

Wednesday, 14 October 2020

Meeting of the Health and Wellbeing Board

Thursday, 24 March 2016

1.30 pm

Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Board

Elected Mayor, Gordon Oliver

Caroline Dimond, Interim Director of Public Health

Pat Harris, Healthwatch Torbay

Tony Hogg, Police & Crime Commissioner

Mairead McAlinden, South Devon Healthcare NHS Foundation Trust

Martin Oxley, Torbay Community Development Trust

Nick Roberts, South Devon and Torbay Clinical Commissioning Group

Mandy Seymour-Hanbury, Torbay and Southern Devon Health and Care NHS Trust

Caroline Taylor, Torbay Council

Richard Williams, Torbay Council

Councillor Doggett

Councillor Parrott

Councillor Stockman



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Lisa Antrobus, Town Hall, Castle Circus, Torquay, TQ1 3DR

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

HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 4 - 6)
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 3 December 2015.
3. **Declaration of interest**
- 3(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.
- 3(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/woman decides are urgent.
5. **Sustainability and Transformation Plan**
To receive a presentation on the above.
6. **Market Position Statement for Adult Social Care and Support and Children's Services in Torbay 2016+** (Pages 7 - 92)
To consider a report that presents the updated and refreshed Market Position Statement.
7. **Director of Public Health 2015 Annual report - Tackling deprivation and the causes of ill health.** (Pages 93 - 94)
To consider the annual report of the Director of Public Health.

8. **Joint Health and Wellbeing Board Assurance Report** (Pages 95 - 104)
To consider three reports that seek to provide the Board with assurance against delivery of the current Joint Health and Wellbeing Strategy.
9. **Better Care Fund**
To consider the above.
10. **Domestic Abuse Update**
To receive an update on Domestic Abuse, following the seminar on 3 December 2015.
11. **Culture, Health and Well-being in Torbay** (Pages 105 - 130)
To note a report that informs and engenders support for culture, health and wellbeing.

Minutes of the Health and Wellbeing Board

3 December 2015

-: Present :-

Caroline Dimond, Councillor Ian Doggett, Pat Harris, Mairead McAlinden, Councillor Derek Mills, Martin Oxley, Councillor Julien Parrott, Nick Roberts, Councillor Jackie Stockman and Dr Liz Thomas

15. Apologies

Apologies for absence were received from Pat Harris, Caroline Taylor and Richard Williams.

16. Minutes

The Minutes of the Health and Wellbeing Board held on 15 October 2015 were confirmed as a correct record and signed by the Chairman.

17. Declaration of interest

Councillor Doggett declared a non-pecuniary interest as he is a lay member of the Joined Up Medicines Optimisation Group.

18. Congratulations

The Board congratulated Caroline Dimond on being appointed the Director of Public Health.

19. Joint Health and Wellbeing Strategy

Members considered a report that set out the Joint Health and Wellbeing Strategy (JHWS). In compiling the strategy a pragmatic approach was taken with the proposed JHWS reflecting a number of joint plans that were already in existence.

The Board applauded the strategy for its clarity and strategic direction. Members felt the work streams identified were being implemented by the JoinedUp Board. The JoinedUp Board needed to be system leaders to ensure the strategy work streams became embedded into the delivery system.

Members were advised the next step would be to develop an assurance framework which would be presented to Health and Wellbeing Board on 24 March 2016.

Resolved:

- i) that the Council be recommended to approve the Joint Health and Wellbeing Strategy as set out at Appendix 2 to the submitted report with the priorities being delivered through three strands:
 - a. the Joined-up Health and Social Care Plan;
 - b. the Health Torbay framework; and
 - c. the Community Safety and Adult and Children's Safeguarding plans.
- ii) That the Joint Health and Wellbeing Strategy be reviewed on an annual basis with a view that it may be possible to bring the three strands in (i) (a) to (c) above together at a later stage.
- iii) That performance and governance structure around the above be agreed to ensure the Board fulfils its requirements as outlined above.
- iv) that the Board agrees 3-4 key cross-cutting issues each year for particular consideration where there are significant issues to health and well-being.
- v) that the emphasis for the Joint Health and Wellbeing Strategy will be on the added value the Health and Wellbeing Board can bring through its focus on determinants and cross cutting issues, reflected in the aim "Building a Healthy community".

20. Child and Adolescent Mental Health Service (CAMHS) Transformation Plan Data

Members were informed that on 15 October 2015 the Health and Wellbeing Board endorsed the CAMHS Transformation Plans, with the Board raising questions around performance measures.

As an authority the area is an outlier for child and adolescent mental health with the reasons for being an outlier not immediately identifiable. In order to try and understand the reasons for high referral rates and incidents of self harm tentative discussions have been had with the Dartington Research Unit.

Members noted the report and sought reassurance that the service was addressing need and was not just concerned about the cost and criteria for accessing the service. Members were advised that the criteria for Tier 4 CAMHS beds were nationally set criteria that the service cannot change. Nick Roberts explained that admission to Tier 4 beds could be interpreted as failure of the system as it indicates a decline in the mental health of the patient, where as earlier access to services could avoid escalation to Tier 4. Members noted that early intervention was vital, supporting families even before mental health issues had been identified with mental health workers in schools would all assist in preventing an escalation of a person's mental health.

21. Healthy Torbay

Members were advised that Healthy Torbay was based upon the work of Marmot so the basis for the work of Healthy Torbay was already established. Healthy Torbay recognises that people don't always have a choice about adopting a healthy lifestyle, therefore it is important to look at working differently e.g. community allotments marrying up with cookery classes.

The Board was informed that community engagement was key, how do we reach those that need assistance? How do we build community cohesion and resourcefulness in order to promote healthy lifestyles? Members referred to the neighbourhood planning forums and whether healthy lifestyles had been considered in the context of neighbourhood plans. The Board requested Caroline Dimond write to the Neighbourhood Planning Forums asking how the neighbourhood plans will address the issues identified by Healthy Torbay.

22. Work Programme

The Board accepted the work programme and requested that the 1 December 2016 Seminar include drug addiction as well as alcohol.

Chairman/woman

Title: Market Position Statement for Adult Social Care and Support and Children's Services in Torbay 2016+

Wards Affected: All

To: Health and Wellbeing Board **On:** 24 March 2016

Contact: Fran Mason

Telephone: 01803 208424

Email: Frances.mason@torbay.gov.uk

1. Purpose

The purpose is to present the updated and refreshed Market Position Statement (MPS). Previously the MPS focussed on Adult Social Care and Support but this year Children's Services information has been added.

The MPS is designed to provide information and analysis of benefit to providers of care and support services in Torbay. It is intended to help identify future demand for care and support on the basis of what we know now about our local population, services and funding. Torbay's purpose is to share information on demand and supply, as well as local and national strategies with new and existing service providers to help with:

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

2. Recommendation

2.1 That the Health and Wellbeing Board review and agree to the updated Market Position Statement

3. Supporting Information

3.1 The Market Position Statement document and Appendix 1

4. Relationship to Joint Strategic Needs Assessment

4.1 Information from the Joint Strategic Needs Assessment is included within the Market Position Statement document, showing demographic information on the population, illustrating issues within the population and the need for services.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 The MPS articulates and supports priorities and objectives within the Joint Health and Wellbeing Strategy, focussed on adults' and children's social care and support.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

6.1 The MPS is an information document, not a policy or strategy. Commissioning intentions for the future and data on service demand within the MPS could influence future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy. These documents should be produced in close association.

Appendices

Background Papers:

The following documents/files were used to compile this report:

- Market Position Statement for Adult Social Care and Support and Children's Services 2016+ and Appendix 1
- Torbay Health and Wellbeing Strategy 2015 - 2020
- Torbay Council Corporate Plan
- Torbay Local Plan 2012 – 2030
- Torbay's Housing Strategy 2015 – 2020
- Joint Strategic Needs Assessment 2014/15
- South Devon and Torbay Clinical Commissioning Group commissioning intentions 2016 – 2018
- South Devon and Torbay Clinical Commissioning Group Strategic Plan 2014 – 2019
- Operational Commissioning Strategy for People with Learning Disabilities
- Living Well with Autism- A Joint Commissioning Strategy for Devon and Torbay
- A mental health commissioning strategy for Devon, Plymouth and Torbay 2014-2017
- Children's Services Commissioning Plan and Sufficiency Strategy 2014-2019, Children and Young People's Placements
- Torbay Council Corporate Parenting Strategy, 2015 – 2019
- Youth Homelessness Prevention Commissioning Strategy
- Peninsula Placements for Children and Young People- Market Position Statement, January 2014
- Size and structure of adult social care sector and workforce in England, 2015, Skills for Care
- Torbay and South Devon NHS Foundation Trust Integrated Workforce Strategy



A Market Position Statement for Adult Social Care and Support and Children's Services in Torbay 2016 +

A Market Position Statement for Torbay for Adult Social Care and Support and Children's Services 2016+

Executive Summary

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

It is intended to help identify future demand for care and support on the basis of what we know now about our local population, services and funding. Torbay Council's purpose is to share information on demand and supply, as well as local and national strategies with new and existing service providers to help with:

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

We work in close partnership with all agencies across the Torbay health and care economy. Our Health and Wellbeing Strategy <https://www.torbay.gov.uk/healthwellbeingstrategy.htm> sets the broader context for our work over the next few years.

We need your help to shape and provide opportunities for an innovative and diverse market that can help people achieve independence and make personal choices for their care and support within a value for money context. The MPS is an important part of that process and although the main focus is on adult social care (ASC), there is some information on children's social care including, the Sufficiency Statement, a summary of which is included in section 3. In future years our intention is to extend the Statement to cover a broader health market and children's social care.

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

Torbay's community and acute health and social care services became a single integrated care organisation (ICO) on 1 October 2015 (see 1.4 below) with a pooled budget of just over £300m.

Our vision of care and support for Torbay and South Devon and how the system will work in the future is represented in the picture in section 7. It shows that care will be increasingly centred around people and the communities in which they live.

From December 2015 Torbay Council's Joint Commissioning Team has been working across our three major statutory functions to deliver a single Joint Commissioning Plan for children, adults and Public Health, investing in prevention and optimising value for money through partnership and innovation. The major themes will be joint commissioning over the life course and closer partnership working.

A Market Position Statement for Torbay for Adult Social Care and Support and Children’s Services 2016+

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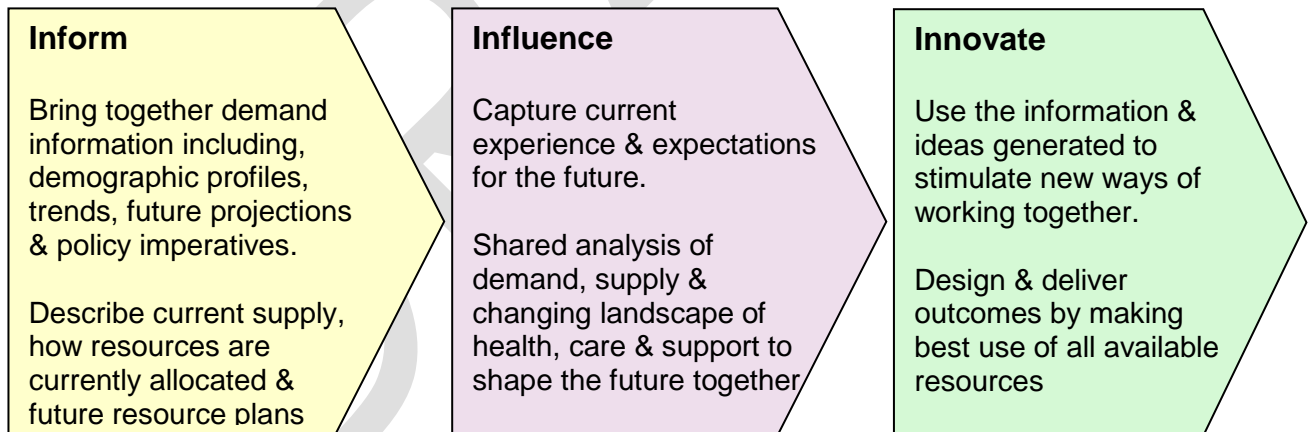
A market position statement sets out in a single place what we know about services in Torbay now; how they are used; how well they meet needs and aspirations and; the funding available. It also shows how demand for services, expectations and funding are expected to change in the future.

1. Purpose- Why produce a market position statement now?

The statement aims to:

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

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



Objectives- This statement sets out to:

- Create a better understanding of the needs and aspirations of Torbay’s population, not just based on statistical analysis;
- Outline strategic priorities for integrated public sector commissioning and purchasing in Torbay;
- Support discussion with local providers, service users, patients and carers;

A Market Position Statement for Torbay for Adult Social Care and Support and Children's Services 2016+

- Consider ways to promote creative solutions to meet changing and emerging need, making best use of limited resources; and
- Support planned transition from current provision to future provision in Torbay.

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

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

1.1 Key Messages

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

Torbay's community and acute health and social care services became a single integrated care organisation (ICO) on 1 October 2015 (see 1.4 below) with a pooled budget of just over £300M.

1.2 Opportunities for Market development

In facing up to the financial challenge and demand pressures we will work with service providers and the community voluntary sector (CVS) to use the strengths and assets of communities to change demand pressures into solutions for care and support. This Statement provides information for both existing and new providers who are outcome driven, flexible and innovative. Successful providers will work collaboratively to deliver efficient, quality care and support closer to home with a focus on individual needs and outcomes as part of an integrated system. The following table gives messages to the market in terms of drivers for change and market opportunities:

1.2.1 Messages to the whole market

Drivers for change	Market opportunities: what can providers do?
<p>Implementing new models of care and support at pace with the new ICO and in particular Local Multi-Agency Teams (LMATs), (see below) at centre, to increase integration across service boundaries to increase personal and local population wellbeing and health.</p>	<p>Through working in partnership we can deliver innovative models of care and support at a local level. Providers can support in the development of new ways of working to reduce fragmentation across the health and care system, identify opportunities for care services to be better coordinated based on the needs of people and their families' and work with communities to empower them to derive solutions.</p>
<p>Pooling of health and care funds into single 'place-based' budgets, to target health inequalities and local needs.</p>	<p>Pooling budgets will make it easier for providers to deliver the care people need. Providers will increasingly be able to personalise interventions, according to the best interests of individuals and respond much faster when needs change.</p>
<p>Two LMATs (Torquay and Paignton/Brixham) including: GPs, physicians, pharmacists, community health and social care (social work nursing, occupational therapy, physiotherapy) community voluntary sector, mental health housing working with fire, ambulance police and probation -focused on prevention, self-care and community support.</p>	<p>Through the extension and development of multi-disciplinary teams we will look to create care partnerships with local providers, agencies and the community voluntary sector.</p>
<p>New non-professional roles augmenting clinical care and professional support, as an access point to informal support and non-traditional activities/services.</p>	<p>There will be opportunities to work with the public sector to redesign the care and support workforce across the wider health and care system within Torbay.</p>
<p>The acute hospital will become a smaller, expert hub for specialist treatment.</p>	<p>This will result in more care being provided in the 'community', offering independent providers (private, community and voluntary) opportunities to offer more existing or new models in care, possibly in partnership with others. We will work with providers to speed up discharge of people from hospital, with the aim to enable a smaller acute hub.</p>
<p>Access to reablement support and intermediate care.</p>	<p>The potential growth of reablement services will impact on the provision of home care, with opportunities likely for providers who can respond flexibly to the needs and expectations of people leaving reablement.</p>

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Drivers for change	Market opportunities: what can providers do?
<p>Supporting people to manage long-term conditions and emotional wellbeing through a Single Point of Access (SPoC) to advice with support for carers, working with communities, voluntary and private sector to increase resilience and resourcefulness.</p>	<p>This is likely to lead over time to more intensive, short-term reablement, rehabilitation, recovery, respite and crisis services, and more low-cost preventative services. Whilst this may lead to shrinkage in traditional services, there should be growth for providers in preventative and low level community based services.</p> <p>Providers will also be able to be part of and access the new Information and Advice Website (the ORB) that enables a single point of quality up to date information and advice, to increase self-help and community knowledge for individuals, organisations, communities and professionals.</p>
<p>Help to live well at home including: extra care housing development with potential for nursing and more intensive forms of care on site; aids, adaptations and community equipment; assistive technology; further development of community care and support, including Living Well@Home.</p>	<p>Providers can support shifting care into the community and people’s homes, by offering a broader range of care options, primarily provided within community settings. It is likely there will be a continued reduction in long-term placements in residential care and later admission to long-term nursing care. However, by working in partnership with providers we can help people stay healthy and reduce social isolation and loneliness.</p>
<p>Care closer to home, meeting complex care needs (including poor mental health) outside in new models of extra care and supported housing.</p>	<p>(see above – help to live well at home).</p>
<p>Commissioning for all ages, better planning for transitions and movement through 'life course', including end of life support and care at home.</p>	<p>There will be opportunities for providers to help shape personalised health and care services that are able to follow a person through their lifetime.</p>
<p>Person centred health, care and support plans with personal budgets where appropriate.</p>	<p>By changing their service offer providers can adapt and tailor care delivery to the individual. This will support people to achieve personal outcomes that maximise their independence and choice, whilst enabling providers to potentially expand their market by reaching those who purchase care independent of council support.</p>

A Market Position Statement for Torbay for Adult Social Care and Support and Children’s Services 2016+

Drivers for change	Market opportunities: what can providers do?
Safeguarding is about making people aware of their rights, protecting them and preventing abuse. We believe that everyone has a responsibility for safeguarding children, young people and adults and keeping them safe from harm.	Providers can help by providing good quality care, making sure their staff are trained in the procedures for recognising and reporting a safeguarding concern and alerting us if they are worried that a vulnerable child, young person or adult may be at risk of abuse.
Reduced public sector resources.	Work with public sector organisations to identify opportunities to reduce waste and work more efficiently or provide services in a different way.
An earmarked adult social care precept of up to 2% on 2016/17 Council Tax over and above any other Council Tax increase.	The £1m extra funding into adult social care will go some way towards stabilising the market and if it is ongoing into future years the increased funding could amount to over £4m over the next four years
Framework purchasing agreements across health and care and across geographic areas.	Keep abreast of tender opportunities through trade journals and register with online procurement portals, to take advantage of reduced tendering costs, preferred supplier opportunities, submitting innovative proposals through the mini-competition process and forming mutually beneficial partnerships with other providers to extend the scope of services that are provided.
Improved use of built assets and land to support local economy and deliver local housing solutions.	<p>Work with Torbay Council and other partners across the public, private, community and voluntary sectors, to redesign/redevelop existing assets or implement innovative new solutions.</p> <p>The council will work with providers to support measures to help people live independently in their own homes and to live active lives within the community. This includes, in certain circumstances, approval for new care homes, extensions to existing care homes and development of retirement villages – for more detail see the Adopted Torbay Local Plan 2012 – 2030.</p> <p>http://www.torbay.gov.uk/index/your-services/planning/strategicplanning/newlocalplan.htm</p>

A Market Position Statement for Torbay for Adult Social Care and Support and Children’s Services 2016+

Drivers for change	Market opportunities: what can providers do?
<p>Understanding the role of housing in health and wellbeing and working with landlords, home owners and other service providers to ensure homes are fit for all stages of the life course with access to home improvements, aids, adaptations and assistive technology and plans and education to prevent homelessness and make sure support for homeless people/families is part of a holistic approach to improving health and wellbeing.</p>	<p>Work with Torbay Council and its partners to deliver the strategic objectives, goals and outcomes contained within Torbay’s Housing Strategy 2015 – 2020 (web link when available).</p>
<p>Linking payment to outcomes not outputs and tasks.</p>	<p>Actively take part in, inform and support new initiatives (e.g. Living Well@Home and the development of a future care homes’ fees model), which will refocus the health and care system around enabling individuals to achieve their personal outcomes and goals. This includes greater use of outcomes-based contracts to drive greater partnership working.</p>
<p>Targeted support for families to increase resilience, educational attainment, physical and emotional health and to reduce vulnerability and numbers of children in local authority care.</p>	<p>Current provision will be reviewed with potential future opportunities to develop residential services closer to home for children with complex needs and services across the age range to support the most vulnerable parents, young people and children.</p>
<p>Development of social investment opportunities, including a public services trust for children and families commissioning in Torbay.</p>	<p>Torbay Public Service Trust (TPST) will make it possible for all the organisations involved to pool their budgets and deliver services together. It will also be able to bid for other funding, like social investment, which is currently not accessible to Torbay Council.</p>
<p>Improving integrated support for children with special educational needs and development of education, health and care plans.</p>	<p>A more integrated approach to design and delivery of care and support across education, health and social care covering smooth transfer from child to adulthood and making sure the right services are available close to home for those with complex needs.</p>

A Market Position Statement for Torbay for Adult Social Care and Support and Children’s Services 2016+

Drivers for change	Market opportunities: what can providers do?
<p>Redesign of domestic abuse and child and adolescent mental health services. Future mental health services will be based on the SMART recovery model- ‘right pathways’ creating clear pathways of care, ‘right practice’ making sure there are the right clinical and non-clinical skills, and ‘right place’ working more flexibly and efficiently.</p>	<p>Provider can assist in the redesign of services to offer people help and a better pathway to recovery within a supported, community context that enables them to regain independence.</p>
<p>The Peninsula Framework provides Torbay with access to placements for Looked After children across the UK, through a network of preferred providers.</p>	<p>The framework is up for renewal in April 2017 and providers will have the opportunity to tender to be included within this refreshed contract approach.</p>

DRAFT

1.3 The Torbay Picture

People in Torbay have benefited from a history of integrated health and social care provision. This has reduced the need for local residents to have to go into a care home. There were 12 fewer care homes contracted with Torbay and South Devon NHS Foundation Trust in Torbay in 2015 than there were in 2012. We have instead developed support that enables people to remain in the community such as the 107 units of extra care housing developed between 2009 and 2015 with further extra care development planned by 2018.

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

- The Indices of Multiple Deprivation, 2015, ranks every small area in England and every local authority. Torbay is identified as the most deprived district local authority in the South West. Levels of relative deprivation have increased in Torbay, since 2010. The number of residents living in the top 20% most deprived areas in England number approximately 42,000 in 2015, compared to approximately 24,700 in 2010.¹
- In Torbay about 21.6% (around 5,100) children under 16 years of age were living in a low income family (2013). This is significantly higher than the England average of 18.6%.²
- Average house prices in Torbay are 7.4 times the average salary, higher than the England figure which is 6.72 (2013).³ Wages for the workforce (full-time workers who work in Torbay) are the second lowest in the South West in 2015 and more than £5000 lower than the England average⁴
- Average GVA (Gross Value Added) per head of population in Torbay was £14,225 compared with £21,163 in the South West and £23,755 in the UK. GVA is the lowest in the South West (2013)⁵
- Life expectancy is 8.8 years lower for men and 2.6 years lower for women in the most deprived areas of Torbay than in the least deprived areas (2012-2014)⁶
- Nearly one in four households with a dependent child aged 0 to 4 has a lone parent. The South Devon and Torbay average is similar to the England average; however there is noticeable local variation, with proportions highest in Torquay.⁷
- We have a higher proportion of older people in Torbay and an ageing population. Our average age was 44.5 years in 2014. This is older than the England average (39.7 years). The average age of Torbay residents is expected to increase to around 45.6 by 2020.⁸ Population projections suggest that there will continue to be an increasing proportion of residents aged 65 and over. Over 65s are predicted to represent 28% of the Torbay

¹ www.gov.uk/government/statistics/english-indices-of-deprivation-2015

² Department of Work and Pensions, 2013

³ Land Registry and Annual Survey of hours and earnings, www.gov.uk, (median) 2013 figures are provisional

⁴ Annual survey of hours and earnings (median annual pay- gross), www.nomisweb.co.uk

⁵ Office of National Statistics, www.ons.gov.uk, GVA measures the contribution to an economy of an individual producer, industry, sector or region

⁶ Primary care mortality data, and Torbay Public Health Team

⁷ 2014/15 South Devon and Torbay Joint Strategic Needs Assessment (JSNA), Starting Well, page 20, www.southdevonandtorbay.info

⁸ Office of National Statistics, www.ons.gov.uk and Torbay Public Health Team

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population in 2022 and 29% in South Devon and Torbay compared to 19% in England.⁹ The over 85 population is projected to grow by 41.5% between 2014 and 2026 in Torbay, and 39.8% in South Devon and Torbay.¹⁰

- Around one in seven households are occupied by someone aged 65 and over living on their own. This is around 9,700 households in Torbay (20,500 households across South Devon and Torbay)¹¹
- The cost of hospital treatment for those over 85 is expected to rise by about £1M in 2020 from £7.3M in 2012 to £8.5M in 2020.¹²
- Torbay was ranked 78th out of 150 for premature deaths (people aged under 75) nationally by Public Health England- rated as worse than average, 2012-2014¹³
- 1,646 people in Torbay are on a GP register for dementia (March 2015), compared with an expected prevalence of 2,628 with dementia. In South Devon and Torbay as a whole it was estimated that 5,326 have dementia¹⁴. Dementia prevalence rates are higher in females. Coupled with longer life expectancy, this means females with dementia outnumber males by more than two to one. Prevalence rates for dementia increase rapidly with age, with one in 1,400 affected under the age of 65, rising to more than 1 in 5 in those aged 85 and over¹⁵
- Estimates suggest around 7.5% people over 65 in Torbay (2,572 in 2015) have dementia and this is expected to increase¹⁶
- The percentage of the GP registered population on the mental health register (2014/15) is higher in Torbay at 1.11% compared with 0.88% in England¹⁷
- The rate of alcohol related hospital stays (2013/14) in Torbay (858 per 100,000 population) is worse than the average for England (645). The rate of alcohol specific hospital stays for under 18s is also higher than England (2011/12 - 2013/14)¹⁸
- The rate of self-harm hospital stays in Torbay (259.2 per 100,000 population) is worse than the average for England. This represents 316 stays per year (2013/14)¹⁹
- There are estimated to be thousands of people living with a long-term condition but who aren't known to, or managed by their GP across South Devon and Torbay.²⁰ Torbay has a higher proportion of people self reporting in the census that their day to day activities were limited by a disability/health issue (24%) compared to England (18%). Further analysis (age

⁹ 2014/15 South Devon and Torbay JSNA, Ageing and dying well, page 15

¹⁰ 2014/15 South Devon and Torbay JSNA, Population overview, page 18

¹¹ 2014/15 South Devon and Torbay JSNA, Executive summary, page 12

¹² 2012/13 Torbay JSNA www.southdevonandtorbay.info

¹³ healthierlives.phe.org.uk/topic/mortality, directly age standardised rates per 100,000 population, 2012-14

¹⁴ South Devon and Torbay figure is adjusted to include care home patients

¹⁵ Primary care web tool, www.primarycare.nhs.uk/default.aspx and Torbay Council Better Care Fund outcomes report

¹⁶ Personal Social Services Research Unit (PSSRU), at www.poppi.org.uk

¹⁷ Quality and Outcomes Framework, Health and Social Care Information Centre, <http://www.hscic.gov.uk/catalogue/PUB18887>

¹⁸ Torbay Health profile 2015, directly age standardised rates, <http://www.apho.org.uk/default.aspx?RID=49802>

¹⁹ Torbay Health profile 2015, <http://www.apho.org.uk/default.aspx?RID=49802>

²⁰ 2014/15 South Devon and Torbay JSNA, Executive summary, page 13, www.southdevonandtorbay.info

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standardisation) shows that this is not due to age, even though there is a higher proportion of older people living in Torbay

- 6,929 referrals were made to reablement (Intensive Home Support Service) in Torbay in 2014/15 (see Appendix 1, figure 18)

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

1.4 An Integrated Care Organisation

On 1 October 2015 Torbay and South Devon NHS Foundation Trust (TSDFT) was formed. This single integrated care organisation (ICO) brings together community health and adult social care to provide joined-up acute and community health and social care for the 375,000 population of Torbay and South Devon.

People will be supported at home outside hospital with the development of two multi-agency community health and social care teams in Torbay in 2016. The teams will include primary care, mental health and community voluntary sector services.

New models of care will focus on the health and wellbeing of local populations, preventing ill health and improving quality of care and support, working in partnership with local communities.

1.5 Pioneer, Vanguard and 'JoinedUp'

The creation of the ICO builds upon and runs in parallel with South Devon and Torbay's JoinedUp approach to leadership and delivery across the health and care system including, community voluntary sector, local authority and clinical commissioners, TSDFT and Devon Partnership NHS Trust (DPT). The ambition is to address what really matters to people and sustains health and wellbeing beyond treating single clinical problems. People will be able to tell their story once, and have access to personal co-ordinated care and support.

South Devon and Torbay is one of a number of national pioneers for integrated care and has received support from NHS England and central government to pilot integration projects and improve staff training and information sharing. A multi-agency frailty hub pilot was undertaken in Newton Abbot that includes, new non-professional roles working alongside clinicians and social care professionals. This will now become a LMAT. The Children and Families hub in Torquay includes asset-based community development workers and social prescribing and volunteer time-bank.

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The Care Act 2014 (see section 1.14.1 for more detail) requires local authorities to 'consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help' in considering 'what else other or alongside the provision of care and support might assist the person in meeting the outcomes they want to achieve'. In practice, this means incorporating a strengths-based approach into the care market. A strengths-based approach will be the bed rock of how we work in the new LMAT care model. It will be the golden thread which runs through all our interactions with people, both in terms of how we invest care and support in our teams and how our teams in turn invest care and support in the people they serve, (care in and care out).

South Devon and Torbay, as part of the South West Integrated Personal Commissioning demonstrator site, are implementing joint health and social care planning with personal health and care budgets. Care plans will identify personal goals and how these will be met. In some cases people will choose non-traditional services and access to community support and activities to meet health and wellbeing outcomes.

In July 2015 South Devon and Torbay became one of eight national Vanguard sites for urgent care. As a Vanguard South Devon and Torbay could receive national funding and expertise in urgent care to rapidly progress plans which include:

- Development of urgent care facilities in at least two sites– one in South Devon and one in Torbay in 2016;
- Share primary care records with Devon Doctors and co-locate primary care facilities with A&E facilities, or urgent care, in at least two locations; and
- Make a full range of urgent care sites available, one of which might be at Torbay Hospital's A&E.

1.6 Torbay Health and Wellbeing Board and Strategy

The Torbay Health and Wellbeing Board (HWBB) brings together the NHS, Public Health, adult social care and children's services, elected representatives and Healthwatch Torbay, to plan how best to meet the needs of our local population and tackle local inequalities in health.

The vision of the HWBB is for a Healthier Torbay, 'Where we work together to enable everyone to enjoy a healthy, safe and fulfilling life.' The Torbay Health and Wellbeing Strategy 2015-2020 has been agreed with the strapline 'Building a Healthy Community'.

It is suggested that the HWBB identify three to four issues each year where a focus across all sectors is needed. These areas should be where the HWBB, through its membership, can bring a greater focus to work on specific areas identified as high risk to health and well-being. Discussions to date with members have identified the following common issues:

- Urgent mental health support and assessment;

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- Alcohol;
- Domestic violence; and
- Health, housing and homelessness.

For further information please see the following website:

<http://www.torbay.gov.uk/index/yourservices/publichealth/healthwellbeing.htm>

1.7 Torbay Council Corporate Plan

A healthy Torbay is one of the main ambitions in Torbay Council's Corporate Plan (2015-2019). Targeted actions to promote healthy lifestyles and protect and support vulnerable adults include:

- Integrated services where people and families are supported in all aspects of their lives where there are challenges to prevent progression to the need for more intense care;
- Services aimed at keeping people well and preventing or delaying the onset of disability and illness;
- Integrated services where those in their older years or those living with illness or disability are supported to live independently and at home for as long as possible; and
- Work in partnership with the community voluntary sector to build resilience and ensure they are equal partners on service design and delivery.

The Corporate Plan can be found at: <http://www.torbay.gov.uk/2910-corporate-planfinal.pdf>

Delivery plans have now been prepared for each of the targeted actions within the Corporate Plan. They set out the challenges faced by the council, where we aim to be in 2019 and the areas on which we will focus. The performance indicators that will be monitored to assess progress towards the council's ambitions and the associated risks are also set out in the Delivery Plans.

1.8 Safeguarding

Safeguarding is about making people aware of their rights, protecting them and preventing abuse. Every child and adult can be hurt, put at risk of harm or abused, regardless of their age, gender, religion or ethnicity. We believe that everyone has a responsibility for safeguarding children, young people and adults and keeping them safe from harm.

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Torbay Safeguarding Adults Board believes that every person has a right to live a life free from abuse and neglect. It is "Everyone's Business" to ensure that we work together as a community to support and safeguard the most vulnerable in society. The overarching purpose of a Safeguarding Adults Board is to help and safeguard adults with care and support needs. They do this by:

- Assuring that local safeguarding arrangements are in place as defined by the Care Act 2014 and statutory guidance;
- Assuring that safeguarding practice is person-centred and outcome-focused;
- Working collaboratively to prevent abuse and neglect where possible;
- Ensuring agencies and individuals give timely and proportionate responses when abuse or neglect have occurred; and
- Assuring that safeguarding practice is continuously improving and enhancing the quality of life of adults in Torbay.

For further information please see the following website:

<http://www.torbayandsouthdevon.nhs.uk/services/safeguarding-adults/>

Children in Devon and Torbay are best safeguarded when key agencies work together effectively. Devon and Torbay Safeguarding Children Boards are designed to help ensure that this happens.

The core membership of Safeguarding Children Boards is set out in the Children Act 2004 and includes representatives from local authorities, health, police, education and others including the community voluntary sector. The objective of the Board is to coordinate and ensure the effectiveness of their member agencies in safeguarding and promoting the welfare of children living in Devon and Torbay.

For further information please see the following website:

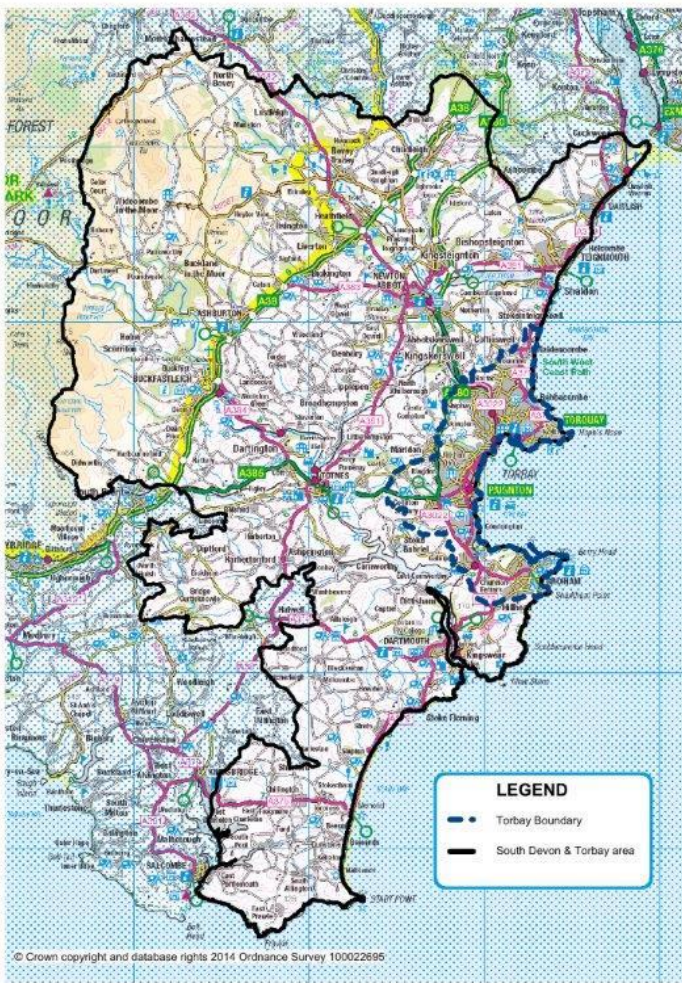
<http://www.devonsafeguardingchildren.org/>

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1.9 South Devon and Torbay Clinical Commissioning Group

NHS services are commissioned locally by the South Devon and Torbay Clinical Commissioning Group (CCG).

Geographical area covered by South Devon and Torbay CCG



Our vision, to see “excellent, joined-up care for everyone”, continues to be at the centre of our plans. We are working with local people to improve the services we commission, as well as discussing how we can work with communities to best improve people’s wellbeing. We have an ageing population with complex needs, pockets of rurality and extreme deprivation. We also have some high levels of risk taking behaviours, including high alcohol usage, smoking and drug misuse. We recognise that there are inefficiencies in our system, including clinical variation, multiple handoffs, duplication, and expensive overheads.

People have told us that they want:

- Timely safe services close to home;
- To tell their story only once (communication and coordination);
- Education, prevention and self-care;
- Seven day services
- Wellbeing and community support
- Effective services which represent good value for money

Our Commissioning Intentions 2016-18 document outlines our priorities, and these include:

- Seven day working;
- LMATs delivering joined up care closer to home with a focus on wellbeing and prevention, working with the community voluntary sector;
- Single Point of Access for the entire population; and
- Providing more secondary care services in community settings.

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Our full commissioning intentions document can be found at:

<http://www.southdevonandtorbayccg.nhs.uk/about-us/our-plans/Documents/commissioning-intentions-16-18.pdf>.

We are currently refreshing our integrated plan, which sets out our aims and priorities for the next three years and how the healthcare budget will be spent. Our main priorities are:

- Promoting self-care, prevention and personal responsibility;
- Developing joined-up community hubs, closer to home, for all; and
- Leading a sustainable health and care system, encompassing workforce, estates and IT.

The current plan can be viewed at <http://www.southdevonandtorbayccg.nhs.uk/about-us/our-plans/Documents/strategic-plan-2014-2019.pdf>

1.10 The SWIFT project

There are a number of elements to the SWIFT (Social Work Innovation Fund Torbay) project, all of which will help to streamline the services we deliver. One part is that the project will be leading on developing a new Torbay Public Service Trust (TPST). This Trust will make it possible for all the organisations involved to pool their budgets and deliver services together. Its priorities are domestic abuse and mental health. It will also be able to bid for other funding, like social investment, which is currently not accessible to Torbay Council.

The project will also oversee the development of three new multi-professional delivery teams which will be made up of staff from across the whole range of children's and adults health and social care as well as schools, Police and community and voluntary organisations. These teams will be based in the local community and they will make sure the services on offer are what that community needs to help improve their lives as well as building on their assets and strengths, which compliment those of the multi-professional teams. The teams will be based in practices, which will initially be called Early Help Practices (EHP). As well as meeting the needs of their community the practices, and the multi-agency staff, will be building on other evolving initiatives, learning from the good practice of others and applying them to how they deliver services for children, young people and families. By doing this they will be transforming the way public services are delivered in the process.

For further information link to: <http://www.swiftorbay.org.uk>

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1.11 SMART Recovery

Devon Partnership Trust (DPT) uses their SMART recovery programme to play a role in achieving their vision for the future. The vision is one which sees people with mental health and learning disability needs experiencing the best possible services - whenever and wherever they need them. DPT states that SMART Recovery has three underpinning aims:

- **Right pathways-** Creating clear pathways of care for people, which provide evidence-based support and set out the journey that people can expect to make with us - from assessment to recovery and discharge;
- **Right practice-** Making sure we have the right clinical and non-clinical skills in the right parts of our care pathways to provide the best possible support to people - whenever and wherever they need it; and
- **Right place-** Working more flexibly and efficiently and minimising our investment in unnecessary clinics and offices, so that we can support more people without compromising the quality and safety of the care we provide.

1.12 Local strategies

1.12.1 Learning disability

The Commissioning Strategy for People with Learning Disabilities 2014-16 sets out the plans for learning disability services in Torbay, looking at what services need to be provided now and in the future. The strategy can be found at:

<http://www.southdevonandtorbayccg.nhs.uk/resources/Documents/bcf-8-operational-commissioning-strategy-for-people-with-learning-disabilities.pdf>

1.12.2 Transforming Care

Torbay is included in the Devon wide Transforming Care Partnership along with Devon and Plymouth.

The purpose of the Devon wide Transforming Care Partnership is:

- To deliver the change outlined in 'Building the Right Support' (2015), through effective collaboration, and by bolstering shared commissioning arrangements between local authorities, CCGs and education and housing to support a shift in power for people.

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The aim of the Transforming Care Partnerships is primarily to improve the support to the community for people of all ages who have a learning disability and/or autism who display behaviour that challenges. The focus will be those individuals who are at risk of being admitted into hospital for lack of appropriate community support. Partnerships are required to have robust system wide plans in place, to ensure a long-term development of local services that enable people to be supported and treated as close to home as possible.

The Devon wide Transforming Care Partnerships is required to work across local authority and CCG boundaries to make the best use of economies of scale and collective leverage within the market. It is hoped that this will result in positive, coordinated, proactive and planned strategic change for this population.

The Transforming care partnerships will work alongside people who have experience using services, as well as their families/carers. Further information on Transforming Care can be found at: <https://www.england.nhs.uk/learningdisabilities/care/>

1.12.3 Autism

The 'Living Well with Autism- A Joint Commissioning Strategy for Devon and Torbay' aims to improve outcomes for people who are autistic, their families, and carers by providing the information and appropriate support required to be as independent as possible, and to create the conditions in which people with autism can lead fulfilling and rewarding lives with access to as many opportunities as possible. We will achieve this through building a greater awareness of autism, effective partnership working, and the best use of available resources. Our three priorities are:

1. Diagnosis: When the diagnostic assessment process works well, professionals, the person with autism and their family, partner or carer(s) communicate right from the start and the person with autism is involved in the decisions relating to their care. This lays the foundation for a long-term understanding between the person with autism, their family, partner or carer(s) and the professionals supporting their needs.

2. Information and training: 'Improving training around autism is at the heart of the autism strategy for all public services staff, but particularly for those working in health and social care'. (Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism strategy, Department of Health, March 2015)

3. Person-centred support: Support and care should take into account people's needs and preferences. People with autism should have the opportunity to make informed decisions about their care, in partnership with their healthcare professionals (NICE guidelines on autism 2012).

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1.12.4 Mental health

The mental health commissioning strategy for Devon, Plymouth and Torbay 2014-2017 reflects the commissioning intentions for mental health services for adults of all ages in Devon, Plymouth and Torbay. The strategy focuses on how we can support good mental health and seek to prevent mental ill health. It emphasises the need to promote recovery and support people to overcome the consequences of mental illness so that they can lead satisfying, independent and productive lives. It can be found at:

<http://www.torbay.gov.uk/mentalhealthstrategy.htm>

1.13 Proposal for Devolved Powers for Devon and Somerset

In September 2015, as part of a proposal for more devolved powers from Westminster all the councils across Devon and Somerset (including the two county councils, Torbay Council, Plymouth City Council and the 13 district councils), together with the Heart of the South West Local Enterprise Partnership (which represents local businesses across the two counties) submitted a Statement of Intent to the government.

The Statement identifies powers that could be devolved and will be followed up with more detailed proposals. One of the key themes is to improve health, care and wellbeing by delivering a world-class integrated health and care system with the priority of keeping people as healthy as possible for as long as possible. This will mean more prevention and early intervention, person-centred care and outcome-based commissioning. Devolved powers will provide greater freedom and flexibility including, the ability to pool budgets and direct resources to local need.

Discussions with the Government are ongoing. For further information please see the following website <https://new.devon.gov.uk/democracy/how-the-council-works/devolution/>

1.14 National context- Government Priorities

1.14.1 Care Act

The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. The Act delivers key elements of the government's response to the Francis Inquiry into events at the former Mid Staffordshire Trust, and demands increasing transparency and openness and will help drive up the quality of care across the system. The Act strengthens previous commitments to an integrated approach across organisations and health and social care boundaries, including a requirement of continuity during transition between children's and adult services.

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The Act aims to achieve:

- Clearer, fairer care and support;
- Wellbeing– physical, mental and emotional – of both the person needing care and their carer;
- Prevention and delay of the need for care and support; and
- People in control of their care.

The Act places a duty on local authorities to ensure that information and advice on care and support is available to all and when they need it. Independent advocacy must also be arranged if a person would otherwise be unable to participate in, or understand, the care and support system.

There must be diversity and quality in the market of care providers so that there are enough high-quality services for people to choose from. Local authorities must also step in to ensure that no vulnerable person is left without the care they need if their service closes due to business failure.

A new statutory framework protects adults from neglect and abuse.

Anybody, including a carer, who appears to need care or support is entitled to an assessment, regardless of financial contact with the council ... The local authority must then apply a national eligibility threshold to determine whether the individual has eligible needs.

Taken from: Skills for Care factsheet <http://www.skillsforcare.org.uk/Document-library/Standards/Care-Act/learning-and-development/introduction-and-overview/care-act-overview-fact-sheet.pdf>

Major reforms to the way that social care is funded, including a care cap, have been put on hold until approximately 2020.

The health and care agenda has been the focus of concerns nationally about safety, quality and how we pay for care in an increasing older population, with more complex care needs. These have been partly answered by Dilnot reforms. The Care Quality Commission (CQC), as the regulator, is taking a more robust and focused approach to inspections. However, the overall costs of providing and supporting our local population for health and care remain an ongoing challenge.

1.14.2 Better Care Fund

In Torbay the Better Care Fund (BCF), a single pooled budget for health and social care, forms part of the pooled budget for the ICO. Performance is measured against four national targets:

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- Total non-elective admissions (general and acute) per 1,000 population;
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population;
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services; and
- Delayed transfers of care from hospital per 100,000 population.

and two local targets:

- Rate of dementia diagnosis; and
- Patient/service user experience of care.

1.14.3 Legal responsibilities, quality and performance requirements

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

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

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

Services commissioned by Torbay Council, Torbay and South Devon NHS Foundation Trust and South Devon and Torbay CCG report against local performance and quality criteria.

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2. Inform – What we know

2.1 Demand

Torbay Joint Strategic Needs Assessment (JSNA)

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

- Starting well;
- Developing well;
- Living and working well; and
- Ageing and dying well.

<http://www.southdevonandtorbay.info/needs-assessment/jsna-narratives>

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

Torbay has an ageing population. Meeting the more complex health needs of those aged over 85 in 2020 is expected to cost Torbay about £1 Million more annually than it did in 2012. As the population ages the number of people living with dementia is also expected to increase. Much of the care provided in Torbay is unpaid and Torbay had amongst the highest proportions of unpaid carers in England²¹. There are significantly higher levels of unpaid carers in the South Devon and Torbay population, many providing more than 50 hours of care a week, and many in poor health themselves.²² Many of these Carers are themselves older, with Torbay having significantly higher levels of retired Carers, and those with disabilities or long-term illnesses (National Carers Survey 2014-15)²³. There is also a higher proportion of young people aged under 24 providing some form of unpaid care²⁴

2.1.1 Health Inequalities

People in our more deprived communities live for longer with some level of a disability [but still die earlier]. This may mean that this population will need some level of support or need to access care for a relatively longer period of time. ‘Reducing the gap between disability free life expectancy and life expectancy would result in significant financial savings to the public purse’.²⁵ There is a gap of 20 years in Torbay’s more deprived communities between disability free life expectancy and life expectancy, compared to a gap of 17 years in less deprived communities (2009-2013). This means that in the most deprived communities men aged over

²¹ Census 2011, www.nomisweb.co.uk

²² 2014/15, South Devon and Torbay JSNA, Executive summary, page 12, www.southdevonandtorbay.info

²³ Personal Social Services Survey of Adult Carers in England 2014-15

²⁴ 2014/15, South Devon and Torbay JSNA, Developing well, page 38

²⁵ 2014/15, South Devon and Torbay JSNA, Executive summary, page 6

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55 are likely to need additional support for health or disability and may spend 20 years needing this support.²⁶

To highlight the inequality between the least and most deprived wards in Torbay: life expectancy for a man born between 2011 and 2013 in Churston-with-Galmpton is around 85.3 years compared to 74.6 years for men born in Roundham and Hyde.²⁷

2.1.2 Accommodation based care

While spend on residential and nursing care is the largest area of spend in the adult social care budget, demand for traditional accommodation based care is in decline. Fewer people are entering residential care and those who do so tend to enter at an older age and stay for a shorter period. A national Bupa report in January 2011 found the average length of stay was 801 days.²⁸

The tables below show permanent admissions to residential and nursing care homes (for state funded adults in Torbay)

Figure 1a: Number of permanent admissions to care homes, and age

Excludes admissions to group homes, funded nursing care, continence care and continuing health care. Includes clients transferring from temporary to permanent care during the year

Year of admission	18-64 years	65-74 years	75-84 years	85+ years	Total
2010/11	49	17	62	125	253
2011/12	31	21	65	104	221
2012/13	25	24	64	142	255
2013/14	29	20	64	117	230

Source: Torbay and Southern Devon Health and Care NHS Trust (TSDHCT)

Figure 1b: Number of adults whose long term support needs were met by admission to residential and nursing care homes, and age

Year of admission	18-64 years	65-74 years	75-84 years	85+ years	Total
2014/15	5-10	11- 20	67	121	210

Please note: The tables above are split because the transition from Adult Social Care Combined Activity Return (ASC-CAR) (2010/11-2013/14) to Short and Long-Term Support (SALT) (2014/15) performance returns resulted in a change to which admissions to care homes were captured. Twelve week disregards and full cost clients are now included, whereas previously

²⁶ Office of National Statistics, www.ons.gov.uk and Torbay Public Health Team

²⁷ Office of National Statistics, www.ons.gov.uk and Torbay Public Health Team

²⁸ Length of stay in Care Homes, Forder, J and Fernandez, J, Jan 2011, Bupa/PSSRU

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they were excluded. Furthermore, whilst ASC-CAR recorded the number of people who were admitted to residential or nursing care during the year, the relevant SALT tables record the number of people for whom residential/nursing care was planned as a sequel to a request for support, a review, or short-term support to maximise independence.

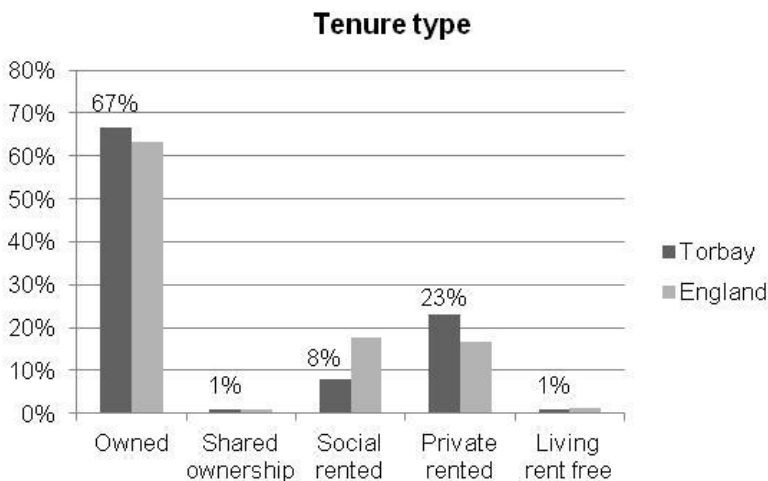
2.1.3 Self-directed support (direct payments)

The proportion of adults using social care who receive direct payments is slightly higher in Torbay (27.8%) compared with the England average of 26.3% and the South West (24.7%) in 2014/15.²⁹ It is estimated by Torbay and South Devon NHS Foundation Trust that currently (January 2016) around 30% of direct payment users are employing Personal Assistants.

2.1.4 Housing

Community equipment, home improvements and adaptations are being used to support independent living, and extra care housing (where people live in their own self-contained accommodation with care and support on site) is being developed as an alternative to residential care.

Figure 2: Housing tenure



In Torbay the majority of people live in their own homes or the private rented sector. Figure 2 shows that 23% of households live in private rented housing, higher than the England average of 17%. Social rented housing was occupied by 8% of households, lower than the 18% across England as a whole.

Source: 2011 census, www.nomisweb.co.uk

Houses of Multiple Occupation (HMOs) are generally properties occupied by more than one household and more than two people, and may include bedsits, shared houses, non self contained flats and some self contained flats. There are about 1,450 Houses of Multiple Occupation in the Bay, forming 2.3% of Torbay’s housing stock compared to a national rate of 1.6%.³⁰ These include both licensed and unlicensed HMOs.

²⁹ National Key Performance Indicator for Adult Social Care 1C part 2A

³⁰ Page 134, Torbay Local Plan– A landscape for success. The Plan for Torbay 2012-32 and beyond (Proposed Submission Plan) February 2014

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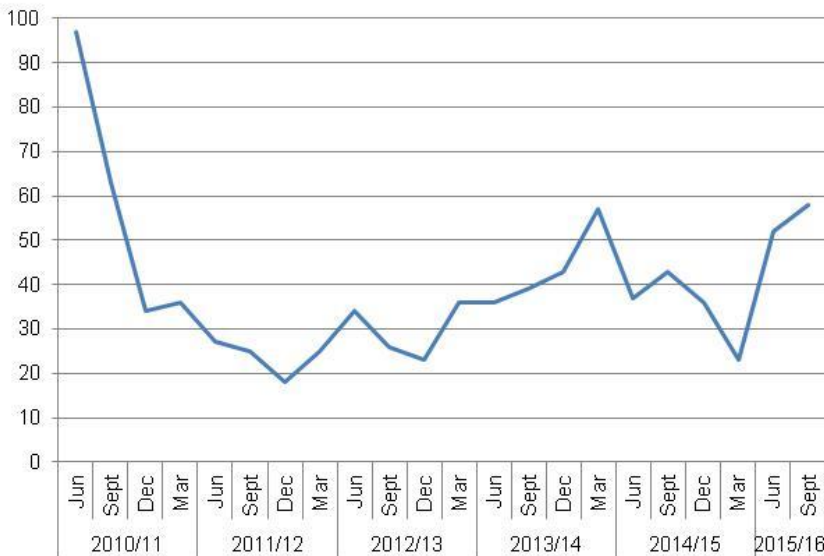
In the last year (2014/15), 491 people applied to Torbay Council as homeless and 65 (13%) were accepted as owed the full housing duty for accommodation. The table below shows that the number of applications increased significantly between 2012/13 and 2013/14.

Figure 3: Number and percentage of homeless applications and acceptances by Torbay Council during the year

Year	Number of applications	Number of acceptances	% of acceptances
2012/13	382	75	20%
2013/14	490	56	11%
2014/15	491	65	13%

Source: Housing Options Team, Torbay Council

Figure 4: Number of Torbay households living in emergency temporary accommodation provided by Torbay Council as at the end of each quarter



The local authority has a duty to provide emergency accommodation when it has reason to believe that an applicant may be homeless, eligible and in priority need for accommodation, it also has to provide emergency accommodation for households owed the full housing duty. The number in emergency accommodation is currently on an increasing trend from 23 households at the end of March 2015 to 58 at the end of September 2015.

Source: Housing Options Team, Torbay Council

Refer to Appendix 1 section 1.3 for further information on housing and homelessness.

As in July 2015 there were 1,886 households on the Torbay housing register for social housing-households who had stated a wish to live in Torbay (see Appendix 1, figure 15). These households were assessed as having a low, medium, high or emergency housing need.

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2.1.5 The Children and Families Act 2014

Part 3 of the Children and Families Act transforms the system for disabled children and young people and those with Special Educational Needs (SEN), so that services consistently support the best outcomes for them. The reforms create a system from birth to 25 through the development of coordinated assessment and single Education, Health and Care Plans; improving cooperation between all services responsible for providing education, health or social care; and giving parents and young people greater choice and control over their support.

The SEND (Special Educational Need and Disability) reforms focus on the following themes:

- Working towards clearly defined outcomes;
- Engagement and participation of parents and young people;
- Joint Commissioning and developing a Local Offer of support;
- Coordinated assessments and Education, Health and Care Plans; and
- Personalisation and personal budgets.

Taken from Preparing for Adulthood programme factsheet:

http://www.preparingforadulthood.org.uk/media/412594/care_act_mar15.pdf

2.1.6 Welfare Reform

The table below shows that 71.65% of claimants in Torbay are claiming Employment and Support Allowance or incapacity benefits. This compares with 67.96% in all English unitary authorities and 66.59% nationally. ‘Claimants of these benefits are less likely to be able to respond to welfare reforms, as they are more likely to have been out of work for a long time and much less likely to be receiving structured employment support.’³¹

Figure 5: Out of work Benefit claimants, Quarter 2 2015/16 (April – June 2015)

	Proportion claimants on Job Seekers Allowance (JSA) benefits	Proportion claimants on Employment and Support Allowance (ESA) or Incapacity Benefit (IB) benefits	Proportion claimants on Lone Parent (LP) benefits
Torbay	13.69%	71.65%	10.99%
Average for all English unitary authorities	17.10%	67.96%	12.48%

Source: Local Government Association

³¹ Local Government Association, www.lginform.local.gov.uk

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2.2 Supply

Supply is described using the categories below. Appendix 1 includes further detail of provision and activity within the service categories listed below.

Accommodation based services	Community based services	Preventative and Early Help services
<ul style="list-style-type: none"> • Residential and nursing care homes • Independent hospitals • Specialist accommodation (incorporates supported housing) • Host family carers • Sheltered housing • Extra care housing • Homeless emergency accommodation • Social rented housing 	<ul style="list-style-type: none"> • Personal and non personal care and support • Social care reablement • Community Equipment and Assistive Technology • Employment support • Rapid response • Emergency Duty Service • Day activities • Meals services • Night sitting • ‘Short break’ (respite) services • Personal assistants • Self-directed support • Intermediate care • Community nursing 	<ul style="list-style-type: none"> • Support services (previously known as Supporting People services) • User support groups • Befriending services • Information, advice and advocacy • Community and voluntary sector networks • Community based short breaks • Home Improvement Agency and Disabled Facilities Grant • Carers groups and organisations

2.2.1 Accommodation based services

2.2.1.1 Residential and Nursing Care Homes

In Torbay there were 98 CQC registered care homes contracted with Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) in September 2015.

The CQC reports in 2015 that their register shows that nationally there has been a 42% rise in the number of domiciliary care agencies, coupled with a 10% reduction in the number of residential homes (and a 6% reduction in the number of beds) over the last five years. The CQC has seen a trend of smaller services being replaced by newer, larger ones. The only category of residential homes that has increased between 2010 and 2015 is homes with more than 50 beds. The number of nursing homes with more than 50 beds has also increased over the same period, whereas the number with between 20 and 50 beds has decreased.³²

³² The state of health care and adult social care in England 2014/15, CQC, October 2015, page 57, <http://www.cqc.org.uk/>

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There is a difference on the CQC register between the balance of residential and nursing homes nationally and those in Torbay. CQC reported that in February 2016³³ there was an overall national average split of 72% residential homes to 28% nursing homes. In Torbay at this time the split of residential and nursing homes was 80% to 20% indicating there may be an over-supply of residential care homes in Torbay. However, the intention is for people to remain in their home as their needs change and this can result in people with more complex needs remaining in residential care with additional nursing support.

The local register in Torbay showed that the number of residential homes contracted with TSDHCT decreased between 2012 and 2015, whilst the number of nursing homes remained stable. In September 2015 it showed that Torbay had 81 residential care homes with 1,800 beds and 17 nursing homes with 619 beds. The majority of these homes (68) were registered to provide care for people aged 65 and over. Torbay’s local register produced by the now Torbay and South Devon NHS Foundation Trust includes more accurate information about circumstances in local care homes: if a home is registered with the CQC as nursing but has no nursing staff, then the home and the beds are categorised in the local register as residential care, to reflect the actual type of beds and homes available (See Appendix 1: Figures 3-6).

The rate of permanent admissions to care homes per 100,000 population of people aged 65 and over in Torbay in 2013/14 was 628.6, which is lower, but not significantly different to the South West (656.2) and England (668.4) rates. Care home admission rates fell between 2012/13 and 2013/14. In 2014/15 the measurement of this indicator changed as explained in section 2.1.2. One change was the inclusion of 12 week disregards and full cost clients. In 2014/15 the rate with this new way of measuring was 620.2 in Torbay.

The number of social care clients supported in care homes at year end (excluding fully self-funded) as reported to the TSDHCT’s board is shown in Figure 6 below. It is showing a decrease over the years

Figure 6: Social care clients supported in permanent care home placements at year end, aged 18 years and over

Period	Clients
2010/11	781
2011/12	730
2012/13	717
2013/14	683
2014/15	654

The numbers of people becoming eligible for continuing healthcare (CHC) has increased year on year - 12% between 2014 and 2015. Specific pressures are seen with the limited availability of suitable nursing home placements for people needing end of life care, as well as those people with more challenging dementia behaviours.

³³ CQC care directory, February 2016, <http://www.cqc.org.uk/>, Where homes have a dual registration with CQC of both nursing and residential then they are counted in these figures as nursing only

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2.2.1.2 Independent hospitals

Figure 7: Number of inpatients (adults and adolescents in transition to adult services) in independent hospitals

Time period	In Torbay area- Number of patients funded by South Devon and Torbay Clinical Commissioning Group in an inpatient facility	Outside of Torbay area- Number of patients funded by South Devon and Torbay Clinical Commissioning Group in an inpatient facility
As on 1 December 2015	8	24

On 1 December 2015 there were two independent hospitals operating within Torbay. One is a specialist Tier 4 CAMHS (Child and Adolescent Mental Health Services) provider caring for young people up to the age of 18 years and is commissioned by NHS England. Another is a hospital for adults under the age of 65 with poor mental health, and is a step down from an acute psychiatric ward.

Whilst the strategic drive is to ensure that patients are cared for and receive the treatment that they need closer to home, there are a number of patients who require specialist in-patient treatment, which is out of the Torbay and South Devon area. Following care treatment reviews of individuals the South Devon and Torbay CCG has recognised a gap for ‘step down’ provision, which can meet the complex needs of people particularly those with learning disability and behaviours which challenge.

2.2.1.3 Specialist accommodation (incorporates supported housing)

Specialist accommodation brings together ex-Supporting People accommodation services and supported living services to improve and develop an outcomes-based approach to housing support and care including, homelessness prevention. This approach enables the retention of local providers previously funded through Supporting People contracts, with particular skills in tenancy sustainment for people with complex needs and mental health issues. The procurement process is currently underway to establish a list of approved providers, and work is being done with practitioners to introduce them to the available services.

2.2.1.4 Host family carers

A Sharing Lives Service (previously known as Adult Placement and Shared Lives) offers a service to people aged 18 years or over and is a highly flexible form of accommodation with care and/or support, provided by individuals or families in the local community. Currently a single provider is commissioned to arrange and support placements. People are cared for as a member of the household sharing accommodation and meals. They are provided with companionship and help with a range of daily living activities including, cleaning and laundry.

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In 2014/15 there were 26 vulnerable adults supported in long-term placements with this service. A new service has been designed and tendered, which will support adults aged 18+ who require extra support.

2.2.1.5 Sheltered housing

Historically sheltered housing has been available to people over 50 who are able to live independently in self-contained accommodation but require some reassurance and help. Traditional models of socially rented, sheltered housing are changing and while support may previously have included a warden on site it is now far more likely to be a peripatetic service providing 'enhanced' housing management support funded through the rent. According to the Homes and Communities Agency (HCA) at the end of March 2015 there were nine Private Registered Providers (PRPs formerly known as Housing Associations) who owned 977 low cost rental accommodation units for older people, and six PRPs who managed 828 such units for older people in Torbay (some/many units will be owned and managed by the same provider so will appear in both these figures). Providers are registered with the HCA who set standards for social landlords and monitor their performance.³⁴ (See Appendix 1: Figure 16).

2.2.1.6 Extra care housing

Extra care housing provides a popular alternative to residential care to promote and support independent living. Comprising self-contained accommodation in a fully accessible flat; either rented or through a shared ownership. Care and support are delivered on site.

Developments are sometimes referred to as 'Extra Care' or 'Retirement Villages.' They can include a mixture of sheltered and extra care housing units as well as a range of other facilities including treatment rooms, hairdressers, chiropodists and restaurant. 107 units of extra care housing have been developed since 2009. An additional 85 units are under consideration.

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

³⁴ Homes and Community Agency: <https://nroshplus.homesandcommunities.co.uk>

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2.2.1.7 Homeless emergency accommodation

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

On 30 September 2015 there were 58 households in emergency accommodation. Emergency accommodation is provided in a number of different ways in Torbay including use of hostel accommodation for single people, shared and self contained accommodation for families and by spot purchasing rooms in bed and breakfast accommodation. (See Appendix 1, Figure 11).

2.2.1.8 Social rented housing

This is housing owned and/or managed by Private Registered Providers (Social housing providers formerly known as Housing Associations). In March 2015 there were nine registered providers who owned 4,094 units of self contained general needs housing and eight registered providers who managed 4,102 such units.³⁵ Some/many units will be owned and managed by the same provider so will appear in both sets of figures. While this is not supported, housing tenants are more likely to be vulnerable or living in poverty. Social landlords are not for profit organisations regulated by the HCA with wider social responsibility, often providing an enhanced housing management service for vulnerable tenants. They also tend to play a greater role in community support and development than private landlords. (See Appendix 1, figure 16)

2.2.2 Community based services

2.2.2.1 Personal and non personal care and support

Personal and non-personal care and support is often referred to as domiciliary care. Living Well@Home, a new way of delivering high quality and sustained support plans to people living at home, is replacing the traditional domiciliary care provision in Torbay. A prime contractor/partner has from 1 April 2015 managed the provision of care on behalf of Torbay Council and the ICO, as part of a five year contract to change the way domiciliary care and support services are provided. Ten sub-contractors are working with a prime contractor to develop a new type of service. In the future this innovative approach will:

- Support people to remain living at home and to combat loneliness and isolation, something which often but not exclusively accompanies old age and ill health;
- Tailor care packages around the needs of the individual; and
- Offer home care staff the opportunity to have rewarding careers with improved skills, opportunities and better pay.

³⁵ Homes and Community Agency: <https://nroshplus.homesandcommunities.co.uk>

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The new service will be based on personal outcomes with a focus on reablement and recovery.

The contractor/sub-contractors included within Living Well@Home, together with other providers who offer similar services in Torbay, may also deliver support to people via direct private arrangements.

Overall numbers of people aged 18 and over in receipt of domiciliary care who are funded/part funded by adult social care have remained fairly static between 2010/11 and 2014/15. However within this figure, the number of people with a physical disability has decreased over the years from 1,013 in 2010/11 to 864 in 2014/15 and the number of people with a learning disability has increased from 101 to 154 in that period³⁶ (see Appendix 1: Figure 17).

2.2.2.2 Social care reablement

Torbay 'Intensive Home Support Service' provides a brief, up to six weeks, intensive domiciliary care service to people being discharged from hospital to support them to live as independently as possible by learning, or relearning, skills necessary for daily living. In 2014/15, 6,929 referrals were made to this service, which is currently provided by TSDFT (See Appendix 1: Figure 18).

2.2.2.3 Community Equipment and Assistive technology

This covers a range of aids for daily living to support independence at home and reduce risk, often following life changing health events for example, a stroke, loss of mobility, or following orthopaedic surgery. Complex equipment includes items such as hoists and specialist mattresses, typically costing over £100. Simple aids for daily living usually cost less than £100 and are easily transportable. Examples of these are raised toilet seats and mobility aids. Home improvements and minor adaptations which cost less than £1000, such as the installation of grab rails, also fall under this heading.

The number of clients over 18 (funded/part funded by social care) receiving equipment and adaptations fell from 3,266 in 2010/11 to 2,835 in 2014/15³⁷ (See Appendix 1: Figure 19). These services are provided under a single contract which was tendered in 2013. A revised service and new provider commenced in April 2014.

Telehealth and telecare items, such as bed sensors and iPads, form part of a range of assistive technology. A Community Alarm Service is provided by TSDFT as well as other private sector providers in the Bay.

³⁶ TSDHCT, Excludes fully self funded clients, Health funded, services deemed to mainly benefit carer

³⁷ TSDHCT, excludes fully self funded clients, Health funded, services deemed to mainly benefit carer

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2.2.2.4 Employment support

There is service providing employment support to people with poor mental health and 90 people used the service in 2014/15. (See Appendix 1: Figure 20)

Project Search is an employer-led supported internship model which in Torbay is a partnership between TSDFT at Torbay Hospital, South Devon College and Torbay Council. Young people with learning disabilities and/or Autistic Spectrum Conditions are interns for an academic year and the aim is to help them improve their employability and then get and keep permanent jobs. There are up to 12 places each year with 11 starting each year in 2012, 2013 and 2014.

2.2.2.5 Rapid response

Torbay has a 24 hour/7 days a week Crisis Response Team, which made 5,787 visits in 2014/15 to people aged 18 years and over, an increase of 1,403 (32%) since 2010/11 (See Appendix 1: Figure 21). The team aims to prevent unnecessary hospital or residential care admission through supporting clients who need assistance or are in crisis within their own homes. They carry out a range of tasks from practical help to meal preparation, personal care tasks and night sitting.

2.2.2.6 Torbay Emergency Duty Service

The Emergency Duty Service is a generic social work service covering Childcare, Adults and Mental Health referrals out of normal office hours within the Torbay area.

The Team comprises of Approved Mental Health Professionals/senior practitioners, Health and Social Care Co-ordinators and support workers.

2.2.2.7 Day activities

In October 2015 there were 10 providers of day activities for people with a learning disability and 13 providers of day activities for older people. A wide range of activities are provided including art, socialisation, gardening, cooking and walking. The number of people aged 18 and over receiving day care (who are funded/part funded by social care) has decreased from 472 in 2010/11 to 304 in 2014/15³⁸ (See Appendix 1: Figure 22).

³⁸ TSDHCT, Excludes fully self funded clients, Health funded, services deemed to mainly benefit carer

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2.2.2.8 Meals services

The total number of clients (funded/part funded by adult social care) who receive a meals service from contracted providers has reduced to almost zero (See Appendix 1: Figure 23). This is because Torbay Council and Torbay and TSDFT no longer directly contract with providers who deliver meals to people at home. However, six companies do offer this service to people in Torbay on a private basis.

2.2.2.9 Night sitting

In 2014/15, 48 people (funded or part funded by adult social care) received night sitting domiciliary care services. This is four times as many as in 2010/11³⁹ (See Appendix 1: Figure 24). This type of service is commonly provided when someone without a resident carer needs support following hospital discharge or to prevent unnecessary hospital or residential care admission.

2.2.2.10 'Short break' (respite) services

In 2014/15, 636 adults received short break services funded or part funded by adult social care in Torbay⁴⁰ (See Appendix 1: Figure 25). This number has remained similar since 2010/11. These services enable relatives who provide full-time care to have a break from carer duties for a short period of time. TSDFT are looking at new options for short breaks. The aim is to create a wider breadth of sustainable services that meet people's needs now and in the future.

2.2.2.11 Personal assistants

A voluntary sector organisation helps people with employing and managing the payroll of a Personal Assistant/care worker to provide support to live independently. They were providing this service for 178 Torbay adults on 11 January 2016 (See Appendix 1: Figure 26).

2.2.2.12 Self-directed support

90.1% of adults using social care services received self-directed support in 2014/15, compared to an average of 79.2% in the South West and 83.7% in England⁴¹

2.2.2.13 Intermediate care

In 2014/15, 1,829 people aged 18 and over were referred (both urgent and non-urgent) to Intermediate Care services in the Torbay locality - 619 of these were placed in a care home and

³⁹ TSDHCT, Excludes fully self funded clients, Health funded

⁴⁰ TSDHCT, Excludes fully self funded clients, Health funded

⁴¹ Adult Social Care indicator 1C part 1A

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1,210 were treated at home. In the last three years on average 35% of Intermediate Care referrals were delivered within a care home. The number of referrals has fallen over the past four years from 2,486 in 2011/12 (See Appendix 1: Figure 27). Intermediate Care is a service for people over the age of 18, who need a short period of rehabilitation, treatment or care. This may be due to a recent illness, a hospital stay or a reduction in their ability to remain independent at home.

2.2.2.14 Community nursing

In 2014/15, around 119,000 visits were made by community nursing services including community matrons, community nurses, specialist nurses, assistant practitioners and Support Workers for Intermediate Care (SWICs). This has increased by about 10,000 since the previous year (see Figure 8 below). The table also shows the number and proportion of visits made to care homes.

Figure 8: Number of visits (to people aged 18+) by community nurse staff in the Torbay locality during the year

Period	Number of community nursing (excluding matron) visits to care homes in Torbay	Overall number of community nursing visits in the Torbay locality	Approximate proportion of community nursing visits to care homes in Torbay
2010/11	25,042	105,644	23.7%
2011/12	24,615	109,976	22.4%
2012/13	22,662	105,039	21.6%
2013/14	23,088	109,089	21.2%
2014/15	23,151	119,037	19.5%

Source: TSDHCT

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

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2.2.3 Preventative and Early Help Services

2.2.3.1 Support services (previously known as Supporting People services)

Support services support people to become or remain independent in their own homes - including supported accommodation and outreach services. In 2014/15 these services were provided by nine different providers and funded by Torbay Council. The number of services and clients reduced significantly in 2014/15 as many services were decommissioned or reduced in capacity due to Council budget decisions in response to central Government funding reductions. 772 clients entered short term services compared to 1,117 in the previous year- clients use short term services for between approximately 13 weeks and 2 years, depending on the service criteria (See Appendix 1: Figure 29).

In October 2015, supported accommodation services included 84 rented extra care units (long term care and support- see section 2.2.1.6); 98 units of short-term accommodation for vulnerable adults, young people and families; and 22 units of longer term supported accommodation. There is also a small amount of outreach support, which is short term support.

2.2.3.2 User support groups

One user support group for people with poor mental health received funding of £6,291 per annum from TSDFT in 2015/16.

2.2.3.3 Befriending services

One befriending service providing information and advice, a luncheon club and activities received £63,000 funding from TSDFT in 2015/16.

2.2.3.4 Information, advice and advocacy

The number of people in Torbay referred to and accepted into advocacy services has increased from 196 in 2010/11 to 404 in 2014/15 (See Appendix 1: Figure 30). The services included advocacy for people with a learning disability and/or communication difficulties, Independent Mental Capacity Advocacy, Independent Mental Health Advocacy, and Independent Health Complaints Advocacy.

There is a duty in the Care Act 2014 for local authorities to provide independent advocacy for adults and children under certain criteria.⁴² Advocacy in relation to the Care Act was provided from April 2015.

⁴² Page 93, Care and support statutory guidance: issued under the Care Act 2014, Department of Health

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The Care Act also requires that everyone should have access to information and advice on care and support. A new online directory called 'The Orb' has been created to provide information on services available in Torbay (see the section below).

Advice agencies include a national advice agency receiving grant funding of £75,000 for 2015/16 from Torbay Council. Another advice agency delivers specialist housing, debt and welfare advice specifically for the Torbay Council Housing Options Service funded at £22,000 per annum in 2015/16.

Appropriate Adults service - This service is for any adult (over 18 years) whom the Police under PACE (Police and Criminal Evidence Act) terminology suspect to have mental health needs or a learning disability and who faces interview at the Torquay Custody Centre and who requires the presence of an Appropriate Adult. There were 331 cases for this service in Torbay in 2014/15, 182 of these were people with poor mental health and 43 were people with a learning disability.

2.2.3.5 Community and voluntary sector networks

As in October 2015, TSDFT contracts include 22 organisations classed as the community or voluntary sector for older people, learning disability, mental health, social care, community care and carers with estimated total annual funding of around £3,765,274. This includes services that are covered in other sections of this report such as Information, Advice and Advocacy services and Carers services.

Torbay Council is providing £300,000 funding over three years to support the Community Development Trust (CDT). The contract commenced on 1 April 2014 to run over a period of three years, with the contract finishing on 31 March 2017. The CDT was formed with the objective of bringing together Torbay community voluntary sector organisations to co-ordinate planning and opportunities particularly in relation to funding, volunteering and advice and information.

Ageing Well Torbay has been created to support older people and to tackle social isolation within Torbay. Funded by Big Lottery the programme aims to reconnect communities and give everyone the opportunity to feel valued and lead more enriched, fulfilling lives. Torbay CDT were awarded funding of £6 million for the six year project in April 2015, following an extensive shortlisting process, involving 100 areas across the UK, of which 14, including Torbay were successful. Further information can be found at: <http://www.torbaycdt.org.uk>

The Orb is a co-commissioned project, facilitated by Torbay CDT. The Orb will provide an all encompassing online directory for everything within Torbay from statutory services to small groups/clubs and events, and is due to be launched in 2016. The aim is for the Orb to replace all other Torbay directories, meaning that all information can be accessed from a single site. Further information can be found at:

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2.2.3.6 Community based short breaks

These are short-term residential care stays (not respite). The number of adults (fully or partly funded by adult social care) receiving these services rose from 382 in 2010/11 to 416 in 2014/15. Most of the clients had a physical disability and were aged over 65. (See Appendix 1: Figure 31)

2.2.3.7 Home Improvement Agency and Disabled Facilities Grants

The Home Improvement Agency is a service to support older people and those of any age with a disability to carry out appropriate adaptations to their homes and manage the authority's Disabled Facilities Grant process. The budget for the Home Improvement Agency which is commissioned from an external voluntary sector provider for 2015/16 is £48,000. In 2014/15 there were 178 enquiries to the Home Improvement Agency.

Mandatory Disabled Facilities Grants are available from local authorities. They are issued subject to a means test and are available for essential adaptations to give disabled people better freedom of movement into and around their homes, and give access to essential facilities within the home (See Appendix 1, section 3.4).

2.2.3.8 Carers Groups and Organisations

In 2015/16 the annual funding of the Older Family Carers Initiative was £25,000 from Torbay Council- supporting ageing parents of people with learning disabilities. The Carer Enabling and Advocacy service had annual funding of £55,000 which provides a wide range of support to adult carers. Much of the support to carers, including many Carers Groups in Torbay is funded and provided directly by TSDFT.

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3. Children's services

Below are summaries of strategies containing objectives, supply of services, demand for services, and commissioning intentions relating to services for children and young people. Where available links to the full document are provided beneath each summary.

Summaries and priorities of the Troubled Families programme, Children and Adolescents Mental Health Service (CAMHS), and the Peninsula Placement Framework are also included below.

3.1 Children's Services Commissioning Plan and Sufficiency Strategy 2014 - 2019, Children and Young People's Placements

The purpose of the Children's Commissioning Plan and Sufficiency Strategy is to set out how Torbay Council will meet the commissioning of services to meet the needs for children, young people and families requiring services provided by the authority. Additionally the placement needs of current and future children in care and care leavers are identified in light of our understanding of their needs and current provisions.

The Commissioning and Sufficiency plan has identified **Six Strategic objectives**, all of which focus on reducing the numbers of children in our care where safe to do so, and using our resources in the most efficient and cost effective way.

1. To support Children and Young People to remain safely within their family/community. Improve the early help offer, and support Looked after Children (LAC) to return to live with their families as soon as possible and where it is safe to do so.
2. To provide and commission the right mix of placements and support locally where possible to meet identified needs of children who are or may become Looked After (recognising that in some cases placements beyond a 20 mile radius in residential settings may be a positive option) as cost effectively as possible; the services provided should contribute positively to improving outcomes, maximising the child's potential and improve stability.
3. To plan effectively for Looked After Children to ensure they have stability and permanence, do not remain in care longer than is necessary and leave care positively. In particular supporting a successful transition into adulthood, and increasing permanent placement choices in fostering and adoption.
4. To continue regional partnership working, and increase local provider offer to improve the quality of placement provision so that the aspiration to use only Ofsted graded good or outstanding provision is eventually achieved.
5. To ensure we achieve, value for money, effective contract management, flexibility of provision and Quality.

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6. Embed an approach that provides quality information to children, young people and families, carers and professionals and recognises and encourages feedback.

Sufficiency Analysis / next steps Actions

Torbay is meeting the sufficiency duty from the point of view of purchasing placements for children from a range of providers, however closer examination of the market reveals that there is a need to:

- Increase the availability of placements within the Torbay area across a range of placement types;
- Improve the quality of some provision, in particular children's homes;
- Work with regional partners to increase the options for children if their needs are very specialist and only one provider is available locally;
- Increase placement supply within 20 miles radius of Torbay in order to reduce the numbers of children that have to be placed outside of this area, so that outcomes are improved for these children and they are nearer family and friends and can remain at the same school if possible;
- Increase placement stability for children and young people; and
- Increase foster care placements in the following areas:
 - ❖ parent and child foster carers;
 - ❖ foster carer for sibling groups;
 - ❖ risk taking teenagers with complex and challenging needs (such as at risk of substance misuse and/or sexual exploitation and or with behaviour management or mental health issues);
 - ❖ children who pose a sexual risk;
 - ❖ and children who need to be placed away from other children for a period of time.
 - ❖ Foster Carers able to take a child in an emergency.

For the complete strategy document please link to ...

3.2. Torbay Council Corporate Parenting Strategy, 2015–2019

'Corporate Parenting' is the term used to refer to the collective responsibility of the council to provide the best possible care and protection for infants, children and young people who are 'Looked After', that is, those who are in public care. The term 'Looked After' refers to any child or young person for whom the authority has, or shares, parental responsibility, or for whom the authority provides care and accommodation to the child or young person on behalf of their parent.

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The majority of these children and young people need alternative care and accommodation due to the inability of their parent, for a range of reasons, to offer safe and effective caring within the family home. Many, but not all, have suffered abuse or neglect of some form prior to coming into our care.

The term "child" refers to any child or young person between 0-18 years. The authority also has a duty and responsibility to those young people who leave their long-term care from the age of 16 years until they reach the age of 21 years, or 25 if they are in higher education.

Effective corporate parenting will need a commitment from all council employees and elected members and an authority-wide approach.

Torbay Children and Young People's plan 2014-19 priorities are:

- Children have the best start in life;
- Children and young people lead a healthy and happy life;
- Children and young people will be safe from harm, living in families and communities; and
- Opportunities to participate and engage in community and public life.

Specifically for Looked After Children, the council acknowledges that there is a need to focus on:

- Improved long-term stability of placements offered to looked after children;
- Fewer children being placed Out of Authority;
- Increased educational attainment;
- Improved employment and training opportunities for care leavers; and
- Sustained low incidence of involvement in criminal activity.

Improving Outcomes: Our Four Key Areas of Focus

- 1 - Ensuring that Children Looked After fulfil their educational potential.
- 2 - Promoting and Providing Employment Opportunities.
- 3 - Promoting physical and psychological health and wellbeing.
- 4 - Accommodation and Housing - Preparation for Independence and providing a safe and secure home.

[For the complete strategy document please link to ...](#)

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3.3 Youth Homelessness Prevention Commissioning Strategy, January 2015

Vision: To develop and commission a range of suitable, sustainable and affordable interventions to maximise the chances of successful long-term outcomes for care leavers and homeless young people aged 16 to 24 years.

Key local pressures

There are increasing numbers of young people in services who:

- Self-harm;
- Are a suicide risk;
- Have mental health issues; and
- Have Aspergers Syndrome, autism, or Attention Deficit Hyperactivity Disorder (ADHD).

Current services are not designed or equipped to manage all of the presenting issues. We are increasingly seeing young people being asked to leave services due to the complexity of their needs, and/or spot purchasing activity at a higher cost to provide the required levels of support to meet their needs.

There is a gap in terms of transition processes – adult services do not meet the needs of young adults moving from Children's Services as they reach the age of 18.

Overarching principles for commissioning new youth homelessness services:

Suitability

- A range of options is required to suit the complexity and diversity of need - there are some vulnerable young people where shared accommodation is not appropriate or viable;
- There is a gap in current provision for young people with complex needs and/or challenging behaviour; and
- Every unit of accommodation should have a basic check to ensure that it is safe, suitable (warm, electric/gas checks, fire safety compliant, shared accommodation must be registered).

Sustainability

- There is a need to demonstrate that services are working effectively at preventing young people recycling into services and representing as homeless some months after departing from a service, and achieving long-term sustainable accommodation solutions;

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- Better managing expectations so that any supported accommodation provision replicates the future experience of accommodation that young people can expect on leaving. For example, a self contained flat in supported accommodation will not prepare the young person for the reality of shared living when moving on;
- Brief Intervention: young people need to be able to access support if they have any problems relating to their tenancy/income. This should be focused support that is aimed at sustaining their accommodation and prevention of homelessness; and
- Young people should be tenancy ready - able to demonstrate some understanding of their responsibilities as a tenant thus making them a more attractive prospect to landlords. This can be achieved either through pre tenancy training or evidence of independent living.

Affordability

- The ongoing financial climate and constraints on funding available to the authority, means there is a clear expectation that providers will be required to seek match funding or a contribution to costs through charitable sources and working in partnership with the community voluntary sector in order to deliver services;
- Any future supported accommodation model needs to be affordable to clients and the authority. Accommodation must be within the Local Housing Allowance (LHA) rate and fall within any additional constraints set down by changes to Universal Credit or other welfare benefits;
- Management of expectations and achieving the balance between young people's aspirations and the authority's desired outcomes within financial capability to deliver; and
- Exploring options and sources of funding to facilitate young people's access to the private rented sector.

3.4 The Troubled Families programme

The Troubled Families programme is based on a common interest and ambition to transform the lives of this country's troubled families, to improve the services that work with them and to ensure more efficient and effective use of public money for the long-term.

On this basis, as part of the sign up process for the Troubled Families Programme, all upper-tier local authority Chief Executives were asked to sign up to a number of key commitments. All did so, including Torbay.

Key commitments include the following:

- **Prioritise** the families with **multiple problems** who are of **most concern** and **highest reactive costs**;

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- Appoint a **keyworker/lead worker** for each family who manages the family and their problems;
- Work towards **agreed goals for every family** for each of their headline problems, which are **shared and jointly owned** across local partners;
- Are **transparent** about outcomes, benefits and costs; and
- Engage in **ongoing service reform** according to evidence of effectiveness and savings.

To be eligible for the expanded programme, each family must have at least two of the following six problems:

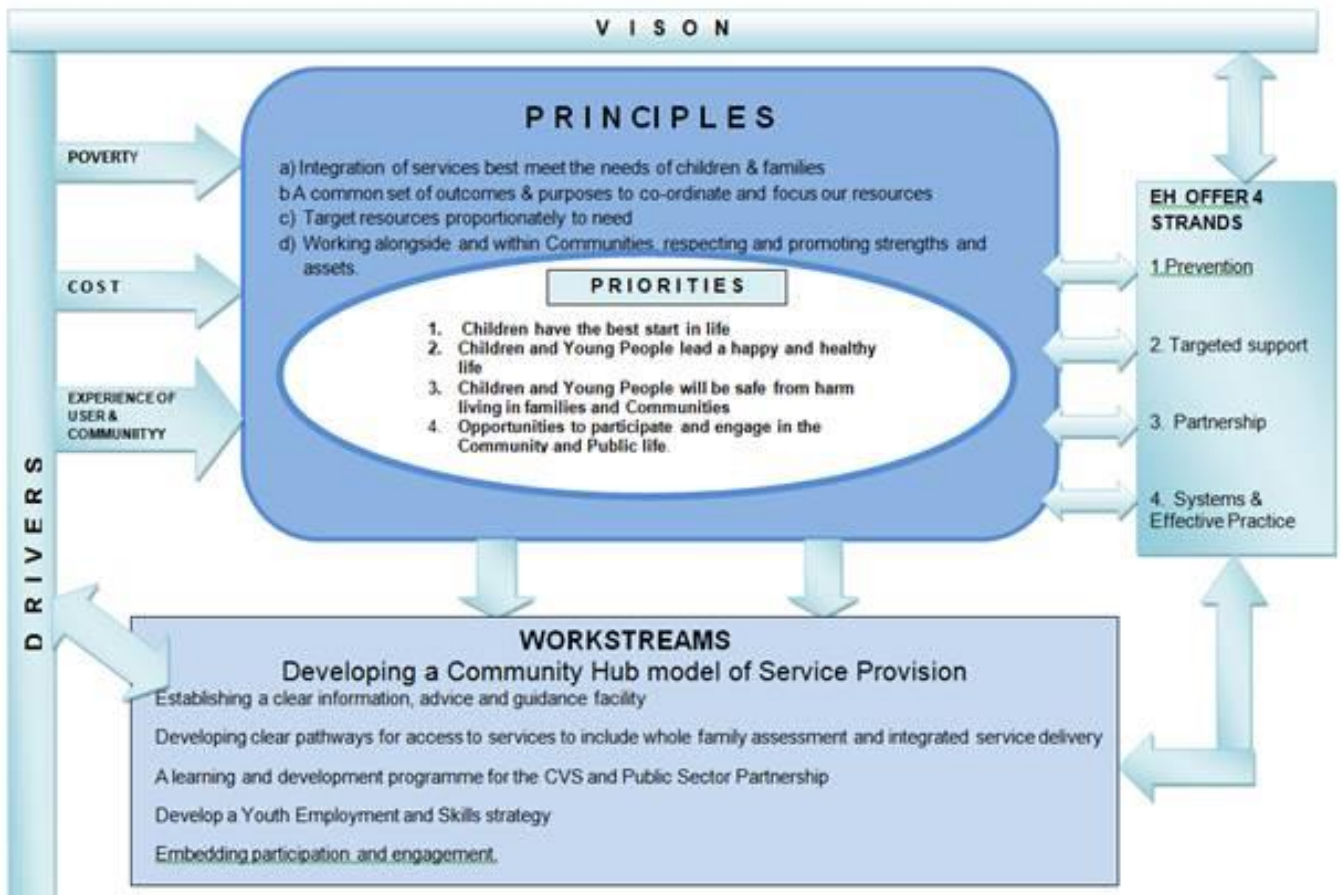
1. Parents or children involved in crime or anti-social behaviour.
2. Children who have not been attending school regularly.
3. Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
4. Adults out of work or at risk of financial exclusion or young people at risk of worklessness.
5. Families affected by domestic violence and abuse.
6. Parents or children with a range of health problems.

The expectations of participating local Troubled Families programmes is that:

1. There will have been an assessment that takes into account the needs of the whole family.
2. There is an action plan that takes account of all (relevant) family members.
3. There is a lead worker for the family that is recognised by the family and other professionals involved with the family.
4. The objectives in the family action plan are aligned to those in the area's Troubled Families Outcomes plan.

Currently the programme is looking to embed itself within Torbay's Early Help Offer, which reflects Torbay's priorities below and will be a key member in Torbay's Swift Project to develop local community service provision.

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3.5 CAMHS

All Clinical Commissioning Groups (CCGs) have been given additional central funding for the transformation of local Child and Adolescent Mental Health Services, (CAMHS). We aim, through our five year Transformation Plans to reduce presentations at A&E, inpatient admissions and admissions to specialist Tier 4 services by improving services at both ends of the patient journey, by supporting those who are at their most vulnerable and building resilience in our young people so they are better equipped to meet the challenges they face. South Devon and Torbay CCG has agreed with its partners that our top three priorities are:

1. Eating Disorders – All CCG’s have to provide an eating disorder pathway that meets national guidance. Torbay has agreed to adopt the pathway currently used by Devon, which aims to see patients more intensively, more quickly and reduce the length of treatment, by focusing on keeping patients in their own homes.

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2. Crisis Intervention and Intensive Home Treatment – aiming to support our young people when they are at their most vulnerable we are using Transformation funding to support 24/7 liaison psychiatry, to support hospital staff and make early discharge possible where appropriate. Families and carers will be better supported to look after their young people at home.
3. Prevention and Building Emotional Resilience – moving forward from the work already done by schools to set up primary mental health workers and CAMHS provision of drop in/self-referral options, this work stream aims to give better support to education providers, health and social care colleagues and parents, as well as children and young people. There will be an increase in training offered to staff, work with Torbay Council to provide peer mentoring opportunities and enabling parents to better understand the impact of their own behaviour on their children's mental health needs.

3.6 Peninsula Placement Framework

This is a collaboration across council borders (Devon, Cornwall, Plymouth, Torbay and Somerset) to achieve a dynamic integrated model of placement and care delivery for Looked After Children, which achieves the maximum positive outcomes for the individual. The framework is up for renewal in April 2017 and will continue to require a broad range of placements from the independent sector (private, community and voluntary) to meet the needs of vulnerable and complex children and young people in the south west.

The Peninsula Commissioning and Procurement Partnership's vision is driven by the following five principles:

- Partnership and integration;
- Sufficiency;
- Permanency;
- Quality and stability; and
- Family-based care.

The Peninsula Authorities intend to focus on ensuring the sufficient supply of the following types of placements:

- Fostering;
- Residential;
- 16-25 accommodation and support;
- Special schools;
- Parent and child; and

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- Supporting therapeutic need.

The Peninsula authorities will look to achieve this in collaboration with the industry through the following key areas:

- Partnership working - we will support improved communication between placement staff and partner organisations;
- Oversight of quality and development – through contract monitoring, suspensions protocol and business development discussions; and
- Peer networks and workforce development – via provider events and use of social media to create “communities” of providers.

A Market Position Statement – Peninsula placements for children and young people was produced in January 2014 and can be found at:

http://www.plymouth.gov.uk/peninsula_placements_for_children_and_young_people_market_position_statement.pdf

An updated Market Position Statement is currently being produced.

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4. Workforce information

4.1 Adult Social Care

Information below has been produced by Skills for Care who draw on several data sources to produce these estimates. The majority of the detail comes from the National Minimum Data Set for Social Care (NMDS-SC). The NMDS-SC is managed by Skills for Care on behalf of the Department of Health and has been collecting information about social care providers and their staff since 2006.

4.1.1 National information:

- The number of adult social care jobs in England as at 2014 was estimated at 1.55 Million;
- The number of people doing these jobs was estimated at 1.48 million;
- The number of full time equivalent jobs was estimated at 1.18 million;
- The number of adult social care jobs was estimated to have increased by around 3% (40,000 jobs) between 2013 and 2014 and by 17% (230,000 jobs) since 2009;
- The proportion of jobs that were direct care providing increased from 74% in 2011 to 76% in 2014 (an increase of 130,000 jobs); and
- In terms of service types, the majority of the increase in adult social care jobs since 2009 came from an increase in jobs for CQC regulated non-residential establishments (up by 40%) and jobs in care homes with nursing (up by 20%).

Source: Size and structure of adult social care sector and workforce in England, 2015, Skills for Care, www.skillsforcare.org.uk, page 4

4.1.2 Torbay information

Figure 9: Estimated number of jobs in Adult Social Care by job type

Job type	Number of jobs-Torbay 2015*	Percentage-Torbay	Percent- England 2014**
Direct care	4200	76%	76%
Other non care providing roles	706	13%	11%
Managers/supervisors	400	7%	7%
Professional	185	3%	6%
Total	5491		

*Torbay summary of adult social care sector and workforce in Torbay, July 2015

** Size and structure adult social care sector and workforce in England, 2015, page 27

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A summary of data input by Adult Social Care providers who are mainly in the independent sector:

This information includes those providers that input into the NMDS-SC system so is only a percentage of the total workforce in Torbay.

Figure 10: Age range of Adult Social Care workers in Torbay as on 12 November 2015

Age ranges	Percentage of workers- Torbay	Percentage- England	Difference
24 and under	12.4%	10.5%	2.0%
25 to 34	21.2%	20.0%	1.2%
35 to 44	18.6%	20.2%	-1.6%
45 to 54	24.1%	27.0%	-2.9%
55 to 64	18.7%	18.8%	-0.1%
65 and over	5.0%	3.6%	1.4%
Total	1551 (number of workers input into NMDS-SC)		

NMDS- SC, www.skillsforcare.org.uk, as on 12 November 2015

- The figures above show that the highest number of staff working in adult social care jobs are in the age ranges of 25 to 34 years and 45 to 54 years in Torbay; and
- The adult social care workforce is 81% female in Torbay (out of 1,651 staff where gender was input).

Median hourly pay:

- Care worker is £7.12 compared to £7.00 in England (636 records); and
- Senior care worker is £7.50 compared to £7.80 in England (74 records).

N.B. Numbers are small so must be viewed with caution

4.1.3 Torbay and South Devon NHS Foundation Trust

The Trust has produced an integrated workforce strategy. This strategy:

- Outlines the key drivers that are influencing the future shape of the health and care workforce in South Devon;
- Summarises at a high level the impact this will have on the workforce and some of the key challenges associated with these changes;
- Identifies the additional challenges that this will present in terms of workforce planning and development and consequent need for an Integrated Workforce Strategy; and

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- Proposes a route to identifying the required outputs of the strategy, the required resources and governance structure.

4.1.4 Future national forecasts for Adult Social Care workforce

The main [interim] findings from the Centre for Workforce Intelligence (CfWI) report ‘Horizon 2035 - Future demand for skills: initial results’ have been provided below. It should be noted that these findings relate to the whole health and social care system (covering health, social care, and public health as well as community, voluntary and unpaid workforces). CfWI plan to publish more detailed forecasts that specifically cover the adult social care workforce in the near future.

Key messages:

- **Demand for workforce time is growing faster than population growth.** CfWI project that demand for health and care workforce time could grow more than twice as fast (+1.3 percent as an annual average growth rate) as the rate of overall population growth (+0.6 percent as an annual average growth rate) to 2035;
- **The significance of long-term conditions:** Over 80 percent of additional demand is driven by increasing healthcare and support needs which are associated with long-term conditions. This relates both to the ageing population and a projected increase in prevalence across age groups; and
- **A different skill profile in 2035:** The initial Horizon 2035 results suggest that the future profile of demand may be profoundly different to the picture of demand today. For example, growth in demand for lower ‘levels’ of skill – such as those associated with unpaid care, support carers and NHS bands 1-4 - are projected to substantially outstrip growth in demand for higher skill levels associated with medical and dental professionals.

Source: Size and structure of adult social care sector and workforce in England, 2015, Skills for Care, www.skillsforcare.org.uk, page 46

4.2 Children’s Social Work Workforce

The tables below provide national and local level information on the Children’s Social Work Workforce in the year ending 30 September 2014. The figures are derived from the Children’s Social Work Workforce 2013/14 data collection, first collected on a statutory basis from local authorities in 2012/13. In recognition that this is a new data collection, the Department for Education publish these as “experimental” statistics.

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Figure 11: Number of Children's Social Workers, vacancies, agency workers and turnover by Local Authority, based on full-time equivalents (FTEs), 2014

	No. of social workers at 30 Sept	No. of children in need per children's social worker	No. of vacancies at 30 Sept	Vacancy rate (%) at 30 Sept	No. of starters in the LA throughout yr ending 30 Sept	No. of leavers of the LA throughout yr ending 30 Sept	Turnover Rate (%) throughout yr ending 30 Sept	No. of agency workers as at 30 Sept	Agency worker rate (%) at 30 Sept
Torbay	93.0	20	9.0	9	13.0	17.0	18	20.0	18
England	24,620	16		15			17		15

Figure 12: Number of Children's Social Workers, vacancies, agency workers and turnover by local authority, based on headcount, 2014

	No. of social workers at 30 Sept	No. of children in need per children's social worker	No. of vacancies at 30 Sept	Vacancy rate (%) at 30 Sept	No. of starters in the LA throughout yr ending 30 Sept	No. of leavers of the LA throughout yr ending 30 Sept	Turnover Rate (%) throughout yr ending 30 Sept	No. of agency workers at 30 Sept	Agency worker rate (%) at 30 Sept
Torbay	95	19	9	9	13	17	18	20	17
England	26,810	15		15			16		14

Source of the tables above: Children's Social Work Workforce Collection and Children in Need Census, <https://www.gov.uk/government/statistics/childrens-social-work-workforce-2013-to-2014>

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5. Current and future levels of resource

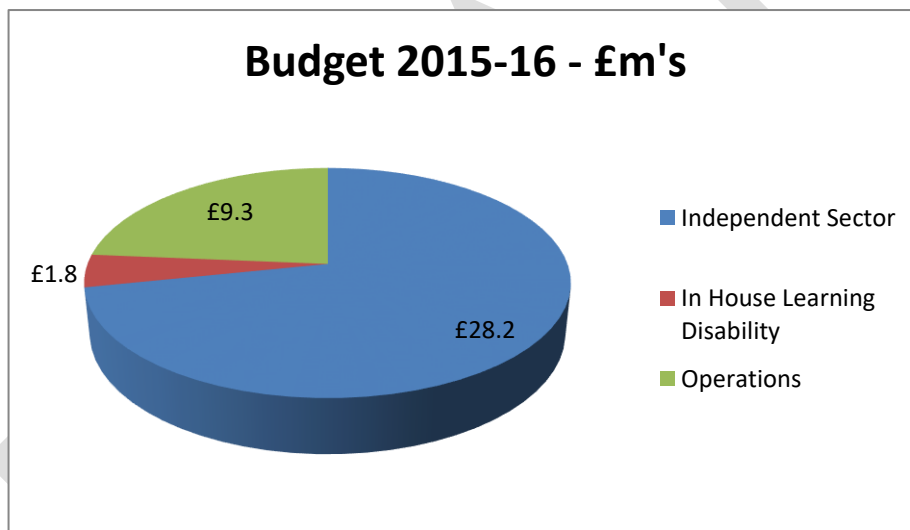
5.1 Financial position - 2015/16 budget allocation - Torbay Adult Social Care (directly provided through the Integrated Care Organisation)

This section provides an overview of the budget allocation for adult social services in the Torbay area for 2015-16.

In 2015-16 the net budget for adult social care in Torbay is £39.3m. This is a base budget of £38m with additional grant funding of £1.3m. Total planned gross spending on adult social care is £48.7m. This is funded by £39.3m from Torbay Council and £9.4m income received from clients who contribute toward the cost of their care.

The chart below shows how the £39.3m budget has been allocated.

Figure 13: Budget 2015-16 - £m's



5.2 Budget analysis 2015-16

The ICO has allocated £1.8m for its in-house Learning Disability Services in 2015-16, including costs of £1.0m for two residential homes and £0.8m on the provision of day care.

Operations have a budget of £9.3m for 2015-16. This is the funding to provide care management and social care support across Torbay and includes the cost of social workers, community care workers, Occupational Therapists, Physiotherapists, Finance and Benefit Assessors and commissioning and support service staff including, Business support, Finance, IT, Procurement, Performance and Human Resources.

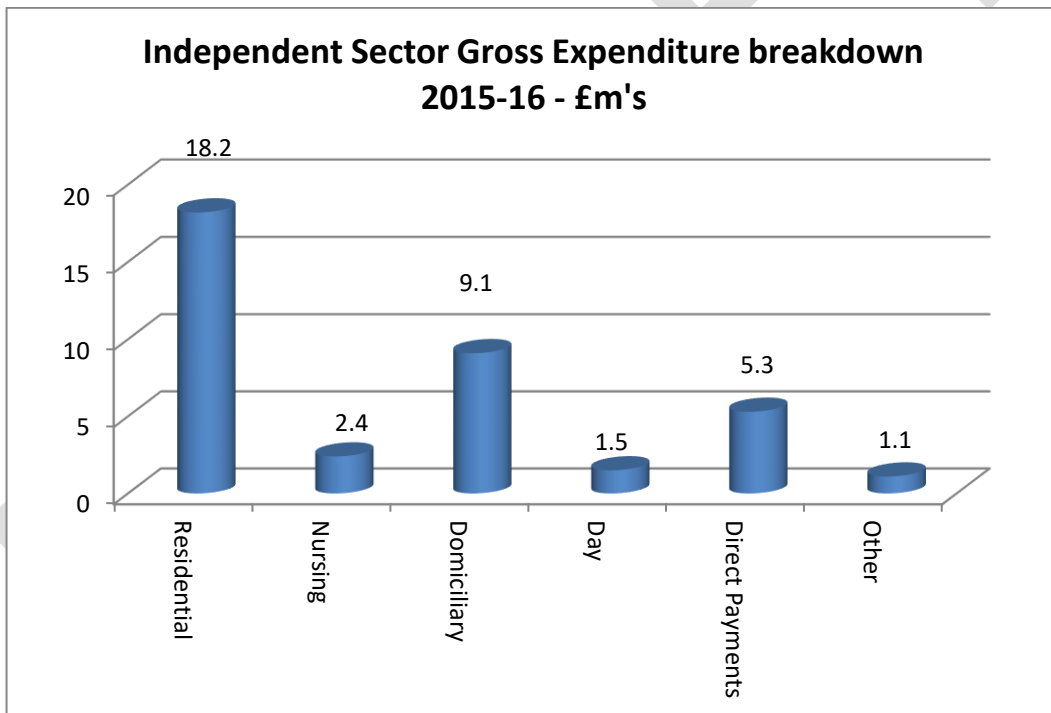
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Over 74 per cent of the adult social care budget is for the purchase of care (including residential care, nursing, day and domiciliary care) from the independent sector (community, voluntary and private sector providers). The majority of this spend is with providers within Torbay but some specialist care is provided out of area. At any point in time it is forecast that there will be on average around 2,400 clients receiving a care service. The client’s ages will range from 18 to 100+ and services will be provided to clients with learning disabilities, dementia, sensory and physical disabilities, vulnerable people, the frail and elderly.

In 2015/16 the net budget for the independent sector is £28.2m. Gross spend with the independent sector is budgeted to be £37.6m with income expectations of £9.4m. The vast majority of income is from charges made to clients. Under national legislation, all social care clients receive an individual financial assessment and this can result in a client being asked to contribute towards the cost of their care provision.

The gross expenditure budgets within the independent sector are illustrated in the chart below.

Figure 14



5.3 Financial outlook for 2016-17 and beyond

The most significant change to the contractual arrangement resulting from the inception of the ICO is the Risk Share Agreement (RSA). This agreement provides that the risk of any overspend and the benefit of any underspend from the planned position is shared between the commissioners (council and CCG) and the provider (ICO).

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Under the RSA rather than having exposure to 100% of the risk of overspend on adult social care (ASC) services the budgets for these service are now pooled with those for certain health functions. The council now holds liability for only 9% of any overspend against health and care services included in the RSA; the balance of any overspend falling 50% to the Trust and 41% to the CCG.

Based on the above, the national context on both health and council finances will have significant impact on the ICO and ultimately the resources available locally for ASC in Torbay. At a top level, it is a given for the medium-term financial planning purposes that funding arrangements for NHS and ASC are under great pressure to ensure the NHS and councils can continue to provide safe and quality services within constrained resource and against a backdrop of rising public expectations and a more challenging demography.

The ICO will use the flexibility of the RSA to deliver a transfer of resources from inpatient beds to care provided in people's homes, which is of high quality and value for money for our population. To deliver this we expect to see a shift in the current workforce configuration to more community based care and support, delivering seven day a week services.

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

For 2016/17 the government has stated that all councils who have a duty to deliver ASC can for the first time set an earmarked precept on their Council Tax. This will be over and above any Council approved increase. There is a limit to the ASC precept of no more than 2%. It is proposed that Torbay Council will implement the 2% precept, which will generate in the region of £1m in 16/17.

5.4 Financial position - 2015/16 budget allocation - Torbay Children's Social Care

This section provides an overview of the budget allocation for children's social services in the Torbay area for 2015-16.

In 2015-16 the net budget for the whole of Children's Services is £28.7m, of which £25.1m is for social care.

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The table below shows how the £25.1m budget has been allocated.

Figure 15

Service Area	2015/16 Budget
Child Protection & Proceedings	£2.6m
Children in Need	£1.3m
Early Help	£0.7m
Intensive Youth Support Service	£1.2m
Fostering & Placement Costs	£10.1m
Safeguarding & Quality Assurance	£1.1m
Disability Services	£1.1m
Specialist Services	£3.1m
Central Costs	£3.9m
Total	£25.1m

5.5 Budget analysis 2015-16

The budget for Children’s Social Care (Safeguarding) is predominantly spent on either packages to support children in need and their families and placements either in a fostering placement or residential.

The numbers of children in care as at 30 November 2015 was 299 and the number of children on Child Protection Plans was 218.

In-house fostering accounts for 30% of the overall placement budget of £10m, whereas independent sector fostering accounts for slightly less.

Residential placements accounts for the remainder; 50% of overall placement costs.

5.6 Contracting – The Peninsula Framework

Torbay is a partner in this framework which covers Devon, Cornwall, Plymouth and Somerset. The framework provides us with access to placements across the UK through a network of preferred providers. Within the framework a number of the services are at pre negotiated rates. The framework is up for renewal in April 2017 and all five councils are now preparing for the procurement process. The new framework will reflect the developing complexity of need identified by commissioners. The value of the new framework is likely to be in the region of £70m.

5.7 Financial outlook for 2016-17 and beyond

The budget for Children’s Social Care is currently subject to Council approval.

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6. Influence –Transforming the future together - Summary of demand and supply

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

6.1 Accommodation based services

Alongside changing demographics of people living longer with fewer disability free years and inequalities in life expectancy, people’s choices and expectations have changed. They want to remain independent in their own homes and with loved ones for as long as possible including at the end of their lives.

Extra care housing provides a real alternative to residential care and can help support people to live as well as possible with increasing care and support needs and a variety of long-term conditions, such as clients with bariatric conditions (obesity) and dementia.

Future commissioning intentions (accommodation)

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

6.2 Community based services

As part of our Living Well@Home approach we are looking to move away from a ‘traditional service’ that is delivered based on hours/tasks. In the future we will focus more on providing outcomes-based care and support at home. This will centre around meeting the outcomes identified by individuals in their personal care and support plans. To support this we will be working with partners in the health and care system to gain a better understanding of health and wellbeing across all age groups, including drawing on the support and expertise of the community voluntary sector.

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Future commissioning intentions (community):

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

6.3 Preventative and early help services

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

Future commissioning intentions (prevention and early help):

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

6.4 What people say about their services

“It would be wonderful to have my bed changed and have my legs and my feet done,”

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

A Market Position Statement for Torbay for Adult Social Care and Support and Children's Services 2016+

The Personal Social Services Adult Social Care Survey is an annual survey for England that covers all service users aged 18 and over in receipt of long-term support services⁴³. It seeks to learn more about how effectively services are helping service users to live safely and independently in their own homes, and the impact that these services have on their quality of life. The Torbay survey in 2014/15 shows that:

- The majority of people (80.4%) say they have adequate or as much control over their daily life as they want, more than in England as a whole (77.3%). However 14.2% said they had some control but not enough, and 5.3% had no control at all;
- Less than half (43.9%) say they have as much social contact as they want with people they like, similar to England figure of 44.8%; and
- 77.4% of respondents, who tried to find information and advice about support, services or benefits in the past year, found it very easy or fairly easy compared with 74.4% in England. 22.6% found it fairly or very difficult⁴⁴.

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

- **Need for better communication:** between providers and to patients, including a directory of services for patients, so people know who to contact for what and when;
- **Ideally one person to coordinate care:** often GP but doesn't need to be;
- **Education, prevention and self-care:** people want to know more about their condition- what it is and how to manage it. Include the younger generation. Self help groups in the community- community hubs, Single Point of Contact, somewhere for people to go and meet up;
- **Accessibility of services** is important: open seven days a week, public transport, buildings that are fit for purpose. Include access to information that is in a variety of formats suitable for every individual. Language to suit the person not the professional;
- **Reliability of services, consistency:** Knowing who will come to see them and when;
- **Continuity of care, responsiveness:** Relationship building with care workers is important to make people feel safe. Quality should be same wherever and whenever it is delivered, every setting, every time of day or day of week;
- **Make more use of voluntary services:** To help people live at home, using support already in community, "neighbourliness" and "community spirit"; and
- **Support for carers:** Don't just focus on the recipient of care.

⁴³ Service users aged 18+, funded or managed by social services following a full assessment of need

⁴⁴ Personal Social Services Adult Social Care Survey 2014/15, www.hscic.gov.uk

A Market Position Statement for Torbay for Adult Social Care and Support and Children’s Services 2016+

7. Innovate!

Our vision of care and support for Torbay and South Devon and how the system will work in the future is represented in the picture below. It shows that care will be increasingly centred around people and the communities in which they live.



7.1 Setting the future direction for services through integrated multi-agency commissioning

7.1.1 Torbay Council Joint Commissioning Team

From December 2015 Torbay Council’s Joint Commissioning Team has been working across our three major statutory functions to deliver a single Joint Commissioning Plan for children, adults and Public Health, investing in prevention and optimising value for money through partnership and innovation. The major themes will be joint commissioning over the life course and closer partnership working.

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Torbay's Housing Strategy and the commissioning of Housing Solutions will be delivered by this team. In addition, it will commission both Healthwatch Torbay and the NHS Complaints Advocacy. The team will also be the primary point of contact for Torbay Community Development Trust and the community voluntary sector. The team will quickly deliver deeper integration within Torbay Council and thereby make it possible to further integrate externally with the Clinical Commissioning Group and/or others, and with the new Integrated Care Organisation.

DRAFT

Appendix 1: Data Informing the Market Position Statement for Adult Social Care and Support and Children’s Services in Torbay 2016+

This appendix contains data which informs the Market Position Statement for Adult Social Care and Support and Children’s Services in Torbay 2016+.

Children’s Services data is mainly contained within the strategies referred to within the relevant sections of the Market Position Statement. These are summarised in section 3 of the main document with web links where available.

1. Accommodation based services

1.1 Residential and nursing care homes

Figure 1a: Number of Torbay Local Authority supported permanent admissions to residential and nursing care during the year, split by age

Excludes admissions to group homes, funded nursing care, continence care and continuing care contracts

Includes clients transferring from temporary to permanent care during the year

Year of admission	Number of admissions- by age at admission				Total
	18- 64 years	65-74 years	75-84 years	85 years and over	
2010/11	49	17	62	125	253
2011/12	31	21	65	104	221
2012/13	25	24	64	142	255
2013/14	29	20	64	117	230

Source: Torbay and Southern Devon Health and Care NHS Trust (TSDHCT)

Figure 1b: Number of Torbay Local Authority supported adults whose long term support needs were met by admission to residential and nursing care homes, split by age

Year of admission	Number of admissions- by age at admission				Total
	18- 64 years	65-74 years	75-84 years	85 years and over	
2014/15	5 – 10	11 – 20	67	121	210

Source: TSDHCT

The tables above are split because the transition from Adult Social Care Combined Activity Return (ASC-CAR) (2010/11-2013/14) to Short and Long Term Support (SALT) (2014/15) performance returns resulted in a change to which admissions to

care homes were captured. Twelve week disregards and full cost clients are now included, whereas previously they were excluded. Furthermore, whilst ASC-CAR recorded the number of people who were admitted to residential or nursing care during the year, the relevant SALT tables record the number of people for whom residential/nursing care was planned as a sequel to a request for support, a review, or short-term support to maximise independence.

Figure 2a and b: The figures in the above tables are shown as percentages in the tables below

Table is split at 2014/15 due to the change in the criteria of the indicator as given above.

Year of admission	% of admissions- by age at admission				Total
	18-64 years	65-74 years	75-84 years	85 years and over	
2010/11	19.4%	6.7%	24.5%	49.4%	100%
2011/12	14.0%	9.5%	29.4%	47.1%	100%
2012/13	9.8%	9.4%	25.1%	55.7%	100%
2013/14	12.6%	8.7%	27.8%	50.9%	100%

Year of admission	% of admissions- by age at admission				Total
	18-64 years	65-74 years	75-84 years	85 years and over	
2014/15	2 - 5%	5 - 10%	31.9%	57.6%	100%

Source: TSDHCT

Figures 3a, 3b and 3c: Number of Torbay care homes contracted with TSDHCT split by their number of Care Quality Commission (CQC) registered beds

It is important to note:

- *If a care home is registered with the CQC as nursing but has no nursing staff then the home and the beds are categorised in the tables below as residential care, to reflect the actual type of homes and beds available
- *In some cases the number of CQC registered beds will be higher than the physical number of beds available at any given time. This is because many homes have rooms which are registered for double occupancy (should the need or choice arise) and these double rooms contribute to the homes overall registration. Therefore the total number of registered beds across a number of homes will not provide a true picture of Capacity in the market, 1) due to the variability of double rooms being used singly but also some homes intentionally chose to operate at a lower than Registered number of beds or close beds temporarily for refurbishment

Figure 3a. As on 2 December 2013

Care home type	Number of homes with 25 beds and under	Number of homes with 26-50 beds	Number of homes with 51 beds and over	Total
Residential care	59	27	0	86
Nursing care	3	11	3	17
Total	62	38	3	103

Source: TSDHCT*

Figure 3b. As on 18 September 2014

Care home type	Number of homes with 25 beds and under	Number of homes with 26-50 beds	Number of homes with 51 beds and over	Total
Residential care	58	27	0	85
Nursing care	3	11	3	17
Total	61	38	3	102

Source: TSDHCT*

Figure 3c. As on 21 September 2015

Care home type	Number of homes with 25 beds and under	Number of homes with 26-50 beds	Number of homes with 51 beds and over	Total
Residential care	54	27	0	81
Nursing care	3	11	3	17
Total	57	38	3	98

Source: TSDHCT*

Figures 4a, 4b and 4c: Number of Torbay care homes contracted with TSDHCT, split by their CQC registered age ranges

It is important to note:

*If a care home is registered with the CQC as nursing but has no nursing staff then the home and the beds are categorised in the tables below as residential care, to reflect the actual type of homes and beds available

Figure 4a. As on 2 December 2013

Care home type	Number of homes- by registered age range		Total
	18-64 years	65 years and over	
Residential care	29	57	86
Nursing care	2	15	17
Total	31	72	103

Source: TSDHCT*

Figure 4b. As on 18 September 2014

Care home type	Number of homes- by registered age range		Total
	18-64 years	65 years and over	
Residential care	30	55	85
Nursing care	2	15	17
Total	32	70	102

Source: TSDHCT*

Figure 4c. As on 21 September 2015

Care home type	Number of homes- by registered age range		Total
	18-64 years	65 years and over	
Residential care	28	53	81
Nursing care	2	15	17
Total	30	68	98

Source: TSDHCT*

Figure 5: CQC registered care homes in Torbay contracted with TSDHCT, as on 31 March of the year

It is important to note:

*If a care home is registered with the CQC as nursing but has no nursing staff then the home and the beds are categorised in the tables below as residential care, to reflect the actual type of homes and beds available

Year	2012		2013		2014		2015	
Care home type	Number	% split	Number	% split	Number	% split	Number	% split
Residential care homes	92	84%	88	83%	86	83%	86	84%
Nursing care homes	18	16%	18	17%	18	17%	16	16%
Total	110		106		104		102	

Date	21 September 2015	
Care home type	Number	% split
Residential care homes	81	83%
Nursing care homes	17	17%
Total	98	

Source: TSDHCT*

Figure 6: CQC registered care beds in Torbay of homes contracted with TSDHCT, as on 31 March of the year

It is important to note:

- *If a care home is registered with the CQC as nursing but has no nursing staff then the home and the beds are categorised in the tables below as residential care, to reflect the actual type of homes and beds available
- *In some cases the number of CQC registered beds will be higher than the physical number of beds available at any given time. This is because many homes have rooms which are registered for double occupancy (should the need or choice arise) and these double rooms contribute to the homes overall registration. Therefore the total number of registered beds across a number of homes will not provide a true picture of Capacity in the market, 1) due to the variability of double rooms being used singly but also some homes intentionally chose to operate at a lower than Registered number of beds or close beds temporarily for refurbishment.

Year	2012		2013		2014		2015	
Care bed type	Number	% split	Number	% split	Number	% split	Number	% split
Residential care beds	1,915	76%	1,835	74%	1,848	74%	1,839	75%
Nursing care beds	608	24%	652	26%	658	26%	614	25%
Total	2,523		2,487		2,506		2,453	

Date	21 September 2015	
Care home type	Number	% split
Residential care beds	1,800	74%
Nursing care beds	619	26%
Total	2,419	

Source: TSDHCT*

1.1.1 Residential care homes

Figure 7: Number of residents supported by Torbay Local Authority in residential care placements as on 31 March of the year, split by primary client type and age group

Includes temporary and permanent placements

Excludes fully self-funded, Health funded

Year	Physical disability		Mental health		Learning disability		Substance misuse and older vulnerable people		Age unknown	Total aged 18+ years
	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years		
2011	16	296	62	192	119	29	1 - 5	0	10+	739
2012	11	273	63	173	110	27	1 - 5	0	10+	679
2013	12	234	59	219	101	30	1 - 5	0	10+	674
2014	6 - 10	239	58	213	95	31	1 - 5	0	10+	663
2015	6 - 10	251	46	187	94	31	1 - 5	15	0	638

Source: TSDHCT, Adult Social Care - Combined Activity Return dataset; 1 – 5, 10 – 15, 10+:
Numbers suppressed to protect identity

1.1.2. Nursing care homes

Figure 8: Number of residents supported by Torbay Local Authority in nursing care placements as on 31 March of the year, by primary client type and age group

Includes temporary and permanent placements

Excludes fully self-funded, Health funded

Year	Physical disability		Mental health		Learning disability		Substance misuse and older vulnerable people		Age unknown	Total aged 18+ years
	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years		
2011	11	70	0	6 – 10	0	0	0	0	1 – 5	90
2012	6 – 10	62	0	6 – 10	0	0	0	0	1 - 5	79
2013	6 – 10	53	1 - 5	15	0	0	0	0	1 - 5	78
2014	6 – 10	41	1 - 5	23	0	0	0	0	1 - 5	74
2015	1 - 5	47	1 - 5	24	1 - 5	0	0	1 - 5	0	79

Source: TSDHCT, Adult Social Care – Combined Activity Return dataset; 1 – 5, 6 – 10:
Numbers suppressed to protect identity

1.2. Independent hospitals

Figure 9: Number of inpatients (adults and adolescents in transition to adult services) in independent hospitals

Time period	In Torbay area- Number of patients funded by South Devon and Torbay Clinical Commissioning Group in an inpatient facility	Outside of Torbay area- Number of patients funded by South Devon and Torbay Clinical Commissioning Group in an inpatient facility
As on 1 December 2015	8	24

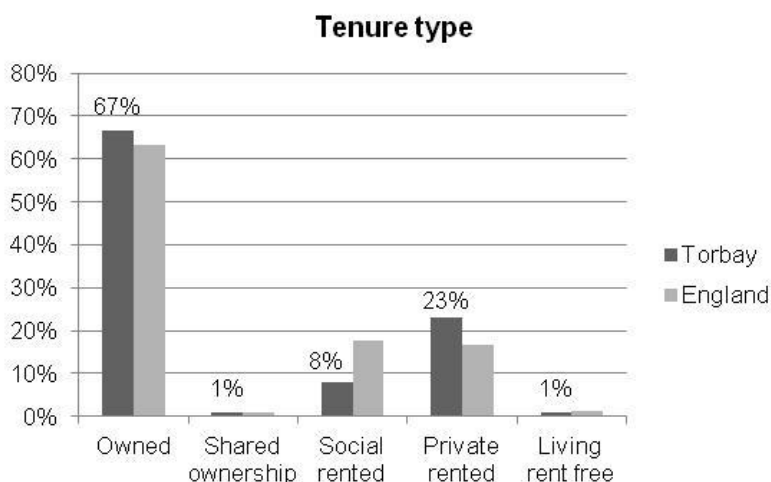
Source: South Devon and Torbay Clinical Commissioning Group

On 1 December 2015 there were two independent hospitals operating within Torbay. One is a specialist Tier 4 CAMHS (Child and Adolescent Mental Health Services) provider caring for young people up to the age of 18 years and is commissioned by NHS England. Another is a hospital for adults under the age of 65 with poor mental health, and is a step down from an acute psychiatric ward.

Whilst the strategic drive is to ensure that patients are cared for and receive the treatment that they need closer to home, there are a number of patients who require specialist in patient treatment which is out of the Torbay and South Devon area. Following care treatment reviews of individuals the South Devon and Torbay Clinical Commissioning Group has recognised a gap for ‘step down’ provision which can meet the complex needs of people particularly those with learning disability and behaviours which challenge.

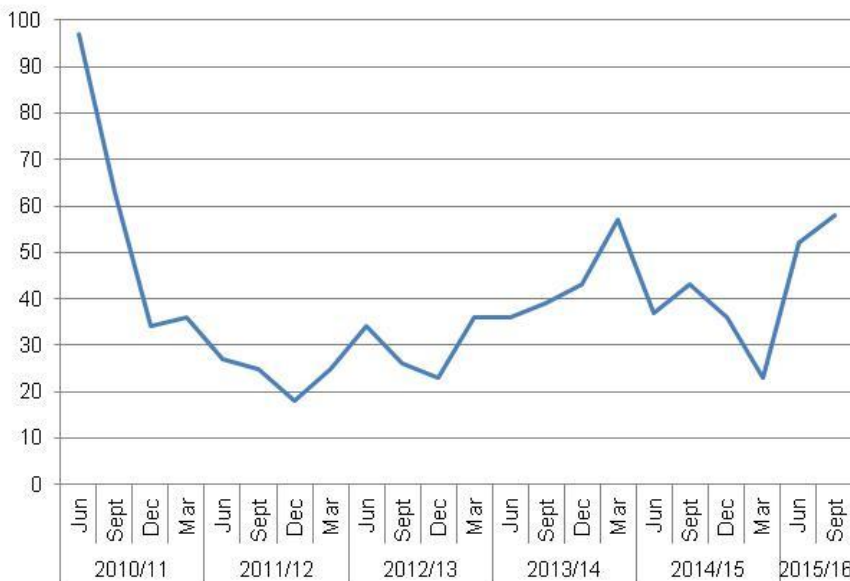
1.3. Housing

Figure 10: Tenure of housing in Torbay compared with England



Source: 2011 census, www.nomisweb.co.uk

Figure 11: Number of Torbay households living in emergency temporary accommodation provided by Torbay Council as at the end of each quarter

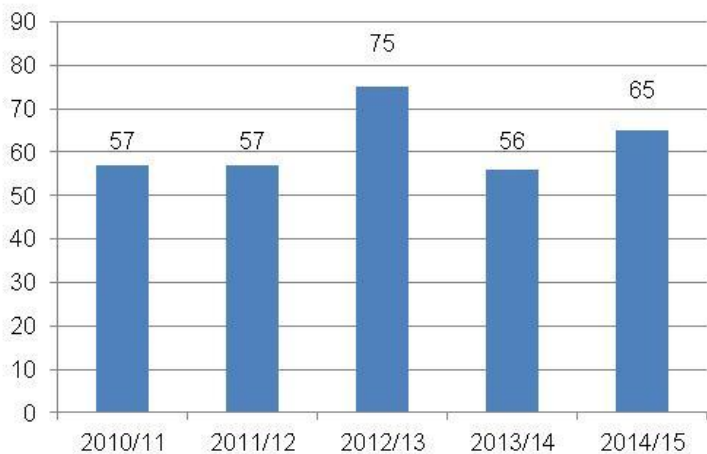


The Local Authority has a duty to provide emergency accommodation when it has reason to believe that an applicant may be homeless, eligible and in priority need for accommodation.

The Local Authority also has a duty to provide emergency accommodation for households owed the full housing duty.

Source: Housing Options service, Torbay Council, P1E returns

Figure 12: Number of applicants accepted as homeless by Torbay Council during the year, and owed a full Housing duty



Households can make an application for homeless assistance to the Local Authority. The Authority then investigates their situation to determine what duty, if any, is owed to them. To be owed the 'Full Housing Duty' applicants need to be eligible for assistance, in priority need for accommodation and homeless unintentionally.

Source: Housing Options Team, Torbay Council, P1E returns

Figure 13: Number and percentage of homeless applications and acceptances by Torbay Council during the year

Year	Number of applications	Number of acceptances	% of acceptances
2012/13	382	75	20%
2013/14	490	56	11%
2014/15	491	65	13%

Source: Housing Options Team, Torbay Council, P1E returns

Figure 14: Number of Prevention and Homeless cases dealt with by the Housing Options Team, Torbay Council, where homelessness was prevented or relieved

These figures include cases where homelessness was prevented, where people were threatened with homelessness, and cases where homelessness occurred and was then resolved

Year	Number of cases
2010/11	557
2011/12	511
2012/13	688
2013/14	517
2014/15	423

Source: Housing Options Team, Torbay Council, P1E returns

Figure 15: Number of Torbay households on the Devon Home Choice waiting list for social housing, within Bands A-D of housing need

Council and housing association homes available to rent are advertised through Devon Home Choice. Applicants can look for and apply for social housing within all the Local Authority areas within Devon.

The Housing Act 1996 requires that 'Reasonable Preference' for housing must be given to people in certain categories. Applicants are assessed and given a band A-D, depending on housing need and placed on the housing register. Once on the Housing Register applicants can bid for properties they are interested in. In 2011 the Localism Act allowed Councils to restrict access to their housing registers. In May 2014 Torbay and other areas removed a fifth band- E (no housing need) from the register.

Torbay has introduced a five year residency requirement where applicants or a member of the household need to have lived in Torbay for five years to be eligible to go on the Torbay housing register. There are a number of exceptions to this.

Jan 13	Apr 13	Jul 13	Oct 13	Jan 14	Apr 14	Jul 14	Oct 14	Jan 15	Apr 15	Jul 15
1,690	1,642	1,631	1,588	1,448	1,372	1,428	1,489	1,638	1,857	1,886

Source: Devon Home Choice, Quarterly monitoring report, July 2015, page 2, www.devonhomechoice.com, as on 1st of each month or closest date available

The number on the Torbay housing register (within bands A-D) is increasing, a similar trend to other Local Authorities within Devon

Please note: Following a change of computer system in June 2014 the number of applications increased whilst a process to remove out of date applications is developed. Once in place it is anticipated that numbers on the register will start to fall as old applications are removed

Figure 16: Low cost housing in Torbay owned/managed by private registered providers (PRPs) of social housing, as on 31 March of the year

PRPs of social housing are registered with the Social Housing Regulator excluding Local Authority registered providers.

Please note- some/many accommodation units will be both owned and managed so will appear in two columns

Year	General needs- Self contained- Owned low cost rental accommodation	General needs- Self contained- managed low cost rental accommodation	General needs- Bed space (non self contained)- Owned low cost rental accommodation	Housing for older people- owned low cost rental accommodation (units/ bed spaces)	Housing for older people- managed low cost rental accommodation (units/ bed spaces)
2013	3,931	3,934	73	884	735
2014	4,018	4,018	73	989	840
2015	4,094	4,102	Not available	977	828

Source: Homes and Communities Agency statistical returns for 2013, 2014 and 2015, completed by PRPs. For the full returns visit: <https://nroshplus.homesandcommunities.co.uk>

2. Community based services

2.1 Personal and non personal care

Figure 17: Number of Torbay adult clients receiving home care (personal and non personal care) during the year, split by primary client type and age

Figures are adults fully or partly funded by Adult Social Care

Excludes fully self-funded, Health funded, services deemed to mainly benefit carer

Year	Physical disability		Mental health		Learning disability		Substance misuse and older vulnerable people		Total aged 18+ years
	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	
2010/11	184	829	27	108	82	19	34	66	1,349
2011/12	167	845	10	121	99	24	34	40	1,340
2012/13	160	792	11	169	107	22	44	39	1,344
2013/14	148	753	12	166	111	23	53	47	1,313
2014/15	134	730	14	146	128	26	74	93	1,345

Source: TSDHCT: Referrals, Assessments and Packages of Care Return dataset

2.2. Social care reablement

Figure 18: Number of referrals (people aged 18+) to reablement (Intensive Home Support Service) in Torbay during the year

This service started in 2012/13

Year	Number of referrals
2012/13	6,600
2013/14	6,396
2014/15	6,929

Source: TSDHCT

2.3. Equipment and adaptations

Figure 19: Number of Torbay adult clients receiving equipment and adaptations during the year, split by primary client type and age

Figures are adults fully or partly funded by Adult Social Care

Excludes fully self-funded, Health funded, services deemed to mainly benefit carer

Year	Physical disability		Mental health		Learning disability		Substance misuse and older vulnerable people		Total aged 18+ years
	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	
2010/11	553	2,224	21	149	35	13	62	209	3,266
2011/12	532	2,240	16 - 20	168	43	6 - 10	41	95	3,146
2012/13	572	2,109	16	207	49	14	49	93	3,109
2013/14	528	2,181	22	206	69	13	44	95	3,158
2014/15	484	1,862	13	146	50	16	52	212	2,835

Source: TSDHCT: Referrals, Assessments and Packages of Care Return dataset; 6 – 10, 16 – 20: Numbers suppressed to protect identity

2.4 Employment support

Figure 20: Number in Torbay using a supported employment service which supports people with poor mental health

Year	Number supported in the year	Number entering the service
2012/13	77	38
2013/14	113	72
2014/15	90	90

Source: Supported employment service

- **Project Search**

Project Search is an employer-led supported internship model which in Torbay is a partnership between Torbay and South Devon NHS Foundation Trust at Torbay Hospital, South Devon College and Torbay Council. Young people with learning disabilities and/or Autistic Spectrum Conditions are interns for an academic year and the aim is to help them improve their employability and then get and keep permanent jobs. There are up to 12 places each year with 11 starting each year in 2012, 2013 and 2014.

2.5 Rapid response

Figure 21: Number of visits in Torbay (to people aged 18+) by the Crisis Response Team during the year

Year	Number of clients
2010/11	4,384
2011/12	4,244
2012/13	5,334
2013/14	4,794
2014/15	5,787

Source: TSDHCT,

2.6 Day activities

Figure 22: Number of Torbay adult clients receiving day care during the year

Figures are adults fully or partly funded by adult social care

Excludes fully self-funded, Health funded, services deemed to mainly benefit carer

Year	Physical disability		Mental health		Learning disability		Substance misuse and older vulnerable people		Total aged 18+ years
	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	
2010/11	29	182	1 - 5	60	159	15	6 - 10	14	472
2011/12	26	153	1 - 5	49	154	6 - 10	1 - 5	12	409
2012/13	13	115	1 - 5	66	147	6 - 10	11	6 - 10	369
2013/14	12	85	0	45	133	6 - 10	6 - 10	1 - 5	292
2014/15	12	92	0	43	132	6 - 10	6 - 10	6 - 10	304

Source: TSDHCT- Referrals, Assessments and Packages of Care Return dataset; 1 - 5, 6 - 10: numbers suppressed to protect identity

2.7 Meals services

Figure 23: Number of Torbay adult clients receiving meals during the year

Figures are adults fully or partly funded by adult social care

Excludes fully self-funded, Health funded, services deemed to mainly benefit carer

Year	Physical disability		Mental health		Learning disability		Substance misuse and older vulnerable people		Total aged 18+ years
	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	
2010/11	19	234	1 - 5	29	1 - 5	1 - 5	6 - 10	20	315
2011/12	11	190	1 - 5	33	1 - 5	0	6 - 10	6 - 10	253
2012/13	13	120	1 - 5	38	1 - 5	0	1 - 5	1 - 5	181
2013/14	1 - 5	71	1 - 5	28	1 - 5	0	1 - 5	1 - 5	114
2014/15	0	6 - 10	0	0	0	0	0	0	6 - 10

Source: TSDHCT- Referrals, Assessments and Packages of Care Return dataset; 1 – 5, 6 – 10: numbers suppressed to protect identity

Torbay Council and Torbay and South Devon NHS Foundation Trust no longer directly contract with providers who deliver meals to people at home. However, six companies do offer this service to people in Torbay on a private basis.

2.8 Night sitting

Figure 24: Number of Torbay clients (people aged 18+) receiving night sitting domiciliary care services during the year

Figures are adults fully or partly funded by adult social care

Excludes fully self-funded, Health funded

Year	Number of clients
2010/11	12
2011/12	23
2012/13	32
2013/14	47
2014/15	48

Source: TSDHCT- Referrals, Assessments and Packages of Care Return dataset

2.9 'Short break' (respite) services

Figure 25: Number of Torbay clients (people aged 18+) receiving respite services during the year

Figures are adults fully or partly funded by adult social care

Excludes fully self-funded, Health funded

Year	Number of clients
2010/11	592
2011/12	582
2012/13	591
2013/14	598
2014/15	636

Source: TSDHCT- Referrals, Assessments and Packages of Care Return dataset

2.10 Personal assistants

A voluntary sector organisation helps people with employing and managing the payroll of a personal assistant/care worker to provide support to live independently.

Figure 26: Number of Torbay adults supported to employ and manage the payroll of a personal assistant/care worker

Time period	Number of clients
As on 19 August 2013	166
As on 12 September 2014	173
As on 11 January 2016	178

Source: Voluntary sector organisation

2.11 Intermediate care

Figure 27: Number of referrals- (people aged 18+) both urgent and non-urgent- to intermediate care service in the Torbay locality during the year

Year	Number of placements (care home)	Number treated at home	Total number of referrals
2011/12	656	1,830	2,486
2012/13	796	1,498	2,294
2013/14	718	1,304	2,022
2014/15	619	1,210	1,829

Source: TSDHCT

2.12 Community nursing

Figure 28: Number of visits (to people aged 18+) by community nurse staff in the Torbay locality during the year

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

Year	Number of community nursing (excluding matron) visits to care homes in Torbay	Overall number of community nursing visits in the Torbay locality (Community Matrons, Community Nurses, Specialist Nurses, Assistant Practitioner and Support Workers for Intermediate Care (SWIC))	Approximate proportion of community nursing visits to care homes in Torbay
2010/11	25,042	105,644	23.7%
2011/12	24,615	109,976	22.4%
2012/13	22,662	105,039	21.6%
2013/14	23,088	109,089	21.2%
2014/15	23,151	119,037	19.5%

Source: TSDHCT

3 Prevention and early help services

3.1 Support services (previously known as Supporting People services)

Figure 29: Number of people aged 16+ entering a short term support service (previously known as Supporting People services) in Torbay during the year, split by service type

Services are funded by Torbay Council. Clients use these services for between approximately 13 weeks and 2 years, depending on the service criteria. Numbers entering services reduced in 2013/14 and 2014/15 as many services closed or reduced in capacity due to Council budget decisions in response to central Government funding reductions. There is an increase, however, in the number entering services for children, families, young people and domestic abuse in 2014/15. This is mainly due to the inclusion of clients of Independent Domestic Violence Advisors (IDVAs) in a new integrated domestic abuse service. Previously IDVAs were funded elsewhere so were not included in these figures.

Year	Services for children, families, young people, and domestic abuse	Services for older people	Services for single homeless, substance misuse, (ex) offenders, learning disability, mental health, and other needs	Total
2010/11	221	79	708	1,008
2011/12	317	112	593	1,022
2012/13	457	79	708	1,244
2013/14	453	56	608	1,117
2014/15	562	37	173	772

Source: Torbay Council Partnership Commissioning Team and Centre for Housing Research, St Andrews University

In October 2015, supported accommodation services included 84 rented extra care units (long term support and care provided to help people live independently); 98 units of short term accommodation; and 22 units of longer term accommodation. There is also a small amount of outreach support- this is short term support.

3.2 Advocacy services

Figure 30: Accepted referrals (new cases) of Torbay residents (people aged 18+ and a very small number of 16-17 year olds) into advocacy services during the year.

Year	Number of referrals
2010/11	196
2011/12	287
2012/13	318
2013/14	331
2014/15	404

Source: Advocacy service providers

- **Appropriate Adults service**

This service is for any adult (over 18 years) whom the Police under PACE (Police and Criminal Evidence Act) terminology suspect to have poor mental health or a learning disability and who faces interview at the Torquay Custody Centre and who requires the presence of an Appropriate Adult. This service had 331 cases in Torbay in 2014/15, 182 of these were people with poor mental health and 43 were people with learning disability

3.3 Community based short breaks

Figure 31: Number of Torbay adults receiving short term residential care (not respite) during the year

Please note: Figures have been recalculated with a different source, since the previous version of Appendix 1 of the Market Position Statement.

Figures are adults fully or partly funded by adult social care

Excludes Health funded, fully self funded, services deemed to mainly benefit carer.

Year	Physical disability		Mental health		Learning disability		Substance misuse and older vulnerable people		Total aged 18+ years
	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	18-64 years	65+ years	
2010/11	32	189	53	74	6 – 10	1 - 5	17	6 – 10	382
2011/12	26	203	45	70	6 – 10	1 - 5	18	6 – 10	377
2012/13	15	202	29	122	6 - 10	1 - 5	22	6 – 10	411
2013/14	18	203	33	84	11	1 - 5	13	1 – 5	369
2014/15	24	248	32	81	12	0	11 - 15	6 - 10	416

Source: TSDHCT, Care Management System; 1 – 5, 6 – 10: numbers suppressed to protect identity

3.4 Disabled Facilities Grants

Figure 32: Number of referrals (for all ages) for Disabled Facilities Grants in Torbay during the year, split by tenure of the client

Year	Owner Occupier	Private Tenant	Housing Association Tenant	Total
2010/11	75	7	35	117
2011/12	76	18	35	129
2012/13	71	21	42	134
2013/14	61	23	43	127
2014/15	91	27	60	178

Source: Torbay Council

Figure 33: Certified jobs (for all ages) using Disabled Facilities Grants in Torbay during the year

Works requested on clients' statement of need. Some clients may have had more than one element of work carried out e.g. bathroom and stair lift, so will appear more than once in this table. The referral date could well be in a different year.

Year	Stair lift	Access (ramps, widen doorways etc)	Bathroom	Other (Hoist, Extensions, Kitchen)	Total
2010/11	23	21	93	5	142
2011/12	26	12	70	5	113
2012/13	23	8	71	7	109
2013/14	21	15 – 19	67	1 - 4	106
2014/15	26	20 – 24	69	1 - 4	121

Source: Torbay Council; 1 – 4, 15 – 19, 20 – 24: Numbers suppressed to protect identity



Title: Director of Public Health 2015 Annual report – Tackling Deprivation and the causes of ill health.

Wards Affected: All

To: HWBB Health and Wellbeing Board **On:** 23 March 2016

Contact: Caroline Dimond
Telephone: 01803 207336
Email: caroline.dimond@torbay.gcsx.gov.uk

1. Purpose

- 1.1 It is a duty of the Director of Public Health to produce an annual report outlining some of the challenges to health and well-being.

This year the report focuses on how environment and place affects health and how we can work together to ensure Torbay is a healthy place to live with well-being at the core of all policies. I touch on the particular challenge of deprivation and make some recommendations for how we can respond to the relatively worsening deprivation in Torbay. Within it, I have also commented on the recommendations from the 2015 report, the progress made over 2015/16 and what further steps need to be made.

This year, I have decided to make the report electronic and with components to interact with which explore the social and environmental causes of ill health.

2. Recommendation

- 2.1 That the Annual Report of the Director of Public Health be noted and that the Health and Wellbeing Board urge that:
- the recommendations of the Marmot Report be embedded within partners' plans;
 - partners continue and build on the system challenges set out in the 2015 report
 - partners consider place and its impact on health in all that they do.

3. Supporting Information

- 3.1 The Director of Public Health's Annual Report will be web-based and will be demonstrated on the day

4. Relationship to Joint Strategic Needs Assessment

- 4.1 Takes into account the challenges from the JSNA especially those related to the determinants of health

5. Relationship to Joint Health and Wellbeing Strategy

- 5.1 Linked to the Healthy Torbay framework component of the JHWS.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

- 6.1 We need to continue to monitor the impact of the social and environmental causes of ill health and increase our own and others understanding of their impact through the JSNA and JHWS.

Appendices

None

Background Papers:

The following documents/files were used to compile this report:

None

Title: Joint Health and Wellbeing Board assurance framework

Wards Affected: All

To: Health and Wellbeing Board **On:** 24 March 2016

Contact: Dr Caroline Dimond
Telephone: 01803 207336
Email: Caroline.dimond@torbay.gcsx.gov.uk

1. Purpose

- 1.1 The three reports presented here are to provide the Health and Wellbeing Board with assurance against delivery of the current Joint Health and Wellbeing Strategy.
- 1.2 They comprise:
 - A written progress report against the priorities in the joined-up plan (Appendix 1)
 - The performance framework for Healthy Torbay (Appendix 2)
 - An exceptions report for the outcome frameworks across Public Health, Social care and the NHS (Appendix 3)
- 1.3 It should be noted that Appendix 3 has been prepared as an “exceptions report” so only has those areas where performance is poor (significantly worse than England) or the trends in performance of concern. This does NOT cover all performance. Other areas are showing good progress.
- 1.4 The Board will wish to seek assurance that the performance around the three priority areas for action – Domestic Abuse, Alcohol and Mental Health – is improving as a result of the actions detailed in the Joint Health and Wellbeing Strategy. The specific areas of the performance frameworks are highlighted below although by the very nature of these issues numerous and various strands of work will have an impact.
- 1.5 In terms of the Healthy Torbay framework, there is a strong focus on what Torbay Council can achieve through realigning its existing services to achieve public health outcomes, thereby improving the health of the people of Torbay and tackling health inequalities. This upstream (or prevention) model also helps to address the growing demands on health services, the economic and wider social costs of ill health.
- 1.3 The Healthy Torbay Steering Group is now working to an agreed Action Plan addressing the following issues: Housing, Planning and Environment,

Transport, Physical Activity, Healthy Food, Healthy Schools, Tobacco Control, Healthy Workplaces, Alcohol Control and Awareness and Social Connectedness. The plan identifies what is presently being done, outcomes, strategic and in-year actions for the group as well as identifying lead officers and progress.

- 1.4 A set of Performance Metrics is now in draft format to help monitor progress against each of the agreed work areas. As well as driving forward the progress of the Action Plan, the aim is to assist lead officers to consider what outputs (new/ongoing workstreams, projects etc) impact on relevant national indicators and whether localised proxies should be considered to help gauge progress. Another important aspect of this new type of performance metric will be to drill down to locality/neighbourhood level and ascertain where lead officers should be prioritising resources. Suggested outputs have been included – lead officers are now considering what to input, so subsequent iterations of the metrics may look considerably different.

2. Domestic Abuse

See update in Appendix 1 in relation to the Social Work Innovation Fund Torbay (SWIFT)

3. Alcohol

See updates in Appendix 2 on Alcohol Control

See indicators in Appendix 3 on Admission Episodes for Alcohol Related Conditions

4. Mental Health

See updates in Appendix 1 in relation to:

- Local Multi-Agency Teams with mental health
- Child and Adolescent Mental Health Services
- Older People's Mental Health and Dementia

See updates in Appendix 2 in relation to:

- Healthy Workplace
- Social Connectedness

See updates in Appendix 3 on:

- Self reported wellbeing
- Adults in contact with mental health services in employment

5. Recommendation

- 2.1 That the Joint Health and Wellbeing Strategy and its associated performance framework be kept under review alongside the development of the Sustainability and Transformation Plan.

Area within Plan	Update on progress	Relevant KPIS
Financial recovery- Social/other investment - Caroline Taylor	Two commissioners have a risk share in place for the main provider – the ICO – from 1 October 2015. The health and care system remains under financial pressure but shared schemes to reduce cost and deal with demand are progressing. Social investment is still being pursued and opportunities for external grant aid encouraged for the benefit of our communities. Vanguard status has given some additional investment.	Council element of the risk share – 9% of any overspend over agreed deficit – Currently breakeven
Local Integrated Multi-Agency Teams (LMAT) with mental health - Helen Wilding	Work commenced with Plymouth & Exeter Universities to validate baseline modelling already undertaken, and develop success measures. Engagement events with staff in Coastal/ Paignton/Brixham localities have taken place to clarify vision and inform operational delivery plans. Implementation of locality plan for Coastal has commenced. Discussions commenced and steering group set up with GP colleagues to define the medical input to LMATs and clinical governance/accountability. Plan developed for integrated medicines management in LMATs Early conversations with South West Ambulance Service Trust and Devon Partnership Trust to clarify LMAT vision and scope integrated working opportunities.	
Social Work Innovation Fund Torbay (SWIFT) - Richard Williams	The Torbay Public Service Trust (TPST) is established with sign up from all key Partners in the Bay. Their first co-commissioning project is around Domestic Violence and Abuse (DVA). £50,000 was awarded by the Big Lottery to undertake development work, and a company i-Three has been appointed to complete work by the end of May. A full proposal for a new model of DVA intervention based on social investment financing will go the TPST and to the Lottery for further funding. An Integration Board has been set up to prepare for the integration of the children's services workforce into the new ICO. A timeline for this has been prepared, and a new six-month post of Director of Children's Safeguarding will be recruited to sit within the ICO and support the incoming service within its new organisation. Work is ongoing with the Department for Education who are supportive of the move, and need to give a	Reduction in Child Protection and Children Looked After and a reduction in referrals into the Multi-Agency Safeguarding Hub

Area within Plan	Update on progress	Relevant KPIS
	<p>formal approval within the next two months.</p> <p>The first Early Help Practice/Hub has been launched in Brixham with over fifty professionals and members of the Community and Voluntary Sector in attendance to hear about team around the family working, and a concerted approach to working with the whole family. Training will be rolled out beginning in April, and a new Team around the Family co-ordinator is being recruited to support the process. It is intended that the model is rolled out in Paignton and then Torquay in the next six months. The model is being evaluated by the Peninsular Medical School.</p>	
<p>Child & Adolescent Mental Health Services (CAMHS)</p> <ul style="list-style-type: none"> - Derek O'Toole/Louise Arrow 	<p>Commissioning Manager Louise Arrow has been appointed to lead on this work. Started 22/2/16</p> <p>An all age out of hours psychiatry service was operational from 1/12/15.</p> <p>Children place of safety has now been established and is operating. No children from Torbay have been admitted to police custody for mental health issues since it has been in operation.</p> <p>NHS England have formally assured the Transformation Plan.</p> <p>Additional funding was received for extending Psychiatric Liaison. 9-10pm Mon-Fri 9-5 on Saturday/Sunday and Bank holidays.</p> <p>A multi agency self harm pathway group has been formed which is looking at how we can develop services at specialist, targeted and preventative levels.</p>	<p>Maximum length of wait/referring agent/numbers seen</p> <p>Reduce self-harm attendances by 10%. This has been taken from the Integrated Care and Support Bid. As the group develops its work and a more detailed pathway is developed KPIS will be identified.</p>
<p>Integrated prevention model</p> <ul style="list-style-type: none"> - Caroline Dimond 	<p>A Prevention Board has been set up for South Devon and Torbay with membership across NHS, Councils and Community and voluntary sectors</p> <p>An Integrated Prevention Strategy has been agreed covering;</p> <ul style="list-style-type: none"> - Promotion of well-being - Prevention - Self-care <p>An action plan has been developed and is actively monitored. This includes a mapping exercise to enable community and voluntary sector involvement.</p> <p>A prevention strand will be embedded within the transformation team of the Foundation Trust.</p> <p>Priorities for early work have been identified together with a model of ways of working and approach which will include a change in the way we interact and behave with clients or patients.</p>	<p>A set of metrics is being worked up with partners and will be presented at a future HWBB seminar.</p>

Area within Plan	Update on progress	Relevant KPIS
Care Act implementation - Fran Mason / Caroline Taylor	The first part of the Care Act has been implemented. However, implementation of the second part has been postponed and we are awaiting a future Government announcement.	
Integrated Personal Care planning & commissioning - Helen Davies-Cox		
Multi-Long Term conditions - Helen Wilding	Recruitment moving forward, three medics and nurse posts being recruited currently with the intention of commencing specialist training in Spring 2016. Work ongoing to ensure this service is embedded within the LMATs and not seen as a 'separate' service.	
Single Point of Contact (SPOC) - Helen Wilding	Engagement with zone teams, service leads and Transformational Assistant Directors to inform development of the business case for SPOC. Fully costed options appraisal developed with recommendations for operational model. Recommendations for SPOC endorsed at Care Model Operational Group. Model for SPOC endorsed at Executive level by Strategic Planning Group	
Outpatient & inpatient innovation - Helen Wilding	<u>Musculoskeletal (MSK)</u> Funding has been approved by the ICO Executive team for the expansion of the MSK Access Pathway to Spinal and Foot and Ankle conditions. Care models have been defined for both areas with an expected service start date of 01/05/16 <u>Seeking Advice in the ICO (SAICO) (Referral Management)</u> Implementation took place as planned – minor issues have arisen and are being dealt with as they happen. Process for unprotecting incoming forms circulated. Trauma and orthopaedics are happy to implement SAICO for shoulders and hands on 4 April 2016. On-going Web-ex training dates have been planned and uploaded onto intranet.	
Frailty services - acute & community - Helen Wilding	Successfully recruited therapist and co-ordinator to join frailty nurse in next phase of project. Team have developed clear objectives for next 3 and 6 months. Acute pathway co-designed and defined with stakeholders and pathway simulation complete. Audit work undertaken to identify potential cohort, service criteria agreed.	

Area within Plan	Update on progress	Relevant KPIS
	<p>Comprehensive Geriatric Assessment and brief screening tools developed and trialled. Early conversations with Organisational Development team regarding embedding strengths-based approach to practice.</p> <p>Questionnaire developed to obtain qualitative patient experience feedback.</p> <p><u>Discharge-to-assess</u></p> <p>Focus groups have been held and process mapping is underway.</p> <p>There has been liaison with the Frailty Unit and Acute Therapists and co-ordination with In Reach.</p>	
<p>Ageing Well Torbay - Simon Sherbersky</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 100</p>	<p>AWT is a six year national lottery programme funded by BIG Lottery Ageing Better: Fulfilling Lives. The programme dates are 1 April 2015 – 31 March 2021. The programme is nine months in to the first year of delivery.</p> <p>There are four main areas of delivery covering:</p> <ol style="list-style-type: none"> 1. Neighbourhoods Model (Community Builders and Timebank initiatives). 2. Raising Aspiration & Service Redesign (Guided Conversations). 3. Evaluation. 4. Positive Ageing. <p>Summary of progress:</p> <ol style="list-style-type: none"> 1. Community Builders team is now operational, 13 CB's in post covering all neighbourhoods across Torbay. 12 Timebanks have been set up. 2. A number of organisations have been commissioned to undertake guided conversations these are: <ol style="list-style-type: none"> a. Wellbeing Coordination - Age UK Torbay & Brixham Does Care b. Mutual Caring - Mencap c. Circles of Support - Carers Trust Phoenix (formerly Cross Roads Care) d. Mysupportbroker e. Torbay Navigators (British Redcross) – funded by BIG Lottery - Reaching Communities not Ageing Well. 3. An open tender process has been undertaken to appoint an evaluation partner for 	<p>Ageing Well Programme Outcomes</p> <p>By 2021, 6000 isolated older people feel re-connected with friends, their communities and where they live through an increased sense of 'neighbourliness' and engagement in a broader range of accessible/affordable activities.</p> <p>By 2021, 1250 older people feel their lives have value and purpose as life changes, contributing their time, skills and knowledge to their community, viewing older age as an opportunity.</p> <p>By 2021, 4650 older people have high personal, learning</p>

Area within Plan	Update on progress	Relevant KPIS
	<p>the full term of the programme. SERIO, a research department within Plymouth University has been contracted to undertake:</p> <ol style="list-style-type: none"> Process evaluation Impact evaluation Cost Benefit Analysis Citizen evaluators <p>It is the aim for SERIO to work with Torbay Metrics and Evaluation Group to ensure a joined up approach to evaluation and learning is shared across partners.</p> <p>SERIO are currently implementing BIG Lottery's National Evaluation, called the Common measurements Framework and working with currently delivery partners and Programme partners to finalise a local evaluation framework.</p> <p>A key milestone is to produce by March 2017 a full evaluation report. This report will establish what has worked, what hasn't, why and provide recommendations for the second round of delivery covering April 2017 – March 2019.</p> <p>4. Positive Ageing, Ageing Well formally launched 1st October 2015 (International Older People's Day). A four day festival to celebrate ageing ran between 1st – 4th October with over 80 events held by local community groups along with voluntary and public sector partners across the bay. A Comms Plan has been produced and now being implemented, a new website has been launched www.torbaycdt.org.uk.</p> <p>A key task to be completed is to recruit a Participation Development Officer. This post will work with and support Torbay Older Citizens Forum to become a strong voice for older people resident in Torbay. One round of recruitment has taken place but Ageing Well did not appoint.</p> <p>Key partnership activities:</p> <ol style="list-style-type: none"> Evaluation of Ageing Well Torbay. Ageing Well to be linked to Torbay Metrics and Evaluation Group and the wider evaluation work which is taking place across Torbay with public sector partners. 	<p>and service aspirations for later life facilitated by better information, advice and more integrated services, that older people design and produce with organisations.</p> <p>By 2021, 20% more local residents value older people. Ageing is celebrated and viewed more positively by all.</p>

Area within Plan	Update on progress	Relevant KPIS
	2. Guided conversations models linking with the development of Local Multi Agency teams. Ageing Well commissioned services will provide the guided conversation element for LMAT's and the Multi-Longterm conditions clinic.	
Older people's mental health and dementia - Derek O'Toole		
Accommodation-based care and support - Fran Mason	Housing strategy agreed by Council. Tender for extra care housing in progress and design of new extra care scheme to deliver additional units planned Peninsular framework in development for commissioning of residential and specialist children's services Development of outcomes based framework for care homes	Additional 60 units of extra care housing by 2018/19 Develop accommodation, care and support strategy by April 2017 Peninsular Framework in place by September 2017 Outcomes based framework in place by Summer 2017

Healthy Torbay Performance Framework

OUTPUTS

OUTCOMES

Healthy Torbay Priority	Strategy/Plan	Areas of Work	OUTPUTS					OUTCOMES								
			Outputs/Process Measures	Time Period	Torbay	Target /National	Significance	Unit of measure	Indicators	Time period	Torbay	Significance	National	Unit of measure	Guide	
Housing	Housing Strategy/Framework	Fuel Poverty/Cold Homes/Energy Efficiency; Homelessness; Injuries in the home/Home safety	Number of homes where energy efficiency measures delivered	Email sent					1.15ii - Statutory Homelessness - households in temporary accommodation	2013-14	2.6	●	1.0	Per 1,000	Lower is Better	
			Number of homes visited under DSFRS Home Safety Visit Plus scheme	2015-16	-	-	-	Count	1.17 - Fuel Poverty	2013	12.8	●	10.4	%	Lower is Better	
			Number of Homeless rough sleepers	2013	5	-	-	Count	2.07 - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 - 4 years)	2013-14	117.6	●	140.8	Per 10,000	Lower is Better	
									2.07 - Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 - 14 years)	2013-14	100.4	●	112.2	Per 10,000	Lower is Better	
									2.07 - Hospital admissions caused by unintentional and deliberate injuries in children (aged 15 - 24 years)	2013-14	173.9	●	136.7	Per 10,000	Lower is Better	
									2.24 - Injuries due to falls in people aged 65 and over (Persons)	2013-14	1924	●	2064	Per 100,000	Lower is Better	
									2.24 - Injuries due to falls in people aged 65 and over (Male)	2013-14	1557	●	1661	Per 100,000	Lower is Better	
						2.24 - Injuries due to falls in people aged 65 and over (Female)	2013-14	2291	●	2467	Per 100,000	Lower is Better				
Planning and the Environment	Local Development Plan (LDP)	Planning and Health SPD; Require Health Impact Assessment for major development; Planning and Health dataset	HIA completed	Email sent			-		1.16 Utilisation of outdoor space for exercise/health reasons	2013	12.8	xx	10.4	%	Higher is Better	
			HIA agreed	Email sent			-									
Transport	Local Transport Plan and LSTF	LSTF measures including infrastructure improvements; Promote active travel and make it the easiest option; Road safety - 20 mph limits in residential areas	Walking numbers for Torbay	2013-14	86.3	86.3	●	%	1.10 - Killed and seriously injured casualties on England's roads	2012-14	34.1	●	39.3	Per 100,000	Lower is Better	
			Cycling numbers for Torbay	2013-14	8.1	15.0	●	%	1.14ii - The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime	2011	4.6	xx	5.2	%	Lower is Better	
			Schools signed up with active travel plan	Email sent						3.01 - Fraction of attributable deaths due to particulate air pollution	2013	3.9	xx	5.3	%	Lower is Better
			Workplaces signed up with active travel plan	Email sent												
Physical Activity	Physical Activity Action Plan	Sports and Leisure development support; community engagement	Average % Pupils in Key Stage 1-13 who participate in at least 3 hours of HQ PE/School sport in a typical week	2009-10	60	55	-	%	2.13i - Percentage of physically active and inactive adults (Active)	2014	52.4	●	57	%	Higher is Better	
			Number of visits to leisure/swimming facilities (council owned/supported)	Email Sent						2.13ii - Percentage of physically active and inactive adults (Inactive)	2014	34.2	●	27.2	%	Higher is Better
									1.16 Utilisation of outdoor space for exercise/health reasons	2013-14	17.1	xx	value missing	%	Higher is Better	
Healthy Food	Healthy Weight Strategy	Healthy Schools; Working with food businesses; Sugar reduction	Number of schools signed up to Healthy Schools	2014-15	3	-		Count	2.06i - Excess weight in 4-5 and 10-11 year olds (4-5 year olds)	2013-14	25.3	●	22.5	%	Lower is Better	
			Number of food outlets signed up to Childrens Healthy Food Menu	Email Sent						2.06ii - Excess weight in 4-5 and 10-11 year olds (10-11 year olds)	2013-14	35.5	●	33.5	%	Lower is Better
									2.11 - Proportion of population meeting recommended 5 a day	2014	59	xx	56.3	%	Higher is Better	
Healthy Schools	Healthy Schools	Healthy Schools Programme Healthy Eatng Element	Number of schools signed up to Healthy Schools Programme	2014-15	3	-		Count	2.06i - Excess weight in 4-5 and 10-11 year olds (4-5 year olds)	2013-14	25.3	●	22.5	%	Lower is Better	
									2.06ii - Excess weight in 4-5 and 10-11 year olds (10-11 year olds)	2013-14	35.5	●	33.5	%	Lower is Better	
Tobacco Control	Tobacco Action Plan	Tackle Illegal Tobacco; Smoking in pregnancy; Young People; Smoking cessation prior to surgery	Smoking cessation (4 weeks quitters)	2014-15	3,271	2,829	●	Per 100,000	2.03 - Smoking status at time of delivery	2014-15	16.1	●	11.4	%	Lower is Better	
			Smoking attributable mortality	2011-13	280.8	288.7	●	Per 100,000	2.14 - Smoking prevalence - routine and manual	2014	29.5	●	28	%	Lower is Better	
			Smoking attributable hospital admissions	2013-14	1,987	1,645	●	Per 100,000	2.09i - Smoking prevalence at 15 years old (current smokers)	2014-15	13.6	●	8.2	%	Lower is Better	
									2.09ii - Smoking prevalence at 15 years old (regular smokers)	2014-15	10.4	●	5.5	%	Lower is Better	
							2.09iii - Smoking prevalence at 15 years old (occasional smokers)	2014-15	3.2	●	2.7	%	Lower is Better			
Healthy Workplace		Torbay Council wellbeing at work charter status; Healthy workplace trial scheme; Active workplace; NHS Trust work	Numbers of businesses achieving Wellbeing at Workplace charter	2015-16 YTD	1		-		1.09 - Sickness absence - The percentage of employees who had at least one day off in the previous week	2010-12	2.1	●	2.5	%	Lower is Better	
			Number of businesses signed up the the Wellbeing at work charter	2015-16 YTD	1					1.09 - Sickness absence - The percent of working days lost due to sickness absence	2010-12	1.1	●	1.6	%	Lower is Better
Social Connectedness		Public Health Mental Health work; Vulnerability/complex cases; CDT/Ageing Better	Number of mental health cases	Email Sent					1.18i - Social Isolation - % of adult social care users who have as much social contact as they would like	2013-14	47.1	●	44.5	%	Lower is Better	
									1.18ii - Social Isolation - % of adult social cares who have as much social contact as they would like	2013-14	41.4	●	41.3	%	Lower is Better	
Alcohol Control	Alcohol Strategy	Alcohol Licensing; Planning regulations; Advice and guidance; Brief Interventions	ARID indicator?	Email Sent					2.18 - Admission episodes for alcohol related conditions (persons)	2013-14	858	●	645	Per 100,000	Lower is Better	
			ARID indicator?	Email Sent						2.18 - Admission episodes for alcohol related conditons (male)	2013-14	1102	●	835	Per 100,000	Lower is Better
			Number of new presentations to the Lifestyles Service - Alcohol Only	2014-15	315			Count	2.18 - Admission episodes for alcohol related conditions (female)	2013-14	642	●	475	Per 100,000	Lower is Better	

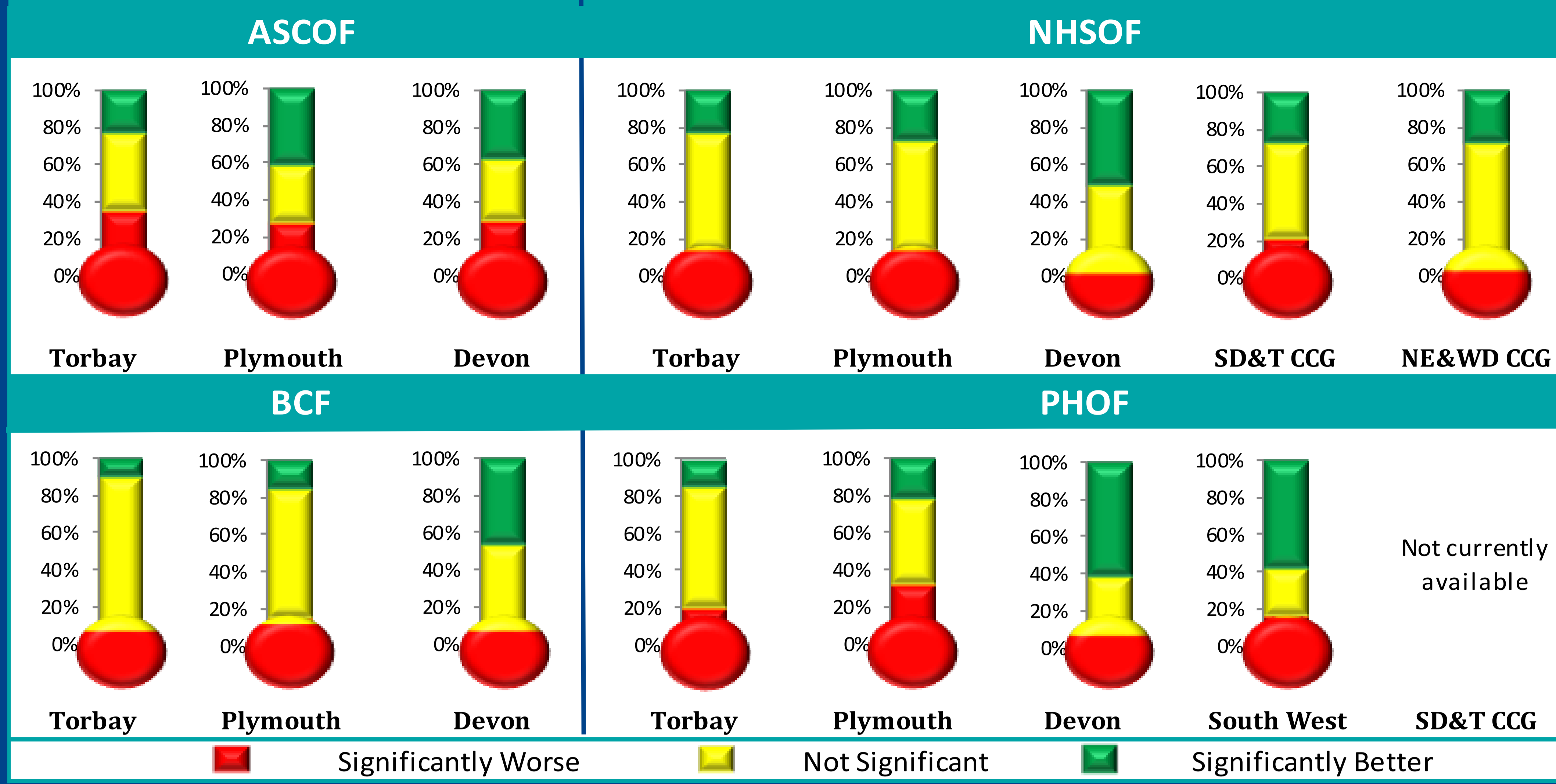
SIGNIFICANCE SYMBOLS

Significance represents the statistical significance based on England figures

- Significantly Better
- Not Significant
- Significantly Worse

Joint Outcomes Framework Summary - 'Outliers' - February 2016

Summary overview of Outcome Frameworks illustrating the proportion of significance for comparator areas



Introduction

This summary brings together performance 'outliers' for the Adult Social Care Outcomes Framework (ASCOF), Better Care Fund (BCF), National Health Service Outcomes Framework and Clinical Commissioning Group Outcomes Framework (NHSOF, CCGOF) and the Public Health Outcomes Framework (PHOF). Only indicators that were identified as statistically significantly worse than the England average on either an annual basis, or for 3 out of 4 quarters are included in the table below.

The 'Thermometers' represent the proportion of indicators across all frameworks by their significance for comparator areas. The 'dials' represent the proportion of indicators, that are significantly worse, as a proportion of all outcome framework indicators in each life course.

Quarterly Updates

- 2.23iii - Self-reported well-being - people with a low happiness score Not significant (previously significantly worse)
- 4.14i - Hip fractures in people aged 65 and over (male) Newly added - Significantly worse
- 4.14iii - Hip fractures in people aged 65 and over - aged 80+ (male) Newly added - Significantly worse
- 2.23 - Self-reported well-being (low satisfaction) Newly added - Significantly worse
- 2.23 - Self-reported well-being (high anxiety score) Newly added - Significantly worse

Thermometer Notes

Thermometers are based on indicators, within each framework, where significance has been calculated.

Key Symbols

- Significantly Worse
- Not Significant
- Significantly Better
- Higher
- ~ South Devon & Torbay Trend
- ^ Estimated
- * Disclosure applied

Life Course	Indicators	Time period	Torbay Value	CCG Value	National Value	Unit of Measure	Torbay Trend Chart	Trend Guide	
Starting Well 0 to 4 years	PHOF ● 2.02i - Breastfeeding - Breastfeeding initiation	2012-13	71.1	-	73.9	%		Higher is Better	
	PHOF ● 2.02ii - Breastfeeding - Breastfeeding prevalence at 6 - 8 weeks after birth	2014-15	35.7	-	43.8	%		Higher is Better	
	PHOF ● 2.03 - Smoking status at time of delivery	2013	16.1	-	11.4	%		Lower is Better	
Developing Well 5 to 24 years	PHOF ● 3.03x - Population vaccination coverage - MMR for two doses (5 years old)	2014-15	80.7	-	89.9^	%		Higher is Better	
	PHOF ● 1.01i - Children in poverty (all dependent children under 20)	2013	20.8	-	18.0	%		Lower is Better	
	PHOF ● 1.01ii - Children in poverty (under 16s)	2013	21.6	-	18.6	%		Lower is Better	
	PHOF ● 1.03 - Pupil absence	2013-14	5.1	-	4.5	%		Lower is Better	
	PHOF ● 1.04 - First time entrants to the youth justice system	2014	585.0	-	409.0	Per 100,000		Lower is Better	
	PHOF ● 2.06i - Excess weight in 4-5 year olds	2014-15	24.1	-	21.9	%		Lower is Better	
	PHOF ● 2.07ii - Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 - 24 years)	2013-14	173.9	-	136.7	Per 10,000		Lower is Better	
	PHOF ● 2.09i - Smoking Prevalence age 15 years - current smokers (WAY survey) - NEW	2014-15	13.6	-	8.2	%		Lower is Better	
	PHOF ● 2.09ii - Smoking Prevalence age 15 years - regular smokers (WAY survey) - NEW	2014-15	10.4	-	5.5	%		Lower is Better	
	PHOF ● 3.03xii - Population vaccination coverage - HPV	2014-15	68.1	-	86.7	%		Higher is Better	
Living and Working Well 15 to 64 years	PHOF ● 1.12i - Violent crime (including sexual violence) - hospital admissions for violence	2011-2014	64.5*	-	52.4	Per 100,000		Lower is Better	
	PHOF ● 1.17 - Fuel Poverty	2013	12.8	-	10.4	%		Lower is Better	
	PHOF ● Excess weight in adults (Newly Added)	2012-14	68.1	-	64.6	%		Lower is Better	
	PHOF ● 2.13i - Percentage of active and inactive adults - active adults	2014	52.4	-	57	%		Lower is Better	
	PHOF ● 2.13ii - Percentage of active and inactive adults - inactive adults	2014	34.2	-	27.2	%		Lower is Better	
	PHOF ● 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Persons)	2013-14	858	-	645.0	Per 100,000		Lower is Better	
	PHOF ● 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Male)	2013-14	1,102	-	835.0	Per 100,000		Lower is Better	
	PHOF ● 2.18 - Admission episodes for alcohol-related conditions - narrow definition (Female)	2013-14	642	-	475.0	Per 100,000		Lower is Better	
	PHOF ● 2.22iii - Cumulative % of eligible population aged 40-74 offered a Health Check	2013-2015	32.9	-	37.9	%		Higher is Better	
	PHOF ● 2.22iii - Cumulative % of eligible population aged 40-74 received a Health Check	2013-2015	16.8	-	18.6	%		Higher is Better	
	PHOF ● 2.23 - Self-reported well-being (low satisfaction) (Newly Added)	2014-15	6.9	-	4.8	%		Lower is Better	
	PHOF ● 2.23 - Self-reported well-being (high anxiety score) (Newly Added)	2014-15	22.6	-	19.4	%		Lower is Better	
	PHOF ● 4.03 - Mortality rates from causes considered preventable (Males)	2012-14	258.1	-	230.1	Per 100,000		Lower is Better	
	PHOF ● 4.07i - Under 75 mortality rate from respiratory disease (Males)	2012-14	48.2	-	38.3	Per 100,000		Lower is Better	
	PHOF ● 4.07ii - Under 75 mortality rate from respiratory disease considered preventable (Males)	2012-14	28.2	-	20.1	Per 100,000		Lower is Better	
	PHOF ● 4.10 - Suicide Male	2012-14	20.5	-	14.1	Per 100,000		Lower is Better	
	PHOF ● 4.14i - Hip fractures in people aged 65 and over (male) (Newly Added)	2014-15	590	-	425	Per 100,000		Lower is Better	
	PHOF ● 4.14iii - Hip fractures in people aged 65 and over - aged 80+ (male) (Newly Added)	2014-15	1815	-	1174	Per 100,000		Lower is Better	
	Ageing and Dying Well 65+	ASCOF ● 1C(2) - Proportion of people using social care who receive direct payments	2013-14	15.7	-	19.1	%		Higher is Better
		ASCOF ● 1E - Adults with learning disabilities in employment	2013-14	3.6	-	6.7	%		Higher is Better
ASCOF ● 1F - Adults in contact with mental health services in employment		2013-14	4.8	-	8.8	%		Lower is Better	
ASCOF ● 1G - Adults with learning disabilities in stable accommodation		2013-14	68.7	-	74.9	%		Higher is Better	
ASCOF ● 2A(1) - Permanent admissions to care homes: people aged 18 to 64		2013-14	33.7	-	14.4	Per 100,000		Lower is Better	
ASCOF ● 3D(1) - Proportion of people who use services who find it easy to find information about services		2013-14	71.9	-	74.5	%		Higher is Better	
ASCOF ● 4A - People who use services who feel safe		2013-14	62.3	-	66	%		Higher is Better	
ASCOF ● 4B - People who say the services they use make them feel safe and secure		2013-14	66.5	-	79.1	%		Higher is Better	
NHSOF ● 1.6 - Infant Mortality		2013	4.75	-	3.81	Per 1,000		Lower is Better	
NHSOF ● 2.4 - Health-related quality of life for carers (complementary to 1D ASCOF carer reported quality of life - not sig)		2014-15	0.69	0.72	0.80	Weighted Value		Higher is Better	
NHSOF ● 5.2ii - Incidence of healthcare-associated infection - C.Difficile (rate) [CCG tool and HSCIC]		2013-15	-	104.6	61.4	Per 100,000		Lower is Better	
PHOF ● 3.03xiii - Population vaccination coverage - PPV		2014-15	67.5	-	68.9	%		Higher is Better	
PHOF ● 3.03xiv - Population vaccination coverage - Flu (aged 65+)		2014-15	67.3	-	72.7	%		Higher is Better	
PHOF ● 3.03xv - Population vaccination coverage - Flu (at risk individuals)		2014-15	44.6	-	50.3	%		Higher is Better	
BCF ● Total emergency admissions		2013-14	3,310	-	2551	Crude rate	Not Available	Lower is Better	
BCF ● Delayed transfers of care - Average monthly number of days of delayed transfer of care	2014	8.4	-	11.6	Per 100,000	Not Available	Lower is Better		
BCF ● Avoidable emergency admissions	2013	206.1	-	178.9	Per 100,000	Not Available	Lower is Better		
BCF ● Client satisfaction with Care and Support	2014-15	69.7	-	64.7	%	Not Available	Higher is Better		
BCF ● Permanent admissions to residential and nursing care homes (over 65yrs)	2014-15	606.3	633.8	668.8	Crude rate	Not Available	Lower is Better		
BCF ● Re-ablement (effectiveness) - Older people (over 65yrs) who are still at home 91 days after hospital discharge	2014-15	77.2	82.6	82.1	%	Not Available	Higher is Better		
BCF ● Re-ablement (coverage) - Older people (over 65yrs) offered reablement services following hospital discharge	2014-15	3.5	-	3.1	%	Not Available	Higher is Better		
BCF ● Dementia diagnosis rate (local Devon indicator)	2015	62.6	61.2	60.8	%	Not Available	Higher is Better		

Title: Culture, health and well-being in Torbay

Wards Affected: All

To: Health and Wellbeing Board **On:** 14 March 2016

Contact: Kate Farmery, Executive Director, Torbay Culture Board

Telephone: 207 389

Email: Kate.farmery@tedcltd.com

1. Purpose

- 1.1 To inform and engender Board members' support for culture, health and well-being collaborative activities, to ensure the successful delivery of a key element of Torbay's ten year cultural strategy.

2. Recommendation

- 2.1 Members to note current activity and provide support/recommendations for future developments.

3. Supporting Information

- 3.1 A key aim of Torbay's cultural strategy is *to harness the health and well-being benefits of culture*. An increasing amount of academic research evidences the beneficial clinical and social outcomes culture can provide, within both health and care pathways. With our pioneer status for integrated health and social care, our active Healthwatch, a Community Development Trust committed to cultural activity and our experienced local arts and health practitioners, there is a strong base from which to develop a strategic approach to culture, health and well-being.

A number of innovative partnership initiatives between Torbay's health and cultural sectors are already underway. We are seeking to test and learn from different creative approaches to inform expanded culture, health and well-being programmes in the near future. The Culture Board has been invited to apply for a further grant from Arts Council England in late April 2016 and match funding is highly likely to be available for culture, health and well-being partnership projects.

- 3.2 Current initiatives

- 3.2.1 Cultural commissioning

Torbay is one of only five places in England to receive funding from Arts Council England for a 'cultural commissioning' project, run by the National Council for Voluntary Organisations (NCVO). With the support of an external consultant, this initiative brings together cultural organisations and practitioners with commissioners to explore how cultural activity can deliver public service outcomes. Meetings are ongoing, to explore opportunities for collaboration. The Culture Board are also partnering with NCVO on a free conference to share the learning from this initiative on 28 April 2016 (register via <https://www.eventbrite.co.uk/e/national-seminar-torbay-creative-commissioning-for-better-outcomes-registration-19803281147>).

The Culture Board has also secured funding from the Paul Hamlyn Foundation for a continuing professional development programme for participatory artists and arts organisations, to run alongside the cultural commissioning initiative and develop their skills in this area. An early outcome of this project is the creation of a guide to Torbay's cultural practitioners and the contribution they can make across the life course: <https://www.ncvo.org.uk/practical-support/public-services/cultural-commissioning-programme/locality-projects>.

3.2.2 An 'arts on prescription' scheme for Torbay

Key public and voluntary sector organisations across the country are currently developing new models of care, where 'guided conversations' and 'social prescribing' form the basis of preventative work. In South Devon, Torbay Community Development Trust are piloting new and joined-up ways of working through guided conversations as part of their leadership of Ageing Well, the six-year Big Lottery-funded project to reduce isolation amongst Torbay's 50 plus generation.

Torbay Culture Board, working with Torbay CDT, has commissioned a scoping study, strategy and action plan to support and develop a framework for guided conversations across the life course around Torbay's arts and cultural provision – in effect, an 'arts on prescription' scheme. This work will ensure that the well-being co-ordinators leading guided conversations are aware of arts and cultural opportunities whilst informing the longer-term development of social prescribing in the Bay. The scoping study is due for completion in mid April, in time to apply for funding from Arts Council England to deliver a pilot scheme later in 2016.

3.2.3 Men's mental health creative project (suicide prevention)

Torbay has one of the highest male suicide rates in the region. Public Health Torbay and Torbay Culture Board are collaborating on a ground breaking pilot study to explore the potential for engagement with culture to positively impact on men's mental health and divert them from this path.

We are particularly targeting men who are not currently receiving mental health support (the majority of the 26 men who took their own lives in Torbay and South Devon in 2014/15 had no contact with the mental health services).

We have appointed two experienced South West cultural practitioners to lead a creative project with two groups of men in Torquay and Paignton during the first six months of 2016 and will be working with internationally renowned academic Dr Christabel Owens to assess the impact of this activity.

3.3 For more information...

Please contact Torbay Culture Board's Executive Director, Kate Farmery on 01803 207 389/ kate.farmery@tedtltd.com or visit <http://www.torbayculture.org/>.

There are many excellent case studies here:
<https://www.ncvo.org.uk/practical-support/public-services/cultural-commissioning-programme/locality-projects>

The Arts and Health SW website <http://www.ahsw.org.uk/index.aspx> has some good case studies and evidence of the benefits of an arts-based approach.

The following document is an interesting overview of arts-based social prescribing activity:
http://www.ahsw.org.uk/userfiles/Other_Resources/Arts__Health/Social_Prescribing_Review_2015.pdf

4. Relationship to Joint Strategic Needs Assessment

4.1 The Culture Board's approach follows the structure and priorities of the JSNA across the lifecourse.

5. Relationship to Joint Health and Wellbeing Strategy

5.1 Pilot activities and scoping exercises have been informed by full consultation and collaboration with partners in health, Public Health, CCG and Adult Social care.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

6.1 Board to note the opportunities of closer collaboration between Torbay's culture and health sectors.

Appendices/Background Papers

See 'The commissioning landscape in Torbay: initial findings' paper for initial consultation findings.

DRAFT

**Strategic commissioning:
increasing the contribution of culture to health and
wellbeing**

**The commissioning landscape in Torbay:
initial findings**

July 2015

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- 2. Needs assessment and some of the big issues**
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- 8. Community Development Trust**
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1. Introduction

The purpose of this paper is to seek to understand the commissioning landscape in Torbay – to identify current commissioning structures, priorities and procedures and to stimulate further discussion on how cultural organisations can further align to corporate needs and priorities.

The information has been compiled through desk research of key documents and one-to-one interviews with contacts in Children’s Services, the Clinical Commissioning Group, Public Health, Adult Social Care and the Community Development Trust. The information gathered is intended to help cultural organisations understand what is happening and explore their approach to further engagement in commissioning and aligning activity to achieve corporate priority outcomes. At this stage the bulk of the document is ‘interview notes’ so needs further digestion and analysis. It is the start of, and a continuation of, a series of conversations.

It is a description of some general themes and directions. There has been a great deal of change in the context of new national policies and budget reductions, so it represents a snapshot and a point from which new ways of working are developing. It is not intended as a fully comprehensive description or fixed picture, but rather the context for further discussions.

It also flags up some opportunities and challenges for the cultural sector to consider and explore further.

2. Needs Assessment and some of the big issues

2.1 Population

- Torbay has a population of 132,000. Torbay has an older population – the average age is almost 5 years above the national average. As Torbay’s population ages, the potential workforce within the bay to support the retirement age population is expected to decrease. In 2010, there were 2.1 working age people in Torbay for every person of retirement age; this is expected to decrease to around 1.7 people of working age per person of retirement age by 2020. Growth in the over 85 population is likely to cost over £ 1 million more in hospital care alone by 2020.
- Approximately 8% of the population are from BME communities.
- Torbay is within the top 20% most deprived local authority areas for the rank of average score and the rank of local concentration. It is the most deprived local authority in the South West for rank of average score and Torbay’s relative position within the national model of deprivation has worsened in recent years.
- There are pockets of severe deprivation where residents experience significantly poorer outcomes in educational attainment, earnings and life expectancy.
- 22.1% (4,900) children live in poverty.

2.2 Health – summary issues

- **Living longer** - Life expectancy is 7.9 years lower for men and 6.3 years lower for women in the most deprived areas of Torbay than in the least deprived areas.
- **Child health** - In Year 6, 18.2% (211) of children are classified as obese. The rate of alcohol-specific hospital stays among those under 18 was 79.1*, worse than the average for England. This represents 20 stays per year. Levels of smoking at time of delivery are worse than the England average.
- **Adult health** - In 2012, 24.0% of adults are classified as obese. The rate of alcohol related harm hospital stays was 858*, worse than the average for England. This represents 1,184 stays per year. The rate of self-harm hospital stays was 259.2*, worse than the average for England. This represents 316 stays per year. The rate of smoking related deaths was 281*. This represents 280 deaths per year. Rates of people killed and seriously injured on roads and TB are better than average.

(* rate per 100,000 population)

2.3 Challenges across the life course

- **Best start in life 0-5.** There are relatively high levels of smoking during pregnancy. Achievement of at least 78 points across the early year's foundation stage, a readiness for school indicator, has been making positive progress in recent years, however this is below the national average.
- **Developing well 5-17** – Torbay experiences a higher than average proportion of pupils with a statement of SEN (Special Educational Needs) at 3.9% of pupils in Torbay schools – higher than the national average and highest in the region. Behavioural, emotional and social difficulties in the primary age population is 26.3% in Torbay, compared to 18.6% for England. Teenage pregnancy is relatively high (though small numbers) and pupil absence is relatively high. Attainment – the percentage attaining 5 A* - C GCSEs is slightly higher than the regional and England average, however the percentage for A* - C in English and Maths is lower in both cases. Around 4.2% of 16-18 year olds are NEET and somewhere between 1,000 and 2,000 children in Torbay are young carers. There are approximately 365 'troubled families' in Torbay.
- **Living and working well** – Torbay's 18 – 64 population has significantly higher levels of obesity and lower levels of physical activity. 7.9% of this age group is receiving secondary mental health services and around half of benefits claimants relate to mental and behavioural disorders. High suicide rates have been an issue and whilst these are still higher than the national level they are lower than regional averages. There are higher rates of adults with a learning disability. Torbay's economic worth per head is amongst the lowest in England.
- **Ageing Well** – is about understanding the needs of those from around 45 years and over. It is about reducing and preventing long term conditions, promoting active aging and tackling inequalities. Premature mortality for most long term conditions is similar in Torbay to the England average, with the exception of chronic liver disease including cirrhosis. Long term conditions effect the poorest in Torbay disproportionately. Well over a third of people aged 65+ in Torbay live alone and there are a significantly higher proportion of carers than the England and South West averages.

Sources: Joint Strategic Needs Assessment, Health Profile 2015, Director of Public Health Annual Report 2014

3. Corporate overview

3.1 Corporate Plan 1015 – 2019 (in draft – but fairly complete)

The council's two major ambitions are:

- A prosperous Torbay
- A healthy Torbay

Action will be targeted in 5 areas:

- Protecting all children and giving them the best start in life
- Promoting healthy lifestyles across Torbay
- Working towards a more prosperous Torbay
- Ensuring Torbay remains an attractive and safe place to live, visit and work
- Protecting and supporting vulnerable adults

To meet the future challenges, the council will:

- Use reducing resources to best effect
- Reduce demand through prevention and innovation
- Have an integrated and joined up approach

3.2 Health and Wellbeing Strategy 2012 – 2015

Vision

A healthier Torbay: where we work together to enable everyone to enjoy a healthy, safe and fulfilling life

Three outcomes

- Children have the best start in life
- A healthy life with reduced gap in life expectancy
- Improved mental health and wellbeing

Three underlying principles

First and most – focussing attention and effort to address the health and wellbeing inequalities that exist between communities in Torbay

Early intervention – improving overall outcomes and ultimately reducing cost with a focus on prevention rather than treatment

Integrated and joined up approach – joining up planning, commissioning and delivery at a local level

3.3. Partnership commissioning

The Partnership Commissioning Team commissions a range of services for children and adults in Torbay. These include (but are not limited to) housing, care and support services. The focus is on prevention and early intervention. Commissioning is about working together with others to improve and transform services by:

- Finding out what services are needed in Torbay through analysing information on the local population, their care needs, illness, housing, families and children. A priority is to act upon what people tell us they need to help them become or remain independent with long term conditions or to help them manage in a crisis
- Analysing how well existing services meet need and how they need to change to meet future need
- Designing services in partnership with people who use services, carers and other organisations such health, social care and criminal justice staff, the Community Voluntary Sector and independent service providers
- Deciding how these services will be selected. This could be through a tender process
- Agreeing how services will achieve outcomes for individuals and the wider population
- Ensuring service improvement through setting standards for performance, quality and safety and reviewing performance to ensure continuous improvement

Services are commissioned jointly with other areas including the Public Health team in Torbay Council, Criminal Justice services and Community Voluntary services. The team also puts in place arrangements so that people can commission and manage their own services.

Torbay Voice is a group of people who use or have used support services. The aim of Torbay Voice is to: 'Give a voice to people who use services', and to work together with others to improve services. Torbay Voice is inclusive, non-judgmental, welcoming and friendly and new members are always welcome.

4. Public Health

Interview with Caroline Dimond, Director of Public Health, and Gerry Cadogan, Public Health Principal

In post: Caroline (Interim) from November 2013 and Gerry six years.

Key priorities of the roles:

- Systems leadership
- The emotional health and wellbeing of children and early help
- Prevention through addressing lifestyles issues and in relation to long term conditions
- Mental health and embedding parity
- Community responsiveness
- Aging well including frail elderly

Gerry:

- Leads on mental health and emotional health and wellbeing across the life course
- Suicide prevention
- Self-harm

Priority outcomes and key challenges

- Men dying proportionately earlier
- Significant areas of deprivation – low wage low aspiration. Retail offer is not matched to the residential offer – the fewer more affluent go to Plymouth and Exeter
- 7 year difference in life expectancy
- Mental health is a big issue
- Older people – because of the demographics – but also a focus on the young

Commissioning

- Outcomes based, assessment of needs and assets, follow the cycle
- Tend not to do much market development but do co-produce with other partners and the community and voluntary sector
- Governance is through the Health and Wellbeing Board – there is a lot of change here and new members. Have introduced seminars and public sessions with the board. The strategy has 59 elements – needs refreshing. The Board needs to shift to prevention to influence the Acute Trust.
- Have recommissioned Lifestyles Services – there is a prime contractor (ICO – Acute Trust) and the VCS are built into the contract

Work with the third sector

- Aiming to grow the sector, working with the CDT. Gerry has a lot of confidence in them. Public Health has taken over the commissioning of the CDT recently. Put some Public Health funding into the Trust to support work with the sector and Asset Based Community Development.
- Work with Healthwatch – Kevin plays a key role.

Work with Cultural organisations

- Worked with the CDT on the Aging Well bid
- Some suicide work with match funding from the Arts Council
- Work with Professor Green – Professor of Arts and Health University of Exeter – Campaign Against Living Miserably (CALM) and links with street wardens and street pastors

Opportunities

- Conversations with Mary – if the cultural offer understood the health issues and mental health issues we were trying to reach then we could potentially come up with some win-win ideas. Mary speaks our language.
- The Tourist Ticket – could we do the same for residents and engage young people as paying customers – invest to get a return. There is a perception that the offer is focussed on tourists.

- Children and families
- Mental health
- Isolation – high divorce rate
- Self-esteem – across the life course
- Liven up the streets performance and street art
- Social prescribing – lots of opportunities here – there are committed GPs and people at the hospital – great sets of people involved so culture could be built in. Developing the community and voluntary sector to become health trainers/navigators – need a competency framework
- To be part of the culture change in the statutory sector – can culture help us market the change and celebrate?
- Health and community safety/crime links – can culture contribute?
- Work with housing associations and other workforces – to ‘Make every contact count’.

Barriers

- Cost – arts is expensive
- Evidence base
- Don’t know enough about the cultural offer

Advice

- Understand the wellbeing issues of Torbay, such as child and adolescent mental health, work with the groups that exist (Fran is a good source of information) and look to work across a joined up agenda.

Follow up

- Happy to follow up the conversations as part of this programme and keen to pursue the agenda.

5. Clinical Commissioning Group

Interview with Fran Mason, Senior Manager Pioneer and Joined Up, Southern Devon and Torbay Clinical Commissioning Group

In post since September 2014 – on secondment – substantive post is Head of Commissioning for Adults

Key priorities of the role

- Employed by the CCG and the post is part funded by the hospital and the council
- Is one of 14 national NHS pilots for 'Pioneer' started in 2013 - JoinedUp includes all the local NHS and council organisations that are involved in health and care – the CCG, Torbay Hospital, Torbay and Southern Devon Health and Care NHS Trust, Devon Partnership NHS Trust, Torbay Council, Devon County Council, Rowcroft Hospice and Torbay Community Development Trust.

Leaders of these organisations are working together on the JoinedUp Board, which sets common priorities and takes joint decisions. They are working jointly with the voluntary sector and local community groups in an entirely new way, to improve the quality of life of local people.

The overall aim is to join up the health and care system so that patients and people using services don't have to struggle to get what they need. They will be able to tell their story once, and get coordinated care that really meets their individual needs, and which they will be in control of.

- Next big thing is 'Vanguard' – further 'test and learn' around integrated care. (Torbay is not a pilot but will be part of the learning as a 'Pioneer' pilot). Use a predictive risk analysis tool to identify the most frail and to improve information sharing and systems to provide better pathways for this cohort. Vanguard has a locality, multi-agency focus.
- There is also a children and families hub – building community assets and talents and organising developments and support. Use Asset Based Community Development and co-design of services. The Social Work Innovation Fund (SWIFT) of £1.5m supports new ways of working with children and families.

Priority Outcomes and key challenges

- Rolling out multi-disciplinary teams led by primary care in five localities across Torbay and South Devon (three Torbay).
- There are more than 100 integrated projects – they need to be pulled together.

Commissioning

- Currently this is through block contracts with the Integrated Care Organisation using pooled budgets (£348m) from CCG, Adults and Council and later SWIFT.
- Aspiration is around integrated Personal Commissioning – planned around the individual

Work with the Third Sector

- Some grants and some small contracts

Work with the cultural sector

- None currently

Opportunities

- How we look at personal plans in the context of Integrated Personal Commissioning – Project Manager for this is Helen Davis Cox. She is identifying cohorts of people to work with and looking at cost modelling. She is helping people identify aspiration and change the way things are done to give advice to people and influence the workforce.
- The people focus and coproduction approach is good
- Pathway redesign needs to include non-medical interventions and address other issues such as housing and loneliness. Need to support people to value themselves and address some of the poor outcomes for young people.
- Integration needs to address and include non-traditional roles and involve people from different backgrounds as navigators and connectors to free up clinicians to ‘work to the top of their license’.

- Community builders – what’s out there and how can we build on that?
- Patient and Public Voice – Jo Curtis leads in CCG. Torbay Voice Jess Sneddon is link worker.

Barriers

- Cultural organisations need to articulate their offer and develop much closer partnerships with providers
- Similarly we (CCG) need to articulate the outcomes we are seeking

Advice

*‘Understand what we are trying to do and be part of the transformational approach’
‘Be proactive and come to us with ideas around pathways. Engage with our Wellness co-ordinators*

Follow up

Keen to engage in further discussion

6. Adult Social Care

Interview with Caroline Taylor, Director of Adult Social Care

In post 3 years (in Torbay for 9 years)

Key priorities of the role

- Ensure the commissioning of quality and safe services
- Means tested
- Working on integration
- Care Act
- Redesign service in Learning Disabilities, Autism, Mental Health
- Decommissioning services due to reduced funding
- Services for people with complex needs
- Criminal justice and street sleepers

Priority outcomes and key challenges

- Poor elderly
- Rising dementia
- Blocked acute services
- Impact of welfare reform – 30% are welfare dependent
- Symptoms of seaside areas

Commissioning

- Principles – Quality outcomes for individuals, keeping people at home, improving health and safety, connectedness and wellbeing, choices and personalisation
- Have a number of block contracts – ICO, Mears, NRS – Mears is the single provider for domiciliary care but there are flexibilities to sub-contract– have moved away

from smaller contracts – need more strategic grip. Facing a wall of demand and not enough cash – the question is can we do it fast enough and cheap enough?

- Personalisation for people with learning disabilities and brokerage systems. Closing in-house centres for a more diverse offer.
- Most commissioning strategic. CCG has a model which is locality based which is still being worked through. Aging Better aims to increase connectivity and take out statutory cost – needs good evidence to convince the medical leads.

Work with Voluntary sector

- Work as a council with the CDT on the Aging Better programme
- Approximately £5million goes to the community and voluntary sector in commissioning with measurable outcomes – not grants - including CAB and disability services.
- ICO moving away from acute to community based services – need reliability and the equivalent of block contracts in the community and voluntary sector to encompass small groups such as the bipolar support group.

Work with cultural organisations

- Most of us as directors support a more diverse offer and welcome the ACE investment. Torbay has a strong ‘am dram’ community – no public money – how do we bring in the funded sector?
- Would support a growing cultural offer for societal solutions

Opportunities

- We are a small population, 135,000, with high demand. The opportunity is to go to a locality model, taking money out of acute care, integrating primary care with social care, and the CDT building befriending, peer to peer support and supporting carers. Culture can be a part of that.
- Need a consistent offer, with confidence of quality and risk being managed
- Could do more in mental health
- Grow the CDT (£200,000 from ASC) but there is a risk we ‘overegg’ this before they have the capacity to deliver

Barriers

- Money
- Turnover of staff in our service and cultural instability – state sector has fewer and fewer people – voluntary sector often has a lot of people but is not well organised.
- CDT could be a prime contractor but is not ready

Advice

- Welcome a cultural offer but it would need to be consistent and part of pathways for vulnerable people

Follow up

Certainly up for further discussion and engagement

7. Children's Services

Interview with Gail Rogers, Principal Commissioner and Projects Director, Children's Services

In post 15 months

Key priorities in her role

- Children and Young People's Plan
 - Keeping children safe
 - Keeping children in their communities
 - Keeping children healthy
- Preventing families breaking up
- Promoting children's health
- Attainment – some good – 3 grammar schools in more affluent areas, others less good. Trying to raise aspirations but high teenage pregnancy – 13th highest in country
- Reduce poverty – 26% child poverty
- Families 'on the brink' is the highest in the country – low skilled economy and seasonal nature of economy

Priority outcomes and key challenges

- Keeping families together
- Meeting the PH indicators for children – child obesity getting worryingly high
- Huge number of children Looked After – some coming into the area fleeing violence and looking for somewhere to start again, some related to the low paid economy, some related to the drinking/drugs culture and mental health

Commissioning

- Adopted a 'Commissioning for Localism' approach 2-3 years ago – which is trying to support smaller providers to enter the market. The market is limited – there are lots of low value contracts and the bigger providers won't do anything for less than £6million. Action for Children run the Children's Centres and Action for Children are also a provider. Some of the bigger bidders tend to win contracts sub-regionally

then sub-contract elements of the services, but then starve the sub-contractors. So the Community Development Trust will help the drive towards 'Commissioning for Localism'.

- Children and Young People are involved in the commissioning process from reviewing bids and being on selection panels to audit and review of services we had a Young Inspector's Programme (being rebranded). Young People also review funding applications for the Youth Service - £90,000 per annum to commit to voluntary sector groups – supporting around 40 groups to deliver local initiatives in neighbourhoods. Developed the 'Ambition and Quality Assurance mark' to improve quality of provision.
- Governance is through the Health and Wellbeing Board and Joint Commissioning Board.
- The Youth Homelessness contract has just been out for retendering. Children's Centres will be retendered next year and some support services for children and young people. We will bring providers together to help develop the specification.
- Commissioning is strategic – there are small grants for locality based work.

Work with the Third Sector

- We have established a Youth Trust to support the development of Children and Young People's Services, support policy, infrastructure support and strive for innovation. This has been in development for 2 years and the company is now set up. Staff will be TUPE's over in September so the Trust will take over what's left of the Youth Service and potentially some other services.

Work with Culture

- Often supported bids with Play Torbay and put some funding towards programmes for culture and creative play. Also worked with Sound Communities and Kate Green. Haven't worked with RIO.
- Youth Cultural Partnership - Play Torbay is lead Agency – has good take up from schools and some quite small organisations have had residencies in Primary Schools for a whole term. (Is this funded by RIO?).

Opportunities

- I'd like to work with cultural organisations – on an outcomes based model – and develop imaginative approaches, not too prescriptive, and especially in neighbourhoods
- There are lots of children and families with emotional and mental health needs – so there are opportunities to link with CCGs
- Palace Avenue Theatre would be a good opportunity for cultural organisations to showcase what they do. It would make an ideal children's theatre and schools would use (do already but could be expanded).

Barriers

- The cultural sector lacks cohesion. There are a lot of very small organisations and one-man-bands so it is hard to get strategic. They can be hard to work with as some are very disorganised and get by 'with a wing and a prayer'. They have very limited capacity and lack capital – so the way contracts operate makes it hard for their cash flow – and we need to recognise and work with that

Advice

'get organised and articulate what you can offer matched to our strategic outcomes'

'I know lots of these organisations but it would be good to have the broader picture about what the offer is. We need to be proactive too – it's a two way thing.'

'Plan on a page would be good'.

Follow up

Keen to follow up.

8. Community Development Trust

Interview with Simon Sherbersky, Lead Officer, and Justin Wiggan, programme Manager, Torbay Community Development Trust

Key priorities of the role

Set up by the council with support from the Voluntary and Community Sector, the CDT was founded to develop a fresh approach to community development and mitigate the impact of funding cuts. It is testing new ways of working through partnership and commissioning.

It is not a delivery organisation, but an infrastructure organisation which can be flexible and innovative.

Priority outcomes

The CDT aims to:

- Increase capacity at the neighbourhood level
- Increase the capacity of the voluntary, community and community enterprise (VCSE) sector to deliver their services
- Support VCSE to work more effectively together to maximise impact
- Increase VCSE partnership work with, and influence on, the statutory agencies
- Increase the flow of funding to the VCSE through and increase in grant applications and the establishment of social enterprises alongside innovative approaches

There is a team of 14 Community Builders – one per neighbourhood – who do asset mapping, connecting, information portal.

The Neighbourhood innovation Fund - £100 K is a two year 'test and learn' arrangement with CCGs to find if we can demonstrate it reduces demand on health services.

Aging Well programme - £6m over six years. The older population is a key group – there is a grey economy – over 50s are at a ratio of 2:1 with under 50s.

Work with cultural organisations

Opportunities

- Social prescribing – opportunity to pump prime this to include cultural organisations (bid in with ACE). Need to be part of this integrated approach
- the new leadership at the hospital has greater community focus

- the joint commissioning team in the council is an opportunity – it was silo'd – but as yet no culture involved
- tourism and festivals
- tackling social isolation
- Culture board will be key – now set up and Exec lead appointed
- Links with Arts and Health SW and skills development
- Opportunities from birth to death
- Engage with the asset based approach

Barriers

- not joined up
- individual dynamics
- need for a more structured and co-ordinated approach
- not easy to connect with economic development – but there is still the opportunity for culture to straddle social and health outcomes and economic development

Advice

- Come together and demonstrate collaboration and co-ordination
- Provide the evidence base – make the case and demonstrate the value
- Engage with health practitioners to share and develop skills and joint work

10. Themes for discussion and development

10.1 The key questions to address in the first instance are: ‘What’s the offer?’, ‘What’s the evidence?’ and ‘how is the sector organised?’

There is a willingness to engage and a general appreciation that the cultural sector has a role to play in delivering social and health outcomes.

However, there isn’t an understanding of the cultural offer in general terms, or specifically in relation to the contribution to health and social outcomes in terms of the evidence base.

Likewise, although there is awareness of the recently developed Cultural Strategy and Culture Board there is still a lack of understanding about how the sector is organised.

One suggestion was for a plan on a page summarising the offer in outcome terms.

10.2 Opportunities to work with other co-ordinators and workforces who have contact at the neighbourhood, community and individual level

Engaging with workforce groups will enable cultural organisations explain the cultural narrative to groups of workers with day to day contacts in communities.

Specifically, the Community Builders and Wellness co-ordinators seem the most logical to engage with in the first instance, with a view to further exploration of the best way of working together. They will be in touch with the other agencies so should help to act as brokers and conduits for the cultural sector, which obviously has limited capacity.

This should also link in to the development of Social Prescribing in Torbay – which is clearly an important new approach to engage with.

10.3 Mental health and children’s mental health emerges as a key priority and there were some other specific avenues for potential follow up.

Mental health stood out as high on the agenda of all interviewees. This is clearly an area where culture can contribute and needs to demonstrate evidence of impact.

Other opportunities for follow up include:

- Tackling isolation
- Building self-esteem – across the life course

- Supporting carers
- Pathway redesign
- Work with the hospital
- Personal plans
- Community safety

Which of these do we want to pursue? How? Who?

10.3 There were some specific culture led initiatives people mentioned.

- Livening up the streets
- Tourism
- Festivals
- the development of the Palace Avenue Theatre

But there was also the challenge as to how the mainstream cultural offer could be attractive to residents as much as tourists and the opportunities to make the offer more attractive to paying customers.

10.4 There were also some ideas about using creativity itself to improve services

For example, there was specific mention of using arts and culture to:

- Improve patient and public voice
- Help to celebrate and market transformational change and integration

Torbay has demonstrated an openness to creative means of communication – through such activities as the consultation with older people for the Aging Well bid and the presentation of the Director of Public Health Annual Report. So there is scope for innovation here.

10.5 Any other observations or themes?