



Policy Development and Decision Group (Joint Commissioning Team)

Monday, 16 April 2018 at 4.00 pm
to be held in Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Membership

Councillor Mills (Chairman)

Councillor Amil
Councillor Ellery
Councillor Excell
Councillor Haddock

Councillor King
Elected Mayor Oliver
Councillor Parrott
Councillor Stockman

Agenda

1. **Apologies**
To receive apologies for absence.
2. **Disclosure of Interests**
 - (a) To receive declarations of non pecuniary interests in respect of items on this agenda
For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
 - (b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For information relating to this meeting or to request a copy in another format or language please contact:

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(01803) 20702613**

Email: governance.support@torbay.gov.uk

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

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

- 3. Minutes** (Pages 3 - 5)
To confirm as a correct record the Minutes of the meeting of the Policy Development and Decision Group (Joint Commissioning Team) held on 14 December 2017.
- 4. Urgent Items**
To consider any other items the Chairman decides are urgent.
- 5. Improving the health, care and wellbeing of the people of South Devon and Torbay through a Local Care Partnership** (Pages 6 - 15)
To comment upon the discussion document.
- 6. New Model of Care: Changing the way the Council as Commissioners and the Integrated Care Organisation (ICO) as Providers deliver Adults Social Care: Adult Social Care Eligibility** (Pages 16 - 35)
To consider a report that seeks approval of the revised Adult Social Care Eligibility Policy.
- 7. Market Position Statement** (Pages 36 - 37)
To note the report.
- 8. Improving the Quality of Care Homes in Torbay** (Pages 38 - 44)
To consider a report that provides an update on the Torbay Care Homes Residents Charter.
- 9. Learning Disability Action Plan** (Pages 45 - 73)
To consider a report that seeks approval of the Torbay Learning Disability Action Plan.
- 10. Torbay Virtual School Annual Report** (Pages 74 - 77)
To consider an annual report on Torbay's Virtual School for 2016/17.
- 11. Brunel Academy Relocations Options Appraisal** (To Follow)
To consider the submitted report.



Policy Development and Decision Group (Joint Commissioning Team)

14 December 2017

-: Present :-

Councillor Mills (Chairman)

Councillors Ellery, Excell, Haddock, Parrott and Stockman

(Also in attendance: Councillors Bye, Lewis (C), Morey and Tolchard)

25. Apologies

Apologies for absence were received from Elected Mayor Oliver and Councillors Amil and King.

26. Minutes

The Minutes of the Policy Development and Decision Group (Joint Commissioning Team) held on 6 November 2017 were confirmed as a correct record and signed by the Chairman.

27. **New Model of Care: Changing the way the Council as Commissioners and the Integrated Care Organisation (ICO) as Providers deliver Adult Social Care: Adult Social Care Eligibility**

The Policy Development and Decision Group (Joint Commissioning Team) made the following recommendation to the Deputy Mayor:

That the Deputy Mayor be recommended to approve the new Eligibility Policy set out at Appendix 1 to the report to be submitted for public consultation.

The Deputy Mayor considered the recommendation of the Policy Development and Decision Group (Joint Commissioning Team) set out above at the meeting and the record of decision, together with further information is attached to these Minutes.

28. **Torbay Safeguarding Children Board Annual Report 2016/17 and Business Plan 2017/18**

Members considered the submitted report and noted that the Torbay Safeguarding Children Board Annual Report 2016/7 showed a significant improvement in the work of the service and Members thanked staff for all their hard work.

Policy Development and Decision Group (Joint Commissioning Team) Thursday, 14 December 2017

The Policy Development and Decision Group (Joint Commissioning Team) made the following recommendation to the Deputy Mayor:

That the Deputy Mayor be recommended to approve the Torbay Safeguarding Children Board (TSCB) Annual Report 2016-17 (Appendix 1) and Business Plan 2017-18 (Appendix 2).

The Deputy Mayor considered the recommendation of the Policy Development and Decision Group (Joint Commissioning Team) set out above at the meeting and the record of decision, together with further information is attached to these Minutes.

29. Fostering Service Annual Report 2016/17

Members considered the submitted report and thanked staff for their work. The Policy Development and Decision Group (Joint Commissioning Team) made the following recommendation to the Deputy Mayor:

That the Deputy Mayor be recommended to approve the Annual Fostering Report 2016/17 set out at Appendix 1 to the submitted report.

The Deputy Mayor considered the recommendation of the Policy Development and Decision Group (Joint Commissioning Team) set out above at the meeting and the record of decision, together with further information is attached to these Minutes.

30. Brunel Academy Relocations Options Appraisal

The Policy Development and Decision Group (Joint Commissioning Team) made the following recommendation to the Deputy Mayor:

That the Deputy Mayor be recommended that the options appraisal for Brunel Academy is extended to encompass the Polsham Key Stage 3 and Hillside Key Stage 4 alternative provision sites in order to develop an holistic response that makes best use of the resources available, whilst maximising outcomes for SEMH pupils. This work to be completed early February 2018 with the outcome to be presented to a future meeting of the Policy Development and Decision Group.

The Deputy Mayor considered the recommendation of the Policy Development and Decision Group (Joint Commissioning Team) set out above at the meeting and the record of decision, together with further information is attached to these Minutes.

31. Children and Young People's Plan Consultation Document

Members of the Policy Development and Decision Group thanked Andy Dempsey – Director of Children’s Services, Rachel Williams – Head of Education, Learning and Skills and Anne Osborne – Assistant Director Children’s Safeguarding and the

Policy Development and Decision Group (Joint Commissioning Team) Thursday, 14 December 2017

Children's Services Team for all their hard work and improvements over the past twelve months.

The Policy Development and Decision Group (Joint Commissioning Team) made the following recommendations to the Deputy Mayor:

- (i) that the draft Children and Young People Plan set out at Appendix 1 to the submitted report be agreed as the basis for consultation with the Council's partners and stakeholders (including children and young people);
- (ii) that the Director of Children's Services, in consultation with the Executive Lead for Children and Adults Services, be authorised to develop the action plan with the Children and Young People Plan taking into account the views expressed during the consultation period; and
- (iii) that the final draft of the Children and Young People's Plan be agreed by the Mayor ahead of it being presented to the Council for consideration.

The Deputy Mayor considered the recommendations of the Policy Development and Decision Group (Joint Commissioning Team) set out above at the meeting and the record of decision, together with further information is attached to these Minutes.

Chairman

Improving the health, care and wellbeing of the people of South Devon and Torbay through a Local Care Partnership

A discussion document

This paper has been developed to create the opportunity for discussion and contribution from local partners and stakeholders as we work together on strengthening our partnership on the next step in our health and care integration journey.

The development of a Local Care Partnership for South Devon and Torbay is set within the context of an emerging Devon Integrated Care System (ICS). An ICS is not the creation of a new organisation, but rather a strengthening of partnership working with health and care organisations working more closely together than ever before to the benefit of our population.

The Devon ICS will include a single integrated strategic commissioner; a number of local place-based care partnerships – including one for South Devon and Torbay; a mental health care partnership and shared NHS corporate services.

The NHS Constitution and Local Authority Constitution will remain at the heart at everything we do, meaning anyone can receive high-quality NHS care, free at the point of access, whenever they need it. People will still see a GP when they need it and there will still be hospital care. Social care will continue to operate as it does now but integration will mean services are increasingly organised around the needs of individuals and not organisational boundaries.

There is no change to legislation, statute or constitutions. The role of the Health and Wellbeing Boards will remain and options on governance of these strengthened integrated arrangements will need to be explored. Similarly, the role of scrutiny committees will remain a key function so it is important that Scrutiny members are involved in the planning for these integrated arrangements. Overview and Scrutiny committees are invited to include Integrated Care System and Local Care Partnership governance in their work programmes.

1 Context

1.1 National Policy Direction

National policy direction for health and social care is very clear - the pursuit of greater integration of health and social care to help frail and older people stay healthy and independent, avoiding hospital stays where possible.

NHS Vision: To improve prevention and care for patients, as well as to place the NHS on a more sustainable footing, the NHS Five Year Forward View (5YFV) called for better integration of GP, community health, mental health and hospital services, as well as more joined up working with home care and care homes. Current government policy as reflected in “Next steps on the 5YFV” describes an ambition to accelerate integration through system level sustainability and transformation partnerships (STPs). Working together with patients and the public, NHS

commissioners and providers, as well as local authorities and other providers of health and care services, STPs will plan how best to provide care, including improving the health and wellbeing of the population they cover.

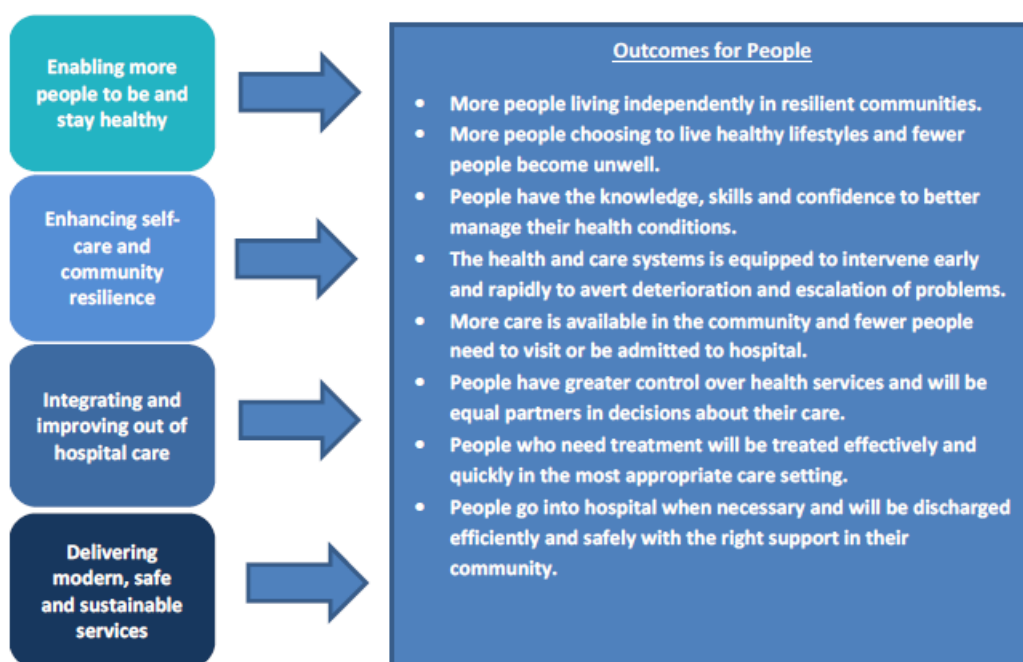
Adult social care vision: In 2016 the Local Government Association, the Association of Directors of Adult Social Services, the NHS Confederation of Providers and NHS Clinical Commissioners published a vision for the integration of adult social care (Stepping Up to the Place) and made a shared commitment, focussing on:

- Local systems to embed integration as 'business as usual'
- A collective approach to achieving integration by 2020
- Consensus and action on the barriers to making integration happen
- Dialogue with national policy makers on ensuring integration is effective
- Ongoing testing and evaluation to develop the evidence base

1.2 Local Devon Context

Within this national context, Devon has been developing its integrated working and there is much in place already. Since December 2016, partners in the health and care system (via the Sustainability and Transformation Partnership (STP) across Devon have been working with a shared purpose to create a sustainable health and care system that will improve the health, wellbeing and care of the population.

Health and care partners across Devon are now working together around a common set of objectives and outcomes:



To support the most effective delivery of health and care and achieve the outcomes of improving quality, lowering costs and enriching user experience through stronger care integration, partners in Devon are planning to further develop partnership working across health and care through the establishment of an Integrated Care System (ICS).

In an ICS commissioners and NHS providers, working closely with GP networks, local authorities and other partners, agree to take shared responsibility (in ways that are consistent with their individual legal obligations) for how they operate their collective resources for the benefit of local populations. This goes alongside the statutory duty of local authorities to co-operate with NHS partners. Collaboration and partnership are key features and components of an ICS approach.

The NHS planning guidance 2018/19 is also clear that public engagement is essential and as systems make shifts towards more integrated care, they are expected to involve and engage with patients and the public, their democratic representatives and other community partners.

An ICS is not an Accountable Care Organisation (ACO) which has been subject to national consideration and debate including judicial challenge over any future contractual arrangement. The ICS is not about changing organisational accountability or privatisation of NHS or council services. Local authorities will remain responsible for their existing statutory obligations. NHS statutory obligations also remain unchanged.

The approach has potential to:

- greatly enhance how health and social care services are commissioned and delivered to those living in our communities.
- result in services that are far more joined up, less confusing and better coordinated especially for primary, secondary and social care.
- oversee – but not control - the use of the annual healthcare budget (£1.5 billion) and social care budget (£227 million) across Devon.
- It will also reduce the administration involved in managing these services.

The development of an ICS in Devon mirrors the approach being taken nationally by:

- creating more robust cross-organisational arrangements to tackle the systemic challenges facing the NHS and social care;
- supporting population health approaches that facilitate the integration of services focused on populations that are at risk of developing acute illness and hospitalisation;
- delivering more care through re-designed community-based and home-based services, including in partnership with social care, the voluntary and community sector; and
- allowing systems to take collective responsibility for financial and operational performance and health outcomes.

Agreement has been reached across the Devon STP partners to the following:

i) A single strategic health and adult social care commissioner for the county;

Devon's ambition is to have a single strategic commissioner for health and social care, primary care and specialised commissioning. The three health commissioners (two CCGs and NHSE) and three local authorities (Devon County Council, Plymouth City Council and Torbay Council) are developing plans for this. The first step will see the county's two Clinical Commissioning

Groups – NEW Devon CCG, and South Devon and Torbay CCG – working together to:

- Manage the overall annual NHS budget of £1.5 billion.
- Set strategic direction for the healthcare services
- Co-commission services
- Develop plans for the future – including possible moves to take on more specialised commissioning services and primary care services from NHS England.
- Work more jointly with Local Authority Partners – where this is in the best interests of population health and well-being.

NEW Devon CCG and South Devon and Torbay CCG have been aligning their resources and executive teams to ensure that local health commissioning is more streamlined and in a good position to become more integrated with both local authorities and health commissioning currently being undertaken at regional level (primary care and specialised commissioning by NHSE). Consultation on a single CCG executive structure is currently underway and due to be concluded at the end of February 2018 with implementation as soon as possible thereafter.

To support the development of integrated commissioning at strategic commissioner level, joint arrangements with all 3 local authorities are being explored, and local authority interfaces at Local Care Partnerships level will need to be agreed.

ii) A Mental Health Care Partnership for the county;

Mental health services will be placed on an equal footing as physical health and ensure that specialist mental health services become more integrated within primary and secondary care. To support this, commissioners and providers for mental health will be working in a more joined up way with each other and with the place based local care partnerships.

iii) 4 place-based Local Care Partnerships

These place-based partnerships will look at how budgets, services and resources are planned and used for specific local populations across Devon - one each for North, East, South Devon & Torbay and West, based on primary care GP practice populations.. Prospective local care partnerships have been asked to start working on proposals using a discussion document shared with partners at the STP Organisation Design Programme Board.

iv) Sharing of NHS corporate services

This will see key NHS corporate services (such as IT, finance and HR) working as a shared service across Devon so that there is greater cooperation, less duplication and greater efficiencies

1.3 South Devon and Torbay journey

Health and care partners across the South Devon and Torbay system are recognised for the strength of partnership working culminating in the agreement to

pool resources and services to establish one of England's first truly integrated care organisations (ICO).

Through the establishment of the ICO, partners have successfully brought together adult social care (Torbay Council), community care and acute care into a single provider organisation to deliver a new model of integrated care.

Phase one of our care model – which has “home first” as the defining feature – is demonstrating tangible benefits and is being further refined as partners look to optimise benefits for individuals. In creating the ICO, partners also entered into an enabling financial Risk Share Agreement (RSA) to share and underpin financial risk. This has been further refined in light of lived experience with partners signing up to a further 3 years to 2021.

Whilst we have made progress, partners recognise there are further integration opportunities to improve the health, care and wellbeing of the population of South Devon and Torbay. This is based on a shared belief that service integration supported by a population-based capitation budget will better meet the needs of individuals and is the best way to meet the growing demand for services from the population we support, within the resources available.

There is a genuine commitment to strengthen how we work together to better support individuals. This is underpinned by a collective commitment to prioritise the needs of individuals and the system over the needs of individual organisations, based on a shared understanding and analysis of local challenges.

There is a general consensus that the best way to build on our achievements over the next period is to establish a Local Care Partnership. Through this partnership system partners would be in a position to deliver more than current arrangements allow by moving to a population-based capitated budget; adopting a stronger risk-enabling approach; and putting the good of the system above individual organisations

This aligns with the wider system ambition of the Devon Sustainability and Transformation Partnership (STP) where all partners have agreed to a plan to pursue an Integrated Care System for Devon. This also aligns with national policy to support devolved health and care systems to meet the triple aim of improving health equity, closing the financial gap, and reducing unwarranted variation in quality.

2 Why a Local Care Partnership?

Whilst we have made good progress – the South Devon and Torbay system is considered to be further ahead on care model integration and pooled resources than many other parts of the country - partners recognise the opportunity to go further in achieving our integration aspirations.

Having united around implementing a shared vision of integrated community-based health and social care, senior health and care leaders have been considering what the logical next step should be in our integration journey, given the following drivers and national direction of travel:

- we are particularly affected by the growing national challenge of a rising elderly population – the population is older on average than the rest of the

country - and the corresponding increase in demand for services related to frailty;

- challenge over sustainability of some services as a result of workforce pressures across a range of services in all sectors including in primary care;
- infrastructure in some sectors not fit for purpose and requires access to significant capital funding to bring up to standard;
- the vulnerability of the care home and domiciliary care sector, and the pressures on social care and public health funding;
- NHS commissioners and providers are under great financial pressure because of centrally-driven austerity measures and national funding allocation changes;
- the “doing nothing” option will result in a £142m deficit across South Devon and Torbay health and care system within 5 years (which contributes to a £572m deficit across the Wider Devon STP footprint)- this is the health gap only and does not include Devon social care deficit or public health.
- desire to maintain autonomy for our system
- national direction of travel with new care model sites implementing Integrated Care System models and STPs (including Wider Devon) indicating intention to pursue as part of their 5 year plans.

The scale of the current challenge facing health and social care is greater than any faced previously and requires us to take full advantage of further opportunities to redesign services and adopt working arrangements that better enable those improvements.

We need to achieve a gear shift and adopt a population-based approach with all incentives aligned to this. This includes:

- increasing involvement and engagement of individuals in the design, delivery and improvement of services – ‘what’s important to me’ discussions focused on empowerment and choice
- proactive management of population groups to inform early intervention and prevention
- enhancing the range of services on offer
- accelerating the implementation of electronic care records and the use of predictive tools to identify individuals who have higher than average health and social care costs.
- making outcomes-based contracts a reality with budgets that cover the health care needs of a defined population and pooling more resources eg public health, primary care, housing, vol sector
- community health and social care teams can move at pace and realise the full benefits of integration on the ground.
- integrated commissioning to facilitate the development of integrated models of care

To enable the above we need to deliver more transformational change, and embrace system not silo leadership. The best vehicle now available to achieve these ambitions is through a Local Care Partnership.

3 The additional outcomes we will achieve through a Local Care Partnership

Setting a clear framework for what we want to achieve together as a Local Care Partnership is important to help set the tone of future collaboration, the breadth of our collective ambition and the depth of our joint working relationships so that we can deliver better system outcomes.

We have begun to develop a framework that describes what chapter 2 of the care model looks like. This has evolved from a framework representing the strategic changes for the ICO into a system wide framework that represents the strategic transformation programmes of work across all areas and organisations that deliver the agreed system outcomes. We are proposing that this framework becomes the work plan of the Local Care Partnership and resources prioritised accordingly.

Highlights of the framework for the next chapter in our integration journey include;

- **Prevention and Early Intervention:** Plans and priorities will have a focus on preventing ill health in order to reduce the longer term trajectory of demand. This will support the tackling of place-based socio economic health determinants.
- **Asset Based Community Development:** Empower communities to take active roles in their health and wellbeing and build community resourcefulness.
- **Develop greater integration with primary care:** Recognising the critical gateway that primary care offer collaboratively support primary care to be fit for the future and to maximise placed based outcomes of care.
- **Mental Health:** Improve provision for people with severe, long term mental illness and those who also have physical health problems.
- **Acute hospital and specialist services:** Ensure clinical sustainability of services through the development of Devon-wide clinical pathways and networks.
- **Children and Young people:** Ensure seamless support and access and enhance effective collaboration between adult and children's services.

In pursuing Local Care Partnership status, partners need to be clear on the additional outcomes we will deliver that cannot be achieved through current arrangements.

- strengthened public engagement and community led partnerships which support activated communities that drive behaviour changes within society.
- developing a more preventative and population health-based approach – eg widening partnership to address the wider determinants of health – housing, childhood poverty, education, transport and access to services.
- reducing health inequalities
- moving more care closer to home and moving away from dependencies on bed based care
- improving pathways for clinical services through horizontal and or vertical integration
- managing service pressures across the system and changing the long term trajectory of demand
- strengthened relationships with primary care, Local government and voluntary and independent sector

4 Working with the Mental Health Care Partnership

We strongly believe that taking a whole-person approach to health and care is essential if we are going to support our population to live happy and healthy lives. We know that people with mental illness do not access physical health services in the same way as people without mental illness. We also know that we are spending money in the wrong places, for example expensive inpatient placements rather than on keeping people well and avoiding escalation.

We would like to work with the Mental Health Care Partnership on the following aspects:

- Working together to deliver physical health checks for people with mental illnesses,
- Health and Wellbeing Hubs working with mental health teams to deliver holistic wellbeing advice and support to our population to avoid people becoming unwell
- Work together to deliver IAPT support for people with long term conditions
- Jointly review the requirements for housing and accommodation in order to support the most vulnerable people in South Devon and Torbay
- Jointly review the requirements for Core 24/7 psychiatric liaison
- Work together to delivery better experience and outcomes for people with dementia, including support for care homes

5 System working - building blocks for success

We believe we have the following critical success factors in place on which to build a strong and effective Local Care Partnership for South Devon and Torbay

- A collective commitment to prioritise the needs of people and the system at the expense of the individual institutions, based on a shared understanding and analysis of local challenges
- The quality of relationships between all key players in the local system: GPs, local authorities, CCGs, acute, mental health, ambulance and specialist providers, voluntary and private sectors.
- The quality and capacity of local leaders and their ability to engage and mobilise the wider workforce, including clinicians, and engage with the public, elected members and local politicians.
- An absolute commitment to promoting independence utilising a strengths-based, risk enablement approach.
- A relentless focus on a small number of practical priorities and a drive for practical improvements on the ground in chosen priority areas, rather than just trying to build a grand plan.
- Track record of delivering integrated care and sharing of resources and risk including with the voluntary sector
- Taking difficult decisions – building understanding and support for change in order to develop sustainable services which better meet the needs of individuals within resources available
- Service user experience informing and influencing future developments – shift from *“what’s the matter with you”* to *“what’s important to you?”*
- Authentic stakeholder engagement with well- established community engagement arrangements

- A culture of pragmatism meets continuous improvement. Trying new things, learning and making improvements if it doesn't work.
- An unwavering focus on outcomes that deliver long term impacts for people and the wider system, moving away from short term strategic decisions towards transformation that seeks to address sustainability, equity of care and embed behaviour changes in people over the next 5-10 years and beyond.

6 What will be the purpose of our Local Care Partnership?

The purpose of a Local Care Partnership is to enable commissioners and providers of health and care to work together to better meet the health, care and wellbeing needs of the populations they serve within the resources available. The emphasis is on "Local" with an absolute focus on supporting what is important to local communities.

Partners will want to come together with community representatives to agree the scale of ambition and population health and care outcomes that the South Devon and Torquay Local Care Partnership should be striving to achieve.

Having agreed the scale of opportunity and outcomes, partners will then design appropriate working and reporting arrangements that enable greater pace of decision-making and movement of resource in order to get things done.

The partnership is not an organisation and is supported by sovereign organisations who are ultimately accountable for delivery. There will be some instances e.g. policy change which will need organisational and member agreement first.

Public engagement, consultation and communication will ensure that the work of the Local Care Partnership and any changes in service provision are informed and understood by and take account of the needs of the community.

We want to ensure our engagement with local members is strong and will need to discuss with current members how we can best achieve this through existing structures and informal arrangements.

The Health and Wellbeing Boards of both Torbay and Devon County Councils will continue to have a role in promoting integration through the health and wellbeing system in their areas, ensuring delivery against their respective Joint Health and Wellbeing Strategies.

The health overview and scrutiny functions of both Torbay and Devon County Councils will continue to provide overview and scrutiny of both service delivery and potential variation of health and social care within their areas, taking account of the views of the communities they serve. Overview and scrutiny committees will be invited to include Integrated Care System and Local Care Partnership governance in their work programmes.

7. Outcomes

A draft set of outcome indicators have been developed by Local Authority and NHS analysts working together. These are a set which have taken account of the three Joint Strategic Needs Assessments, the STP Challenges and the current joint outcome frameworks across South Devon and Torbay, Plymouth and Devon. They have been discussed and developed at the Devon-wide Strategic Commissioning Group

It was agreed at the Strategic Commissioning Group in March that delivery against these outcomes would be at LCP level but that they may need to also reflect any particular issues at this more local level.

It was also agreed that outcomes would be iterative and currently for example the following are being considered;

- Ensuring adequate Children's outcomes are represented
- Further work to develop quality and value for money indicators as well as health and well-being outcomes

8. Conclusion

A Local Care Partnership offers South Devon and Torbay the opportunity to build on our achievements over the next period, in the context of the national and Devon wide directions of travel.

Through this strengthened partnership system partners will aim to deliver more than current arrangements allow.

9 Next steps

Locally the ambition is that we work and learn together to explore this enhanced model of partnership to achieve better outcomes and reduce health inequalities for the populations we serve. We will be a learning partnership.

Partners are asked to comment on this discussion document and agree to take part in a partner workshop being arranged by the CCG in early April to flesh out the detail.

AW 09/03/18



Meeting: Policy Development and Decision
Group (Joint Commissioning Team)

Date: 16 April 2018

Wards Affected: All

Report Title: New Model of Care: Changing the way the Council as Commissioners and the Integrated Care Organisation (ICO) as Providers deliver Adult Social Care: Adult Social Care Eligibility

Is the decision a key decision? No

When does the decision need to be implemented?

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Supporting Officer Contact Details: Judy Grant, 01803 208794
Judy.grant@torbay.gov.uk

1. Introduction

1. The Care Act 2014 has changed some of the duties and perspectives in enabling people to access Adult Social Care. This combined with the Council's commitment to a new model of care means that an update of the council's eligibility policy is now needed.
2. The policy proposes a way of delivering adult social care (ASC) for Torbay through changing the eligibility criteria based on principles contained within the Care Act 2014. The approach that the Council as commissioners, and therefore the ICO as providers, intend to adopt is offering people information and advice in the first instance, and by using an asset based approach which will meet the person's needs by taking into account the range of support on offer from family, friends, voluntary organisations and charities.
3. A revised Adult Social Care Eligibility policy was presented to PDDG on the 14th December 2017 where the proposal to submit the revised policy for public consultation was agreed.
4. The public consultation on the policy started on 15th December 2017 and closed on 9th January 2018. The consultation questionnaire was hosted on the Torbay Council website, with a link to the survey sent to key stakeholders and repeated posts were made about it on Twitter and Facebook.
5. The results of the consultation highlighted that the majority of respondents had read the policy (85.7%), nearly two thirds of respondents supported the overall principle

of the policy (71.4%) and most agreed or strongly agreed with each of the proposed range of assessment factors.

5 Recommendation

- 5.1 That the Elected Mayor be recommended to approve the revised Adult Social Care Eligibility Policy set out at Appendix 1.

Appendices

Appendix 1: Revised ASC Eligibility Policy

Background Documents

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

- Care Act 2014
- New Model of Care.
- Adult Social Care Consultation Report.

Section 1: Background Information

1. What is the proposal / issue?

Torbay and South Devon NHS Foundation Trust (The Trust), the Clinical Commissioning Group (CCG) and the Local Authority (LA) have committed to implement the new model of care that emphasises wellbeing and prevention, with a focus on using individual and community strengths as well as assets to promote resilience and prevent the need for statutory social care intervention, and to reduce the length of any statutory intervention.

In order to be able to deliver adult social care (ASC) in line with the objectives of the new care model we need to change the way we deliver adult social care in Torbay. We intend to have a conversation that aims to empower people and we will become more creative in the way we meet their needs. When using the new approach we will ensure that all needs are considered, including those currently being met informally whilst working with the adult, carer and their family to identify what matters to them and how this can be met. We will not just focus on need and will consider what people can do for themselves as well as what services can do for them.

2. What is the current situation?

Currently where an individual meets the eligibility criteria they will be offered a service to meet their identified needs.

The majority of eligible individuals are in receipt of domiciliary care or residential/nursing care.

Once eligible and in receipt of a service the Trust will undertake a review of an individuals' needs on an annual basis.

We have committed to the new model of care which means looking after people outside of hospital within their own community with less reliance on bed based care for both hospital and care home beds. The new model is a shift from long term care to short term interventions which will require us to have a different conversation with people.

<p>3.</p>	<p>What options have been considered?</p> <table border="0"> <thead> <tr> <th>No.</th> <th>Proposal</th> <th>Benefit</th> <th>Risk</th> <th>Cost</th> <th>Mitigation</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Do Nothing</td> <td>No disruption to existing service users.</td> <td>Demand on domiciliary care and residential will increase.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>Increase demand with no extra money identified.</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>Change the way we deliver ASC by having a different conversation.</td> <td>Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities.</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Targeting resources on those who need it most.</td> <td></td> <td></td> <td></td> <td>Potential disruption for some existing service users.</td> </tr> <tr> <td></td> <td>Lack of family, friends, neighbours and charities.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Help to manage demand more efficiently targeting resources to those most in need.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Gradual implementation over a 2 year period.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Existing service users supported to access alternative solutions that are right for them.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Community Builders.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Wellbeing co-ordinators.</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Engagement with local charities.</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	No.	Proposal	Benefit	Risk	Cost	Mitigation	1	Do Nothing	No disruption to existing service users.	Demand on domiciliary care and residential will increase.						Increase demand with no extra money identified.			2	Change the way we deliver ASC by having a different conversation.	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities.					Targeting resources on those who need it most.				Potential disruption for some existing service users.		Lack of family, friends, neighbours and charities.						Help to manage demand more efficiently targeting resources to those most in need.						Gradual implementation over a 2 year period.						Existing service users supported to access alternative solutions that are right for them.						Community Builders.						Wellbeing co-ordinators.						Engagement with local charities.				
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<p>4.</p>	<p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan?</p> <p>Changing the way we deliver ASC will ensure that we use our resources to best effect by reducing demand through prevention and continuing to have a joined up approach with our local charities. This approach will enable people to live in their own homes / communities for longer.</p>																																																																								
<p>5.</p>	<p>How does this proposal contribute towards the Council's responsibilities as corporate parents?</p> <p>The aim of this proposal is to focus on interventions that will promote healthy behaviour and lifestyle choices by ensuring that people are signposted to a range of accessible information and advice in the first instance.</p> <p>The impact of this proposal will be to work closer with communities and local charities to improve community resilience.</p>																																																																								

6.	<p>How does this proposal tackle deprivation?</p> <p>This proposal will target limited resources to best effect by focusing on those people who have the greatest need and are most vulnerable.</p> <p>The proposal will also help us to provide for and target the right kind of help and support to enable people to address their wellbeing, health and Social care needs.</p>
7.	<p>Who will be affected by this proposal and who do you need to consult with?</p> <p>Adults aged 18years + will be affected by this proposal. For existing service users this could have a negative impact however this would be mitigated by a gradual implementation.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Stakeholders: <input type="checkbox"/> Existing service users. <input type="checkbox"/> New service users. <input type="checkbox"/> Carers. <input type="checkbox"/> Age UK. <input type="checkbox"/> Community Development Trust. <input type="checkbox"/> Mears Domiciliary Care
8.	<p>How will you propose to consult?</p> <p>Web based surveys.</p>
<p>Section 2: Implications and Impact Assessment</p>	
9.	<p>What are the financial and legal implications?</p> <p>No financial implications. Compliant with Care Act 2014.</p>
10.	<p>What are the risks?</p> <p>If this proposal is not implemented the risk is that demand on traditional services will increase and will impact upon the implementation of the new model of care. No development of community based services.</p>

11.	<p>Public Services Value (Social Value) Act 2012</p> <p>N/A</p>
12.	<p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>JSNA MPS</p>
13.	<p>What are key findings from the consultation you have carried out?</p> <ul style="list-style-type: none"> <input type="checkbox"/> The majority of respondents had read the policy (85.7%) <input type="checkbox"/> Nearly two thirds of respondents supported the overall principle of the policy (71.4%) <input type="checkbox"/> Most agreed or strongly agreed with each of the proposed range of assessment factors.
14.	<p>Amendments to Proposal / Mitigating Actions</p> <p>Following the public consultation there are no amendments to the proposal. The mitigating actions are that the roll out of the reviewed criteria will be gradual and in consultation with individuals.</p>

Equality Impacts

13	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Page 22	Older or younger people	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.	Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.
	People with caring Responsibilities	Supported to access alternative solutions that are right for them.	Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.

People with a disability	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.	Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.
Women or men	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.	Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.

<p>People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i></p>	<p>Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.</p>	<p>Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.</p>	<p>Social care staff would require training however no differential impact.</p>
<p>Religion or belief (including lack of belief)</p>	<p>Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.</p>	<p>Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.</p>	<p>Social care staff would require training however no differential impact.</p>

People who are lesbian, gay or bisexual	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.	Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.
People who are transgendered	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.	Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.

	People who are in a marriage or civil partnership	Focus on supporting people to realise their own strengths including the strengths and assets around them in their communities such as family, friends, neighbours and charities. Supported to access alternative solutions that are right for them.	Potential for disruption for some existing service users. Mitigated by a gradual implementation over a 2 year period.	Social care staff would require training however no differential impact.
	Women who are pregnant / on maternity leave	N/A		
	Socio-economic impacts (Including impact on child poverty issues and deprivation)	N/A		
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	N/A		

14	Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)	<i>Are any cumulative impacts identified across your service area from proposals in other departments OR from other service areas? Please explain what these might be (you may need to revisit this section once proposals have been further defined)</i>
15	Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above)	<i>Are any cumulative impacts identified across your service area from proposals in other public services or partner organisations? Please explain what these might be (you may need to revisit this section once proposals have been further defined)</i>

Torbay Council
Logo

Eligibility Policy

DRAFT V 2

For adults with care and support needs and their carers

Eligibility Policy For adults with care and support needs and their carers	Reference:
	Version:
	Issue date:
	Reviewed:
	Review date:

Document Control

Author:	All ASC Service staff Torbay Council Residents	
Policy Lead:		
Produced by:		
Ratified by:		
Target audience:		
Policy to be read alongside:	Care and Support Statutory Guidance 2014 Financial & Eligibility Assessment Policy Relevant operational strengths-based practice guidance	
Equality Impact Assessment (EQIA):	Date undertaken	
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Introduction

This policy has been developed to set out the social care assessment practice in the context of *Getting it right for every adult, their family and their carers*.

Torbay & South Devon NHS Foundation Trust (“the Trust”) Adult Social Care is changing the way it works on behalf of the Council? to develop a ‘new approach’, it has been re-shaping its model of care (post Care Act 2014) to utilise a more strengths based approach. This means working together with people to find out what they want to achieve and the best way to do this, supporting people to use their strengths and those of their family, friends and community. The aim is to enable people to achieve their goals, reach their full potential and reduce reliance upon traditional services to where there are existing community resources

This change in the way we work is essential to help us get better at supporting people to achieve all these things:

- Choice
- Independence
- Being in control of their lives
- Having fulfilling lives – family, friends, work, leisure
- Promoting their strengths, to be the best they can be

The Care Act 2014 sets out the individual aspects of wellbeing or outcomes and places a duty on local authorities to promote wellbeing when carrying out any of their care and support functions. They must

- use the national eligibility criteria to determine your eligible needs
- focus on the best outcomes for you

Furthermore, the Care Act 2014 states that the eligibility threshold is based on identifying how a person’s needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing. This relates both to adults who may need care and support and their carers.

Wellbeing is a broad concept, and it is described as relating to the following areas:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support that is provided and the way it is provided);
- social and economic wellbeing;
- domestic, family and personal wellbeing;

- participation in work, education, training or recreation;
- suitability of living accommodation;
- the individual's contribution to society.

Legal Framework

The national eligibility threshold for adults with care and support needs and their carers is set out in the Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2014 (“the Eligibility Regulations”).

Scope of policy

This policy applies to our approach to care and support involving adults, who are ordinarily resident in Torbay, and are over the age of 18 to include those that are eligible for care and support under the Care Act 2014. It also applies to young people supported by Children's Services when planning for their transition to adult care.

In deciding whether the early provision of information, advice or preventative services would delay a person from developing needs which then go on to meet the eligibility criteria or whether longer term care and support might be needed, we will work alongside the person needing care or with their carer and family where appropriate, to think more broadly about what support might be available in the local community or through support networks to meet the needs of the individual and support the outcomes they want to achieve.

Principles of the policy

In Torbay & South Devon we are changing the conversation to empower people and become more creative in the way we meet their needs and will ensure that all needs are considered, including those currently being met informally whilst working with the adult, carer and their family to identify what matters to them and how best this can be met.

We will not just focus on need and will consider what people can do for themselves as well as what services can do for them. We will prepare for an assessment by having a number of conversations:

Conversation 1: “How can we connect you to the things that will help you get on with your life?”

- What would you like to achieve?

Conversation 2: “What do we need to do to ensure you are safe and have control over things that are important to you?”

- What are your concerns and risks to your independence?
- What has already been tried to help you with your independence

Conversation 3: “How can we help you use your resources to support yourself?”

- What is your current support networks including family friends and the community?
- Who or what else do you think might help you to regain and/maintain independence?

These conversations could be initially over the phone, or in a place convenient to you.

How we will work with you

Torbay Council and Torbay and South Devon NHS Foundation Trust have a responsibility to fund or commission agencies that reduce or delay the risk of people needing care and support, provide information and advice as well as a duty to ensure that all eligible care and support needs are appropriately met. This will involve considering a range of factors including:

- Understanding what each person’s goals are and what they need in order to achieve them.
- Action available to each person to reduce the need for assistance (self-help).
- Access to and the availability of universal services and community resources such as funded voluntary sector services, housing related support and community groups (considering what is available that could prevent, meet or reduce the needs that are not eligible).
- The contribution willingly made by family carers and informal support.
- The contribution of Reablement and Intermediate Care Services (reducing or removing the need for long-term care and support).

The purpose is to ensure the advice, information and provision of adequate support (as outlined above) meets the eligible social care and support needs and achieves the desired and agreed outcomes at best value.

Once we have discussed what solutions are best for you we will help you to make plans to achieve your goals, we may signpost you to other services which are not commissioned and provided by us. If those solutions do not work we will then undertake a formal assessment against the national eligibility criteria. The eligibility threshold is based on identifying how a person’s needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing.

The Eligibility Regulations list ten outcomes that should be considered when determining a person's eligibility for care and support. They cover broad life areas where people might experience difficulty in achieving the personal outcomes they want.

You will have eligible needs if you meet all of the following:

Adult care and support needs:

- You have care and support needs as a result of a physical or mental impairment or illness.
- Because of those needs, you cannot achieve two or more specified outcomes
- As a result, there is or is likely to be a significant impact on your wellbeing

The outcomes include dressing and other activities of daily living, maintaining personal relationships, and working or undertaking education or training.

We will use our specialist skills in different ways to visualise situations from the conversations to help signpost and resolve issues in the most timely and effective way. As stated above, we may signpost you to other services if we agree they can meet your eligible needs.

It may also be that you do not need support permanently, rather a short term offer of help while you recover. We will always focus our support on getting you better so you don't need long term support.

Fluctuating needs

Adults with fluctuating needs may have needs which are not apparent prior to or at the time of the assessment, but may have arisen in the past and are likely to arise again in the future. Therefore, in discussing solutions we will consider the individual needs over an appropriate period of time to ensure that all of the needs have been accounted for when eligibility is being determined. Where fluctuating needs are apparent, this will also be factored into assessment and the care plan, detailing the steps we will take.

Needs not covered by Adult Social Care

Assessments and reviews may identify non-eligible needs that other agencies are responsible for meeting, including housing and health services. These include:

- NHS responsibilities for meeting Continuing Health Care needs
- Nursing care as set out in Section 49 of the Health and Social Care Act 2001
- Intermediate healthcare
- Supporting People
- Disabled Facilities Grants

Torbay and South Devon NHS Foundation Trust is able to commission and or provide a range of rehabilitation, prevention, reablement and treatment services from other agencies that are not subject to current eligibility criteria.

If you have savings that exceed the national threshold we are unlikely to be able to help you pay for support, but will assess you and offer advice. (This financial limit does not apply if we agree aids or equipment could help you).

Other legal duties

Our assessment of your eligibility will also pay due regard to our legal duties under the following acts:

- Mental Health Act 1983
- Mental Capacity Act (Deprivation of Liberty Safeguards) 2005
- *(And any other relevant statutory duties)*

References and related information

- Care Act 2014
- Department of Health Care and Support (Eligibility Criteria) Regulations 2015
- SCIE Eligibility Quick Guide

Contact Information

Enter details



Title Market Position Statement

Wards Affected: All

To: Policy Development and Decision Group (Joint Commissioning Team) On: 16th April 2018

Contact Officer: Chris Lethbridge

☎ Telephone: 01803 207380

✉ E.mail: chris.lethbridge@torbay.gov.uk

1. Key points and Summary

- 1.1. This briefing follows on from previous member briefings about a series of actions intended to develop a sustainable independent sector market for social care and support for Torbay.
- 1.2. One of the actions is to take a revised approach to the Market Position Statement (MPS), aligning with the approaches of adjacent authorities, as detailed in the [Corporate Plan](#) and the [Wider Devon Sustainability and Transformation Plan](#).
- 1.3. Prior to 2016, Torbay Council produced a MPS in a more traditional, 60 page PDF document, with a 30 page appendix. It was for one year and, although very informative, it was long. This was also available online.
- 1.4. In 2016/17, Torbay Council developed a web-based MPS for 2016 to 2019 aimed at adult social care and support providers. One of the aims of the MPS is to raise awareness with providers of the up-coming changes likely in the local health and care system, given the New Model of Care that is being developed/implemented.
- 1.5. The new website area for the MPS was developed and the text to populate this signed off by key Executive staff in Torbay Council, the South Devon and Torbay Clinical Commissioning Group and the Torbay and South Devon NHS Foundation Trust. Colleagues in Devon County Council were also kept apprised of the work we have been doing and we have aligned with their approach as much as possible.
- 1.6. In both the spring and autumn of 2018 we plan to refresh elements of the web-based MPS for 2016 to 2019. The spring refresh will update some of the statistical data and associated text, with the autumn refresh including further amendments.

2. Introduction

- A Market Position Statement (MPS) is a document produced by local authorities, taking into account the views of providers, people who use services and other partners, and aimed at a wide range of care and support providers – both current and potential – which summarises supply and demand in a local authority area and signals business opportunities within the care and support market in that area.
- The main audience for the document is providers.
- The current MPS can be found on the council's website at www.torbay.gov.uk/health-and-wellbeing/care-and-support-providers/mps/

3. Scope

As noted above the audience for the Torbay MPS is mainly adult social care and support providers in Torbay, or providers that would like to move into the area. However, adult social care and support providers are part of a broader integrated health and social care system and Torbay Council and NHS commissioners in Torbay have been working since 2005 to closely integrate services. As a result we reference our local and regional work with the local CCG and others within the MPS. The MPS also takes account of, and references, Torbay Council's wider strategic commissioning role and wellbeing duties including, public health, housing, children's services, community safety and planning.

4. Update

We agreed to make the MPS web-based, so that it can periodically develop over time and change as our commissioning intentions develop (subject to available resource input from commissioning, ICO and web-design colleagues).

We are aligning our approach with Devon County Council as much as possible, as they are taking a similar web-based approach.

In the spring of 2018, we will be undertaking a 'light touch' refresh of the web-based MPS. A spreadsheet of data that is currently in the MPS has been completed, identifying whether there are updates available and if these are useful/easy to update. We will then prioritise as to what information is most important to update in the spring.

For the autumn 2018 (when more data will be available), we will undertake a more extensive update.

We have aspirations via the work that we are currently doing with the Local Government Association (LGA) and Institute of Public Care (IPC) on market analysis, to build on this and make it a more useful tool for the market, combined with the local plan and housing strategy.

The work with the LGA/IPC includes evaluating the value and risks of working with care and support providers in the Torbay care market, in order to optimise the number of providers successfully offering best value for money (quality and cost) and best fit with the council and partners' New Model of Care. We are also looking to identify where there are gaps in provision in terms of best value for money and fit with our model of care, and identify potential providers to fill this gap. This work will help to give a better message to providers on what we need and encourage ideas/innovative solutions for the New Model of Care, which can be articulated in refreshes of the MPS.

Name of Head of Business Unit: Fran Mason

Title of Head of Business Unit: Head of Partnerships, People & Housing Torbay Council



Meeting: Policy Development and Decision Group (Joint Commissioning Team)

Date: April 2018

Wards Affected: All

Report Title: Improving the quality of care homes in Torbay.

Is the decision a key decision? No

When does the decision need to be implemented? For Information

Executive Lead Contact Details: Julien Parrot, Executive Lead for Adults and Children, 01803 389624, julien.parrott@torbay.gov.uk

Supporting Officer Contact Details: Judy Grant, 01803 208794
Judy.grant@torbay.gov.uk

1. Introduction

- 1.1 Following a safeguarding serious case review, a report was submitted to the Policy Development and Decisions Group on 28th November 2016 where the recommendation was approved for the Local Authority commissioners to work with elected Members, Healthwatch, care home providers, residents, their families and carers to develop a residents' charter.
- 1.2 This briefing provides an update on the Torbay Care Homes Residents Charter.

2. Background

- 2.1 In 2017, Torbay Council and Torbay Culture commissioned Encounters who are a group of professional artists to explore what good care looks like in Torbay residential care homes and to develop a Charter of Rights with residents.
- 2.2 Artists from Encounters conducted creative consultations in ten residential care homes across Torbay. They spoke with over 180 residents, friends, carers, family members, staff and health workers to find out what they thought good care looks like and co-design the charter.
- 2.3 An important part of the creative consultation process was bringing people together and nurturing connections between them. The Charter itself continues to do this through a pack of cards (see appendix 2) which includes a series of activities that can be done alone and together.

2.4 The Charter is made up of ten principles, or rights listed below and are drawn from all of the responses gathered during the creative consultation:

- Purpose and Meaning
- Community and Belonging
- Nature and Environment
- Health and Wellbeing
- Freedom
- Care
- Identity
- Learning
- Respect
- Relationships.

3. Next Steps

3.1. As part of the BCF funded Care Home Leadership initiative, a reference group of care home providers, Torbay Council, South Devon and Torbay CCG, Rowcroft and TSDFT will pilot the Charter in 20 care homes in May 2018. Homes will be expected to use the Charter cards to develop personal care, support and activity plans with residents and in staff development and training and to develop and share their expectation of good care with residents, carers, relatives.

3.2. The homes piloting the charter will be reviewed in November 2018. Peer reviews (by other homes taking part in the leadership initiative) will be conducted against the criteria listed in Appendix 1. Healthwatch will also review the homes with residents, relatives, carers and staff to assess how adoption of the charter has improved personal outcomes against the 10 Charter priorities listed at 2.4. The review will also take account of the Quality Assurance and Information Team (QAIT) information and service improvement plans where appropriate and any CQC reports during the period.

3.3. A kite mark will be developed and will be awarded to homes who can demonstrate they meet the criteria. If the results of the review are positive further homes will be invited to take part and a full evaluation of the Charter development, implementation and learning will take place in April 2019.

4. Recommendation

4.1 That the Elected Mayor agree to a public launch of the Torbay Residents Charter.

Appendices:

1. Making Safeguarding personal, LGA/ADASS
2. Torbay Residents Charter

Appendix 1

Table 1 Care Quality Commission five key questions: informing and supporting Making Safeguarding Personal for providers and commissioners

Well led**Caring****Effective****Safe****Responsive****Examples from ‘outstanding’ provider organisations in Health and Social Care that make safeguarding personal under each of the five questions**

Managers carry out audits to monitor care quality including speaking to individuals and analyses information to identify trends and patterns to improve service and prevent future incidents
relatives are welcome
staff felt appreciated/ supported for the work they did
open, reflective management style
provides strong values-based leadership to staff team.

Service has a strong, visible person centred culture and is extremely good at helping people to express views so things are understood from their point of view, and uses creative ways to make sure that communication is accessible and tailored to people’s needs
“we observe all the time; look at residents, at staff interacting with them.
We know if something is wrong and address it immediately”.

staff supervision is positive and staff are able to share views or concerns
people’s wishes are followed in respect of care and treatment
staff notice changes in health needs of individuals so that timely action can be taken
innovative staff training and development makes sure they put learning into practice to deliver outstanding care.

transparent and open culture encouraging creative thinking in relation to people’s safety
risks to people’s personal safety were assessed and plans in place minimise risks and support people to maintain freedom and choice
service uses imaginative and innovative ways to manage risk and keep people safe while making sure they have a full and meaningful life.

people know how to raise concerns. These are dealt with quickly and effectively
service develops to ensure people are provided with personalised care to improve wellbeing
staff find individual ways of involving people so that they feel consulted, empowered, listened to and valued.

What evidence would a commissioner look for?

open and transparent communication among staff team and management
evidence that feedback is acted upon: eg. annual survey influences development plans;
trends/patterns from information/ audit lead to service development
people using services are included in audits to monitor quality of care.

aware of responsibilities in context of MCA
individualised care and support
a range of communication methods used to ensure people can express their wishes, including advocacy
people encouraged to report any issues to staff/managers so that these can be addressed.

staff receive support and supervision, which allows expression of concerns
staff understand the principles of the MCA and of safeguarding adults
staff understand the risks people live with and actions required to minimise these
people are involved in care planning and consent to support provided
Care and health is monitored and changes result in referral to GP.

personalised and positive approaches to risk in place
care plans balance wellbeing and safety
the service actively seeks out new technology and solutions to make sure that people have as few restrictions possible.

clear recorded evidence of responsiveness to concerns/ complaints in developing the service
complaints and the outcomes are shared with staff to help reflect on practice and learn lessons.

TORBAY RESIDENTS' CHARTER

This Charter of Rights was commissioned by Torbay Council and Torbay Culture and was created by Encounters.

Artists from Encounters delivered creative consultation in residential care homes across Torbay to explore 'What does good care look like?' and to co-design the Charter.

The Charter brings together the responses of more than 180 residents, friends, family members, staff, and health workers who took part.



LOTTERY FUNDED



Find out more:

commissioning@torbay.gov.uk www.torbay.gov.uk

About The Cards

The Torbay Residents' Charter sets out ten principles, or rights, each of which is represented by a card in this pack:

Purpose and Meaning; Community and Belonging; Nature and Environment; Health and Wellbeing; Freedom; Care; Identity; Learning; Respect; and Relationship.

These ten principles are drawn from all of the responses gathered during the creative consultation. There is a card for each principle, with an explanation on one side and quotes from care home residents on the other side. Taken together, the cards represent what you should expect from good care.

An important aspect of the creative consultation process was bringing people together and nurturing connections between them. The Charter itself continues to do this through this pack of cards, which includes series of games that can be played alone or together. We invite you to try out some of the activities and to make up your own!

We hope that you enjoy exploring the cards.



Designed by Encounters www.encounters-arts.org.uk

RESPECT

Being treated properly and with dignity.

I have a right to be treated with respect.

Everyone should be treated with respect.

Empower, Encourage, Inspire, Be Heard

RELATIONSHIPS

Having a relationship with people, different communities.

I like people who treat me like a friend.

Some of these people are my friends, but others are not.

Connect, Survive, Interact

IDENTITY

People are different and that's OK.

I like people who are different from me.

I can be different and that's OK.

Individuality, Diversity, Self-Expression

COMMUNITY and BELONGING

Being part of a group of people who care about each other.

I can be part of a group.

It's important to be part of a group.

Empower, Encourage, Participate, Be Heard

NATURE and ENVIRONMENT

I like being outdoors and enjoying nature.

I like being outdoors and enjoying nature.

I like being outdoors and enjoying nature.

Outdoor, Nature, Environment, Space

PURPOSE and MEANING

Having a purpose in life.

It's important to have a purpose.

I like having a purpose.

Empower, Encourage, Inspire, Be Heard

LEARNING

Learning is important.

I like learning.

Learning is important.

Skills, Knowledge, Empower, Inspire

FREEDOM

My freedom is important.

I like my freedom.

I like my freedom.

Choice, Independence, Empowerment

CARE

I like being cared for.

It's important to be cared for.

I like being cared for.

Food, Health, Nurture, Empower

HEALTH and WELLBEING

I like being healthy.

I like being healthy.

I like being healthy.

Mind, Body, Emotions

TORBAY RESIDENTS' CHARTER CARE

Care

I can have the opportunity to express my views and affect the care I receive.

I can have the opportunity to express my views and affect the care I receive.

I can have the opportunity to express my views and affect the care I receive.

Food, Health, Nurture, Empower

TORBAY RESIDENTS' CHARTER COMMUNITY and BELONGING

Community and Belonging

I can be part of a community and have a voice.

I can be part of a community and have a voice.

I can be part of a community and have a voice.

Empower, Encourage, Participate, Be Heard

TORBAY RESIDENTS' CHARTER RESPECT

Respect

I can be treated with respect and dignity.

I can be treated with respect and dignity.

I can be treated with respect and dignity.

Individuality, Diversity, Self-Expression

TORBAY RESIDENTS' CHARTER NATURE and ENVIRONMENT

Nature and Environment

I can enjoy the outdoors and nature.

I can enjoy the outdoors and nature.

I can enjoy the outdoors and nature.

Outdoor, Nature, Environment, Space

TORBAY RESIDENTS' CHARTER PURPOSE and MEANING

Purpose and Meaning

I can have a purpose in life.

I can have a purpose in life.

I can have a purpose in life.

Empower, Encourage, Inspire, Be Heard

TORBAY RESIDENTS' CHARTER HEALTH and WELLBEING

Health and Wellbeing

I can be healthy and well.

I can be healthy and well.

I can be healthy and well.

Mind, Body, Emotions

TORBAY RESIDENTS' CHARTER IDENTITY

Identity

I can be different and that's OK.

I can be different and that's OK.

I can be different and that's OK.

Individuality, Diversity, Self-Expression

TORBAY RESIDENTS' CHARTER LEARNING

Learning

I can learn and grow.

I can learn and grow.

I can learn and grow.

Skills, Knowledge, Empower, Inspire

TORBAY RESIDENTS' CHARTER FREEDOM

Freedom

I can have freedom.

I can have freedom.

I can have freedom.

Choice, Independence, Empowerment

TORBAY RESIDENTS' CHARTER RELATIONSHIPS

Relationships

I can have relationships.

I can have relationships.

I can have relationships.

Connect, Survive, Interact

GAMES

This Charter is made up of ten principles, or rights. Here are some activities for exploring those rights. Have a go and see what you discover.

1. Reflecting On Rights

WHICH OF THESE RIGHTS FEEL MOST IMPORTANT TO YOU?

INSTRUCTIONS 1+ players

1. One player lays down all the cards in order of importance – start with the right that feels most important to you and end with the right that feels least important.
2. If you are playing in a group, share your thoughts with the other players about the order that you placed them in.
3. Each player takes a turn to place the cards in order of importance to them and to share their thoughts with the other players.

2. Tell Me A Story About...

WHAT STORIES DO YOU HAVE TO SHARE?

INSTRUCTIONS 2+ players

1. Choose a card and ask another player to tell you a personal story or memory about the right on that card (e.g. "Tell me a story about 'Respect'").
2. Each player takes a turn to choose a card and to ask another player to share a story or memory whilst the other players listen.



TORBAY RESIDENTS' CHARTER

GAMES

3. Charades

WHAT DO RIGHTS LOOK LIKE IN PRACTICE?

INSTRUCTIONS 4+ players

1. Form 2 or 3 teams. A member of one of the teams takes a card without showing it to the rest of their team.
2. This person has 2 minutes to silently draw or act out the right on the card and their fellow team members try to guess which right it is.
3. The next team takes a turn.
4. The first team to correctly guess 3 rights wins.

4. Why Do We Have Rights?

WHY ARE RIGHTS IMPORTANT FOR A WORLD IN WHICH WE CAN ALL FLOURISH?

INSTRUCTIONS 2+ players

1. Shuffle the cards and take 3 cards from the top of the pile.
2. Together, read the text on each of these cards.
3. Discuss:
 - What do each of these rights look like in practice?
 - How do you know when these rights are being met for you and those around you?
 - Why are these rights important?
 - What are the similarities between these rights and what are the differences?



TORBAY RESIDENTS' CHARTER



**Meeting: Policy Development and Decision
Group (Joint Commissioning Team)**

Date: 16 April 2018

Wards Affected: All

Report Title: Learning Disability Action Plan

Is the decision a key decision? No

When does the decision need to be implemented?

Executive Lead Contact Details: Cllr Julien Parrott, Executive Lead for Adults and Children, tel: ext 7113, julien.parrot@torbay.gov.uk

Supporting Officer Contact Details: Mr. Justin Wiggin, Strategic Commissioning Officer, 01803 208792, justin.wiggin@torbay.gov.uk

1. Proposal and Introduction

1.1 During October and November 2017 the Local Government Association were asked to undertake a peer review of learning disability services in Torbay. The peer review team were asked to focus on two key areas:

- Do current health and care commissioning arrangements ensure a provider market that delivers the range and quality of local services needed to promote independence and quality of life for people with learning disabilities, as well as provide value for money?
- Do the new locality teams comprise sufficient staff with the appropriate skills and knowledge to meet to the full range of needs of people with learning disabilities?

1.2 Appendix 1 of the following document provides feedback relayed to Torbay Council and its partners on areas for further consideration.

1.3 Following feedback from the Local Government Association Peer Review Team, Section 4 of the following document sets out the Torbay Learning Disability Action Plan. The Action Plan focuses on six themes to drive forwards improvements in services and improve outcomes for adults with a learning disability living in Torbay:

- Information and Needs Assessment
- Training and Workforce Strategy
- Employment
- User Engagement and Partnership Board
- Commissioning and Market for the Future

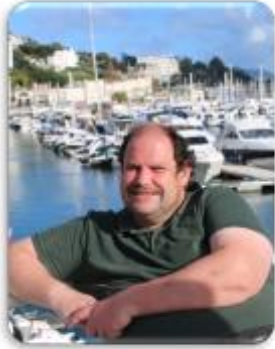
- Working in Partnership

2. Reason for Proposal

- 2.1 The 'Wider Devon – Sustainability and Transformation Plan' was published on the 4th November 2016. It sets out a clear 5 year ambition to create a 'clinically, socially and financially sustainable health and care system that will improve the health wellbeing and care of the populations we serve.' The Plan (STP) includes a priority for transforming health, care and support services for people with Learning disabilities addressing the triple aims through 3 areas of focus:
- Tackling health inequalities.
 - Promoting citizenship and maximising independence.
 - Transforming care for people who have a learning disability and/or autism who have behaviours that challenge.
- 2.2 The national and local picture demonstrate that in reviewing the current services for people with learning disability there is significant scope for improvement. People with learning disabilities experience poorer health outcomes and lower life expectancy than the general population.
- 2.3 The experience of care for people with learning disability across different settings, both in and out of Devon, has been shown to be variable resulting in the need to ensure services provide safe and appropriate quality of care.
- 2.4 The process of undertaking the Peer Review has supported Torbay Council and its partners to identify key areas where improvements can be made.

3. Recommendation(s) / Proposed Decision

- 3.1 That the Elected Mayor be recommended to approve the Torbay Learning Disability Action Plan set in section 4 of the following report.



“We all hope that the Learning Disability Action Plan will make services even better in Torbay. It’s important to us that we are part of our community and can choose services that help us to be independent.

Now we want to see action! “



“It was important to us that we were part of the Peer Review. There are lots of good things for people with learning disabilities in Torbay. We want to keep making Torbay better by helping people to get jobs, choose where we live and who supports us.

We all want to learn new skills and to be part of our community. It’s important that we keep making things better so that we can have the lives we want and be a real part of our community.

We hope that everyone will work together to make the Action Plan happen and that money is spent on what is important. By monitoring services we can make sure that services get better and better.”

Jamie, SPOT

1. Introduction

Torbay Council, Torbay South Devon NHS Foundation Trust and South Devon and Torbay Clinical Commissioning Group have high ambitions for people with Learning Disabilities who live in Torbay, which is a great place to live, work and visit. We want people with Learning Disabilities to be able to live independently, have a job and a great quality of life.

To enable us to deliver this the Local Government Association were asked to undertake a Peer Review, November 2017, the scope of which was:

- Do current health and care commissioning arrangements ensure a provider market that delivers the range and quality of local services needed to promote independence and quality of life for people with learning disabilities, as well as provide value for money?
- Do the new locality teams comprise sufficient staff with the appropriate skills and knowledge to meet to the full range of needs of people with learning disabilities?

The Peer Review was undertaken over a period of three days with interviews and site visits helping the review team to understand how learning disability services operate in Torbay. Six topics were identified for further consideration. These areas were explored in more detail during a development workshop, November 2017 which started the process of developing the Torbay Learning Disability Action Plan. The Learning Disability Action Plan can be found in section 4 of this document. The action plan covers the following key themes:

- Information and Needs Assessment
- Training and Workforce Strategy
- Employment
- User Engagement and Partnership Board
- Commissioning and Market for the Future
- Working in Partnership

The Learning Disability Action Plan is Torbay's response to the Local Government Association Peer Review. The Devon wide Learning Disability Sustainable Transformation Partnership is working to improve outcomes for people with a learning disability. Living Well with a Learning Disability in Devon 2014 -17, the joint commissioning strategy is now being refreshed. Torbay's Learning Disability Action Plan will influence and shape the new Learning Disability Commissioning Strategy. Upon completion the Torbay LD Action Plan will be broadened to meet additional requirements of the STP and will form Torbay's approach to delivering Learning Disability services.

2. About Learning Disability Services in Torbay

How we deliver our services and work with our partners

The Council's adults social care services are delivered through an Integrated Care Organisation (ICO) which is one of the innovative models described in the NHS Five Year Forward View. A history of good performance in adults services has been strengthened by national opportunities to be a pioneer for integration and more recently a vanguard site for acute and out of hospital care. The ICO is supported by a capitated budget and risk share arrangement between the Council, the Clinical Commissioning Group (CCG), and the ICO.

Learning Disability Services are delivered by generic health and social care integrated teams, with support planning and micro commissioning delivered by a user lead voluntary sector partner 'SPACE'. Specialist Clinical services are provided by Devon Partnership Trust.

The 'Wider Devon – Sustainability and Transformation Plan' was published on the 4th November 2016. It sets out a clear 5 year ambition to create a 'clinically, socially and financially sustainable health and care system that will improve the health wellbeing and care of the populations we serve.' The Plan (STP) includes a priority for transforming health, care and support services for people with Learning disabilities addressing the triple aims through 3 areas of focus:

1. Tackling health inequalities.
2. Promoting citizenship and maximising independence.
3. Transforming care for people who have a learning disability and/or autism who have behaviours that challenge.

The work of the Transforming Care Programme has focused on a small but complex cohort of people who have a Learning Disability and / or Autism and behaviours that challenge. It is recognised that much of the work which needs to be progressed with this cohort is equally relevant to the broader Learning Disability / Autism population.

The national and local picture demonstrate that in reviewing the current services for people with learning disability there is significant scope for improvement in each of the triple aims:

1. Promoting population health and wellbeing.
2. Addressing variability in the quality and experience of care.
3. Financial sustainability and addressing the cost effectiveness of health and care spend for this population.

People with learning disability experience poorer health outcomes and lower life expectancy than the general population.

The experience of care for people with learning disability across different settings, both in and out of Devon, has been shown to be variable resulting in the need to ensure services provide safe and appropriate quality of care.

In recognition of the work which has been undertaken by Devon TCP and the broader demand a mandate has been agreed, June 2017 by the Sustainable Transformation Partnership for a new Learning Disability Programme to be established. Caroline Taylor, DASS, Torbay Council has taken the role of Senior Reporting Officer for the LD STP programme within Devon STP.

Four priorities have been identified:

- | | |
|-------------------|---|
| Priority 1 | Tackling health inequalities |
| Priority 2 | Services promote citizenship and optimise the independence of people who have a learning disability and / or autism |
| Priority 3 | Transforming care for people (TCP) who have a learning disability and/or autism who have behaviours that challenge services. |
| Priority 4 | Autism |

Living Well with a Learning Disability in Devon 2014-17, the Joint Commissioning Strategy is currently being refreshed. The Torbay learning disability action plan will support the development of the new Devon wide Joint Commissioning Strategy. Upon completion the Torbay learning disability action plan will be broadened to meet additional requirements of the STP. This will form Torbay approach to delivering Learning Disability services.

3. Measures from the Adult Social Care Outcomes Framework

Around 2% (1.1 million) of people in the UK are estimated to have one. This means they can have difficulty:

- understanding new or complex information;
- learning new skills;
- coping independently.

Around a third of people with a LD have autism. Autism is a lifelong, spectrum condition with varying degrees of severity. Those living with autism tend to share difficulty with social communication, interaction and imagination.

The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The measures are grouped into four domains which are typically reviewed in terms of movement over time. Data is provided at council, regional and national level.

1E: Proportion of adults with learning disabilities in paid employment

The proportion of adults with a learning disability in paid employment varies across each region in England. London (7.2 per cent) and Eastern (7.1 per cent) have the highest proportion, North West, East Midlands and West Midlands have the lowest proportion of adults with a learning disability in paid employment at 4.2 per cent. The South West average for adults with a learning disability sits at 5.8 per cent with Torbay reaching 3.7 per cent 2016-17.

Nationally, the proportion of adults with learning disabilities in paid employment has fallen each year over the last three years, from 6.0 per cent in 2014-15 to 5.8 per cent in 2015-16 and then 5.7 per cent in 2016-17.

1G: Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family

76.2 per cent of adults in England receiving long term learning disability support were reported as living in their own home or with their family in 2016-17.

The North West has the greatest proportion of adults with a learning disability living in their own home or with their family (88.0 per cent). The lowest proportions are in West Midlands (70.3 per cent), London (71.3 per cent) and South East (71.3 per cent). Within the South West the proportion of adults with a learning disability who live in their own home or with their family is 73.7 per cent. 2016-17 figures show Torbay surpassing regional benchmarking with a greater portion of individual's living independently (77.1 per cent). The proportion of adults with a learning disability living in their own home or with family has risen each year from 2015-16 by 7.1 per cent.

The Council's Corporate Plan sets out our commitment to ensure the best outcomes for all,

addressing the inequalities of health, wealth and opportunity. We have ensured that this golden thread runs through all of our other strategies and plans including those relating to people with learning disabilities, such as the Annual Strategic Agreement with the Clinical Commissioning Group and Torbay and South Devon NHS Foundation Trust, our Learning Disability and Autism Strategy and this Action Plan.

We ensure that our key decisions, policies and performance with respect to our services for people with learning disabilities are subject to robust scrutiny and oversight through the Council's decision making and scrutiny processes.

With our partner organisations, in particular those delivering services on our behalf, we will work towards developing a set of commitments to those in our community with learning disabilities in order that we can champion the diversity of every individual and ensure that they lead happy, healthy and safe lives.

4. Torbay Learning Disability Action Plan

Theme	Action	Progress update quarterly	Accountability	Delivery Date	RAG	Open/ Closed
1. Information and Needs Assessment						
1.1	Undertake specific robust needs assessment of the learning disability population – to include workforce, accommodation/housing needs, employment and education and training		KIT / Sarah Knight	July 2018		
1.2	Gather qualitative information around LD users experiences and perceptions		Si Langridge	April 2018		
1.3	Utilise information/data available from services who work with children with LD to inform needs analysis		Justin Wiggin / children's commissioner / Russell Knight	May 2018		
1.4	Undertake LD census based on data from DPT wards and inpatient activity		Rony Arafin	May 2018		

1.5	Obtain access to primary care data to enrich needs assessment		Shona Charlton	April 2018		
1.6	Consider flagging LD users on Torbay's health and social care systems but especially acute hospital so healthcare professionals are aware of LD needs		Mark Willis / Ros Erskin Grey	April 2018		
2. Training / Workforce Strategy						
2.1	Identify all Learning Disability, Autism and Transforming Care workforce providers		Lorraine Webber / Simon Porter	August 2017		
2.2	Identify education / training providers relevant to Learning Disability, Autism and Transforming Care		Lorraine Webber / Simon Porter	Sept 2017		
2.3	Define competencies for tiers of training from national frameworks		Lorraine Webber / Simon Porter	August 2017		
2.4	Identify and map which workforce / staff require training across the three tiers. Training to be available to providers, voluntary sector and public sector partners.		Lorraine Webber / Simon Porter	March 2018		

2.5	Develop education and training framework and materials for Tiers 1, 2 and 3.		Lorraine Webber / Simon Porter	July 2018		
2.6	Recruit Devon wide training coordinator for LD, Autism and Transforming Care via Devon Partnership Trust		Lorraine Webber / Simon Porter	March 2018		
2.7	Develop a Workforce Strategy and Delivery Plan that ensures that LD staff have the right roles and skillset to meet the needs of the LD population		Lorraine Webber	Sept 2018		
2.8	Undertake training on safeguarding on learning disability to make it more personal		Jon Anthony	Jan 2018		
Employment						
3.1	Identify current employment support activities and their limitations for people with Learning Disability, Autism and Mental Health. Develop a business case for investment.		Justin Wiggin	April 2018		
3.2	Broaden Project Aspire (18-24 year olds) concept to other employers including: <ul style="list-style-type: none"> <input type="checkbox"/> Torbay Council, <input type="checkbox"/> South Devon & Torbay CCG <input type="checkbox"/> Torbay & South Devon NHS Foundation Trust <input type="checkbox"/> Care homes and hospitality industry 		Justin Wiggin to progress	Sept 2018		

3.3	Torbay Council to review potential work areas and roles which would be suitable for a people with a Learning Disability, Autism or Mental Health condition to develop work placements within the Local Authority.		Justin Wiggin / Emma Dudley	June 2018		
3.4	Working with Local employers, Chamber of Commerce, Local Business Forums and TDA explore opportunities of employment for people with LD, Autism and Mental Health. Identify and remove barriers with employers by identifying reasonable adjustments to be made. Gather data on LD, Autism and Mental Health clients to match their skills, knowledge and experience to employment opportunities.		Justin Wiggin / TDA/ Chamber of Commerce	March 2019		
3.5	Work more closely with Jobcentre Plus to do more to support paid employment for people with learning disabilities		Jason Creed / Justin Wiggin	Sept 2018		
3.6	Work more closely with TDA to do more to support paid employment for people with learning disabilities		Justin Wiggin	Sept 2018		
3.7	Actively promote positives of employing a person with LD		Justin Wiggin	May 2018		

3.8	Actively pursue apprenticeships for people with LD		Justin Wiggin	Sept 2018		
4. User Engagement and Partnership Board						
4.1	Establish an effective Learning Disability Partnership Board with clear terms of reference		Justin Wiggin	March 2018		
4.2	Deepen and strengthen user engagement to inform service delivery and improvement, move towards stronger co-production and establish user reference groups that are co-ordinated		Si Langridge / Healthwatch Torbay	June 2018		
4.3	Strengthen engagement and consultation with service users and their families to help design commissioning priorities and commissioning strategy e.g. use of assistive technology to support independence		Si Langridge / Healthwatch Torbay	March 2018		
4.4	Review adults social care complaints process with service users		Si Langridge/ Jo Williams	Sept 2018		
4.5	Ensure holistic assessment experienced by all service users		Si Langridge / Simon Porter	Aug 2018		

4.6	Service users trained to undertake research and quality checkers in order to provide recommendations to partnership board		Si Langridge / Healthwatch Torbay	Dec 2018		
5. Commissioning and Market for the Future						
5.1	Develop a strong delivery plan for the partnership vision of Learning Disability services		Caroline Taylor	April 2018		
5.2	Ensure commissioning priorities are focused on learning disability needs and innovation and use of technology		Sarah Jones	April 2018		
5.3	Ensure that people with LD can choose from a range of high quality services that they want		Justin Wiggin	March 2019		
5.4	Improve performance on people with LD using Direct Payments		Steve Honeywill / Jo Williams	June 2018		
5.5	Work with Housing Company to reshape and develop local housing provision for people with learning disabilities		Caroline Taylor	April 2019		

5.6	Create an integrated commissioning function (between health and social care) to deliver simplified, joined-up commissioning that avoids duplication and overlap		Fran Mason/Simon Tapley	April 2018		
5.7	Address gaps in the local provider market by implementing the local Market Management Strategy, including the Supported Living Framework via strengthened user engagement.		Fran Mason	March 2019		
5.8	Address gaps in acute specialist services and community based services that create the need for out of area placements (Transforming Care Partnership)		Shona Charlton / Justin Wiggin	March 2019		
5.9	Review 'out of county' placements to identify if user can be placed back in Torbay (Transforming Care Partnership)		Shona Charlton/Justin Wiggin	March 2019		

5.10	<p>Develop better understanding of best practice in relation to managing demand and implement accordingly:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explore expanding the range of choice and support services <input type="checkbox"/> Address gap in replacement care <input type="checkbox"/> Address gap in lack of support for Housing Choices and securing tenancies. 		Fran Mason	May 2018		
5.11	Review provider engagement structures across Devon		Judy Grant	July 2018		
5.12	Address feeling of isolation of people with Additional Learning Needs (ALN) and their carers (strategy)		Katie Heard	Oct 2018		
6. Working in Partnership						
6.1	Ensure health and care partnership are clear about its future commissioning priorities for learning disability (New LD STP commissioning strategy)		Caroline Taylor	April 2018		
6.2	Improve corporate ownership of Learning Disability agenda in Torbay Council by developing a set of corporate commitments.		Caroline Taylor / Kate Spencer	August 2018		

6.3	Refresh and improve working relationship between ICO and Devon Partnership Trust on learning disabilities with particular emphasis on managing the joint workforce, roles and responsibilities and regular interfaces between operational and strategic staff		Caroline Taylor/Jo Williams/Liz Davenport	Sept 2018		
6.4	Determine and clarify TSDFT approach to delivering Learning Disability services within generic social care teams, including requirements of the Annual Strategic Agreement		Jo Williams/Justin Wiggin	Jan 2018		
6.5	Address issues of clarity over role of IAPT/specialist team particularly in relation to eligibility and access		Shona Charlton	March 2018		
6.6	Refresh all LD teams on roles and responsibilities in LD service delivery in Torbay and ensure all new staff are inducted to understand these roles and responsibilities		Delia Wainwright / Cathy Williams	May 2018		
6.7	Ensure high quality assessments for people with Learning Disability and Autism within Adult Social Care.		Jo Williams / Simon Porter	May 2018		
6.8	Develop a Resource Allocation System (RAS) tool to measure needs based assessments		Simon Porter	April 2018		

6.10	Review operation of LD Occupational Therapy as currently adding financial pressure and delays in care also explore need for specialist OT for LD		Cathy Williams	June 2018		
6.11	ICO and DPT consider introducing CHEST team in LD		Cathy Williams	August 2018		
6.12	Address multiple hand-offs of service users between social workers		Simon Porter	Jan 2018		

Appendix

LGA Peer Review, Feedback Presentation, 13 October 2017

Torbay Learning Disability Peer Challenge

Feedback presentation
13th October 2017

Feedback agenda

- Peer challenge explanation
- The Peer Team
- The process
- The challenge you set us
- Feedback
- Your reflections and questions

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Peer Challenge explanation

- Sector Led Improvement Peer Challenge process
- Invited in as 'critical friends' with 'no surprises'
- Non-attributable information collection
- People have been open and honest
- Looked after and made to feel very welcome
- Recommendations based on the triangulation of what we've read, heard and seen

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Peer Challenge Team

- **Joanne David** - LGA Associate
- **Mayor Kate Allsop**, Executive Elected Mayor of Mansfield, Mansfield District Council
- **Gavin Harding**, Learning Disability Adviser, NHS England
- **Dave Williams**, Clinical Nurse Specialist, Salford Foundation Trust
- **Emma Bewes**, General Manager (Brixham & Paignton) Torbay & South Devon NHS Foundation Trust
- **Kay Burkett**, Challenge Manager, Care & Health Improvement Programme, LGA
- **Jane Alltimes & Steve Mbara**, Supporters

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The process

- Scoping
- 30+ key documents
- Timetable – 75+ people over 2.5 days
- Feedback
- Workshop 13 November

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The scope

1. Do current health and care commissioning arrangements ensure a provider market that delivers the range and quality of local services needed to promote independence and quality of life for people with learning disabilities, as well as provide value for money?
2. Do the new locality teams comprise sufficient staff with the appropriate skills and knowledge to meet to the full range of needs of people with learning disabilities?

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How we will feedback

- Strengths
- Areas for further consideration

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Context - 1

- Everyone very open, upbeat and energetic - even when identifying things that need resolving
- Strong political support, ambition, confidence and pride in adult social care
- Key local authority partners very keen to support adult social care and the provisions of services for people with LD e.g. Housing Company, FE college – is this an opportunity to start to build strong corporate ownership of this agenda
- Severe financial pressure – local authority has seen a budget reduction since 2011 of £80m
- Complex planning, governance & commissioning footprints for health and social care
- Commissioning priorities have – perhaps understandably had a very strong focus on the new care model - now needs to ensure LD needs are prioritised

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Context - 2

- Significant budget reductions appear to have impacted on corporate coherence around LD
- Absence of robust needs assessment of the LD population - workforce, accommodation, employment, education and training - critical to underpin business planning and commissioning
- Working relationship between ICO and DPT a significant issue - potentially a risk for both organisations
- Employment and training - challenge to the local authority that it has not been a strong partner for the FE in supporting work placements - significant opportunity. FE college confident it can support a much stronger employment offer for people with LD

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1. Do current health and care commissioning arrangements ensure a provider market that delivers the range and quality of local services needed to promote independence and quality of life for people with learning disabilities, as well as provide value for money?

User experience

Strengths

- Investment in support planning & SPACE has had a positive effect on service user engagement
- Strong commitment from key partners to co-produce services
- Employment and training support for young people with LD is improving
- Better transition help for CYP moving to adulthood
- Recognition by the LSAB considering how to enable more of a focus on people with LD

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1. Do current health and care commissioning arrangements ensure a provider market that delivers the range and quality of local services needed to promote independence and quality of life for people with learning disabilities, as well as provide value for money?

User experience

Areas for further consideration

- Lack of effective LDPB – strong support for it to be reshaped and reinvigorated
- Local authority could provide stronger leadership for employment and training with key partners
- More to be done to help local employers to make reasonable adjustments to employ people with LD and Autism
- Evidence that people with LD cannot access the range, choice or quality of services that they would like
- Increase performance on Direct Payments for people with LD
- Gap in respite services and no choice – even if people are unhappy with the service they are receiving
- Lack of support for Housing Choices and securing tenancies

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1. Do current health and care commissioning arrangements ensure a provider market that delivers the range and quality of local services needed to promote independence and quality of life for people with learning disabilities, as well as provide value for money?

Predicting and managing demand

Strengths

- Recognition of need to intervene in the market which has failed to meet local housing need
- Housing company has significant potential to support the reshaping of local housing provision for people with LD
- Investment in transition to support long term planning and build trust and confidence with services users and their families
- Initial steps to create an integrated commission function should deliver simplified, joined up commissioning and remove duplication and overlap
- Recognition that commissioning structures/landscape is complex and needs to be simplified and joined up across health and social care
- Progress on developing a provider forum – now includes a specialist LD meeting with providers
- Work has begun on developing a comprehensive needs analysis – LGA support matched by Torbay
- South Devon College a key education & training one of the best in the country – outstanding rating and ambitious to do more to support paid employment for people with LD
- Recognition that more is needed to deepen and strengthen user engagement in order to inform the supported living review and strong co-production – aspiration to set up user reference groups

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1. Do current health and care commissioning arrangements ensure a provider market that delivers the range and quality of local services needed to promote independence and quality of life for people with learning disabilities, as well as provide value for money?

Predicting and managing demand

Areas for further consideration

- Robust LD needs analysis not evidence in key planning and strategy documents, including the JSNA (strong health focus) and MPS – this is an essential building block for effective commissioning
- Lack of housing needs data has thus far prevented housing service from planning and delivering housing for people with LD
- Strengthening user engagement and market shaping will be needed to address gaps in the local provider market – need to spend time with providers in developing new models of supported living
- Gaps in some acute specialist services as well as some community based services result in too many out of borough placements – how can this addressed through commissioning
- Key roles and skills in the local care & health workforce will be critical to meet the needs of people with LD – how will the partnership ensure it develops a workforce strategy and deliver plan
- Understanding of best practice of what works to manage demand would support commissioning
- Engagement with service users could be strengthened to help design commissioning priorities e.g. to support the effective use of assistive technology to support independence

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1. Do current health and care commissioning arrangements ensure a provider market that delivers the range and quality of local services needed to promote independence and quality of life for people with learning disabilities, as well as provide value for money?

Leadership and governance

Strengths

- Good evidence in plans and strategy documents that the whole system is committed to delivering the high quality personalised care & support that underpins independence and wellbeing for people with LD
- Strong, embedded and trusting relationships between the senior managers in health and care

Areas for further consideration

- Despite strong senior relationships these are sometimes more fragile among middle managers and front line staff
- How will the partnership ensure a strong delivery plan for its vision for LD?

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2. Do the new locality teams comprise sufficient staff with the appropriate skills and knowledge to meet to the full range of needs of people with learning disabilities?

User experience

Strengths

- Recently introduced achievement books at Hollocombe are valued and could feed into outcome based, person-centred reviews
- Discharge planning working well
- Some very high quality services which are highly valued by service users
 - Robert Owen
 - Dawlish Garden Centre

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2. Do the new locality teams comprise sufficient staff with the appropriate skills and knowledge to meet to the full range of needs of people with learning disabilities?

User experience

Areas for further consideration

- Continuity/multiple hand offs of SWs and lack of choice
- Unease about the loss of the old CLDT and a feeling that the locality teams need more specialist LD SW
- Concern about the quality of assessments within the ICO – social care support as well financial assessment and use of Power of Attorney
- Route for complaints are unclear
- Reduction in LD services are problems for some service users
- Unclear about how to get these issues addressed
- The care model for holistic assessment not always experienced by service users
- Limited range and choice of support services
- Recruitment and retention issues within the team could lead to a delay in service provision

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2. Do the new locality teams comprise sufficient staff with the appropriate skills and knowledge to meet to the full range of needs of people with learning disabilities?

Experience of staff

Strengths

- Director of Nursing leading on review of acute and community liaison roles
- Social workers confident in using the new support planning service and can expand its role in relation to LD
- The ambition and direction of the ICO is clear, but what is missing is the delivery plan which would further engage staff
- Staff from the Zones feel the changes are working within the team
- Positivity around the new transition post
- Good experience of adult safeguarding training, but more should be provided for LD to make safeguarding personal

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2. Do the new locality teams comprise sufficient staff with the appropriate skills and knowledge to meet to the full range of needs of people with learning disabilities?

Experience of staff

Areas for further consideration

- Staff feel their expertise and knowledge is not utilised – limited contact with commissioners
- Issues of clarity of the roles of the IATT/specialist team particularly in relation to eligibility and access
- Is there a clear commissioning agreement with Devon Partnership Trust for IATT – specifically for Torbay
- Services are struggling to meet DOLS targets and a backlog exists
- Explore the requirements of LD occupational therapy because this is adding financial pressure and delays in care – assessments are currently private provision
- Because of recruitment and retention issues within certain roles consideration for 'grow your own' – to develop talent and career pathways
- Since the ICO significant change has occurred, e.g. changes in senior management from the community side, including some key staff due to leave

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Next steps

- Commission the right support to develop a robust needs assessment for the whole LD population
- Ensure the health and care partnership is clear about its future commissioning priorities for LD
- Start to build strong partnerships within the council and external partners to help deliver commissioning priorities for LD services
- Consider how best to develop strong corporate ownership of the LD agenda
- Take immediate steps to review and strengthen arrangements for user engagement
- New Housing Company significant opportunity for people with a LD

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**Meeting: Policy Development and Decision
Group (Joint Commissioning Team)**

Date: 16th April 2018

Wards Affected: All

Report Title: Torbay Virtual School: Annual Report

Is the decision a key decision? No

When does the decision need to be implemented?

Executive Lead Contact Details: Councillor Julien Parrott, Lead Member Adults and Children, Email: julien.parrott@torbay.gov.uk,

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Email: andy.dempsey@torbay.gov.uk, Telephone 01803 208949

1. Proposal and Introduction

1. Local Authorities have a duty under the Children Act 1989 to safeguard and promote the welfare of a child looked after by them. This includes a specific duty to promote the child's educational achievement wherever they live or are educated.
2. The Children and Families Act amended the Children Act 1989 to require local authorities to appoint at least one person for the purpose of discharging the local authority's duty to promote the educational achievement of its looked after children. That person, termed the Virtual School Head (VSH), must be an officer employed by the authority or another local authority in England.
3. Torbay's Virtual School was established in 2010 and consisted, at that time, of a Head teacher (0.5 full time post) and an Advisory Teacher (1 full time post). It now comprises a Headteacher (0.6 full time post), Primary Teacher (1 fulltime post), Secondary Maths Teacher (1 full time post), Secondary English Teacher (1 full time post) and an Attendance Officer (1 full time term time only post). The Virtual School Team is co-located with Children's Services Social Care staff in Tor Hill House.
4. As with a mainstream school, the Virtual School is overseen by a Governing Body who receive regular reports on performance, as well as the Corporate Parenting Group which provides for oversight by elected members and partner agencies. Attached at Appendix 1 is the report of the Virtual School Head to the Governing Body for the academic year 2016/17.

2. Reason for Proposal

- 2.1 Children Looked After (CLA) start with the disadvantages of their pre-care experiences and often have special educational needs. The Virtual Head and Virtual School have a key role in ensuring children have the maximum opportunity to reach their full potential. This includes asylum seeking and refugee children.
- 2.2 All children looked after should have a Personal Education Plan (PEP) which forms an integral part of the child's care plan or detention placement plan for those children in a secure setting. The PEP should cover the full range of educational and developmental needs. It is an evolving record of what needs to happen for looked after children to enable them to make at least expected progress and fulfil their potential. The quality and effectiveness of the PEP is the joint responsibility of the local authority responsible for the child and the school or education provider.
- 2.3 Arrangements for the operation of the Virtual School should follow the DfE statutory guidance for local authorities: Providing the Education of Looked After Children and Previously Looked After Children (February 2018). This is statutory guidance which means it must be followed when there are exceptional circumstances that justify departing from it.
- 2.4 The Annual Report attached at Appendix 1 is the seventh report since the Virtual School was established in the academic year 2010/2011. The Annual Report describes the educational performance of children looked after and the wider work of the Virtual School. It also includes a self-assessment which the school as 'good':- based on the outcome for children looked after. All of the data about the Virtual School performance is for the academic year 2016/17.
- 2.5 The Virtual School is comprised of three cohorts of children looked after:
- Children looked after educated in Torbay schools or education provisions in Torbay;
 - Children looked after who are educated in other local authority or independent schools; and
 - Children looked after from other local authorities who are educated in Torbay schools.
- 2.6 The key responsibilities of the Virtual School are: -
- To ensure there is a robust system to track and monitor the educational attainment and progress of children looked after;
 - To ensure that all children looked after have a robust and effective personalised education plan, including access to 1:1 support and personal tuition; and
 - To champion the educational needs of children looked after across the authority and then placed out of area.

- 2.7 The VSG Annual Report provides a detailed breakdown of the progress and attainment of CLA across all educational phases and a performance summary highlighting the direction of travel and comparisons with national performance. Key highlights include: -
- The proportion of children reaching a good level of development at Foundation Stage has improved;
 - Performance at Key Stage 1 has improved with increases in the proportion of children achieving at least expected outcomes in reading, writing and maths;
 - Key Stage 2 performance was much improved with increases in the proportion of children achieving at least expected outcomes in reading, writing, maths and Spelling, Punctuation and Grammar (SPAG). The performance gap between CLA and their peers also reduced.
 - Key Stage 4 was a mixed picture with a small increase in the proportion of CLA gaining 5 A* - C including English and Maths (13.6%) against a national figure for CLA of 15%. Attainment increased marginally however progress declined.
 - At Key Stage 5 two young people were studying level 3 courses whilst the remainder were following level 1 and 2 courses.
 - There have been continued success in ensuring no permanent exclusions for children looked after and the proportion of children experiencing at least one fixed term exclusion decreased to 3.72%.
 - Attendance has improved to 96% and numbers of children achieving 100% attendance rose from 34 children to 54 for this academic year.
- 2.8 Looked after children receive Pupil Premium Plus (PP+) as additional funding to help improve their attainment and help close the gap with their peers. In Torbay this is held by the Virtual School and only released in support of educational or developmental provisions approved by the Virtual Head. As the VSG report highlights, the greater part of PP+ is expended with pupil level interventions as part of the Personal Education Plan.
- 2.9 Alongside the work of the Virtual School engaging individual children, their school, social workers and carers, it also plays a key role of influencing the wider education system in meeting the needs of children looked after. Key initiatives in 2017/18 have been an extended programme of training for schools and practitioners on Attachment Theory and Mindfulness training for school staff. Both programmes aim to equip schools and practitioners to respond to the behaviours and needs of children looked after arising from their pre care experiences and avoid them being characterised as 'problem learners'.
- 2.10 Torbay Virtual School is now well-established within the local arrangements to maximise the educational opportunities and outcomes for children looked after. Performance for the academic year shows improvements in most areas with the exception of Key Stage 4, which is more mixed. The need for stability and continuity in both education and placement settings is important at all stages but particularly so at Key Stage 4 and this is a key area of focus for improvement activity. The Virtual

School is also playing a leading role in using research to inform practice and upskilling practitioners in attachment theory and mindfulness. The VSG Report 2017/2017 will also be considered by the Corporate Parenting Group in due course.

3. Recommendation(s) / Proposed Decision

- 3.1 The Elected Mayor is asked to note the report of Torbay's Virtual School for 2016/17 and agree to receive further updates on the educational progress and attainment of children looked after.

Appendices

Appendix 1: Report of the Virtual School Head to the Governing Body 2016/17