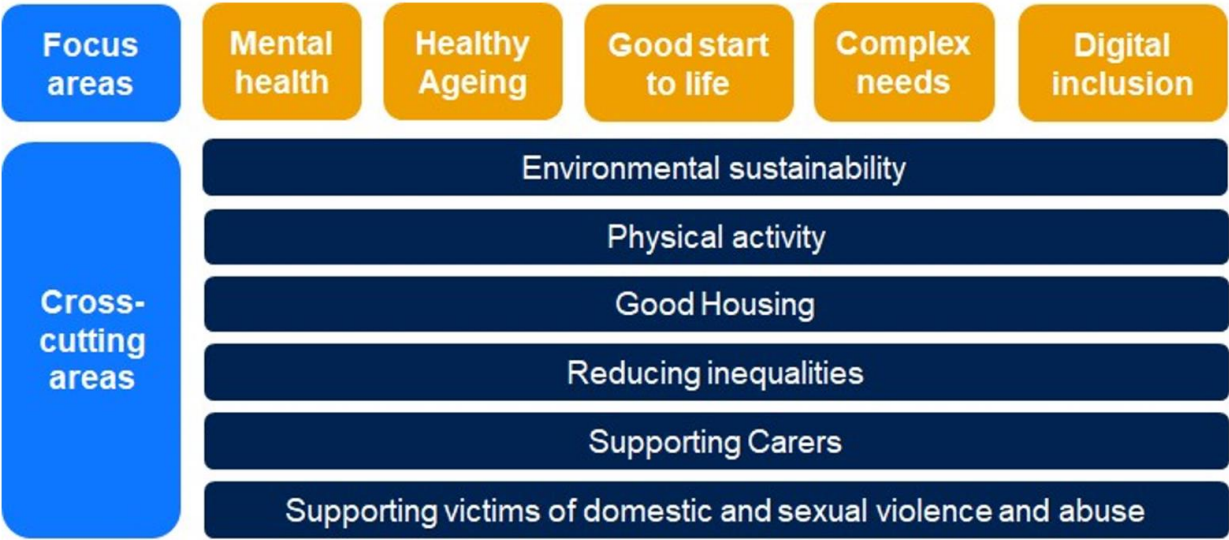


Characteristics of Torbay's population

Torbay's Joint Health and Wellbeing Strategy lays out the plan to improve the health and wellbeing of the population in Torbay between 2022 – 2026. The visual below identifies the Five focus areas and six cross cutting areas identifies as priorities for collective system action over the next four years.

The Health and Wellbeing Board has selected priority areas that relate to all aspects of health and wellbeing, without duplicating existing work or losing focus by spreading efforts too widely.

Our vision:
To create a healthy, happy Torbay where individuals and communities can thrive



Our Draft Community and Corporate Plan

Community and People

We want people across Torbay to celebrate success and feel part of their community.

Torbay will be recognised as a child friendly place. We want all residents, including our children and young people, to feel and be safe and to live well within their communities.

Everyone will have access to support, information, advice and guidance so they can meet their aspirations. With the best possible education and training, people will be enabled allowed to fulfil their potential. We will support people to live independently.

Our communities will be encouraged and supported to bring about positive change for the good of Torbay. People will have a better sense of ownership of the services and activities available to them. We will minimise barriers for community service delivery whilst maintaining our duty of care and legal requirements. We will build strong working relationships with our community police.

Adult Social Care - key facts

The table below gives the key facts for 2022/23

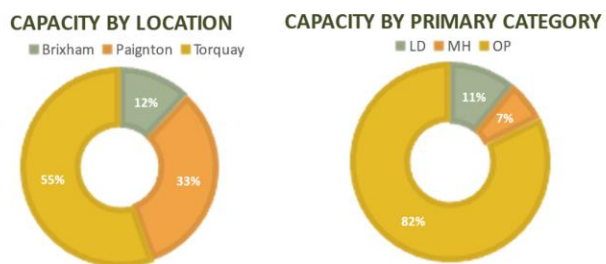
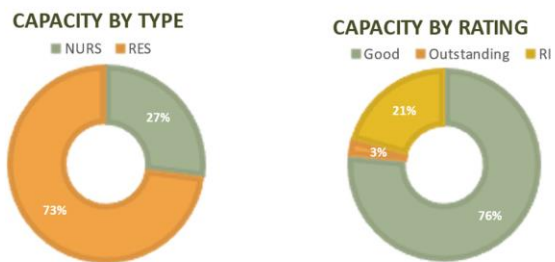
| | | | |
|--|--|--|---|
| <ul style="list-style-type: none"> The net expenditure for ASC 2022/23 is £61.8 million | <ul style="list-style-type: none"> 8,571 requests for support were received | <ul style="list-style-type: none"> 3,287 adults received long term support services | <ul style="list-style-type: none"> 2,463 clients were accessing long term support services at the end of 2022/23 |
| <ul style="list-style-type: none"> 5,206 carers on Torbay Carers register | <ul style="list-style-type: none"> 1,226 carers were assessed | <ul style="list-style-type: none"> 92% of carers accessed direct payments | <ul style="list-style-type: none"> Torbay Providers CQC rated Good or Outstanding 84% (81% CIPFA and England) |

Care Homes Overview

TORBAY CARE HOMES OVERVIEW SEPTEMBER 2023



'Care Homes' refers to the number of individual Care Homes within Torbay. Out of Area Care Home contracts are excluded. 'Number of Overarching Contracts' is higher due to multiple contracts, eg. a home provides both long term residential services and holds an IC block contract. Annual contract value is based on a snapshot of Active Contracts (Aug 23) extrapolated over a 12 month period. CQC Registered Capacity is based on TFM QAIT, Vacancy information is from the AST.



Vision and Strategy for ASC

Supported by NDTi, we have co-produced our vision with our community, voluntary and care sectors working in partnership with Torbay Council and Torbay and South Devon NHS Foundation Trust staff as we work to deliver improved adult social care services for residents in Torbay. The process for engaging with the community on the strategy was supported by Healthwatch during the consultation period over the summer of 2023. Healthwatch and Torbay Council held 6

sessions with people in Torbay to understand their views and the strategy had broad support from this process and the questionnaires submitted online through Torbay Council website.

Our shared vision is:

Thriving communities where people can prosper.

We want our residents to 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.

Our mission statement is:

We will work with our local community to support residents in Torbay to maximise their own wellbeing and independence, advising and guiding them around the best health and social care systems for them. Those who offer and provide support services will feel empowered to enable people to engage fully in their own decision making on choices of care. By working with our community this way, we will create a new way of supporting each other to achieve wellbeing for everyone - those receiving support and personal assistance and those giving it.

Our Priorities

To achieve these outcomes, we have co-produced the following priorities and the activities which we will carry out to meet those priorities.

Priority 1: Helping people to live well and independently.

Priority 2: Helping people to regain their independence

Priority 3: Helping people with care and support needs to live independently, safely and with choice and control

We have a long-standing partnership between Adult Social Care and Torbay and South Devon NHS Foundation Trust, and we will deliver our plans together, alongside other key partners outlined below.

The ambitions set out in the strategy will be delivered alongside related strategies and plans, including the Coproduction Framework in Adult Social Care, the Adult Social Care Transformation and Sustainability Plan, Torbay and Devon Safeguarding Adults Partnerships Strategic Business Plan, our Learning Disabilities Big Plan and our joint Carers Strategy. We will work in collaboration with our partners including users and carers, Healthwatch, partnership forums, care and support providers, the Community and Voluntary Sector, Devon Partnership NHS Trust, and other key statutory partners. Partners routinely measure the impact of their work to tackle risk and drive improvements in adult social care.

As we take forward the strategy, successful delivery will be dependent on further engagement and co-production with people with lived experiences and the wider public. We will work with them as equal partners both in the planning and delivery of services so that we learn from their experiences to build a more accessible, responsive, resilient, and personalised system.

Torbay has a long and strong history of integrating health and care. To deliver seamless care, Torbay Council has chosen, via a Section 75 agreement, to deliver much of adult social care with Torbay and South Devon NHS Foundation Trust. Within these arrangements the Council remains accountable for adult social care, retaining the lead for strategic commissioning and employing the Director of Adult Social Services (DASS).

The Council will lead the delivery and oversight of the Strategy, but in close collaboration with Torbay and South Devon NHS Foundation Trust. Both organisations will retain leadership and oversight of the implementation and delivery. The Council's Cabinet and Overview and Scrutiny Board and the Trust's Board are supported in their leadership roles by the Adult Social Care Continuous Improvement Board (ASCCIB). It provides an independently chaired forum for the partners to oversee their joint work on adult social care, providing support and challenge and escalating any risks and concerns through each organisation's governance arrangements.

Prevention

The health and wellbeing strategy: [Joint Health and Wellbeing Strategy 2022-2026 - Torbay Council](#) covers 5 priority areas and the delivery for the 5 priority areas sit with the individual programmes and they report 6 monthly to the health and wellbeing board on progress.

The Director of Public Health chairs the ICS population health, prevention and inequalities group with a parallel group for the South Locality.

We also have the JSNAs which set out needs for each council area to respond to: [TORBAY JOINT STRATEGIC NEEDS ASSESSMENT 2023/24 \(southdevonandtorbay.info\)](#)

Co - production

As part of the Council and Torbay and South Devon NHS Foundations Trust (TSDFT) approach to co production the Council has commissioned a voluntary sector partner to work alongside us. This work will be driven through the Quality Assurance Subgroup as part of the joint governance arrangements that are in place. There are good co production arrangements in place for people with Learning Disabilities - through the Learning Disability Partnership Board and seen through the approach to the development of the LD strategy and action plan. This is also mirrored for people with Autism. Carers services are also an exemplar in relation to co production. We are also signed up as an active partner in the ADASS TLAP Co - Production Launch (November 2023).

Workforce

This work currently sits within the Integrated Care Board (ICB) which has undertaken to produce an integrated workforce strategy for health and social care, into which Torbay has had significant input including the discovery and design events, and ongoing social care expertise. The three authorities work closely, together as well as through the ICB. Evidence of this work is in the Healthcare Assistants for domiciliary care with the system partner Livewell, and the International Recruitment hub that was extended beyond nursing to include social care. Torbay actively contributes, whilst each authority area through its market management teams can determine the degree to which it utilises the system offers.

The Council has supported from the COVID grant some providers to be part of the home office scheme to support overseas workers.

Diversity and Inclusion

Diversity and inclusion is an improvement priority for Torbay. We lack data on both workforce and people who draw on our services. Diversity and inclusion is a strong focus in the Carers strategy and in our work with the community and voluntary, including Engaging Communities Southwest. We are actively working with Southwest ADASS in relation to equalities diversity and inclusion and our DASS is the Southwest lead. This work is focussing on developing a shared approach to supporting the whole social care workforce. In addition, Local Authorities will check and challenge each other that we are reaching everyone we should.

The work will involve an EDI group across the region who will also develop a shared resource bank for region to highlight good practice from SW and other regions.

Integration: Working effectively in partnership

Integrated Care Partnership

The aim is to improve people's lives in Devon – wherever they live – to reduce health inequalities and make sure we can deliver these services for the long term. Within the One Devon Partnership there is a representative from each of the five Local Care Partnerships (LCP). The LCP for Torbay is the South LCP. This is where most of the planning for integrated care and service transformation and change will happen.

The link to the plan for Devon is below and has one overarching statement of intent; to strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon.

Devon Plan - including the Joint Forward Plan and Integrated Care Strategy - One Devon

The leadership of Torbay Council is a supportive and active partner within One Devon Partnership.

Our Partnerships

Torbay has a strong history of long and deeply imbedded integrated working and can be proud of the many benefits that this brings to our population, our services, and the wider Integrated Care System.

Our HWB Better Care Fund narrative has been highly commended and a link to it is here;
TORBAY HWB BCF Narrative Plan 2023_25 FINAL 20230628.docx

Torbay has well established integrated community health, social care and acute services which serves the local community and brings many benefits to people, services, providers, and the system. The establishment of the LCP in South Devon is an excellent example of our organisations working in more integrated ways towards common goals.

We know that Torbay has very low levels of patients with no criteria to reside in Torbay hospital which is a direct benefit of our integrated system.

Torbay's Joint Commissioning Approach

Torbay Council delegates its adult social care responsibility to TSDFT but retains strategic commissioning. Torbay requires a joint commissioning approach which is a collaborative process in which multiple stakeholders in Torbay work together to plan, fund, and deliver services to meet the needs specifically of the Torbay population and communities. Through the joint governance arrangements, there is coordination and partnership between health, social care and the community. NHS Devon plays a role in supporting the joint commissioning endeavours. The result is a decision-making and shared understanding of the health and social care needs working together to identify priorities, set goals, and develop strategies for meeting those needs effectively and efficiently.

Torbay, because of its integrated arrangements, has a unique ability to have a health and social care approach to improving the quality of provision in Care Homes. The QAIT team have nurses and an occupational therapist as part of the team and the clinical input is well regarded by the Care Homes in Torbay. Torbay providers rated as good or outstanding is higher than the England average (84% compared to the England average of 81%)

Health and Wellbeing Strategy

This has been prepared in collaboration with Health and Wellbeing Board partners and identifies 5 priority areas. These priorities are aligned with those of the ICS. This strategy responds to the areas of greatest need:

- children living in challenging circumstances and losing out on educational opportunities.
- lack of high-quality housing with secure tenure.
- people living with poor mental health.
- older people experiencing loneliness and isolation.

The strategy is here - [Joint Health and Wellbeing Strategy 2022-2026 - Torbay Council](#)

What have we learnt from the CQC self-assessment process so far?























The self-assessment process has enabled the Council and TSDFT to consider, find out and reflect on the key areas and consider the systems and processes and changes that are required to use this as the key quality assurance process for adult social care. As a result, we took the following actions:

- Developed and consulted on an ASC strategy over the summer of 2023, supported by Healthwatch.

- Set out our approach to co - production.
- Engaged a partner to help with co production.
- Listened to people through the CQC assurance engagement approach and understood that the services for people with Learning Disabilities needed to improve - which led to the co production of a strategy and action plan.
- Development of a quality assurance sub group of the Adult Social Care Continuous Improvement Board to focus on improving quality and peoples voice.
- A renewed focus on complaints and embedding learning into practice.
- Increased audit activity for Social work.
- Ensured that key areas of improvement that we required was included in the Transformation plan.
- Strengthened and co-produced our information and advice webpages on Torbay Council's website

Overview of ASC Outcomes

The graphics below shows our available data for 2023/24.

| New Requests For Support | | | | Adults Waiting for Support | | | Care Act Needs Assessment | | |
|--|---|--------------------|---|---|---|---|---|-----------|-----------|
|  | 8,472 | 18-64 | 1,848 | Care Act Needs | 31/03/2023 | 26/11/2023 | Categories | 22/23 | 23/24 FYE |
| | 8,571 in in previous year 22/23 | 65+ | 6,624 | Waiting | 243 | 85 | Total Assessments | 2,820 | 3,299 |
| Measure | Performance | | | > 6 Months | 10 | 0 | New Carers Assessed | 1,001 | 1,352 |
| We will increase the proportion of adults enquiries resolved by Information and Advice | 22/23 | 23/24 FYE |  |  |  |  |  | | |
| | 19.8% | 20.9% | | | | | | | |
| Adults Waiting For Services | | | | Supporting Adults with Long Term Services | | | | | |
| Categories | 31/03/2023 | 04/12/2023 | | Adults supported in Long term services | | | 22/23 | 23/24 FYE | |
| No formal support | 8 | 13 | | | | | 3,287 | 3,681 | |
| Formal support not at home | 8 | 7 | | Residential/Nursing | | | 968 | 1,055 | |
| Formal support at home | 16 | 21 | | Community | | | 2,319 | 2,626 | |
| Total | 32 | 41 | |  | Choice and control over offering Direct Payments | | | 19.8% | 20.6% |
|  |  | | | We will reduce the number of people aged 65+ whose needs are met by admission to res/nurs care per 100k | | | 775.4 | 748.5 | |
| Supporting Our Carers | | | | Supporting Discharge from Hospital | | | | | |
| Carers supported with services or given information and advice. | | 22/23 | 23/24 FYE | Measure | 21/22 | | 22/23 | | |
| | | 1,300 | 1,728 |  | Choice and control over offering Direct Payments | | 77.10% | | |
| Measure | | Performance | | | Total carers assessed and reviewed | | 23/24 FYE data not yet available. | | |
| | | 92.0% | 92.4% |  | | | | | |
| | | 1,226 | 1,620 |  | | | | | |
| Supporting Independence | | | | Supporting Our Learning Disability Adults | | | | | |
| Adults supported in enabling style services | | 22/23 | 23/24 FYE | Adults with LD in a long term service | | | 22/23 | 23/24 FYE | |
| | | 2,803 | 2,807 | | | | 582 | 625 | |
| Measure | Performance | | | Measure | | Performance | | | |
|  | We will increase the proportion of adults with reduced or no ongoing service following enabling style care. | 86.2% | 88.3% |  | We will increase the proportion of adults with LD in paid employment | 7.2% | 6.5% | | |
|  | % of all over 65 discharges in enabling style care | 32.1% | 30.9% |  | We will increase the proportion of adults with LD living in their own home or with family | 79.1 | 82.6 | | |
| Supporting Our Mental Health Adults | | | | Reviewing Services | | | | | |
| Adults requiring mental health support supported in long term services | | 22/23 | 23/24 FYE | Adults receiving long term services for more than 12 months - reviewed in the last 12 months | | | 22/23 | 23/24 FYE | |
| | | 707 | 711 | | | | 46.4% | 41.6% | |
| Measure | Performance | | | Measure | | Performance | | | |
|  | We will increase the proportion of adults requiring mental health support in paid employment | 1.6% | 2.9% |  | Adults receiving long term services for more than 12 months | 1,723 | 1,802 | | |
|  | We will support adults in contact with mental health services to live independently | 36.1% | 19.4% |  | Adults receiving long term services for more than 12 months and reviewed | 799 | 750 | | |
| Safeguarding Adults | | | | Deprivation Of Liberty Safeguards | | | | | |
| Safeguarding concerns received | | 22/23 | 23/24 FYE | DOLS applications received | | | 22/23 | 23/24 FYE | |
| | | 1,161 | 1,079 | | | | 1,024 | 1,005 | |
| Measure | Performance | | | Measure | | Performance | | | |
| | Progressed to an enquiry | 308 | 350 | Applications granted | | 114 | 77 | | |
|  | % Progressed to an enquiry | 26.5% | 32.4% |  | Applications not complete at year end (FYE assumed) | 661 | 768 | | |

Link to LG inform data set for Torbay.

Preparing for Adult Social Care Assurance - informing councils' self-assessment (Pilot data pack) | LG Inform (local.gov.uk)

CQC Theme 1: Working with People

Our strengths

- Longstanding integrated working between health and social care which has led to excellent local performance
- Strength Based approaches and practice development opportunities.
- Strong community sector with good partnerships, supporting the front door to adult social care
- Strong carers services.
- Significant reduction in waiting times for people to access social care assessment

Areas for improvement and direction of travel

- Services for people with Learning Disabilities need to improve and the codesign of the LD strategy with people with Learning Disability and the outcomes framework that is led through the Partnership Board provides the building blocks for this work.
- Direct Payments is an area of improvement for us, and this is a key part of our Transformation Plan for 2024/25.
- Improving the reach of the reablement offer for older people to support a reduction in bed-based care.
- Introducing an enablement offer for working age adults
- Supporting people with Mental Health problems into employment
- Embedding equality and diversity

Key statistics

| Activity | Working well | Improving |
|---|---|---|
| <ul style="list-style-type: none">▪ 8,571 requests received from new clients in 2022/23 | <ul style="list-style-type: none">▪ 79.1% of adults with Learning Disabilities who live in their own home or with their family in 2022/23 | <ul style="list-style-type: none">▪ Carers on the register.▪ 4,737 April 2022▪ 5,408 August 2023 |
| <ul style="list-style-type: none">▪ 3,287 clients received long term support in 2022/23 | <ul style="list-style-type: none">▪ 85% of people using reablement services reach independence | <ul style="list-style-type: none">▪ 229 patients reducing their pathway from P2 to P1 in acute services due to OT in reach. |

Strength Based Practice with a focus on prevention and reablement.

Our approach to strength-based practice is clearly laid out in our Adult Social Care Strategy with our vision of 'Thriving communities where people can prosper' which builds on work started in 2018 with NDTI and Community Led Support. This flows through into the conversation model for social workers and therefore how they approach assessments using people's strengths and communities to support. This is also covered within the training that Social Care staff have received. This approach is also used by the wider multidisciplinary team who have also been part of this journey. This approach is also central to our co production and co design model where we have commissioned the voluntary sector to work with us and jointly develop a model to quality assure social care practice through the experience of people who draw upon care and support.




The social care teams use a trauma informed approach to their work tying in with community safety and trauma training which is in place. We have also introduced defensible practice training to support risk enablement. We are building a robust system to ensure all staff use case note audits, learning from complaints and Safeguarding Adult Reviews which are communicated to staff to improve outcomes for Torbay's communities.

We know that through the work we have undertaken with Newton in 2023, 93% of people that finish reablement services are at or better than their baseline independence level. From July 2022 to June 2023, 1133 people accessed our reablement services. However, there is further work required to improve the reach of our reablement offer.

An area of development for us is in relation to people receiving Direct Payments. We know that we benchmark in the lowest quartile for this.

% of care users who receive direct payments 2021/22 %



-  Torbay
-  Mean for South West (ADASS Region)
-  Total for England

The context for Torbay includes long term sufficiently within our Home Care system and so people may be less likely to seek a Direct Payment as access to Home Care is easy through our commissioned services.

People who draw on care and support.

The number of people receiving long term support who are 18 - 64 is higher than both the England average and the South West average. We also have a higher percentage of the population of long-term clients than the South West or England average. These are a priority focus for us.

(Insert key strategic plans)

Clients receiving long term support during the year as a per cent of population (from 2017/18 to 2021/22) for Torbay



Workforce and practice development

Our specialist workforce is imbedded as part of the multidisciplinary health teams, based within localities whilst providing Baywide service delivery. Specialist professionals within our operational teams cover areas such as Homelessness, Autism, Transitions, Carers Champions, we have recently introduced Social Workers with a research portfolio. In addition, there is a sensory service and an Information and Advice service. There is also an integrated health and social care over 65 Older Peoples Mental Health team. The Approved Mental Health Practitioners, whilst employed by TSDFT, work closely with locality teams within Devon Partnership Trust. The Under 65s mental health team works in partnership with secondary mental health services delivered by Devon Partnership Trust.

Torbay Care Home Education and Support Service (CHESS) provides prompt, efficient and comprehensive services to people with Dementia in care home environments.

There is a Torbay Emergency Duty Service that provides generic social work service which covers Childrens, and Adult services across Torbay out of hours.

There is a dedicated education and learning post for Adult Social Care who provides specific staff informed directed training which is developed in line with emerging need and areas of risk highlighted by responses to practice delivery i.e., complaints, audits etc. We have strong links with the Council based Legal team who provide regular legal briefings and annual legal literacy training.

We have a strong practice development offer leading to a highly skilled professional workforce that can meet the complex needs of our population. As the social care staff are employed by the NHS, they benefit from the strong NHS infrastructure that supports recruitment and retention.

Our programme of assessed and supported year in employment (AYSE) and Post Qualifying (PQ) CPD and Apprenticeships provide our staff with the knowledge and skills necessary to deliver high quality strength based social care practice in line with the legal frameworks underpinning adult social care delivery.

We currently offer up to 4 places per annum on the Social Work Apprenticeship degree (SWDA)

In the last 15 years only two people have left the organisation after completing their Open University degree

We support up to 3 people per annum to complete their Practice education module via Bournemouth University.

We offer one person per annum opportunity to complete their Approved Mental Health Professional (AMHP) training.

We have had a contract with RIPFA (Research in Practice). This contract covers on-line webinars, a plethora of resources about different areas in adult social care, as well as focussed learning activities which we offer to our workforce on topics we choose.

2023/24 focussed topics are outlined below.

- Exploring the benefits of reflective supervision for practitioners, their organisations, and the people they support
- Developing strengths-based approaches to practice (adults)
- Homes and families: improving support for families who have both social care and housing needs.
- Promoting anti-racist practice.

The Principal Social Worker (PSW) and Social Care Education lead will be running a post qualifying supervision standards (PQS) training program and a leadership program for the third year running.

Torbay has focussed on supporting our own employees into Social Work for many years. We have committed to supporting people to be successful here and valuing the effort they put into study. As a result, we have very low vacancy rates and good retention. We have minimal agency use.

Case Studies

The importance of being a practice educator and developing our workforce

During the past year, three experienced social workers undertook specialist post - qualifying training called the Practice Educator (PE) award. This role works with social worker students on their work placements. This is an important role, and people who undertake this award provide a lot of support to students, whilst working full time and completing the academic requirements of the programme.

Naomi, a Practice Educator, said: "I joined Torbay and South Devon NHS Foundation Trust in 2008 as a health and social care coordinator. In 2012 I was thrilled to be given the opportunity to study for my social work degree and I haven't looked back since. My journey has been nurturing, supportive and an enriching learning experience, and I'm now sharing my skills and knowledge with our future social work students. I completed my Practice Educators' Award in 2022 and it instilled a sea change within me, both professionally and on a personal level. It has also helped enhance my critical reflection skills and my professional development. I feel very proud and privileged to be supporting our students and shaping our future social workers to ensure the highest standards of practice. The skills for this role do not just start and finish with students but my peers as well, supporting others to learn new theory and expand their knowledge, whilst creating a culture of a shared learning environment.

I genuinely feel that without the support of the Trust I would not have achieved my social work degree and practice educators' award. I am now looking forward to the next stage of my career and helping others to achieve their learning outcomes.

The journey to being a qualified social worker.

John, a recently qualified in-house trainee social worker, said:

I have worked in the broad field of health and social care since I was 18, having tried several different roles and taken something from all of them. I always said that I wouldn't want to be a social worker because I had an impression of what they do; I did not think I would be able to do it but moving from the charitable sector to Torbay and South Devon NHS Foundation Trust six years ago as a community care worker changed how I saw social workers. I was immersed in the complex and fascinating world of ethics, values and morals and found that all the social workers I worked with had one thing in common: the desire to support people in the most empathetic and non-discriminatory way possible.

My perception of the world of social work quickly changed and when I was informed of the Trust's programme to become a social worker, I jumped at the opportunity to start my degree and with the support of my manager and team I was able to work full-time and study full-time; something which

I did not think would be possible. I started when I was 31 and like most people, could not have afforded to completely stop work to study full-time; the fact I could continue working made this possible.

It was not easy, but the infrastructure and support was so good and I was always given the time I needed to study and focus on my degree. The placements are within the Trust's own teams and everyone I met was so invested in training new social workers that I found I never struggled and never felt unsupported.

I am now a qualified social worker and I often reflect on the statement, I wouldn't want to be a social worker and believe that I would still be saying this, if it weren't for joining the Trust and seeing the excellent social workers this programme has created. I am now looking forward to a career in social work where many opportunities are open to me.

Support for unpaid and family Carers

The joint approach for Carers services across the Council and TSDFT is one of genuine co production. This way of working has been in place for many years. It can be seen through all of our strategies and action plans and through our carer led evaluation about the quality of services. The link to Carers strategies and information is here, [Strategy, policy and quality - Torbay Carers Service \(torbayandsouthdevon.nhs.uk\)](#)

The Council and Health partners are signed up to the Devon wide Commitment to Carers and TSDFT is also signed up to the principles within the Triangle of Care. We have also got a memorandum of understanding in place supporting No wrong doors: working together to support young carers and their families.

We have delegated authority to GP based Carer support workers and to our VCSE partners, Mencap and Carers Aid Torbay to undertake Carers assessment. Our ASC teams complete more complex assessments. We also have Young Carer (5- 18) and Young Adult Carer (16- 25) services and young people aged 16 or 17 can attend the service they choose. There is a multi-agency Young Carers under 25 Strategy and action plan which has been co-produced with young people.

There are specialist Mental Health and Older People's Mental Health Carer support workers and hospital- based Carer support workers along with an information and advice point at Torbay Hospital.

There is ongoing work in relation to our Mind the Gap project and we have Carers ambassadors within minority ethnic groups.

We know that from our ASCOF data that our Carer outcomes are good especially in relation to adult social care, but it is important to note the generally Carers' quality of life measures are dropping year on year.

Carers assessment performance is monitored through our operational performance meetings and is generally good. Please refer to the operational scorecard below.

| Carer Assessment Report - 2023/24 Month 06 | | | | | | | | |
|---|-----------------------------|-----------------------------|--------------------------------|---|--------------------------------|--------------|--------------------------------|------------------------------|
| Carers Assessments - 01/04/2023 to 30/09/2023 | | | | | | | | |
| Assessments by Team | | | | | | | | |
| Team | Separate Carers Assessments | Combined Carers Assessments | Carers Assessments (Numerator) | Clients with Community Based Services (Denominator) | Proportion (Indicator Outturn) | Target (YTD) | Required assessments per month | Actual assessments per month |
| Brixham & Paignton | 179 | 144 | 323 | 1,375 | 23.5% | 20.0% | 46 | 54 |
| MH Over 65 | 49 | 13 | 62 | 161 | 38.5% | 20.0% | 5 | 10 |
| Torquay | 204 | 140 | 344 | 1,364 | 25.2% | 20.0% | 45 | 57 |
| Torbay Total exc CMH | 468 | 313 | 781 | 2,932 | 26.6% | 20.0% | 98 | 130 |
| CMH / DPT Total | 38 | 0 | 38 | 195 | 19.5% | 20.0% | 7 | 6 |
| Torbay Total inc CMH | 506 | 313 | 819 | 3,127 | 26.2% | 20.0% | 104 | 137 |
| Full year target = 40.0% | | | | | | | | |

There are ongoing risks in relation to Carer breakdown and a lack of replacement care which has been clearly identified by Carers.

Also note that the census noted that Torbay has very high numbers of Carers providing more than 50 hours of care per week.

The percentage of Carers receiving a Direct Payment is good (92.1% 2022/23), with the remainder using a voucher scheme for Emotional Support provided by Carer Aware counsellors. The total number of Carers we assessed in 2022-23 was 1,226.

| Domain & KPI | Frame work / Source | 2012/13 Rank | 2014/15 Rank | 2016/17 Rank | 2018/19 Rank | 2021/22 Rank | 2012/13 Quartile | 2014/15 Quartile | 2016/17 Quartile | 2018/19 Quartile | 2021/22 Quartile | 2021/22 Performance Description |
|---|----------------------|--------------|--------------|--------------|--------------|--------------|------------------|------------------|------------------|------------------|------------------|--|
| ASC 1D: Carer-reported quality of life | ASCOF SACE Survey | 55/152 | 18/151 | 46/151 | 58/151 | 37/149 | Q2 | Q1 | Q2 | Q2 | Q1 | Slightly better than Eng ave Better than SW ave Same as CG ave In best quartile |
| ASC 11 part 2: Proportion of carers who reported that they had as much social contact as they would like | ASCOF SACE Survey | n/a | 45/151 | 75/151 | 61/151 | 10/149 | n/a | Q2 | Q2 | Q2 | Q1 | Better than Eng ave Better than SW ave Better than CG ave In best quartile |
| ASC 3B: Overall satisfaction of carers with social services | ASCOF SACE Survey | 49/152 | 32/151 | 80/151 | 48/151 | 9/149 | Q2 | Q1 | Q3 | Q2 | Q1 | Better than Eng ave Better than SW ave Better than CG ave In best quartile |
| ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for | ASCOF SACE Survey | 62/152 | 33/151 | 59/151 | 68/151 | 13/149 | Q2 | Q1 | Q2 | Q2 | Q1 | Better than Eng ave Better than SW ave Better than CG ave In best quartile |
| ASC 3D part 2: The proportion of carers who find it easy to find information about services | ASCOF SACE Survey | n/a | 12/151 | 12/151 | 16/151 | 41/149 | n/a | Q1 | Q1 | Q1 | Q2 | Better than Eng ave Better than SW ave Better than CG ave In 2nd best quartile |

Case Study Carers

J has been caring for her husband for several years. He had dementia and he was difficult for J to cope with. During those years we have supported J with signposting, talking through options and being there when she was going through difficult periods.

We discussed her getting in some help and after going through all the options, she opted for a live-in carer who was able to take J's husband out so J could have some time to herself. J's husband would get angry if J wasn't in the same room, so this live-in carer also meant J could do housework etc without worrying about leaving the room for a few minutes.

We did a Health and Wellbeing assessment, and she requested that the well-being money went towards some theatre tickets and a meal out.

Her husband went into hospital a few months ago for an infection and the ward also spotted the difficulties J was facing. Between the ward, the GP, the support worker at the surgery, the live-in carer and us, we all made sure that J was safe at home and had the support she needed to keep her own wellbeing in check.

Very recently J started talking about care homes because her husband's decline had got worse. We were able to guide her through the options and allay her fears.

Very shortly after this discussion J lost her husband. We supported her through that difficult time and were pleased to know that she was keeping on the live-in carer for the time-being to help J manage her new life without her husband, whom she had never once stopped loving.

Quality Assurance and Practice Audit

A focus on quality assurance is being overseen by the Quality Assurance sub-group which includes people with lived experience and is chaired by the Deputy Director of Adult Social Care. Torbay prides itself on championing quality as a central principle and we are creating ways that will identify and focus our efforts where the need for improvement is greatest, led by the people who draw on our service. By adopting a Co-Production philosophy in practice, we are working towards a position where people who use our services have confidence in the support they receive.

Quality audits in social care have been in place for many years. We have further strengthened this by increasing the numbers of audits that are undertaken and introduced senior managers into the group of auditors. Professional standards formalised by the regional ADASS PSW network have been adopted. We have also introduced Social Care practice week offering a menu of opportunities for Torbay Senior Leadership Team, Elected members and the TSDFT Executive Board to fully understand the breadth of work undertaking in Adult Social Care.

Adult Social Care Contacts

These are regularly reported into the Adult Social Care Continuous Improvement Board. From October 2022 to 2023 there were 93 contacts and 2 comments. 47% are dealt with as concerns and 16% recorded as complaints. The themes relate to

- Communication and engagement
- Finance and billing
- Service delivery
- Legal Literacy
- Professional Practice Standards

An example of a compliment is described below.

Feedback about a Social Worker

With his professionalism, understanding, knowledge, and patience ‘Y’ totally opened up about the abuse she had suffered over years’. ‘He was instrumental to achieving a safe environment for ‘Y’ who is now totally free from abuse’

You have been such a credit whichever team you have been in (Social Worker) and I know (relevant team) feel very lucky to have you. Thank you for your continued hard work – it doesn’t go unnoticed.

Work is underway to develop learning into practice from feedback.

Information and advice

Through the process of self-assessment, we realised that our information and advice offer needed improvement from the feedback from people we spoke to. This is despite our upper quartile ASCOF position in relation to the percentage of clients who find it easy to find information about support (2021/22). A piece of work has been in place during 2023/24 to improve this which through working with our community of people accessing the website has led to significant improvements and easier access, however there is more work to do to ensure that our website and broader information is more accessible. In addition, we have a Community Helpline which was developed during COVID and remains in place and provides access to a wealth of information. People have told us how important it is to be able to talk to people directly to get help. The local hubs are one way that we do that. The hubs provide access to advice and information in Paignton Library and in Torquay town centre provided through Torbay Communities.

Assistive Technology and equipment

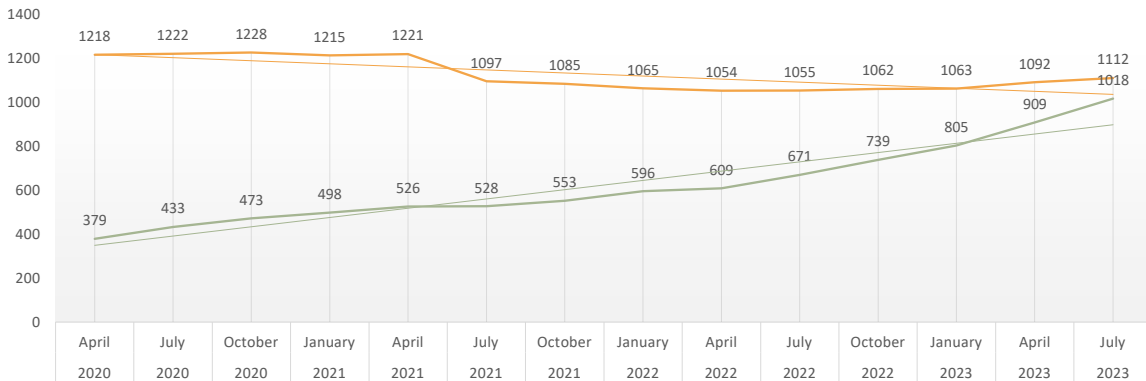
TECH is designed to slow or prevent the need for formal care TECH is provided through a contract with Nottingham Rehabilitation Services (NRS). This provides the latest telecare and 24/7 emergency monitoring.

The TECH service is working to upskill care providers e.g., Domiciliary Care and Rapid Response and supported living and reablement services to enable them to advise when care could be provided differently. The team also work with charities e.g., Age UK to upskill and enable referrals to come from them. Training is also given to Torbay Communities to enable diversion at the front door services into TECH.

The chart below shows the growth in TECH activity.

TECHNOLOGY ENABLED CARE SERVICES GROWTH SEPTEMBER 2023

In July 2023, the TEC Service celebrated a significant milestone of over 1000 active clients. In the 12 months leading up to this milestone, we have seen a growth of 47.97%, significantly higher than previous annual growth (Jan 21 – Dec 21, 14.86%; Jan 22–Dec 22, 32.55%). We have not only seen an increase in the number of referrals (Monthly average 38.83) but also an increase in the number of referrers into the service with 106 since 1st April 2023 (compared to 71 and 42 in FY22 and 21 respectively). The growth is down to the hard and concerted work by the TECS team, supported by NRS, to engage, train, and refresh our staff and the usefulness and importance of Telecare. The Green line represents LA-funded supported clients. The Orange line represents NRS private retail clients. Further work will be carried out in 2024/25 to demonstrate cost avoidance in Adult Social Care as a result of this activity.



TECH Case Study

Ms T is a 52-year-old with learning difficulties. She is an independent and active member of her community, attending craft sessions every Tuesday and other support groups. Ms T suffers from anxiety, especially in the evening, as she lives alone, and she is a frequent visitor to Torbay Hospital's emergency department. When her anxiety increases in the evening she calls 999. She was worried about having a fall at home and being left alone and wanted someone to talk to for reassurance.

The team met Ms T and suggested installing a Footprint GPS device at her home, and she now says she feels less anxious as she knows that if she has a fall or her anxiety level increases, she can press the SOS button and talk to an operator for reassurance.

There is a joint equipment contract in place with NRS and this is set up to ensure equipment is provided quickly to people to keep them at home or help them come out of hospital. It has a 2-hour response time and is a key enabler to our low levels of people with no right to reside in hospital.

Healthwatch have undertaken a significant amount of work in relation to reducing digital exclusion. A project that has covered 40 care homes in Torbay and South Devon has implemented smart technology to enable links with family and friends.

It was identified that people had been cut off from services, shops, banks and social connection during the first wave of COVID where everything shut down quickly. It was necessary to provide a response to this issue which led to the establishment of a digital inclusion network providing open membership.

Torbay Digital Inclusion network with support from Public Health has developed a digital inclusion strategy and a Torbay digital network which enables new technology to develop in Torbay.

This initiative is financed via Adult Social Care funds. The overarching aims are to refurbish IT assets, build partnership with voluntary sector and provide people with assets, knowledge skills and confidence to get online which supports individualised community led support and enable people to do things they want to do. We know that people who have complex needs and draw upon health and social care including people with disabilities and those with low income as well as people over 65 are often the most digitally excluded.

Integrated Working

Integration with mental health

There is an integrated health and social care over 65 Older Peoples Mental Health team that brings together social care staff and health professionals from Devon Partnership Trust into one co located team to provide care and support to older adults with complex presentations. The Approved Mental Health Practitioners, whilst employed by TSDFT, work closely with locality teams within Devon Partnership Trust. The Under 65s mental health team works in partnership with secondary mental health services delivered by Devon Partnership Trust.

Torbay Care Home Education and Support Service (CHESS) provides prompt, efficient and comprehensive services to people with Dementia in care home environments - delivered through educational support to care homes to enable them to optimise their residents' mental health and wellbeing and avoid unnecessary moves and/or hospital admission.

There is a Torbay Emergency Duty Service that provides generic social work service which covers Childrens, and Adult services across Torbay out of hours. This includes the delivery of safeguarding children, families and Carers in crisis including domestic violence parenting issues and mental health Act intervention and support.

Learning Disability Service

Learning disability health focussed services are provided by our partner Devon Partnership Trust (DPT). They support people with a learning disability when they see their GP, use primary care services, or when they go to the district general hospital. Help is also provided to those who have additional mental health needs and behaviours that challenge. DPT also provide assessment and treatment for people with profound intellectual and multiple disabilities who have dysphagia needs and require postural care, who can't benefit from local mainstream therapy services.

There are LD Commissioning Nurses and Primary Care Liaison nurses integrated with the Community teams and they are employed by Devon Partnership Trust. The benefits of this are that the most complex cases can be co worked and allows uniformity of panel processes and supports best Interest decision making through sharing of skills, as well as sharing of information.

Transforming Care

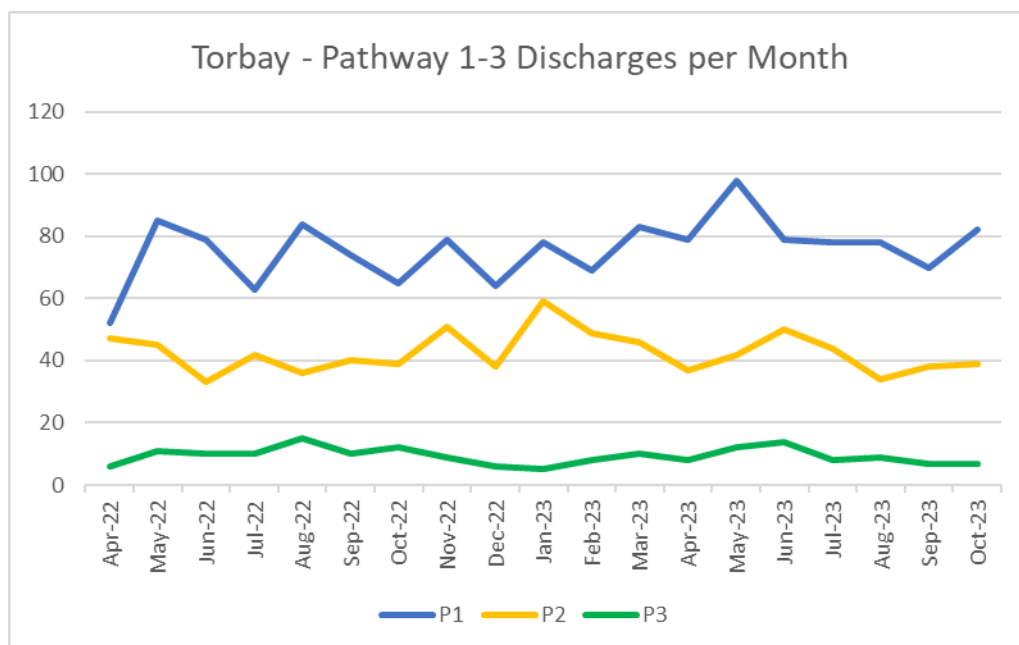
Oversight of Torbay's out-of-area / Devon system learning disability and autism in-patient cohort is closely managed via the Devonwide Learning Disability and Autism Partnership (LDAP), comprising Torbay, Devon and Plymouth local authorities, NHS Devon ICS and Devon Partnership

Mental Health & Learning Disability NHS Trust. Torbay commissioners and practitioners attend the regular multi-disciplinary discharge tracker meetings. Work is ongoing between ourselves and the Devon learning disability and mental health provider collaborative to ensure robust oversight of people at risk of admission, including data around 'blue light' meetings and Care and Treatment Reviews.

Within the Torbay integrated care organisation, we have procedures in place to identify the individuals currently placed at any given time, and we have appropriate systems in place within our operational health and social care teams to case manage people's return to Torbay at point of discharge. There is an active commissioning programme to develop a range of housing solutions, including those people with the most complex needs and behaviours that challenge services and living environments. In order to support delivery of these housing solutions, people with the most complex needs have been identified as a distinct group in housing need, alongside demand data, within the Torbay Housing Strategy.

Hospital Discharge

There is a fully integrated Hospital discharge service that has been in place for many years. There is direct access to short term services to support early discharge and Torbay has one of the lowest level of patients with no right to reside as we have optimised flow through integration. The graph below shows the number of pathway 1-3 discharges from TSDFT per month from April 2022.



Transitions from Childrens to Adults services

We have a strong offer for young people coming through transitions and work to support individuals from 16 years onwards & for those with high complexity from 14 years of age. There is a dedicated team focussing on this area of work who work closely with Children's services around the SEND agenda. There is strong interagency working leading to improved identification and at

an earlier stage for carers and young carers which has increased carers assessment. There has also been increased use of advocacy especially for care experienced young people. The team have in place a strengths-based referral system and a range of information designed for young people including easy read information.

Easy read transition document are here [easy read Transition 2.pdf](#)

During the 2021 OFSTED inspection of SEND provision in Torbay it was noted that ‘Progress in delivering a cohesive offer for young people with SEND post-16 and up to age 25 across education, health and care has been slow. Some areas of strength, such as the specialist school offer, are not maintained for young people when they turn 19. Similarly, many areas of the health offer for young people end when they turn 20. Opportunities and choices for young people as they transition into adulthood are limited. Many parents of young people stated that they had to look beyond the local area to find appropriate provision, particularly as their children turned 20. Some families find themselves in a void at this point, accessing little or no services because of the limitations in provision within the area.’

Recent audit activity evidences that some developments has been made towards addressing this priority need with demonstrable engagement across the system noted. The Becoming an Adult work stream continues to work towards addressing wider areas of need including;

- Good Health and Wellbeing
- Friendships, Relationships and Community
- Life/Employment Skills (including Access to Employment)
- Independent Living Skills

Good progress has been made in transition’s services with numerous examples of success and improved outcomes for young people. Our Social Workers are proud of the work they do and have numerous examples of working in partnership with Children’s Services to facilitate a clear transition plan for young people. We have robust processes in place that ensures transition planning begins early which reduces anxiety for the young person and their family. This process also helps to inform future care planning if the young person has complex needs that challenge service provision.

In House Services

Hollacombe Community Resource Centre delivers a range of therapeutic activities and opportunities to people with complex and profound learning disabilities and associated physical disabilities. Currently 35 people receive services from Hollacombe with an additional 10 waiting to access the service (7 school leavers in the next 2 years and 3 other adults waiting a placement).

Quality assurance surveys indicate a high level of satisfaction with the service delivered at Hollacombe with the service maintaining excellent links to both in house operational social care teams and wider community partners including Mayfield School.

Commissioned services – Support Planning Service (SPACE)

Space is commissioned to offer a support planning service to individuals with a Learning Disability/Autism in Torbay. They enable people to identify their chosen activities to meet their assessed needs within their agreed budget from Adult Social Care. They work with people to help identify appropriate activities or jobs in the local area.

Space also deliver a friendship project and a hub session run weekly from The Windmill Centre in Torquay. The Hub provides a range of activities (cooking, photography, gardening, arts & sports) as well as opportunity for social activities and increasing independent living skills. Space also are a member of the Torbay Learning Disability Partnership Board.

Commissioned Services – Torbay Mencap Family Carers

Torbay Mencap Family Carers is a service for anyone aged 18 or over who provides unpaid support to an adult with a learning disability in Torbay. The service offers advice, information and support, health & wellbeing checks, groups and social activities. This service is provided in addition to the wider carer support services delivered by Torbay & South Devon NHS Foundation Trust.

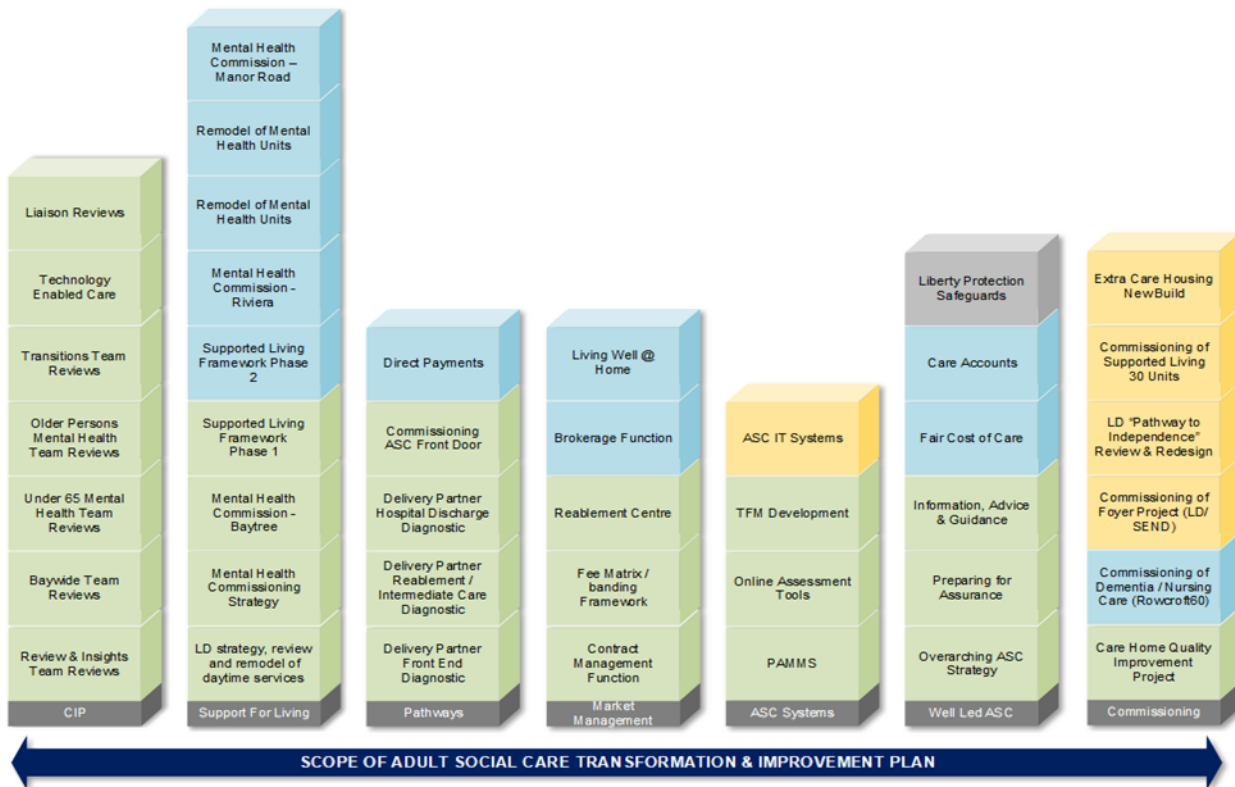
Feedback from users of the family carer services is that the service is highly valued. Particular strength was highlighted in how the service maintained direct contact with carers throughout the Covid pandemic.

Our Transformation Plan

Essential in 2021/22 was the continual development of value for money in our services and working within the assigned budget of adult social care in Torbay, whilst recognising the well-publicised increasing growth in need across England, and equally so in Torbay. Adults Social Care Improvement Programme (ASCIP) continued to develop and deliver a transformational approach to improving value for money. The approach to reviewing our support packages adopted by Torbay was a critical tool and approach to focus client support package reviews using a strength-based, asset focused and community-led approach as its primary foundation.

Our Review and Insights Programme focused on the Care Act 2014 principles of promoting wellbeing through engaging the person in genuine conversations about “what is important to them”. These conversations are supported by a commitment to personalisation and co-production of support plans and an assurance of how we spend public funds. The effectiveness of our programme presented an opportunity to identify insights relating to commissioning, market management and social work best practice. This programme continues to grow and evolve and demonstrates our track record in improving services.

There is a comprehensive transformation and sustainability plan in place which has been part of operational delivery for several years. This plan sets out the key pieces of work over the next 2 years which address our key areas of weakness. This plan comprises of 7 pillars of work shown in the diagram below.



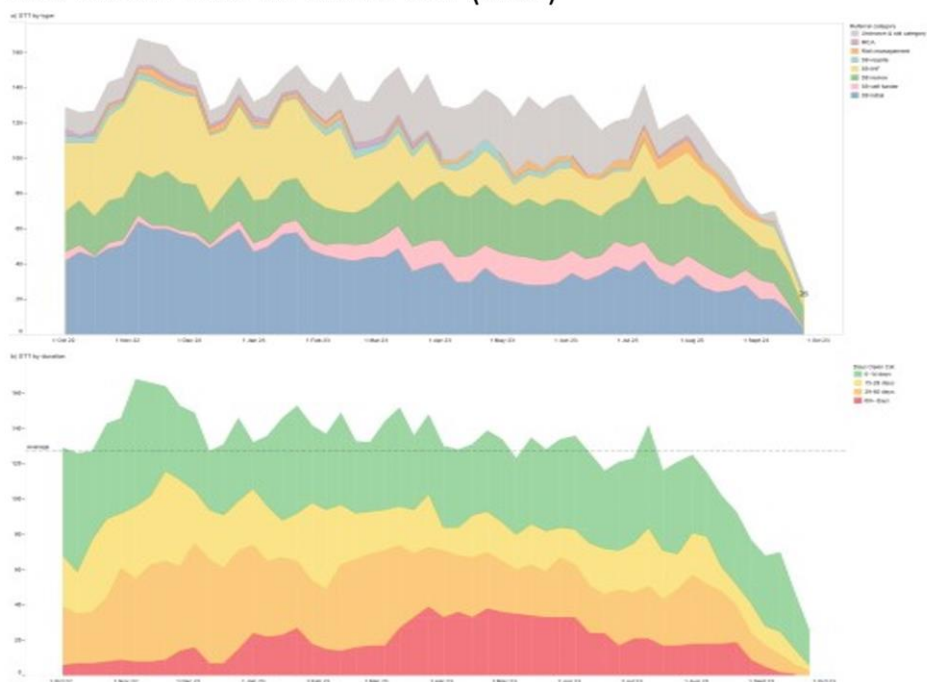
People Waiting for Support from Adult Social Care Services

In Torbay we have deeply integrated and co located Health and Social care teams which have been in place for over 17 years. For us this means that health and social care work together seamlessly to provide a system that optimises outcomes for clients and provides an extra safety net through which more professionals are able to contribute to individual's wellbeing and greatly helps MDT communication and information sharing. The Social care teams are made up of; a front-end (In-take) team and a complex care team. These teams have recently moved to a Baywide structure to ensure parity of access and processes across Torbay's 3 towns (Torquay, Paignton and Brixham). As part of the integration provision there are a number of Health and Social Care Co Ordinators (HSCCs) in post providing a first point of contact for people helping to address both Health and Social Care needs. Torbay also provides an Under 65 Mental Health team and over 65 Mental Health team as well as an Emergency Duty Team and Day time Approved Mental Health Practitioners (AMHP) team.

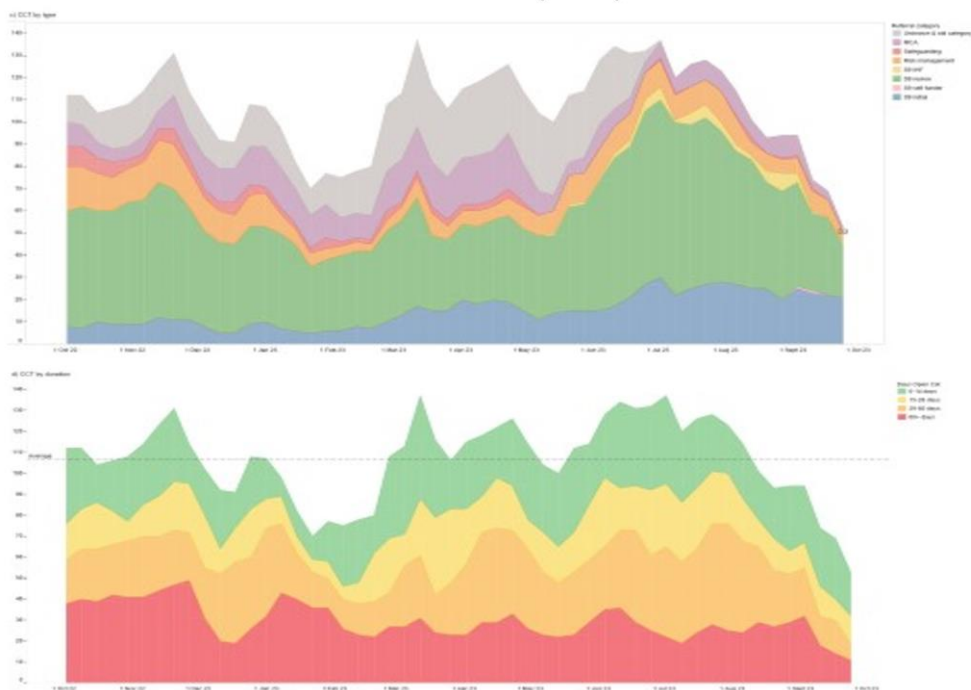
We have a good understanding of our waiting list position and have systems and processes in place to check and challenge this. Although it has not been possible to eradicate waits post COVID -19 significant improvements are being seen in the length of time people are waiting for a social care assessment due to the implementation of the waiting list recovery plan. This can be

seen in the 2 graphs below.

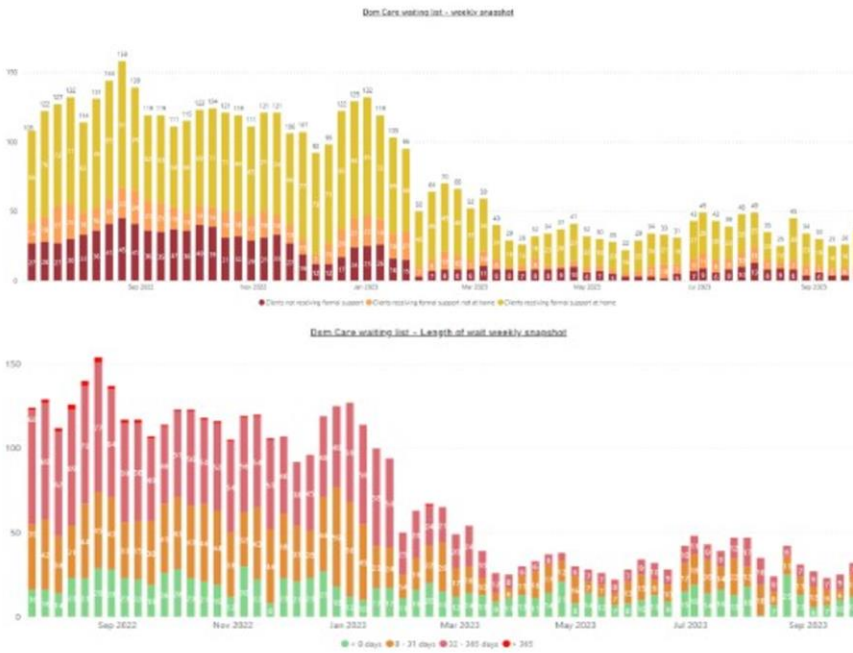
ASC FRONT END WAITING LIST (M06)



ASC COMPLEX CARE WAITING LIST (M06)



1.4: ASC DOM CARE OUTSTANDING LIST (M06)



The number of clients awaiting dom care fluctuated between 90s and 150s during the period July 2022 to January 2023 with a mean average of 119

Since late January 2023 the service has seen significant decreases in the number of clients awaiting dom care, with the mean average dropping to 39 for the period February 2023- Sept 2023

Q1 (M01 – M03) saw lower numbers maintained and reduce further, only rising marginally towards the end of M03. The mean average for Q1 was 33.

The number of clients awaiting dom care who are at home with no support all was zero for the majority of Q1, rising no higher than 2 on any given day.

The number of clients awaiting dom care who were 'receiving formal support not at home' (e.g. in a hospital bed) also remained low in Q1, rising marginally in M03.

Q2 (M04 – M06) saw a slight increase in the mean average number of clients (37), but overall the waiting list remains at a low level. Higher numbers of clients waiting through M04 drove up the average (highest 49 on 03/07/2023 and 31/07/2023 snapshots). This was due to an increase in people requesting female only carers and sporadic packages of care e.g. half an hour a week, 3 times a week. These packages take longer to source.

M05 and M06 saw numbers drop back to those in line throughout Q1.

More capacity in the dom care market in early 2023 in particular with Baycare taking on more staff, has enabled AST to reduce the number of clients awaiting Dom Care, and to maintain a far smaller waiting list with clients waiting for less time than had previously been seen.

The market continues to be stable with a good turn over of offers and packages being picked up.

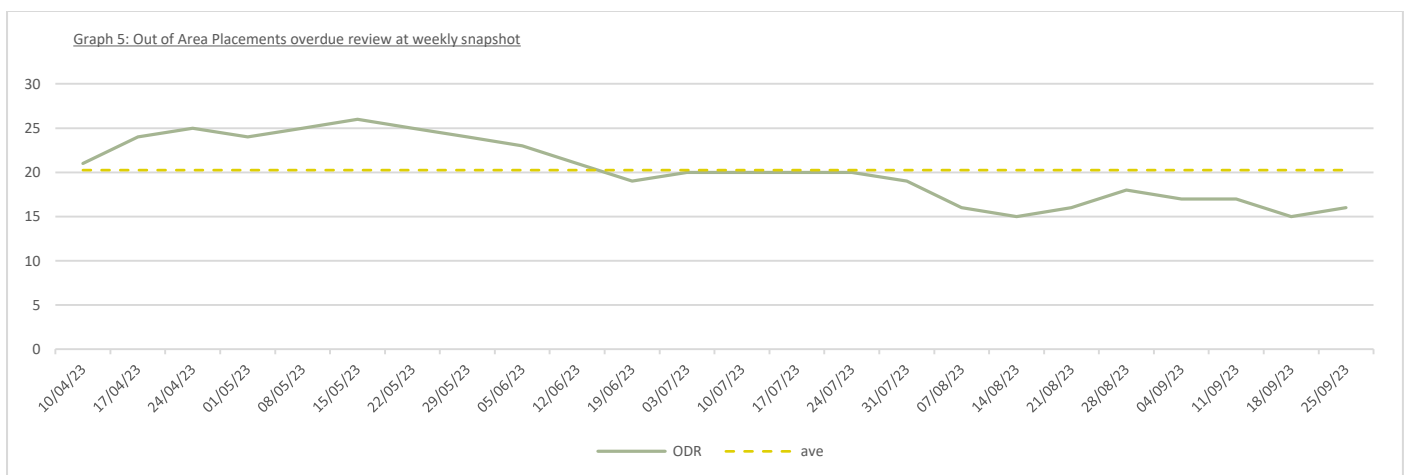
There are on-going conversations between Social Care and the person who is the longest standing on the list (3.5 months) regarding how we can reach a compromise with her regarding her requirements.



Delivery, Markets, Contracts & Quality Team (DM/CQ Team)

Torbay has 46.9% of people that have had a review in the last year, which is better than the South West average of 44.8% but worse than the England average of 55.2%.

We closely monitor our Out of Area review position through governance routes and the current position is shown below. There are 81 placements and of these 16 are overdue (19.8%) and 65 are not overdue (80.2%).



CQC Theme 2: Providing Support

Our strengths

- Long and deep integration with Health via a section 75 agreement.
- Our clinically led QAIT team works well with the sector to improve the quality of provision and develop an improvement plan with those who are struggling, through direct intervention and support from clinicians.
- Good partnership working with the Voluntary and Community Sector.
- Good Home Care provision with almost no delayed Pathway 1 discharges throughout the 22/23 winter period.

Areas for improvement and direction of travel

- Continuing to improve our contracts and contract monitoring processes.
- Development of broader workforce strategies is required, building upon the work of the Integrated Care System and South West ADASS
- Lack of short breaks for carers. This is a proposed project for Devon in the Accelerated Reform Fund.
- Increase our reach of Reablement services.
- Introduce enablement services to people under 65.
- Too many people in care home placements.
- Improve our understanding of the wellbeing and prevention needs of people waiting on the Community Mental Health waiting list.

Key Statistics

| Activity | Working well | Improving |
|---|---|---|
| <ul style="list-style-type: none"> ▪ Over 1,000 people supported by TECH | <ul style="list-style-type: none"> ▪ 88% Home Care providers rated good or outstanding by CQC | <ul style="list-style-type: none"> ▪ Over the last 3.5 years a 7% increase in care homes rated outstanding or good |
| <ul style="list-style-type: none"> ▪ 3,287 adults supported in long term services of which 2,319 are supported in community services | <ul style="list-style-type: none"> ▪ 81.8% Torbay community-based locations rated as good or outstanding. ▪ 229 people have had their pathway reduced from P2 to P1 via our hospital in reach service | <ul style="list-style-type: none"> ▪ 79.1% of adults with a learning disability are living in their own home or with family in 2022/23, with a forecast to improve this to 82.6% for 2023/24 |

Whole Market Overview

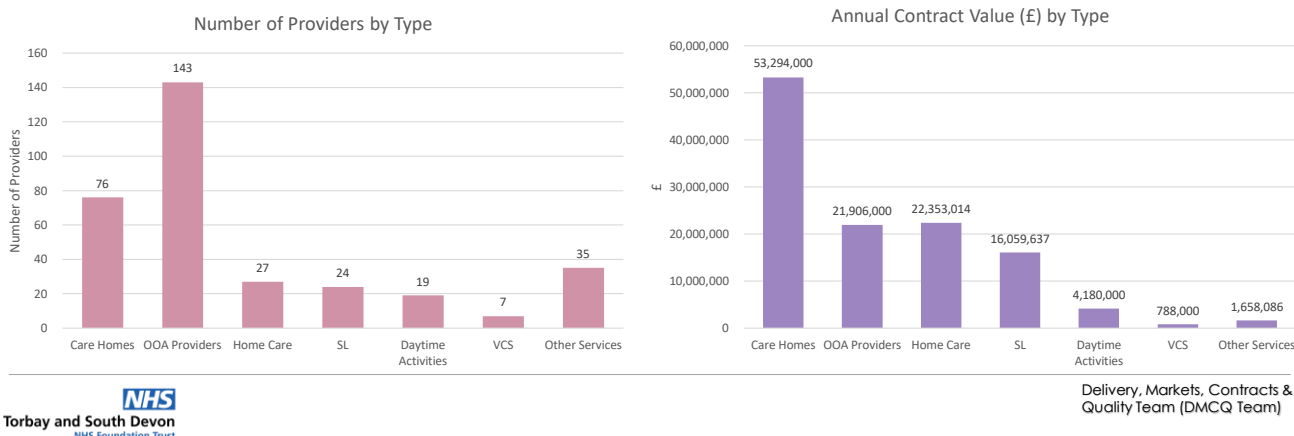


WHOLE MARKET OVERVIEW SEPTEMBER 2023

The Market referred to is Torbay based on Local Authority footprint. Out of Area includes Devon and Plymouth Activity. The contracts which this slide deck is based on are all held by TSDFT and include Adult Social Care, Intermediate Care and Placed People funded services.

On 1st September the Contract Management Function, including Contract Management Procedure and Toolkit was launched within the Delivery, Markets, Contracts and Quality Team. For the first time, a designated Contract Manager has been allocated to Care Homes. The procedures and documentation have been improved for the other market segments. There is further work to do within the Market Management Function which includes applying a Value and Risk Matrix to every contract we hold. This will enable us to apply the appropriate level of resource to manage each contract rather than a set schedule of contract management activity regardless of the value of the contract and the risk to the organisation if the contract were to end unexpectedly.

Information has been collated in a Contracts Register and during Quarter 3 will be updated by the Contract Managers to fill any gaps. The information in the charts below is based on the current information held and will be refined in each month's reporting.



The Market Position Statement (MPS) has outlined the key priorities and the future market shaping required. This describes an increased use of enabling housing-based models of care and support enabling greater choice and control, and new models of homecare enabling people to live at home with family carers. There are an underutilisation of personal budgets and Direct Payments for Older People. This will be addressed through our transformation plans in 2023 to 2025.

Torbay Council and Torbay TSDFT have operated a completely integrated health and social care system for some time, from acute hospital all the way through to community health provision and adult social care. This level of integration has significant systemic benefits within areas such as hospital flow, Pathway 1,2 and 3 discharge management and associated social care market management.

Home Care 18+

Prior to winter 22/23, work had already been done to ensure that the temporary rate uplifts of the COVID pandemic and as part of winter measures 21/22 were made permanent. Alongside the end-to-end flow management supported through health and social care integration, the improved hourly rate ensured the contracted homecare providers were able to recruit staff and sustain services. This resulted in almost no delayed Pathway 1 discharges throughout the 22/23 winter period. The Torbay integrated system maintains a high level of market intervention within home care, through a fairly funded reactive framework, meaning that supply is able to flex effectively to meet local demand. Waiting lists for Home Care remain low in Torbay. All commissioned framework and non-framework Home Care is deemed to be affordable and there is capacity to meet demand.

Long-Term Residential Care and Nursing Care

Torbay now has an adequate supply rather than an oversupply of residential care beds, having seen a reduction of approximately 200 65+ beds since 2018. Recruitment has been challenging at times but support with this issue has been ongoing before and during winter 22/23, including very early work to support overseas recruitment where appropriate.

Again, the high level of health and social care integration, including intermediate care and reablement, has a significant positive impact on both Pathway 2 and 3 hospital flow. Where discharges were delayed, it was primarily due to waits for complex capable beds. Short-term block purchasing of beds in homes with complex capability supported the system throughout periods of higher demand, including through winter 22/23.

Supported Living, including Extra Care Housing

Torbay has a longstanding and effective supported living framework, jointly commissioned by the council and TSDFT. Improvements to overall market management prior to winter 22/23 has supported more effective management of vacancies within contracted supported living services, reducing waiting times for placements and ensuring successful diversion from higher cost service models with less effective outcomes. However, due to ongoing housing issues within Torbay and continued issues with construction inflation, the overall supply of both supported living and extra care housing remains significantly below the level of demand by the health and social care system locally. There are currently 109 multigenerational commissioned extra care units in Torbay. Capacity is limited due to current capital development constraints, so whilst commissioners expect that overall demand to increase during 2023/24, Torbay lacks capacity to meet demand in this market sector. Market shaping work is ongoing in supported living to reduce high-cost spot purchasing.

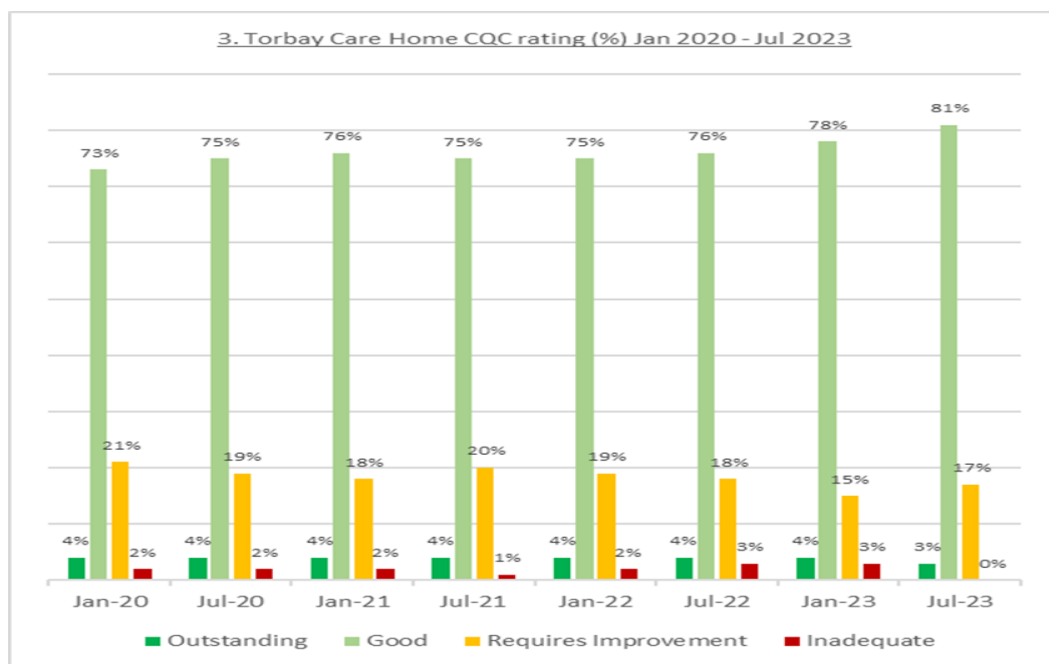
We have used the Market Sustainably and Improvement Fund to target grants on providers at below the average fee levels who are key to sustaining our market capacity. Below is our favourable benchmarked position in relation to the Local Government Finance Settlement 23/24.

South West

| Local Authority | Average LA fee uplift 2023/24 (weighted by service type expenditure) |
|-------------------------------------|--|
| Somerset | 19.7% |
| Torbay | 12.9% |
| Devon | 11.8% |
| Swindon | 11.8% |
| Isles of Scilly | 10.2% |
| Plymouth | 10.0% |
| Dorset | 8.7% |
| Bristol, City of | 8.4% |
| North Somerset | 8.4% |
| South Gloucestershire | 7.0% |
| Bournemouth, Christchurch and Poole | 6.3% |
| Gloucestershire | 6.0% |
| Bath and North East Somerset | 4.8% |
| Cornwall | 3.1% |
| Wiltshire | 2.8% |

Care Home CQC ratings

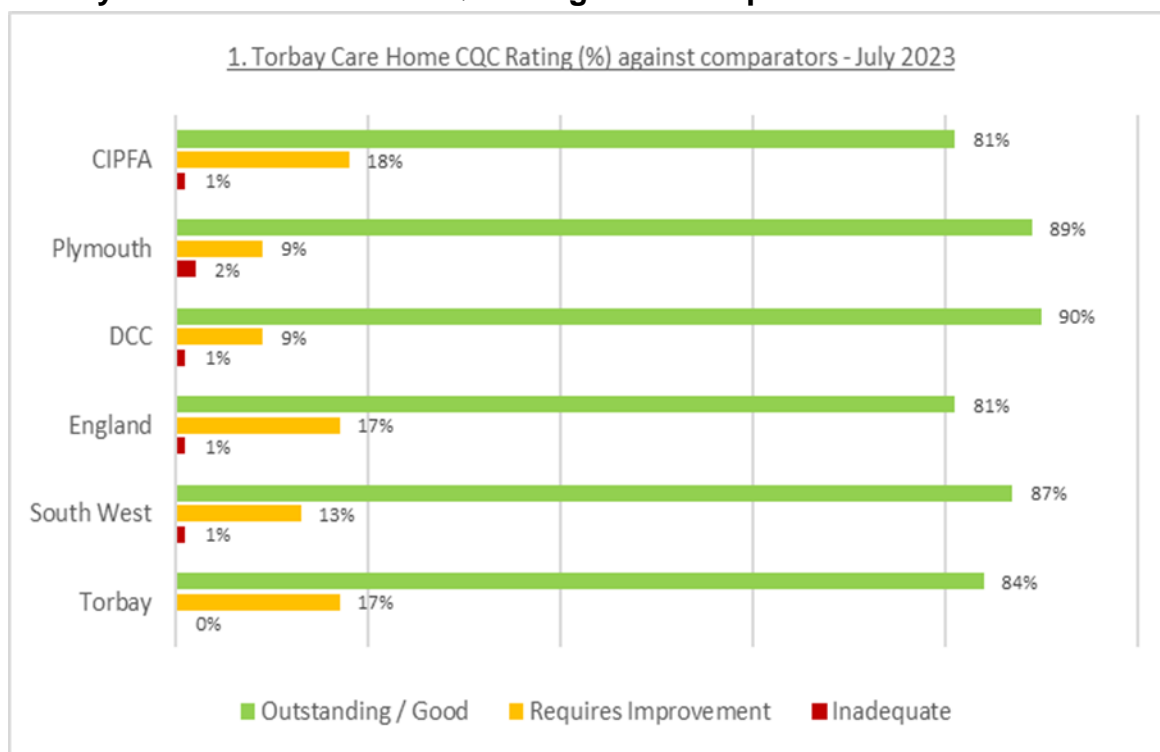
Torbay Care Homes overall CQC Ratings over time



In the 3.5-year period between Jan 2020 and Jul 2023 the proportion of Torbay care homes rated overall as:

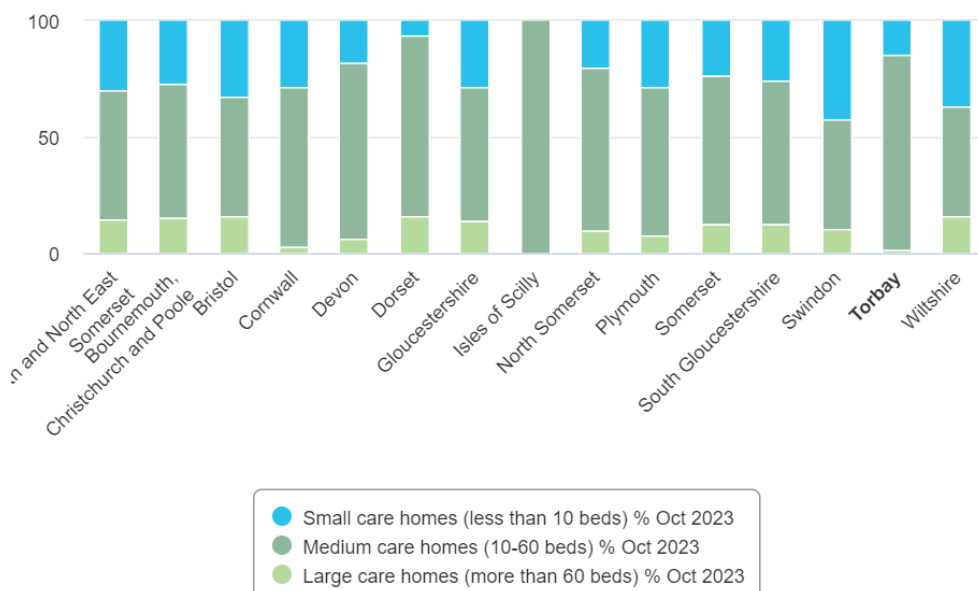
- 'Outstanding' has reduced (-1%)
- 'Good' has increased (+8%).
- 'Requires improvement' has decreased (-4%)
- 'Inadequate' has decreased (-2%)

Torbay Care Home Overall CQC ratings and comparators



Size of Torbay care Homes

Small care homes as a % of all care homes (less than 10 beds) (Oct 2023), Medium sized care homes as a % of all care homes (10-60 beds) (Oct 2023) & Large care homes as a % of all care homes (more than 60 beds) (Oct 2023) for South West (ADASS Region)



Torbay has a greater proportion of medium sized care homes within the South West region and has the fewest large care homes within the region. The Market Position Statement (MPS) recognises that due to the estate in Torbay and most care facilities being more than 50 years old mean that there are no modern large sized care homes and small care homes have exited the market over time due to quality and viability issues. The MPS has outlined the key priorities and the future market shaping required. This describes an increased use of enabling housing-based models of care and support enabling greater choice and control, and new models of homecare enabling people to live at home with family carers.

Market Oversight

There is good oversight of the market through the Quality Assurance and Improvement Team (QAIT) which is made up of Occupational Therapists and nurses who provide clinical support and training to providers. Provider Assessment and Market Management Solution (PAMMS) is in place and used by the team to support the quality improvement work. There are longstanding and good reporting mechanisms in place that details the range of any concerns that the team may have with a provider. There is an Insights programme in place that provides data to help inform areas of risk and local intelligence is gathered from the multidisciplinary teams through the Datix system and shared with the QAIT team. Quality meetings around care homes and Home Care providers ensure that everyone is made aware of any risks. During COVID there were targeted grants to care homes of concern. We also supported Care Homes, where necessary e.g., Older

Victorian properties, to improve their infection prevention and control infrastructure and measures through this grant process.

Across the Devon system in collaboration with our ICB colleagues, we know that we have insufficient good quality Dementia provision. In response to this we have been working to develop a local solution with Rowcroft to increase the provision for a Devon wide resource.

Contracting arrangements have been improving over the last year with increased infrastructure and processes in place to support better market management.

Home Care

On average in Torbay each day, care providers deliver 3,315 care visits.

The chart below provides an overview of Home Care for September 2023.

HOME CARE OVERVIEW SEPTEMBER 2023



NUMBER OF PROVIDERS – LIVING WELL AT HOME

18



SNAPSHOT WEEKLY HOURS – LIVING WELL AT HOME

12,541



ANNUAL CONTRACT VALUE – LIVING WELL AT HOME

£16,375,000



NUMBER OF PROVIDERS – NON FRAMEWORK

9



SNAPSHOT WEEKLY HOURS – NON FRAMEWORK

Work in progress



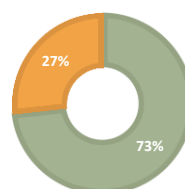
ANNUAL CONTRACT VALUE – LIVING WELL AT HOME

£5,978,000

"Home Care" includes Living Well at Home (Framework) provider, non-framework providers and block contracts including Rapid Response, Hospital Discharge and Intermediate Care.

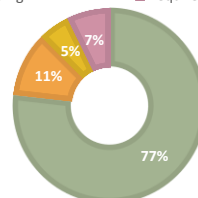
CONTRACT VALUE BY CONTRACT TYPE

■ Homecare LWAH ■ Homecare Non Framework



CONTRACT VALUE BY CQC RATING

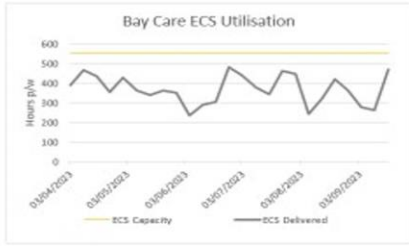
■ Good ■ Not Yet Inspected
■ Outstanding ■ Requires Improvement



In addition, we have block hours provided to support urgent need including hospital discharge described in the graph below.

BLOCK CONTRACTED DOM CARE 23/24

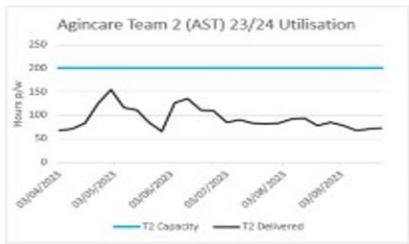
September



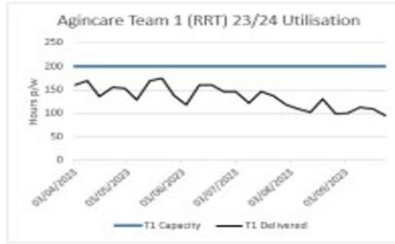
| Bay Care ECS | |
|--------------------------|-----|
| Weekly Capacity (hours) | 550 |
| Average Delivered | 368 |
| 23/24 Average % | 67% |
| 4-week Rolling Average % | 62% |

- Bay Care ECS taken on more clients recently, and most recent data shows 85% utilisation.
- Utilisation of both Agincare contracts continues to decrease. There is ongoing work within short-term services to ensure that their capacity is used before referring to Agincare. A consequence of this may be a decrease in Agincare Team 1 utilisation from early November.

| Contract | Admissions to Service | Discharge from Service |
|--------------|-----------------------|------------------------|
| Bay Care ECS | 42 | 33 |
| Agincare T1 | 6 | 5 |
| Agincare T2 | 2 | 5 |



| Agincare T2 | |
|--------------------------|-----|
| Weekly Capacity (hours) | 200 |
| Average Delivered | 93 |
| 23/24 Average % | 47% |
| 4-week rolling Average % | 36% |



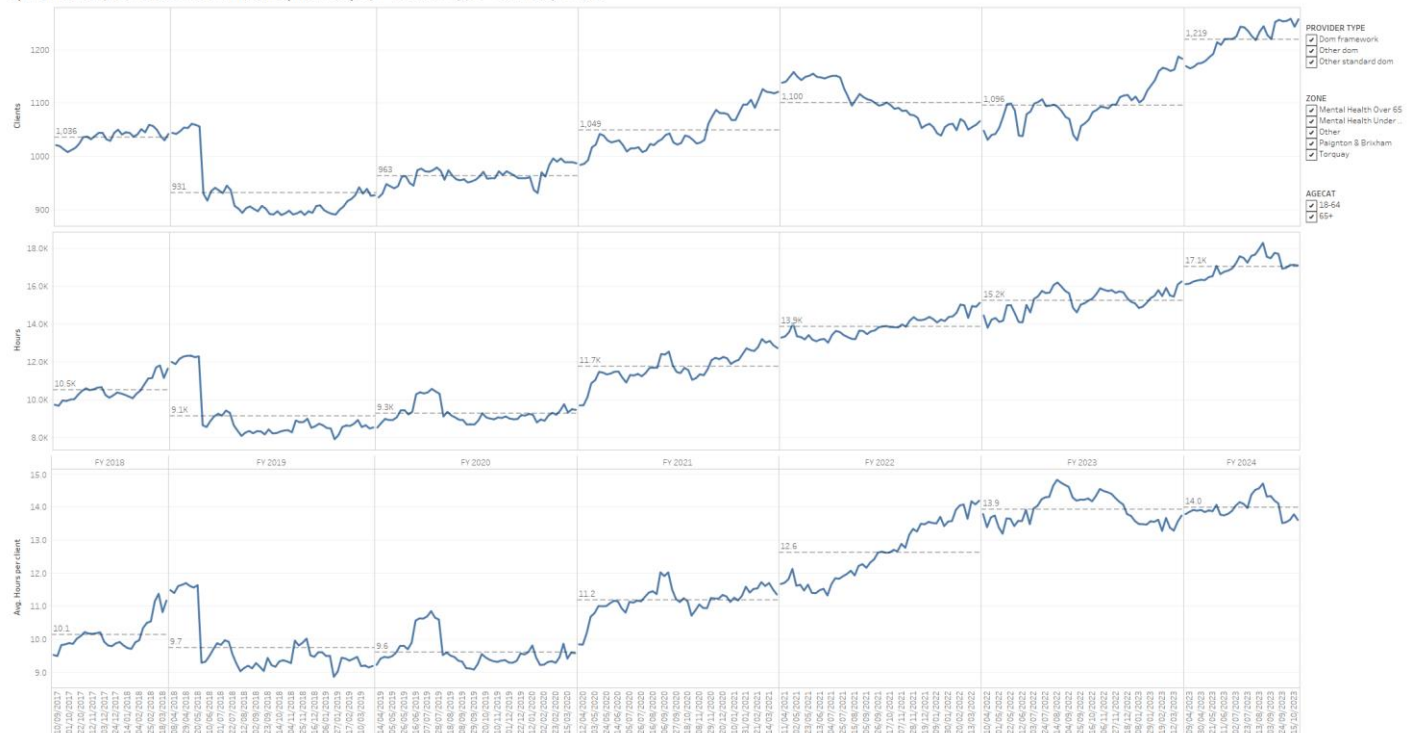
| Agincare T1 | |
|--------------------------|-----|
| Weekly Capacity (hours) | 200 |
| Average Delivered | 135 |
| 23/24 Average % | 67% |
| 4-week Rolling Average % | 52% |



Delivery, Markets, Contracts & Quality Team (DM/CQ Team)

Demand for Home Care has been increasing since 2017 as can be seen in the chart below.

8) Domiciliary Care Clients and Hours (Planned) by Provider Type - Trend by Week



During the pandemic we worked very closely with the framework providers in the deployment of Covid grants support to target interventions financial and practical, including using funds to undertake a marketing campaign to work in Home Care locally, help with overseas works recruitment, temporary money to help make retention payments to staff or funds provided to

providers to increase pay as an acknowledgement and thank you for working through the pandemic.

To address this increasing demand, we have been supporting Home Care providers by increasing the hourly rate and supporting them through international recruitment from the Devon footprint however providers have been entrepreneurial in recruiting overseas ahead of any schemes run by the public sector. We have a framework agreement with providers so that we have a single rate and entry point. As an integrated health and social care system we have met the demand for hospital discharge support, but this has come at a cost - a health premium.

By way of an illustration in relation to our Hospital avoidance work, in mid-2020 around 60-80 people per month had been admitted to Hospital from Home Care, in late 2022 this same measure was between 46-54 people.

The rates for Home Care in Torbay are comparable with those in Devon.

Provider Relations

Torbay Council provides the strategic commissioning function with delegated functions to TSDFT in respect of operational commissioning and market relationships. There is a longstanding Living Well at Home engagement forum that works well and is supported by the Delivery, Markets, Contracts and Quality Team (DMCQ). The engagement with supported living providers has been significantly improved with feedback from those providers being very positive about this development over the last 1- 2 years. In terms of Care Home providers, most of this support and engagement work is through the QAIT team who have excellent relationships with all providers in the Bay. Over the last 2 years contract management has had an increase in investment and capacity to improve this area of work and further plans are in place to enhance market engagement.

Commissioning and Co Production: Developing Better Learning Disability Provision

In 2021-22 there were 1127 individuals registered as having a learning disability in Torbay GP practices. All but one practice in Torbay have higher rates than the Southwest and England and numbers at Croft Hall Medical Practice in central Torquay are particularly high.

In the same year 585 residents were in receipt of long-term support from social care with a primary support reason of learning disability. This represents approximately 20% of the local population estimated to have some form of a learning disability. The rate for those needing long term support is significantly higher than both the Southwest and England rates. There has been a 10.6% increase in the numbers of people requiring social care support over the past 4 years.

The National Audit Office in their analysis of the Adult Social Care Market in England project that the number of adults aged 16-64 years requiring social care support is projected to increase, with the largest increase being in relation to learning disability support. Between 2018 -2038 the

projected percentage increase is expected to be 48.9% for those with a primary support reason of a learning disability.

Currently around 70% of adults with some form of a learning disability in Torbay are under the age of 65. When we consider future population predictions, we can see that the future numbers of people aged 18-64 is estimated to remain stable over the next 20 years with a 1.6% increase.

In terms of delivering the blueprint for market transformation in Torbay we want to see the rates for this indicator increasing over time as more people move from residential, nursing and hospital-based settings into their own homes in the community.

One Devon – Learning Disability and Autism Strategic Partnership Strategic Approach 2023-2028

The Big Plan



Working together to make Torbay a better place
to live for people with learning disabilities
2023-2028



Torbay Learning Disability Ambassadors and Carer representatives in co-producing the 'Torbay Big Plan' have given clear direction about the things that are important to the lives of people in Torbay. We know from feedback from people with a Learning Disability, their family and carers and complaints that have been received, that a crisis driven social work approach is not meeting the needs of people who are lifelong users of services. The Big Plan ensures that the needs of people with a LD is being heard and service delivery is adapted to address these needs.

Daytime Activities Overview

The chart below gives an overview of daytime activities as of September 2023. The pandemic delayed us, but we always knew that we need to do a review of these services as people want

more flexible and personalised services.



DAYTIME ACTIVITIES OVERVIEW SEPTEMBER 2023

"Daytime Activities" includes services currently known as Day Care, Enabling and ILES (Independent Living Enabling Support). Work will be carried out to define and agree terms and meanings moving forward.



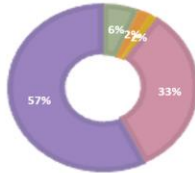
NUMBER OF PROVIDERS
19



ANNUAL CONTRACT VALUE
£4,180,000

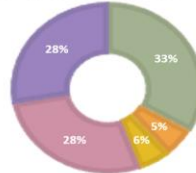
CONTRACT VALUE BY SERVICE TYPE

- Older People - Day Care within Res Home
- Older People - Enabling Service
- Older People - Small Group Dementia Care
- Under 65 - Activities
- Under 65 - Enabling Service



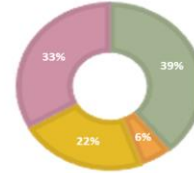
NUMBER OF PROVIDERS BY SERVICE TYPE

- Older People - Day Care within Res Home
- Older People - Enabling Service
- Older People - Small Group Dementia Care
- Under 65 - Activities
- Under 65 - Enabling Service



NUMBER OF PROVIDERS BY LOCATION

- Baywide
- Brixham
- Paignton
- Torquay



Delivery, Markets, Contracts & Quality Team: (DM/CQ Team)

Integrated Short Term Services

There are a range of short-term services provided by our integrated teams, for example Intermediate Care, Rapid Response and Reablement services that aim to improve people's independence, which help people stay out of hospital or leave hospital quickly. Within these services some are provided within bed-based services, others provided in peoples homes. We are developing a new Intermediate Care facility called 'Jack Sears' based on best practice to support improved outcomes for people. Details of our reablement focused ASCOF performance is below.

ASCOF KPIs (reablement)

2B(1) – Proportion of older people (65+) still at home 91 days after discharge from hospital into reablement services
2B(2) – Proportion of older people (65+) who were offered reablement services after discharge from hospital

[% of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services \(effectiveness of the service\), 2021/22 %](#)



[% of older people who received reablement/rehabilitation services following discharge from hospital 2021/22 %](#)

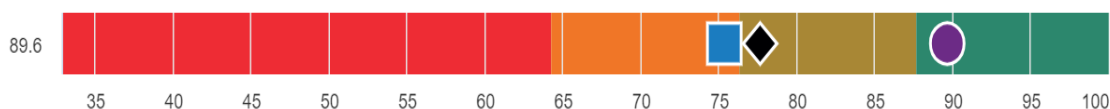


- Reablement – Torbay in worst quartile for outcome KPI but best quartile for coverage KPI
- Torbay has a range of short term integrated services.
- Outcome performance likely to be negatively impacted by older, frailer & sicker people using these services to support hospital flow
- Coverage performance likely to be positively impacted by size of Intermediate Care service

We know that the reach of our reablement services is in the best quartile because we include our Intermediate Care Services within this ASCOF measure. However, because we see very sick and frail people within these services our outcomes do not benchmark well with other areas who see people who are less unwell through their reablement services.

We know that Torbay reablement services are effective as only a small proportion of people receiving reablement go on to receive long term care compared to other Local Authorities.

% of clients receiving short term service where sequel was lower level support or none
2021/22 %



Voluntary and Community sector

Using our strength as a unitary authority with longstanding relationships with the voluntary and community sector underpinned by a strong partnership ethos, we are currently embracing the opportunities to embed codesign and co-production in all interactions. Building on the strong relationships formed as we addressed the challenges of the pandemic, we are now focusing our efforts to manage financial pressures, performance prioritisation whilst maintaining quality experiences for our communities. We have endeavoured to focus our attention on prevention and doing all we can to ensure people remain well and connected in their communities thereby reducing the need for statutory sector interventions.

Community Helpline

The voluntary sector in response to the pandemic set up a helpline to address immediate concerns around the pandemic restrictions and how to help people with loneliness and isolation supporting people with food shopping, receiving their medications and general advice. This has developed over the last 2 years into a broader offer which now works in partnership with Adult Social Care to divert people from statutory services where appropriate to better meet their identified outcomes. The VCS also offers Mental Health support and assistance and supports community groups that help to keep people independent in the community for longer.

Voluntary sector network

Torbay has a range of voluntary sector organisations that either provide broad or specific services. Groups can vary in size from large in structure organisations to small groups based on local patch needs. The Torbay Health and Wellbeing VSCE networks annual report states that the helpline receives in excess of 500 calls a week, providing housing support, adult social care support, and home from hospital advice and guidance. Adult social care has also supported the development and provision of food banks to support some of our most disadvantaged communities.

Community and voluntary sector procurement alliance

The Council in partnership with the voluntary sector have recognised that procurement processes are challenging to navigate for the community and voluntary organizations and can be a barrier to

accessing funding and influencing commissioning decisions. To address this the council undertook a process to set up an alliance of a range of local groups in the not-for-profit sector who co designed procurement to support community services using non recurrent monies. For example, in 2023/4 we co-designed a procurement to allocate 500K of ASC precept monies to address the cost-of-living crisis which successfully targeted funds based on VCSE priorities such as help with advice and practical support for energy bills, debt challenges and warm spaces for families and Older People during the winter period.

TSDFT has 7 voluntary sector contracts in place totalling £788K per annum. Torbay Council since the financial year 2020/21, has levied the ASC precept at least 1% a year from the council tax under the powers vested in the Local Authority and the lion's share of that money has been invested in VCSE for prevention and wellbeing support such as the community helpline and a variety of groups and services and staff such as community builders.

Adults with Complex needs

There is an Alliance set up in Torbay that brings together our local homeless Hostel, Drug and Alcohol services and Domestic Abuse services. The Alliance is built on the principle that providers and commissioners share responsibility, risks, and the budgets for delivering the services through one Alliance Agreement. Its aim is to move from three single issue focussed organisations into one Alliance service that works collaboratively and using trauma informed approaches to support people in ways that work for them. Co-production and co-design are an integral part of the approach. Within the Alliance the Co-Production Group brings together people with lived experience who have used or are still using services, staff, managers, and commissioner to be involved in all aspects of design and delivery.

We have a specialist Social Worker that supports people who are homeless. They can draw on all the health community services to ensure people can access the services they need to keep them well, for example community nursing.

CQC Theme 3: Ensuring Safety within the System

Our strengths

- Joint Safeguarding Adults Board with Devon
- Safeguarding Adults Quality Checker system
- Provider of Concern meetings and dedicated QAIT team
- Broad integrated MDT approach to safeguarding
- Quality checking process to gain feedback about the safeguarding process

Areas for improvement and direction of travel

- Waiting lists - DOLS. Extra agency capacity has been sourced to reduce the backlog.
- Contract register in place and is continuing to strengthen.
- Strengthening the complaints system
- Timeliness of flow of activity through SPOC strengthened using Tableau reporting.

| Activity | Working well | Improving |
|---|--|--|
| 1,161 Safeguarding concerns received in 2022/23 | 92.5% of people had outcomes that were fully or partially achieved. | Impact of safeguarding learning in relation to self-neglect saw SPOC referrals increase by 61% post briefing |
| 26.5 % of safeguarding concerns progressed to an enquiry in 2022/23 | 94.8% of people had their risk removed or reduced through our safeguarding processes. (Jan 2023) | 53.6 % of adults asked what outcomes they wanted as part of the safeguarding enquiry that proceed to a section 42 enquiry. |

Safeguarding

There are robust safeguarding Adults Board arrangements in place with a joint Torbay and Devon Safeguarding Adult Partnership (TDSAP). This provides assurance to both Torbay Council and Devon County Council's Directors of Adult Social Services that there are robust and safe mechanisms in place to ensure the safety and wellbeing of the respective Local Authorities. The website Home - Devon Safeguarding Adults Partnership. provides all the information in relation to the Board and its work and priorities. The Community Reference Group (CRG) is a user led group that has direct input into the safeguarding board and ensures that Making Safeguarding Personal (MSP) is evident by securing the voice of service users is clearly heard across all areas of work. It is inclusive of a wide range of communities, and they bring the voice of people with lived experience to safeguarding. Currently it has a particular focus on seeking views from underrepresented groups. We receive feedback from the CRG which is directly provided to the

TDSAP and any recommendations are taken through the operational delivery group. The feedback processes allow for feedback from any appropriate advocate.

Torbay uses a trauma informed approach to the way it works with people, evidenced by the training programmes in place for staff and multidisciplinary teams. People receive an integrated response to any safeguarding concerns raised and the co located joint approach between health and social care mean that keeping people safe is at the heart of everything both health and social care staff do. Health and social care staff respond quickly to concerns that are raised and appropriate assessments and protection plans are put in place to keep people safe. A Single Point of Contact (SPOC) is in place within the front door team to ensure that there are robust arrangements for receiving enquiries and acting on them quickly. We take a proportionate and least intrusive approach during initial enquiries. 70% of people are asked their preferred outcomes which is benchmarked with Devon. However, we know that we are an outlier in terms of the percentage of section 42 enquiries where it is not recorded whether desired outcomes were asked for 2022/23 (Torbay 18.3 SW ADASS mean 7.25). We have identified a data quality issue here which we are working on to resolve. Case closure panels are in place to ensure MSP outcomes are captured in the enquiry response.

The MSP process is imbedded with 70% of people being asked for their preferred outcomes. The Quality Checker process is in place to gain feedback about the safeguarding process and MSP with plans to extend the reach of this to all. Vulnerable people are protected from abuse through the multiagency arrangements in place and joint work with community safety and linking to street pastors and homelessness. Locally our measures describing risk being reduced or removed for people is at 94.8%, however we are aware that the percentage of users who say they feel safe in the national metric is below the national average. There are many factors for example, deprivation that could impact upon this national measure. There is good information available for clients through the safeguarding website and a leaflet co-produced by the CRG. Clear policies and procedures are in place for safeguarding including those for modern slavery, channel panel and homelessness and vulnerability. In terms of learning we have taken part in a Partners in Health and Care Programme safeguarding review as part of CQC preparation (Feb 2023). They said that 'the breadth of your approach to safeguarding and the ability to illustrate this has been consistently impressive.'

In addition, from this review, we learnt that we needed to review and strengthen the safeguarding processes in relation to health because of the integrated nature of our provision and clarify the role of the Integrated Care Board in any health-related safeguarding concerns. This has been completed with agreement that the ICB will take the lead with regard to health-related concerns. We also need to improve the reach of our quality checker processes as well as revisit the well-attended multidisciplinary safeguarding adult forum training sessions which were put on hold during COVID-19. We are also improving how we present our data including building on our quality checker work to create a monthly data set. We have also improved our data reporting to get better visibility in relation to our out of area placement reviews. Torbay also takes part in local safeguarding appreciative enquiries and SARs.

Any recommendations from SARs go to the learning and improvement subgroup of the adult safeguarding Board and this subgroup has responsibility for implementing the learning.

The information sharing protocols are effective for example the Modern Slavery MOU was used appropriately in relation to a concern being raised about nail bars. The outcome from this led to the development of safe and secure accommodation.

We work very closely with community safety, for example an issue was raised in relation to a suspected exploitation of a Ukrainian person and the response was led by community safety with Police involvement and safeguarding.

In relation to the Children's Safeguarding Partnership the transitions team work closely with young adults going through this process to mitigate any safeguarding risks. They work in a proactive way with early intervention to address issues in relation to for example sexual exploitation.

Deprivation of Liberty Safeguards (DOLS)

Like many other Local Authorities, we have significant waiting list for DOLS and the risk remains high with increasing backlogs of applications and applications awaiting triage.

To manage this risk triage against national ADASS guidance is in place with the highest priority referrals allocated to Best Interest Assessors.

Details below describe the position and the mitigations in place to manage the risk. This risk remains on the TSDFT corporate risk register and the Councils risk register.

| Deprivation of Liberty Safeguards | | | | |
|--|--------------|----------|---------------------|------------|
| Providers: New Applications received since last report June 23: 147 | | | | |
| High | 202 | | | |
| Medium | 189 | | | |
| Low | 349 | | | |
| Total | 740 | | | |
| Allocated | BIA team | Zones | Agency/ <u>Xyla</u> | Bank |
| | 9 | 2 | 24 | 2 |
| Safeguarding | | | | |
| Court proceedings | 4 | | | |
| H0spital Outstanding: New Applications received since last report June 23: 168 | | | | |
| High | 6 | | | |
| Medium | 3 | | | |
| Low | 15 | | | |
| Total | 24 | | | |
| Court proceedings | | | | |
| Safeguarding | | | | |
| Community/Domestic Outstanding Total 75 | | | | |
| | Complex Care | AMH Team | CHC | Transition |
| Pending Allocation | 41 | 4 | 3 | 17 |
| Allocated | 3 | 3 | 1 | |
| Completed | 3 | | | |
| Court proceedings | | | | |
| Total | 47 | 7 | 4 | 17 |
| Summary of Data. | | | | |
| Risk remains high with a significant backlog of applications. Legal duties are not being met | | | | |
| The team are receiving on average, 37 new applications per month with 37 applications being allocated. 24 were allocated to <u>Xyla</u> the newly engaged agency | | | | |
| Four 21a (Court of Protection) challenges have been raised. ASC activity has yet to gain momentum due to a focus on Waiting list management | | | | |
| We have the lowest proportion of granted applications in our comparator group and second lowest in the S. West. | | | | |
| Current risk is managed as follows: | | | | |
| Reducing admin burden by utilising auto response to emails and email authorisations | | | | |
| Piloting a revised form 3a/3b to speed up BIA assessments in line with the regional and National ADASS <u>DoLS</u> forums. | | | | |
| Increasing signatories – implementing training programme | | | | |
| Spreadsheet cleansing and improvements activity is commencing | | | | |
| Additional HSCC cover has started. | | | | |
| 2 BIA trainees have started in the team and commenced their course. They are focussing on Community <u>DoLS</u> until they are qualified. | | | | |
| Triage using the National ADASS guidance, identifies and allocates high priority referrals against BIA availability. | | | | |
| DOLS reintroduced to risk register in Torbay Council as well as TSDFT | | | | |
| An annual contact review for all outstanding applications tis made to check on the circumstances of the individual. | | | | |

As an integrated system we have been able to support the learning of our provider partners through access to training resources. An example of this is Mental Capacity Act (MCA) training which we co designed with care home managers and provides bespoke support to them in their role in relation to this area of practice.

In terms of caseload size there is a weekly report of active open safeguarding referrals which are identified to each individual practitioner and caseload management through PARIS, our care system. This allows for oversight by the supervisor and scrutiny and discussion in one to one meetings.

There were several Legal Literacy webinars provided to our social care staff as well as Michael Preston Shoot providing as SARS interactive session.

There was an appreciative enquiry into a large-scale enquiry for safeguarding (March 2023). The feedback we received 'The L LSE was very successful in bringing a wide range of pertinent resources and support to each individual living in L and to supporting the staffing and therefore safety of residents. A wide range of professionals were involved and through dedicated commitment formulated individual assessments and addressed individual need. Professionals involved included social workers, nurses, physiotherapists, SALT, occupational therapists, the community dietician, the community pharmacist, the mental health Care Home Enhanced Service and GPs from the Care Home Visiting Service. The ability to create a timely multi-disciplinary response reflects the value of the TSDFT integrated health and social care system and what it can

achieve in exploring and mitigating risk in complex situations. Individual risks were assessed thoroughly, and mitigating actions put in place immediately. The work undertaken was carefully person-centred, involving people and their families. The person's mental capacity was understood, and decisions supported, advice was given by the MCA/DoLS service and legal advice sought when the best interests of people who lacked mental capacity to make decisions about their own care and accommodation needed to be considered. It is reported that enquiry leads and nurses were 'on the floor' with residents for long periods during the week and were present at mealtimes and in the lounges. At the same time careful assessments were made of how many TSDFT staff could be present at any one time, it was recognised that this small Home could be easily overwhelmed.

Resources were also made available by the Trust for agency staff to assist with elements of care where L staff were not yet competent, i.e., manual handling and to address unsafe gaps in the L staff rota. These resources played an essential part in mitigating the risks to individuals.

Safe Systems

Our staff use strength-based approaches to supporting people who draw on care and support and MSP is core to our professional practice. Professionals are skilled in undertaking Mental Capacity Act assessments and Best Interest Decisions and are clear on the need to promote independence, autonomy and the human rights of people who draw on services.

Transitions of Care

Transitions between teams occurs through referral processes and staff and manager discussions. Carer support is delivered by the most appropriate worker regardless of which other services are accessed by the cared for. Young Carers can decide to use the carers service which best meets their needs and wishes.

Torbay's Homelessness and Vulnerability forum provides a multiagency mechanism for partners to raise individuals or situations of concern relating to acute (often street level) vulnerability and ensure a coordinated response.

There is an active Becoming an Adult Delivery Board with multiagency representation and evident enthusiasm to progress developing and commissioning services in a new way to benefit 14 - 25-year-olds in Torbay. Transitions panels are in place to identify and address young people approaching adulthood earlier leading to better outcomes for those individuals.

Commissioners are also looking at how to shape the markets in relation to SEND and have fed into the co production of the LD strategy and outcomes framework to inform that.

Torbay Council Commissioners have been taking on the housing enabling role to support our housing company to look at housing-based solutions for people who need highly bespoke housing packages. Through the integrated care system commissioners have extended the tracker process to support transforming care to involve individuals that are known to IAPT and complex care teams at risk which incorporates young people who are 2 years either side of transition.

As an integrated system our hospital discharge pathways are well developed, and we have none/very few people on pathway 1 that wait for care. However, we do understand that there is overprescription of care from the Hospital. To rectify this, we have an OT who provides in reach to the hospital and has improved outcomes for 229 patients reducing their pathway from P2 to P1 meaning they were able to go home.

The Arranging Support Team (AST) take a lead role in brokering care for health and social care for Torbay residents. Over COVID a geomap was implemented to manage risk and business continuity within Home Care. The process has continued and is being further developed to support continuity of care and risk management for people and allows an 'at a glance' view of the locations of all people with packages of care. All providers have business continuity plans in place and RAG ratings for all the people receiving care so that care can be prioritised, and risk managed if required. All providers within the Living Well at Home contract work together to support each other in relation to business continuity to ensure safety to people most at risk. Hand backs of care and provider failure is managed through the AST who will work with the market to safely manage any transfers of care. The AST take a proactive view of the market by monitoring hours provided and hand backs to ensure any early indications of market failure are picked up and managed quickly. There is a home closure policy and a SOP in place to manage this in a safe way for people whilst ensuring continuity of care where possible and that risks are managed to mitigate the impact on them. An MDT approach to the management of this is in place. Provider of concern processes are also in place. All these things focus on the safety of people.

Provider Monitoring

The QAITT team is made up of OTs and nurses who provide clinical support and training to providers. More recently there has been further work in relation to strengthening contract management capacity and processes which are now in place. In addition, Community Nurses provide training and support to care homes and home care providers ensuring appropriate competencies are in place that support the health needs of our people ensuring that delegated activities are safe e.g., medicine management. Provider Assessment and Market Management Solution (PAMMS) is in place and used by the team to support the quality improvement work. There are longstanding and good reporting mechanisms in place that details the range of any concerns that the team may have with a provider. There is an Insights programme in place that provides data to help inform areas of risk and local intelligence is gathered from the multidisciplinary teams through the Datix system and shared with the QAIT team. Quality meetings around care homes and Home Care providers ensure that everyone is made aware of any risks. In relation to Providers of Concern, a collaborative approach across teams is used and care provider quality assurance huddles are also used to improve services.

Governance routes are used to review this information with further escalation of any risks into the Transformation and Performance meeting where risk and assurance is monitored.

Domestic Abuse Strategy

“Breaking the Chain” - Torbay’s new Domestic Abuse and Sexual Violence Strategy 2023-2030 sets ambitious and challenging aims to ensure that victims of domestic abuse and sexual violence receive the system response that they need and want. The strategy is informed by a comprehensive strategic review of the system response and a listening exercise with victims and people supporting them. From them we heard a consistent narrative of lack of belief, victim stereotyping and blaming, and re-traumatisation, as well as a feeling that those who perpetrate harmful behaviours are “invisible” in the system response. A key objective is to ensure that awareness of sexual violence and the response to it is elevated.

The work towards these activities will be undertaken under the themes of Embedding Lived Experience and Co-Production, Preventing Victimisation and Harmful Behaviours, Identifying Victimisation and Harmful Behaviours, Disrupting Harmful Behaviours and Developing Data and Understanding.

Link to Strategy: <https://www.torbay.gov.uk/safer-torbay/domestic-abuse-and-sexual-violence-strategy-2023-to-2030-1/>

CQC Assurance Theme 4: Leadership

Our strengths

- Our long-standing integrated model is delivered under a Section 75 of the NHS Act 2006 and supported by a Memorandum of Understanding between the Council and Torbay and South Devon NHS Foundation Trust, we continue to focus on ensuring our complex arrangements are governed well at Exec level, and a review of the leadership and governance is currently underway.
- There is a multiagency Adult Social Care Continuous Improvement Board (ASCCIB) with an independent chair and representatives from the voluntary sector, the LGA and the ICB.
- Excellent relationships with the voluntary sector and commitment to investing in services that support the wellbeing and prevention duty under the Care Act. This includes a drop in 'Hub' for information and advice and a voluntary sector run helpline which saw 84% of referrals from Adult Social Care resolved totally by the helpline and 5% helped jointly. Only 2.6% were referred back to Adult Social Care.
- Clear co-produced Carers strategy and improvement plan in place

Areas for improvement and direction of travel

- Continue to collectively work together to monitor/review and find continuous improvements to, quality, cost and productivity as captured in the shared transformation plan.
- Continue to develop the performance reporting to include replacing/or updating the client management system and use of automated reporting tools.
- Improve our processes so we are better equipped to report and review our equality information.
- Maintain DASS line of sight in the integrated arrangements, systems, and processes in place to manage visibility.

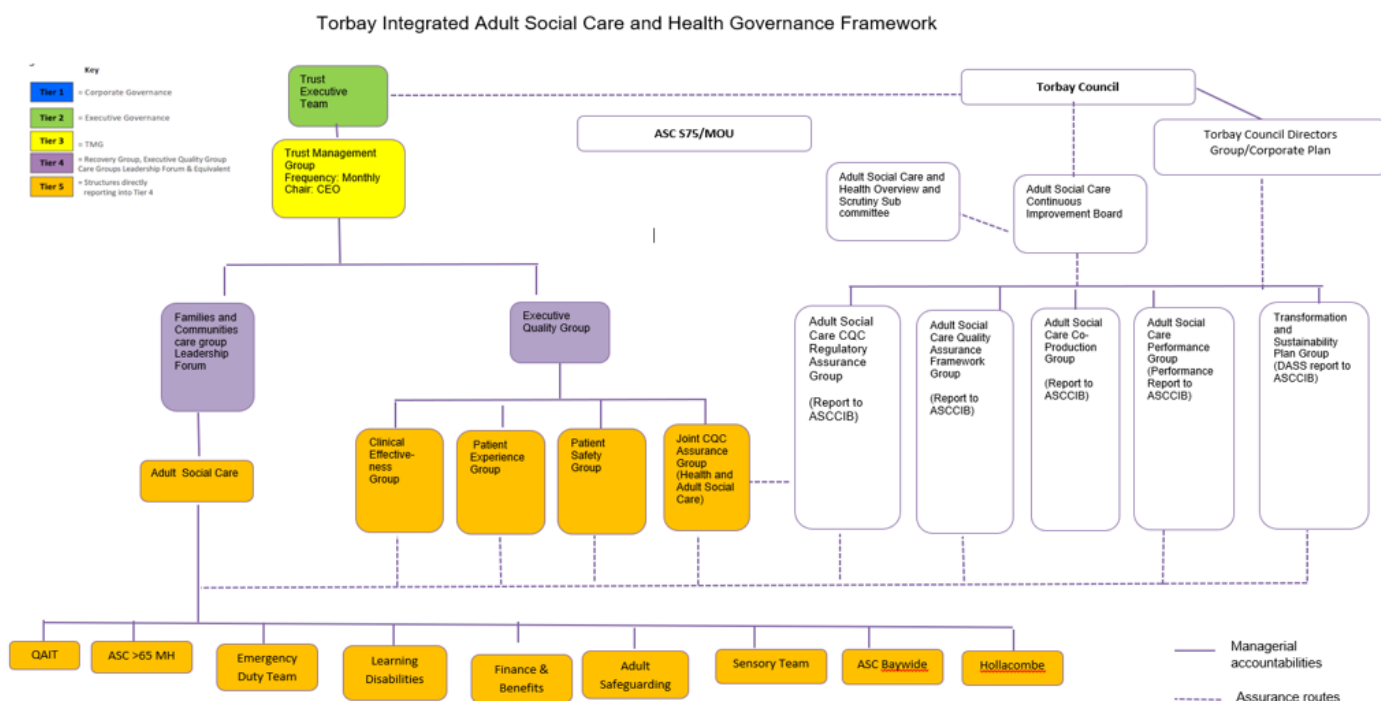
| Activity | Working Well | Improving |
|---|---|--|
| <ul style="list-style-type: none"> ▪ ASC staff turnover at 10.71% | <ul style="list-style-type: none"> ▪ Multiagency Adult Social Care Continuous Improvement Board (ASCCIB) with an independent chair | <ul style="list-style-type: none"> ▪ Complaint processes improving with reports and scrutiny at the ASCCIB |
| <ul style="list-style-type: none"> ▪ ASC staff sickness in August 2023 is 7% | <ul style="list-style-type: none"> ▪ Deeply imbedded integrated arrangements which are effective allowing a good flow of information and exchange supported through the co-location and joint working arrangements | <ul style="list-style-type: none"> ▪ TSDFT Staff survey results (2022) show 'we are always learning' as an area of strength compared to the rest of the Trust and an improvement from 2021. |

Governance Arrangements and Innovations

The accountability for Adult Social Care in Torbay remains with Torbay Council by law. The Council has chosen to delegate responsibility for the operational delivery of key aspects of the adult social care function to Torbay and South Devon NHS Foundation Trust. That delegated responsibility is overseen by a Section 75 agreement, the detail is articulated via a Memorandum of Understanding, set alongside the finance agreement established between the Council, the Trust, and NHS Devon Integrated Commissioning Board.

The Memorandum of Understanding between The Council and The Trust outlines the arrangements for the operational delivery of Adult Social Care services within Torbay, specifically, the delivery of services that meet adult social care statutory functions that have been delegated; the Care Act 2014, The Mental Capacity Act (2005) and the Mental Health Act (1983/2007). This agreement is aligned with the Council's Community and Corporate Plan and the Trust's Operational Plan. Within the ICO there is a risk management system and processes in place to ensure both operational and corporate risks are managed. Risks are discussed jointly within the Transformation and Performance Committee.

The integrated governance structures for the partnership are shown below.



There is a strong and stable leadership team in place with clear roles and responsibilities and accountabilities. The Council's leadership arrangements are via a Directorate team, reporting into a dedicated Adult Social Care and Health Scrutiny Sub-Committee, Cabinet and Council. Next

level leadership arrangements are complex but are effective in allowing a good flow of information and exchange supported through the co-location and joint working arrangements at Tor Hill House. The Principal Social Worker key responsibilities are shared in Torbay with a Principal Social Worker who is supported by both an Associate Director of Social Work and Professional Practice and a Deputy Director for Adult Social Services.

Also there has been a new appointment to a Divisional Director role in the council who will provide additional leadership and oversight to the Commissioning team as well as to the TSDFT functions. However due to the arrangements within TSDFT there remains a line-of-sight issue which is being worked through further. Within the Council the Overview and Scrutiny function is utilised to ensure that Members are sighted on Adult Social Care.

Leadership on Diversity and Inclusion

The Director of Public Health takes a lead role and Torbay has been identified as being a Marmot area. The Deputy Director of ASC and the Torbay Commissioner are working with ADASS LD forum to focus on developing responses to the Marmot review. This focus is to enhance employment for people with Learning Disabilities.

Torbay Council has recently appointed to a Partnerships and Inclusion Manager with key responsibilities for equality and diversity. The Council publishes its Equality Objectives every four years and reports on equality information annually. Described below are the Equality Objectives.

- Ensure a wide range of voices are reached and heard in decision making and designing and delivering services.
- Reduce inequalities so Torbay and its residents thrive.
- Consider and if approved implement the recommendations from the Torbay Racism Review Panel.
- Support the diverse needs of our workforce.

Partnerships and Innovation

Our partnerships with Healthwatch and the Voluntary and Community sector have been key to us. These relationships have been built up over several years. An example of the joint work with Healthwatch was in relation to the engagement sessions with the development of the ASC strategy which were set up. Not only did that give a degree of independence from the Council it also enabled a range of other themes that were raised by people, to be picked up by Healthwatch in their broader work. In addition, Healthwatch hosted a visit to the Community Helpline from the National Healthwatch Board that included Sir Robert Francis. They were able to see what was provided and understood the benefits and outcomes for some of the most vulnerable people in Torbay.

Adult Social Care has had a focus on education which has been further strengthened by a dedicated Strategic Education Lead. This post holder has put in place specific staff informed training which has included for example, ombudsman training, legal literacy training, trauma informed practice. There is a leadership course in place which staff access.

TSDFT are hosting the Oliver McGowan mandatory training sessions supporting delivery of Tier 2-part 2 training for clinical and patient facing staff over the latter part of 2023 and 2024.

Care Provider huddles and forums to review packages to check for best practice e.g., use of TECH.

World Social Work day, listening events and floor discussions and regular meetings with the DASS are some of the ways in which we engage with staff.

TSDFT has appointed and utilised academic research in residence which has linked to Social Workers. We have social workers who have research as part of their portfolios. In addition, the team are working with PENCORD and we support our staff to access RIPFA.

The contract managers are accredited based on Contract Management Professional Standards.

TSDFT has developed a bespoke training programme which has been co-produced with care home managers to support Mental Capacity Act assessments and processes which also includes the production of videos.

The Government of Singapore has visited Torbay and had an opportunity to understand more about our Adult Social Care services.

We are actively involved in the voluntary sector development and improvement work as well as improvement work in supported living, Home Care and Care Homes with a recent piece of work looking at the quality of life for people in Care Homes.

Torbay Council has used many approaches to challenging its own performance. For example, the safeguarding adults review in March 2023, a contract review by the LGA which has improved contract with providers. It commissioned Newton to undertake a review of reablement services and effectiveness of social care with activities being taken forward through into the next transformation work. It has commissioned People Too to undertake an overarching review into integrated spend and resourcing in the Torbay System which has supported an under 65's strategy for reviews.

Learning from experience

Torbay is proud of its integrated health and social care offer that puts clients at the heart of everything we do. Integration with Torbay and South Devon NHS Foundation Trust (TSDFT) provides better outcomes for service users as any new or emerging pressures can be responded to quickly. During the initial phases of the COVID -19 pandemic there was a safeguarding alert from a care home and a very strong health and social care response was provided to minimise deaths in care homes. This involved GPs directly attending the care home and the nursing team providing swift infection control support and swifter access to PPI. This was also supported by the acute hospital. This MDT approach was mirrored throughout the pandemic. Another example, welfare checks in relation to nutrition and hydration for people waiting to access ED was undertaken quickly by the safeguarding team to ensure systems and processes were in place to reduce harm.

We will continue to build upon our success in relation to addressing some of the weaknesses in our self-assessment, the delivery of our transformation plans, as well as planning for a Peer review and taking forward that learning and any learning from the ADASS sector offers of improvement and of course the CQC inspection itself.

This document can be made available in other languages and formats.
For more information please contact ****insert your team email or phone no
here****

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

Date: 18th January 2024.

Wards affected: All

Report Title: Residential and Nursing Care home overview.

When does the decision need to be implemented: Update requested by Scrutiny Board.

Cabinet Member Contact Details: Cllr Hayley Tranter

Director/Divisional Director Contact Details: Report by Lee Baxter, Divisional Director, Adult Social Care. Sponsored by Director of Adult Social Care, Joanna Williams.

1. Purpose of Report

1. To provide the Scrutiny Sub-Board with information regarding how the care home market currently supports us in meeting individual's needs.
2. This report serves as an overview of current performance including capacity, quality and cost.
3. The report will highlight any emerging risks and associated mitigations.

2. Reason for Proposal and its benefits

- 2.1 The information in this report and attached data is available to provide Members with assurance and an overview of this important market within our health and social care system. It is important that we share its achievements and challenges.
- 2.2 This paper will support addressing the questions around quality and value for money.

3. Recommendation(s) / Proposed Decision

- 3.1 This is for information only.
- 3.2 For Members of the Board to note the contents of the report.
- 3.3 Officers to follow up any requirements from discussions or specific actions from the Board.

Supporting Information

Appendix 1.

CQC ratings of our care home market.

1. Introduction and summary

- 1.1 The care home market (in Torquay, Paignton and Brixham) is made up of 76 care homes, commissioned by the Integrated Care Organisation ICO (on behalf of Torbay Council). The market is split into two main groups. Residential care homes (73%) and Nursing care homes (27%). The makeup of this market equates to 82% of the beds being for older people, 11% for people with a Learning disability and 7% specialising in mental health. Care homes are inspected by CQC as they provide regulated care. People can be funded in a number of ways; privately, by the local authority and/or the NHS (Funded Nursing Care towards those in Nursing placements, Continuing Health Care CHC funding for those who are eligible as per national guidance/framework or Section 117 aftercare (Joint funding with Mental Health commissioners). Some people living in care homes within Torbay may be funded from other LA's or NHS systems.
- 1.2 Under the Care act 2014 The care home market is overseen by the Local authority. In Torbay we have contracted the ICO (Torbay and South Devon NHS FT) to carry out some aspects of this including contract management and monitoring. The ICO have the Delivery, Markets, Contract and Quality Team who are building procedures and policies into the Care Home market.

The council retain a strategic commissioning function to help horizon scan, stimulate and develop the wider market, which includes care homes.
- 1.3 We access care home beds following either an assessment in the community or as part of a discharge to assess model currently used for Hospital discharge. The assessment will indicate a level of need, this assessment may need a shared assessment between health and social care. This assessment will also determine funding responsibilities.
- 1.4 Follow up assessments will be maintained either at the point of annual review or at a point that the individuals needs have changed.
- 1.5 People living in a care home will be registered with a local GP and their health needs will be supported by the local NHS.
- 1.6 Performance and safety of discharges from hospital to care homes or other provision;

From a performance perspective Torbay has a proven track record in supporting people to be discharged from hospital in a timely manner. Although the data is variable the Torbay Council footprint maintains a good level of performance around the % of people who do not meet the criteria to reside in hospital (6% combined with South Devon as at the 18th Dec 2023), and a close to 2 days average Time To Transfer (TTT) out of hospital across all pathways combined. This performance level is consistently better than other parts of the peninsula.

1.7 Learning from transfers to and from hospital.

There is wider work going on between provider agencies and the NHS to look at improving transfers of care across the system. This work is focused on all transfers for vulnerable people across the care home and hospital systems. This includes looking at ward procedures, information, funding processes and transport.

The experience of those who are being discharged is a significant factor and one that we need to pay attention to in ensuring that we maintain a true strength-based approach to care across the system. Some of the key indicators for success here are around ensuring the most people go home and that we support a 'home first approach'. The data produced by the Integrated Care Board (ICB) demonstrates that the trust is meeting its daily targets against each discharge pathway. However further work is needed to increase the reablement at home offer, to reduce the number of short-term placements made into residential and nursing care homes.

There is a piece of work currently being carried out to hear the views of people and families who have been transferred into care homes in Torbay specifically aimed at looking at how we can improve the transactional nature of our processes by co-design with those with lived experience.

1.8 Safe Care from a market management perspective involves ensuring the market is capable of providing appropriate and safe placements in our locality. Ensuring the sustainability and financial viability of services. The role of Safeguarding, QAIT and Contract management is to mitigate the risk to both the individuals themselves living within the sector from harm or neglect but also to protect the commissioning bodies (the LA, the NHS and other parties) of reputational and/or financial downturn potentially resulting in partial collapse or full closure of services. This would of course involve movement of clients to alternative provision, potentially negatively impacting their safety, health and welfare.

2. Overview of the market

This section of the report provides a summary of the successes and challenges in this market.

2.1 Challenges we face are multiple and complex to solve.

- a. Increasing costs driven by increasing demand. This can be attributed to two main drivers. Firstly, the increases in our older people within our demographics, this cohort of people have increased needs linked to comorbidities including dementia, long term medical conditions, and frailty. Secondly increased pressures through the NHS system to discharge people quickly (based on a discharge to assess model which aims to provide rehab and then assessment for any longer-term care needs outside of a hospital setting). Clearly both factors impact on one another.
- b. Type of care home provision available versus the current needs of the population. Our strategic plan suggests a move away from traditional residential care towards more supported living environments that allow people to maintain independence as much as possible whilst still being able to access levels of care to support and meet their physical needs. Within the Nursing category of care, we need to develop a higher range of skills to support increased physical and mental health needs. This links to the first point around increases in dementia and complex long-term health conditions. These changes to the shape of the market will lead to better outcomes and a more sustainable and affordable market.
- c. Skill set within the workforce. Both the Council and the ICO need to be aware and able to identify gaps in staff skills through auditing of their training programmes. This information will assist us in strategic planning for the future development of the types of care facilities and care sector workforce that we need in line with our expected demographic trends. A large number of individuals entering residential care have complex long-term needs requiring highly skilled staff. It is therefore imperative that The ICO and Torbay Council find ways to make systemic change that prioritises upskilling care staff alongside any structural development within the sector. Creative thinking and engagement with the educational, health and voluntary sectors will be essential to finding solutions to complex problems that stretch across the locality.

3. Financial Opportunities and Implications

- 3.1 There is considerable risk within the care home market as prices rise in line with demand.
- 3.2 We need to be clear about our strategic plan and commonly work towards it using all partners and internal parts of the council. Torbay Council has a published Market position statement 2021-24 (available on our website) that sets out to our providers our plan moving forward. The Three main approaches being 1. Increase use of Enabling housing-based models. 2. Increase the number of people maintaining the own independence (advice, guidance, voluntary/community support, use of equipment and/or tech to meet needs in the first instance). And thirdly (3) reduce the systemic use of residential care to meet social care needs by prevention or delay.
- 3.3 Our risk share agreement with the NHS relies on us finding cost effective and sustainable ways to meet peoples care needs. We are reliant on each other to ensure best practice

and outcomes for people are also the most cost effective. The Council is committed to working in a way that promotes well-being, independence and recovery.

4. Legal Implications

4.1 The council has a statutory duty around safeguarding for all, but clearly where there are high concentrations of vulnerable people attention must be paid to support in a proactive manager.

4.2 The Care Act 2014 places a duty on us to:

Facilitate a diverse, sustainable high-quality market for their whole local population and to promote efficient and effective operation of the adult care and support market as a whole. They must also ensure continuity of care in the event of provider failure.

5. Engagement and Consultation

5.1 Contract Management via the ICO will enable the Council to be assured that there is a strong relationship with Care Home Providers which sets clear expectations for both partners and the ability to hold each other to account regarding duties of care and sustainability. This work is designed to promote quality services in Torbay.

Over the previous 6 months 39 homes have had a face-to-face meeting with a Contract Manager. The remaining 37 will be completed in 2024 and a schedule of meetings will be implemented based on a priority assessment by a value/risk matrix.

6. Purchasing or Hiring of Goods and/or Services

6.1 Not applicable to this briefing.

7. Tackling Climate Change.

7.1 Not applicable for this briefing.

8. Associated Risks and other information

A large majority of these services have worked with the Council and ICO for many years; it would not be unreasonable to say that the majority have been caring for socially funded clients for the last 20 years. Although this can bring a wealth of knowledge to our area it also brings its challenges when it comes to progression, improvement and diversification of services to meet the current care and support needs of our local population. The Council's commissioning team work alongside the ICO to monitor, manage and supports these services to remain stable and to be constantly improving in the key areas of safety, quality of care and person-centred care delivery.

8.2 In line with our Market position statement we have further work to do shaping the market to meet future demand.

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 | 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

10.1 None

11. Cumulative Community Impacts

11.1 None

Updated by

Lee Baxter

Divisional Director Adult Social Care

January 2023.

| Report_Date | Name | Type | Overall_Rating | Safe | Well_led | Caring | Responsive | Effective |
|-------------|--|------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 22/12/23 | Abbeywood House | Res | Requires improvement | Requires improvement | Requires improvement | Good | Requires improvement | Requires improvement |
| 07/12/22 | Alpine Lodge RCH Limited | Res | Good | Good | Good | Good | Good | Good |
| 08/03/23 | Aveland Court Care Home | Res | Good | Good | Good | Good | Good | Good |
| 06/07/23 | Bascombe Court | Res | Good | Good | Good | Good | Good | Good |
| 25/04/23 | Battersway Court | Res | Good | Good | Good | Good | Good | Requires improvement |
| 26/05/21 | Beechcroft | Res | Good | Good | Good | Good | Requires improvement | Requires improvement |
| 13/10/22 | Beechmount | Res | Good | Good | Good | Good | Good | Good |
| 24/08/23 | Belle Vue Care Home | Nurs | Good | Good | Good | Good | Good | Good |
| 06/07/23 | Belmont House | Res | Good | Good | Good | Good | Good | Good |
| 27/03/20 | Braemar House | Res | Good | Good | Good | Good | Good | Good |
| 21/05/22 | Burnside Court | Res | Requires improvement | Requires improvement | Requires improvement | Good | Good | Requires improvement |
| 03/08/23 | Burrow Down Residential Home | Res | Good | Good | Good | Good | Good | Good |
| 03/08/23 | Burrow Down Short Breaks | Res | Good | Good | Good | Good | Good | Good |
| 13/09/22 | Carisbrooke Nursing Home | Nurs | Requires improvement | Requires improvement | Requires improvement | Good | Requires improvement | Good |
| 12/02/19 | Carl Court | Res | Good | Good | Good | Good | Good | Good |
| 16/02/18 | Castle Road | Res | Good | Good | Good | Good | Good | Good |
| 02/04/20 | Cedar Court | Res | Good | Good | Outstanding | Good | Good | Good |
| 04/11/22 | Choice Care Home | Res | Good | Good | Good | Good | Good | Good |
| 08/02/22 | Cornerways | Res | Good | Good | Good | Good | Good | Good |
| 06/07/23 | Cross Park House | Res | Good | Good | Good | Good | Good | Good |
| 26/02/19 | Dean House | Res | Good | Good | Good | Good | Good | Good |
| 24/05/23 | Didsbury Court | Res | Good | Good | Good | Good | Good | Good |
| 25/04/22 | Douglas House | Nurs | Good | Good | Good | Good | Good | Good |
| 06/07/23 | Frensham House | Res | Good | Good | Good | Good | Good | Good |
| 06/07/23 | Furzeham Lodge | Res | Good | Good | Good | Good | Good | Good |
| 06/06/19 | Garden House | Res | Good | Good | Good | Good | Good | Good |
| 08/10/22 | Georgian House | Res | Requires improvement | Requires improvement | Requires improvement | Good | Good | Requires improvement |
| 10/10/17 | Grange-Lea Residential Care Home | Res | Good | Good | Good | Good | Good | Good |
| 21/09/22 | Greycliffe Manor | Res | Good | Good | Good | Good | Good | Good |
| 27/01/23 | Hadleigh Court | Res | Requires improvement | Requires improvement | Requires improvement | Good | Good | Good |
| 16/05/23 | Harbour | Res | Requires improvement | Good | Requires improvement | Good | Good | Good |
| 02/07/19 | Harbour Rise Rest Home | Res | Outstanding | Good | Outstanding | Outstanding | Outstanding | Good |
| 01/09/21 | Hatt House | Res | Good | Good | Good | Good | Good | Good |
| 06/07/23 | Hill House Nursing Home | Nurs | Good | Good | Good | Good | Good | Good |
| 20/12/19 | Ilsham Valley Nursing Home | Nurs | Good | Good | Good | Good | Good | Good |
| 26/05/23 | Jasmine House | Res | Good | Good | Good | Good | Good | Good |
| 23/09/17 | Jubilee House | Res | Good | Good | Good | Good | Good | Good |
| 05/06/19 | Keychange Charity Erith House Care Home | Res | Good | Good | Good | Good | Good | Good |
| 16/10/19 | Keychange Charity Walmer House Care Home | Res | Good | Requires improvement | Good | Good | Good | Good |
| 17/03/20 | Kingsmount Residential Home | Res | Good | Good | Requires improvement | Good | Good | Good |
| 16/05/19 | Lincombe Manor | Nurs | Good | Good | Good | Outstanding | Good | Good |
| 10/04/19 | Little Oldway | Res | Good | Good | Good | Good | Good | Good |
| 21/01/23 | Lorna House | Res | Requires improvement | Requires improvement | Requires improvement | Good | Good | Requires improvement |
| 25/05/23 | Meadfoot View | Res | Good | Good | Good | Good | Good | Good |
| 09/04/20 | Moorleigh Residential Care Home | Res | Good | Good | Good | Good | Good | Good |
| 27/06/23 | Mount Olivet Nursing Home | Nurs | Requires improvement | Requires improvement | Requires improvement | Good | Good | Good |
| 04/07/23 | Mount Tryon | Nurs | Requires improvement | Requires improvement | Requires improvement | Good | Good | Good |
| 06/07/22 | Mr 'C's | Res | Good | Good | Good | Good | Good | Good |
| 23/03/23 | Notts Hill House | Res | Requires improvement | Requires improvement | Requires improvement | Good | Good | Requires improvement |
| 05/04/22 | Oldway Heights | Res | Good | Good | Good | Good | Good | Good |
| 11/11/22 | Park House | Res | Good | Good | Good | Requires improvement | Good | Good |
| 26/08/23 | Pendennis Residential Care Home | Res | Good | Good | Good | Good | Good | Good |
| 27/11/18 | Pippins Residential Care Home | Res | Good | Good | Good | Good | Outstanding | Good |
| 12/08/22 | Primley Court | Nurs | Good | Good | Good | Good | Good | Good |
| 03/04/19 | Primley House | Res | Good | Good | Good | Good | Outstanding | Good |

| Count of Name | Column Labels | | |
|----------------------|---------------|-----------|-------------|
| Row Labels | Nurs | Res | Grand Total |
| Good | 7 | 52 | 59 |
| Outstanding | | 2 | 2 |
| Requires improvement | 6 | 9 | 15 |
| Grand Total | 13 | 63 | 76 |

Page 79

| | | | | | | | |
|--|------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 23/07/19 Rawlyn House | Res | Outstanding | Good | Outstanding | Outstanding | Good | Outstanding |
| 15/08/19 Renaissance Residential Home | Res | Good | Good | Good | Good | Good | Good |
| 04/07/23 Riviera Court | Res | Requires improvement | Requires improvement | Requires improvement | Good | Good | Requires improvement |
| 18/07/19 Roundham Court | Res | Good | Good | Good | Good | Good | Good |
| 08/06/19 Sesame | Res | Good | Good | Good | Good | Good | Good |
| 13/10/18 Siesta | Res | Good | Good | Good | Good | Good | Good |
| 18/02/23 Southbourne Care Home | Res | Good | Good | Good | Good | Good | Good |
| 11/06/19 St Omer Residential Home | Res | Good | Good | Good | Good | Good | Good |
| 18/04/18 Summon Bonum | Res | Good | Good | Good | Good | Good | Good |
| 05/07/23 Sundial Lodge Care Home | Res | Good | Good | Good | Good | Good | Good |
| 17/08/22 The Tobias Centre | Res | Good | Good | Good | Good | Good | Good |
| 06/07/23 Three Corners Nursing Home | Nurs | Good | Good | Good | Good | Good | Good |
| 01/01/22 Tudor Court Care Home | Res | Good | Good | Good | Good | Good | Good |
| 22/03/18 Vane Hill | Res | Good | Good | Outstanding | Good | Good | Good |
| 24/09/22 Warberries Nursing Home | Nurs | Requires improvement | Requires improvement | Inadequate | Requires improvement | Requires improvement | Requires improvement |
| 24/11/17 Warwick House | Res | Good | Good | Good | Good | Good | Good |
| 08/08/19 Westbrooke Grange | Res | Good | Good | Good | Good | Good | Good |
| 15/04/20 Widecombe House | Res | Good | Good | Good | Good | Good | Good |
| 06/09/23 Woodland Court | Nurs | Requires improvement | Requires improvement | Requires improvement | Good | Good | Good |
| 25/11/22 Woodland Park | Nurs | Requires improvement | Requires improvement | Requires improvement | Good | Good | Requires improvement |
| 01/06/22 Woodrow Retirement Home Limited | Res | Requires improvement | Requires improvement | Requires improvement | Good | Good | Good |

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

| Date of meeting | Minute No. | Action | Comments |
|-----------------|------------|---|---|
| 21/12/23 | 22 | The Director of Adult and Community Services to provide an annual update on domiciliary care to the Sub-Board in December 2024. | Added to work programme for December 2024. Complete |
| 23/11/23 | 18 | That the ICB and Director of Public Health, and Director Adult and Community Services, Torbay Council explore and deliver joint communications to raise awareness of and promote access to dental provision, how to maintain good oral health and what to do if urgent dental care is required within Torbay. | Director of Adult and Community Services and Director of Public Health actioning and update awaited. |
| 23/11/23 | 18 | That the ICB and Director of Public Health and Director Adult and Community Services develop communication resources for use by frontline services and supporting web content to raise awareness of how to maintain good oral health, how to access routine dentistry and what to do if urgent dental care is required within Torbay. | Director of Adult and Community Services and Director of Public Health actioning and update awaited. |
| 23/11/23 | 18 | That the ICB and Director of Public Health and Director Adult and Community Services explore additional funding opportunities for mitigating oral health initiatives in Torbay. | Director of Adult and Community Services and Director of Public Health actioning and update awaited. |
| 23/11/23 | 18 | That the ICB and Director of Public Health and Director Adult and Community Services explore how to improve and expand access to screening to address the escalating rate of mouth cancer registrations and mortality. | Director of Adult and Community Services and Director of Public Health actioning and update awaited. |
| 14/09/23 | 9 | South Devon NHS Foundation Trust are requested to provide details of potential new opening dates for the diagnostic centre together with time frames for transfer from the temporary diagnostic centre at Newton Abbot Hospital over to the new premises at Market Street in Torquay. | South Devon NHS Foundation Trust confirm that an update will be provided as soon as potential dates can be confirmed. |

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

| | | | |
|----------|---|--|--|
| 14/09/23 | 9 | <p>Adult Social Care and Health Overview and Scrutiny Board Chairman writes to the Health and Social Care Minister seeking reassurance that the NHS re-building budget for hospital funding will be protected and not diverted towards the Reinforced Autoclaved Aerated Concrete (RAAC) crisis affecting many schools across the United Kingdom</p> | <p>Awaiting update.</p> |
| 17/08/23 | 3 | <p>Draft Strategy for Adult Social Care in Torbay</p> <p>Information concerning a website based approach for accessing care be provided to local MP's officers and other information offices within Torbay.</p> | <p>Director of Adults and Community Services and Head of Policy, Performance and Community Engagement to action.</p> <p>The timing of this needs to align with completion of the work on developing the Torbay Council website.</p> <p style="color: green;">Latest update: Once the work has been completed on the webpages the Engagement and Communications team can share.</p> <p style="color: green;">Awaiting further update.</p> |
| 17/08/23 | 3 | <p>Draft Strategy for Adult Social Care in Torbay</p> <p>A briefing note is circulated to all Councillors with information concerning the website based approach for accessing care.</p> | <p>Director of Adults and Community Services to action.</p> <p>The timing of this needs to align with completion of the work on developing the Torbay Council website.</p> <p>Awaiting update.</p> |

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

| | | | |
|----------|---|--|--|
| 17/08/23 | 3 | <p>Draft Strategy for Adult Social Care in Torbay</p> <p>The Head of Policy, Performance and Community Engagement is instructed to publicise information about the approach to accessing care to inform wider communities.</p> | <p>Director of Adults and Community Services and Head of Policy, Performance and Community Engagement to action.</p> <p>Latest update: Once work is completed on the webpages the Engagement and Communications Team will publicise with residents and communities.</p> <p>Awaiting further progress update.</p> |
| 17/08/23 | 3 | <p>Draft Strategy for Adult Social Care in Torbay</p> <p>The Head of Policy, Performance and Community Engagement is instructed to widen the inclusion of people with protected characteristics in future consultations and report back to the Adult Social Care and Health Overview and Scrutiny Sub Board at a later date.</p> | <p>Director of Adults and Community Services and Head of Policy, Performance and Community Engagement to action.</p> <p>Latest update: The Engagement and Communication Manager will work with the newly appointed Partnerships and Inclusion Manager on this.</p> |
| 17/08/23 | 4 | <p>Draft Learning Disability Plan</p> <p>The Director of Adults and Community Services provides an update on the timeframe for the new data system at a future date to the Adult Social Care and Health Overview and Scrutiny Sub Board.</p> | <p>Added to the work programme as a future item.</p> <p>Director of Adults and Community Services to advise when update available.</p> |

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

| | | | |
|----------|---|---|---|
| 17/08/23 | 4 | <p>Draft Learning Disability Plan</p> <p>The Director of Adults and Community Services provides an exempt report on the options appraisal and when it will be implemented to a future Adult Social Care and Health Overview and Scrutiny Sub Board.</p> | <p>Added to the work programme as a future item – date to be confirmed.</p> <p>Director of Adults and Community Services to advise when update available.</p> |
| 17/08/23 | 5 | <p>Adult Social Care Procurement and Contracting Review and Action Plan</p> <p>The Director of Adults and Community Services shares information with the Task and Finish Group Review on Procurement relating to work undertaken which allowed the revised work on Adult Social Care Procurement and Contracting to progress.</p> | <p>Awaiting information from Torbay and South Devon NHS Foundation Trust.</p> |