

# Torbay's Market Position Statement 2021-24

**TORBAY COUNCIL**

**NHS**  
Torbay and South Devon  
NHS Foundation Trust

## Foreword

For many people, receiving help to stay at home and to maintain their independence for as long as possible is what matters to them and this is one of the key intended outcomes of our integrated care model.

The way in which we deliver care and support is also changing and our partnerships with care providers need to change too. We need to work together at different times in a person's care and support journey, recognising that people's needs change and that they need a responsive and agile network of support combining their own resources with NHS, social care, local communities and the independent sector. At the same time we need to ensure this care and support is timely, sustainable and does not weaken natural support by promoting dependence on state-funded care until it's really needed.

The Care Act 2014 places a duty on the Council to “**facilitate a diverse, sustainable high quality market for their whole local population and to promote efficient and effective operation of the adult care and support market as a whole. They must also ensure continuity of care in the event of provider failure**”. This duty will be met within the context of four overarching strategic priorities:

- Enabling more people to be healthy and stay healthy;
- Enhancing self-care and community resilience;
- Integrate and improve community services and care in people's homes;
- Deliver modern, safe and sustainable services.

In line with the strength-based approach underpinning the Care Act 2014 and the social policy changes that lead to that legislation, Torbay's commissioning approach seeks to:

- Increase the use of enabling housing-based models of care and support so that people have a greater choice and control over how, where and with whom they live, and how their care is provided. These options include ambitious capital projects such as multigenerational extra care housing, smaller schemes for groups with specific needs, as well as new models of home care to support people to remain living with family carers at home.
- Increase the number of people maintaining their own independence through offering better information at an early stage to enable people to recognise their own strengths and assets, combining them with voluntary or community support and access to equipment & technology to meet their needs in the first instance.
- Reduce the systemic use of residential care to meet social care needs. This means not placing working-age adults into care homes wherever possible, and delaying the point at which older people enter residential care. The Council and our NHS partners, will only commission homes capable of meeting very complex and nursing needs, working with our care home sector to constantly improve quality and capability within Torbay.

## **What is a Market Position Statement?**

A market position statement (MPS) is produced by local authorities, to summarise supply and demand in the local care provider market and form the basis for strategic commissioning decisions.

It should be useful to care providers, as:

- A tool to help plan for future developments, by providing useful insight with regard to investment in capital or personnel.
- Information on what is happening now, and what commissioners' future plans are.
- A step towards working with the local authority and other commissioners to plan their business development.

## **Scope**

The geographical focus is largely Torbay. However, as Torbay Council works closely with the NHS Devon Clinical Commissioning Group (CCG), and many Torbay providers work across South Devon, and across the region, we will also be referring to information about South Devon and beyond when needed. Also as Torbay Council and NHS Commissioners have been working since 2005 to closely integrate services, we will not only reference our local and regional work but also include public health, housing, children's services, community safety and planning.

The audience is mainly adult social care providers in Torbay, or providers that would like to move into the area.

## **Our Vision**

### **'Thriving communities where people can prosper'**

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

Our vision is to support people to stay as well and as independent as possible, for as long as possible and to manage their own health and well-being in their own homes wherever possible.

## **Mission statement**

*We will work with our local community to support residents in Torbay, to maximise their own wellbeing and independence, advising and guiding them around the best health and social care systems for them. Those who provide support services will feel empowered to enable people to engage fully in their own decision making on choices of care.*

*By working with our community this way, we will create a new way of supporting each other to achieve wellbeing for everyone - those receiving support and personal assistance and those providing it.*

Where care is needed we want people to have a choice about how their needs are met and only have to tell their story once. People receiving services need to be at the heart of what we and providers deliver together.

# Thriving communities where people can prosper

## our vision for Adult Social Care in Torbay

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

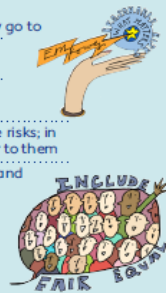
### Working in partnership means:

Finding opportunities to work together to support people's wellbeing  
 We recognise we are part of the community, not separate from it  
 Helping to connect people, groups and organisations together  
 Building strong, open, and trusting relationships with everyone we come into contact with i.e. partners, community organisations and those we support  
 Constantly learning and asking for everyone's views  
 Supporting and valuing those who carry out unpaid work for us, like carers and volunteers



### Respond to our community by:

Working with people in their own neighbourhoods, in places they already go to  
 Making it easier for people to access good advice and information  
 Working with people to find and build up their strengths and priorities  
 Empowering people to take reasonable risks, in order to achieve the things that matter to them  
 Looking for and sharing opportunities and positives. Focusing on what we CAN do  
 Making sure everyone is included, and treated fairly and equally  
 Making sure we are fair in the way we support people



### Our values and behaviours are:

We value everyone's contribution, and recognise our own boundaries  
 To share our knowledge, skills, and resources for the benefit of local people  
 Support and empower people to be the best they can be  
 Enable people to live lives which are as full and independent as possible  
 Respect the feelings and experiences of others, even if they are different from ours  
 Always looking for ways to improve how we work  
 Trust each other to do the right thing for people



### We will communicate by

Using language that is simple for people to understand  
 Using different ways of sharing information, using technology creatively  
 Considering the impact we may have on others  
 Sharing our aims and aspirations with everyone  
 Being available in our communities, so it is easier for people to reach us



### The way we will work & do things

Use technology to help people stay independent  
 Remove as much red-tape and bureaucracy as we can  
 Be flexible to help people achieve their goals  
 Make our systems work better for us and the people we support  
 Support people to make changes, which help them feel healthier and happier  
 Empower people to choose how their care and support needs can be met  
 Work with people and communities to reduce inequalities  
 Empower staff and partners to be creative and try new ways of working  
 Give our staff the training, tools, and permission to work differently

### We will do this by:

Building long-lasting relationships with our community partners, which are founded on trust, transparency and compromise  
 More joint working between Adult Social Care and community/voluntary sector partners, including working together in community settings.  
 Streamlining our tools and processes, to ensure that we act consistently and reduce bureaucracy.  
 Making it easier for people to access a wider range of support, advice and information; which helps them achieve the best outcomes  
 Increasing training, development and support for our staff, so that they feel confident in working differently with people and the community  
 Focusing on what matters most to those that we work with, and supporting them to achieve these; whether they are new to social care or have been supported for some time  
 Making sure our systems support a different way of working, and measure meaningful results  
 Making best use of technology to help people achieve the outcomes that matter to them



### Benefits we have seen so far:

Community partners have said they feel more valued and trusted, because we are working together as equals  
 Working in partnership with social care has helped some community partners to secure additional charitable or government funding, which has a bigger impact in their community  
 Social care staff and community partners have both said that sharing, learning from, and supporting each other has been a positive experience  
 Social care staff have said they appreciate being trusted and empowered to try new things, and to do the right thing for people

More people have been able to find a solution that's right for them at first contact  
 Working in community spaces has made social care advice and information more accessible, particularly to people who may have otherwise not engaged with us  
 Average waiting times have reduced for most social care teams  
 People have reported that they felt listened to and cared about, through being supported in a different way



We have been able to connect more people with resources in their community which helps them to stay well and independent



### Things we want to avoid:

Trying to remove all risk, and reducing a person's choice and control as a result  
 People having to wait a long time for support, and their situation getting worse as a result

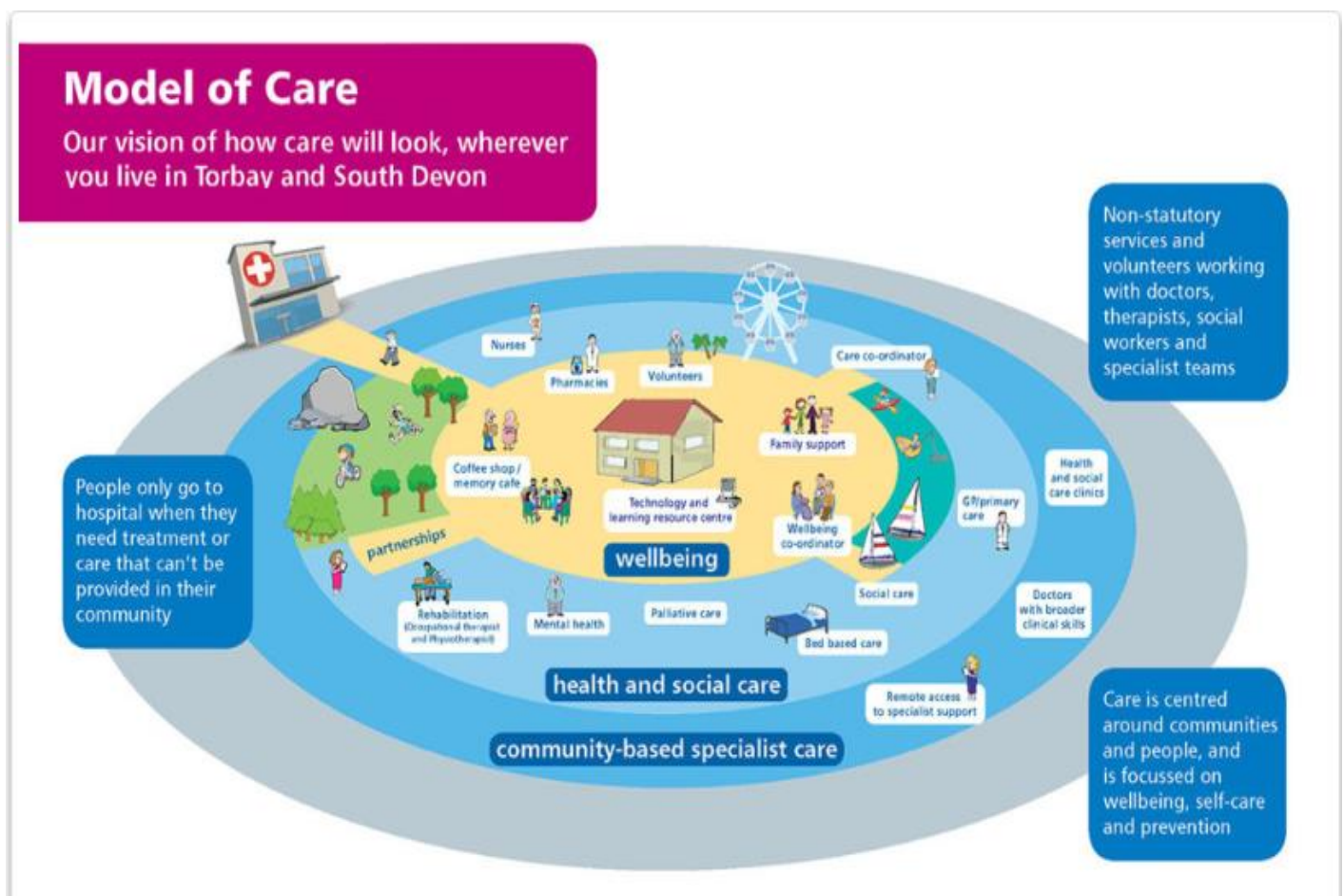
## Background/Context

Since 2005 we have been working to integrate Adult Social Care (ASC) services with NHS services, and by using most of the ASC budget to commission local NHS providers to deliver social care for adults, or commission independent sector providers, we can provide better 'joined up care.' People have told us they do not mind who provides services for them, they just want the right care provided at the right time.

In October 2015 the two largest NHS Trusts in the Torbay and South Devon area merged to form an Integrated Care Organisation (ICO), now called Torbay and South Devon NHS Foundation Trust (referred to in the rest of this document as the Trust) and we also created pooled budgets.

To outline to providers our vision for the future of health and care in Torbay and South Devon we have our New Model of Care (see diagram below).

## The New Model of Care



The Trust, CCG and local authority are continuing to develop our **New Model of Care** that emphasises well-being and prevention, with a focus on using people's strengths and assets to promote resilience and prevent their need for statutory social care intervention as well as to reduce the length of any intervention.

Torbay has been moving to an asset-based community development model which the Torbay Community Development Trust facilitated through the [Ageing Well](#) initiative. You can also find further information here about asset-based community development in Torbay.

We have also developed a [strengths-based social work approach](#) emphasising what people can do, not what they can't do.

ASC independent sector care providers have a crucial role to play in the current health and social care system and in our New Model of Care. Providers are key partners for us, so we want to make sure they get the information and support they need to effectively carry out their roles in the health and social care system.

The strategic plans of Torbay Council, CCG and the Trust will give more insight into the local provision of adult social care, and their representatives, along with other partners, meet as the Torbay Health and Wellbeing Board, to improve the commissioning and delivery of NHS and local government services.

Torbay Council is also a member of Together for Devon, a partnership of health and social care organisations working together with local communities across Devon, Plymouth and Torbay to improve people's health, wellbeing and care. This is part of a new arrangement – called an Integrated Care System – which is how we work from 2021.

- For more information on the Torbay Council Community and Corporate Plan see <http://www.torbay.gov.uk/council/policies/corporate/corporate-plan/>
- For more information about the plans of NHS Devon CCG see <https://devonccg.nhs.uk/about-us/who-we-are-and-what-we-do>
- For more information about the New Model of Care and the plans of the Integrated Care Organisation – Torbay and South Devon NHS Trust see <http://www.torbayandsouthdevon.nhs.uk/about-us/our-vision-of-health-and-care/>

## What we're looking for from Care and Support Providers:

We would like to see more:

- Providers that put the person and/or carer at the centre of everything they do, involving them in the planning and delivery of their care and listening to them;
- Providers working together to deliver care innovations; thinking ahead with us;
- Providers delivering added value;
- More providers rated 'outstanding' by the Care Quality Commission (CQC) in Torbay, reflecting improvements in the quality of care;
- Providers that build and use the resilience and assets of people and communities, reducing dependency and need for services;
- Providers that want to work with us to intervene early and prevent the escalation of need, so that people can maximise their health and well-being and fewer people will have to move out of their own homes to receive the care and support they require;
- Providers offering short-term as well as long-term care options;
- Providers supporting people who buy their own care, using a direct payment or personal budget;
- Providers who measure their success by the positive impact they have on a person's health, well-being and independence as well as satisfaction with the care received; and
- Providers who deliver 'value for money' (but not necessarily the cheapest) care.

We also recommend that providers connect with other suppliers of services across the health and care marketplace to share best practice and identify opportunities to work together e.g. making use of each other's skill-sets, co-location of services, sharing costs, etc.

This includes working with organisations in the voluntary sector that provide services such as advice, advocacy and information signposting, or can help with engaging with the wider community (including volunteers).

# Our commissioning intentions and business opportunities for providers of care and support

The Council's Community and Corporate Plan (2019)-2023 is here <http://www.torbay.gov.uk/council/policies/corporate/corporate-plan/> and our current priority adult social care commissioning intentions are in the table below.

CURRENT COMMISSIONING INTENTIONS - OVERARCHING THEMES AND WAYS OF WORKING		
Prevention and Early Help	Community	Accommodation with care and support
<p>1. Focus on prevention, early intervention, rehabilitation and recovery to:</p> <ul style="list-style-type: none"> <li>• Support people to remain as independent as possible, for as long as possible.</li> <li>• Reduce ASC demand.</li> <li>• Delay entry into residential care.</li> </ul> <p>2. Increase independence and re-ablement through better access to community equipment, assistive technology, home improvements, including Disabled Facilities Grant.</p>	<p>Support people to remain living at home and exercise choice and control over their lives through the availability of:</p> <ul style="list-style-type: none"> <li>• High quality homecare &amp; domiciliary care services (which include complex support) and a focus on personal re-ablement and recovery.</li> <li>• Personal assistants, support planning and brokerage services.</li> <li>• Providers with which people can use their <b>personal budgets</b>.</li> </ul> <p>Support the sustainability of a vibrant voluntary and community sector by:</p> <ul style="list-style-type: none"> <li>• Maintaining and using the local mapping work by CCG, ICO, LA commissioners and local sector.</li> <li>• Reducing current duplication of services and quality variance.</li> <li>• Using a lead voluntary sector organisation to commission services on our behalf.</li> </ul>	<p>In line with the strength-based approach underpinning the Care Act 2014, Torbay's commissioning approach seeks to:</p> <ol style="list-style-type: none"> <li>1. Develop a dynamic forecasting model that will assist in determining the right size, type and supply of residential and supported living (SL) care in Torbay, to meet the current and emerging social care demand, including more complex needs.</li> <li>2. Increase the use of enabling housing-based models of care and support so that people have a greater choice and control over how, where and with whom they live, as well as who and how their care is provided.</li> <li>3. Reduce the systemic use of residential care to meet social care needs, by: <ul style="list-style-type: none"> <li>• Creating effective supported living options for all age groups that enable people to live well at home for longer.</li> <li>• Supporting more people to maintain their independence through early advice on personal and community assets, and access to equipment and technology to meet their emerging needs.</li> <li>• Not placing working-age adults into residential care, wherever possible.</li> <li>• With better homecare alternatives, significantly delaying the entry of older</li> </ul> </li> </ol>



	<ul style="list-style-type: none"> <li>• Vibrant communities where there are increased feelings of neighbourliness, connection, and accessible places of welcome.</li> </ul>	<p>people into residential care and reducing stays.</p> <ul style="list-style-type: none"> <li>• With our NHS partners, only commissioning and placing in homes capable of meeting very complex and nursing needs.</li> </ul> <ol style="list-style-type: none"> <li>4. Work with our residential and nursing care sector to improve quality and capability, and develop agreed outcomes-based specifications.</li> <li>5. Work with our supported living providers to develop sufficient capacity and quality to meet emerging demand, including complex needs and to develop agreed outcomes-based specifications.</li> <li>6. Implement the Housing Strategy 2020 - 2025 <a href="http://www.torbay.gov.uk/housing-strategy">http://www.torbay.gov.uk/housing-strategy</a></li> <li>7. Develop further units of extra care housing and sheltered accommodation that meet the needs of people with more complex conditions.</li> </ol>
<p><b>Learning Disabilities (LD)</b></p> <p>Work with other regional commissioners to deliver the joint regional <b>Living Well with a Learning Disability in Devon strategy 2018 – 2022</b></p>	<p><b>Community</b></p> <p>Focus on people living full and independent lives, where secure homes and fulfilling lives are a priority. Improve access to paid employment and training through provision of targeted person-centred support.</p> <p>Develop an outcomes-based commissioning of day-activities to ensure daytime activities/services offer more choice, develop community inclusion and deliver more aspirational outcomes.</p> <p>Improve accessibility to community services for people with a learning</p>	<p><b>Accommodation with care and support</b></p> <p>Torbay’s commissioning approach seeks to:</p> <ul style="list-style-type: none"> <li>• Reduce the number of under 65 adults with LDs in long-term residential settings by a third over next three years.</li> <li>• Halve the number of larger residential settings (those with over eight beds, which have a more institutional feel.</li> <li>• Ensure there is greater housing choice - particularly self-contained SL, sheltered housing, extra care and access to general needs housing.</li> <li>• Ensure more consistency of provision and fewer complaints about the quality of support delivered.</li> <li>• More people with LDs living with parents are diverted from entering residential care and have the opportunity to live as independently as possible.</li> </ul>

	disability, through reasonable adjustments.	<ul style="list-style-type: none"> <li>Ensure the quality of support and tenancies in supported living are given more assurance and improve.</li> </ul>
<p><b>Autism</b> Work with other regional commissioners to deliver the joint Devon wide <b>Living well with autism strategy (Devon, Torbay &amp; Plymouth 2015-2020)</b></p>	<p><b>Community</b></p> <p>Commission services based on adequate population data and needs assessment, including peer support.</p> <p>Improve accessibility to community services for people with autism, through reasonable adjustments.</p> <p>Delivery of associated actions arising from the Autism Business Case and Self-Assessment Framework 2016.</p>	<p><b>Accommodation with care and support</b> Torbay's commissioning approach seeks to:</p> <ul style="list-style-type: none"> <li>Reduce the number of under 65 adults with autism in long-term residential settings.</li> <li>Ensure there is greater housing choice - particularly self-contained SL, sheltered housing, extra care and access to general needs housing.</li> <li>Ensure there are more skilled providers who are able to offer enabling support to people with complex issues and behaviours that challenge.</li> <li>Commission Positive Behaviour Support and Crisis Planning training to support the development of the workforce.</li> </ul>
<p><b>Mental Health</b></p> <p>Work with other regional commissioners to deliver the joint <b>Devon Community Mental Health Framework.</b></p>	<p><b>Community</b></p> <p>Deliver the improvement plan and input to mental health service redesign with Devon Partnership NHS Trust, Devon County Council and the CCG.</p> <p>Commission services based on adequate population data and needs assessment, including peer support.</p>	<p><b>Accommodation with care and support</b> Torbay's commissioning approach seeks to:</p> <ul style="list-style-type: none"> <li>Reduce the number of working age adults with mental health issues in residential settings.</li> <li>Ensure there is greater housing with support choice - particularly self-contained SL, sheltered housing, extra care and also improved access to general needs housing.</li> <li>Ensure there are more skilled providers who are able to offer enabling support to people with complex mental health issues and behaviours that challenge</li> </ul> <p>Commission Crisis Planning training to support the skills development of the workforce.</p>

Implement the Public Health Strategies	<a href="#">Healthy Torbay Strategy - Torbay Council</a> <a href="#">Age Positive Vision - Torbay Council</a> <a href="#">Healthy Weight Strategy - Torbay Council</a> <a href="#">Alcohol Strategy - Torbay Council</a>
Participate in the Devon-wide <b>Transforming Care Programme</b> (LD, autism, mental health (MH) Challenging Behaviour)	<p>'Building the right support' (BRS), and "Build the right home" are national plans to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges. The NHS Long Term plan also committed to a 35% reduction in inpatients with learning disabilities and/or autism by March 2020. The Devon TCP Programme aims include:</p> <ul style="list-style-type: none"> <li>• A better community support infrastructure resulting in a substantial reduction of family and placement breakdowns.</li> <li>• A reduction in the number of people admitted to inpatient settings, and a reduction in lengths of stay.</li> <li>• A reduction in Out of Area (OOA) placements and re-patriating of Torbay citizens who are currently placed in inpatient units outside Torbay.</li> <li>• Better quality of care and support for children, young people and adults with a learning disability and/or autism who display behaviours that challenge.</li> <li>• Better quality of life for children, young people and adults with a learning disability and/or autism who display behaviours that challenge.</li> </ul>
	<p><b>Links to NHS Commissioning Intentions</b></p> <p>Work very closely with NHS colleagues to deliver an integrated service. This includes end of life services, hospital discharge placements for people and community services that are NHS-led, such as integrated care. For End of Life commissioning information - please see <a href="#">Palliative and end of life care</a></p>

## Support for Providers and Market Engagement

We aim to co-design services with providers as well as service users and carers. To become involved keep in touch with us by:

- Keeping an eye on our provider area Care providers information - Torbay Council where we advertise our consultations aimed at providers and keep our market position statement information and strategies updated
- Using the local and regional support available for business and social enterprise such as the Torbay Community Development Trust [www.torbaycdt.org.uk/](http://www.torbaycdt.org.uk/), South West Academic Health Science Network (SWAHSN) [AHSN - SW Working together](#), South West Forum <http://southwestforum.org.uk/>, and Torbay Development Agency [www.torbaydevelopmentagency.co.uk/](http://www.torbaydevelopmentagency.co.uk/)
- Using the needs assessment information that is available, such as the Joint Strategic Needs Assessment on the South Devon and Torbay Knowledge and Intelligence site [Sharing knowledge and intelligence to understand the needs of the community - South Devon and Torbay Knowledge and Intelligence](#)
- Getting involved in our Provider Reference Group to help co-produce the next Market Position Statement and organise forums with us
- To get in touch please contact Torbay Council Joint Commissioning Team Email: [commissioning@torbay.gov.uk](mailto:commissioning@torbay.gov.uk) Tel: 01803 208729

For our future procurement plans please contact either [procurement.team@torbay.gov.uk](mailto:procurement.team@torbay.gov.uk) or for adult social care service procurements run by the NHS specifically please contact [procurement.tct@nhs.net](mailto:procurement.tct@nhs.net) in the Torbay and South Devon NHS Trust.

We can also offer information to new providers wanting to come into the Bay area offering services we have flagged as needed, so please get in touch. For help with planning consent see [Planning and building - Torbay Council](#)

## Torbay's Social Care Provider workforce

In Torbay there were an estimated 4,800 jobs in adult social care, split between local authorities (1%), independent sector providers (93%) and jobs working for direct payment recipients (6%). As at March 2020, Torbay contained 114 CQC regulated services; 86 were residential and 28 were non-residential services.

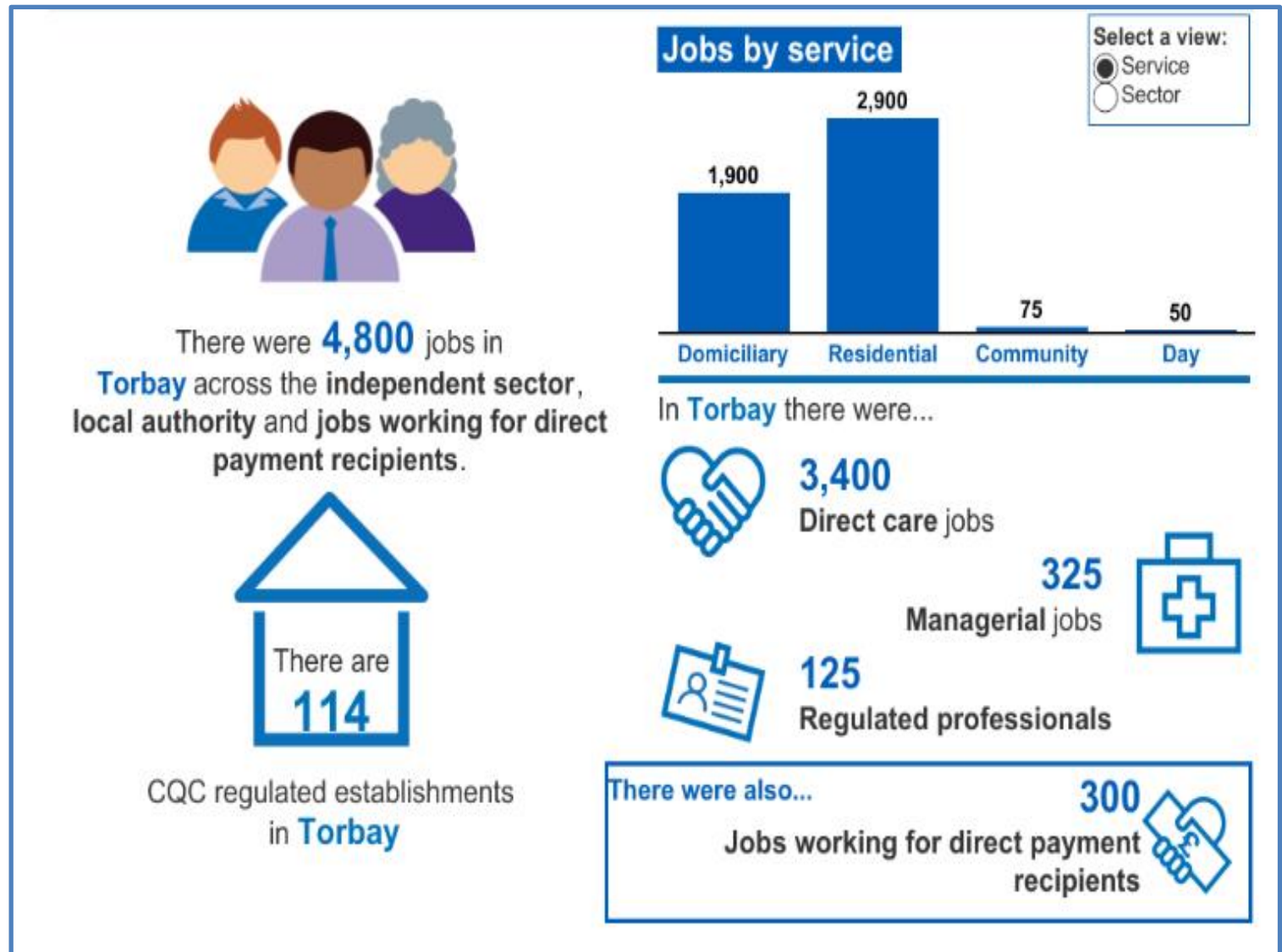
Whilst adult social care is a growth sector, in the South West region it has only grown by 2% since 2012, compared to 9% across England.

If the workforce grew proportionally to the projected number of people over 65, then the number of adult social care jobs in the South West region would need to increase by 37% (from 168,000 to 230,000 jobs) between 2020 and 2035.

Torbay reports can be downloaded by anyone at any time here [View - Skills for Care NMDS-SC](#)

2018/19 highlights of the workforce are below. Key points are that:

- Torbay has an ASC staff turnover rate of nearly 30%, at 28.6%, but lower than the South West (34.9%) and England (32.2%). In Torbay nursing homes the turnover rate is 44.7%
- Turnover rate for care workers is 38.4% in Torbay and 39.5% in England



- The vacancy rate for direct care staff is 7.4% in Torbay and 8.4% in the South West. For care workers it is 8.3% in Torbay and 9% in England

- In Torbay 51% and in the South West and England 52% of the workforce hold a relevant social care qualification, and of those workers without a relevant social care qualification recorded, 33% had five or more years of experience in the adult social care sector, 84% had completed an induction, 70% had engaged with the Care Certificate and 81% had completed training.

Torbay is an active member of the **Proud to Care South West** campaign which aims to assist providers by promoting care as a positive career choice.

### Workforce demographics

The majority (81%) of the workforce in Torbay were female and the average age is 44 years old. Those aged 24 and under represented 11% of the workforce and those aged over 55 represented 28%, therefore approximately 1,300 people may retire in the next 10 years.

Around 89% of the workforce in Torbay were British, 7% were from within the European Union (EU) and 4% from outside the EU. Nationality varied by region. In England 83% of the workforce were British, in the South West this was 85%.

Around 94% of the workforce in Torbay were of white ethnicity and 6% were from Black, Asian and minority ethnic (BAME) groups. In the South West, 91% were of white ethnicity and 9% were of BAME groups and in England 78% were of white ethnicity and 22% were of BAME groups

### Our comparator group of Local Authorities

Throughout this document Torbay is compared to a 'comparator group' of Local Authorities (LAs). This group has been put together by the Chartered Institute of Public Finance and Accountancy (CIPFA), which has developed an approach to aid benchmarking and comparing similar LAs, known as 'nearest neighbours.'

Figure 1: CIPFA nearest neighbours 2019- comparator group

Blackpool	North East Lincolnshire	St. Helens
Bournemouth, Christchurch and Poole	North Tyneside	Stockport
Darlington	Northumberland	Torbay
Dudley	Redcar and Cleveland	Wirral
East Riding of Yorkshire	Sefton	
Isle of Wight	Southend-on-Sea	

## Current and predicted need, demand and supply

The purpose of the Joint Strategic Needs Assessment (JSNA) is to provide an objective view across the life course from cradle to grave, of the health and wellbeing needs and inequalities of a local population. Therefore a local JSNA can illustrate the challenges affecting different populations at different stages of their lives, and provide an evidence base for the services commissioners need to commission, to meet the needs of the population.

The current South Devon and Torbay Joint Strategic Needs Assessment can be found at: <http://www.southdevonandtorbay.info/needs-assessment/>  
Devon County Council's JSNA can be found at: <http://www.devonhealthandwellbeing.org.uk/jsna/>

### Key points from the current (2020/21) JSNA are:

- There is significant variation in health and wellbeing across the Bay. In our most affluent areas residents can expect to live on average over six years longer than those living in our more deprived communities.
- Torbay is also ranked as the most deprived local authority area in the South West region, with 27% of the population living in the top 20% most deprived areas in England, (shown by the two darker blue shades on the map, where pale areas are amongst the least deprived in England).
- Torbay's economy is ranked amongst the weakest in England, and has declined in recent years. With the disruption to the economy caused by COVID-19 the economy is expected to weaken further.
- Torbay's economy is highly dependent on tourism and unemployment is beginning to rise.
- Torbay has an ageing population, with people aged over 85 expected to increase by 50% within the next 10 years, and more people expected to become frail and require support from health and social care services.

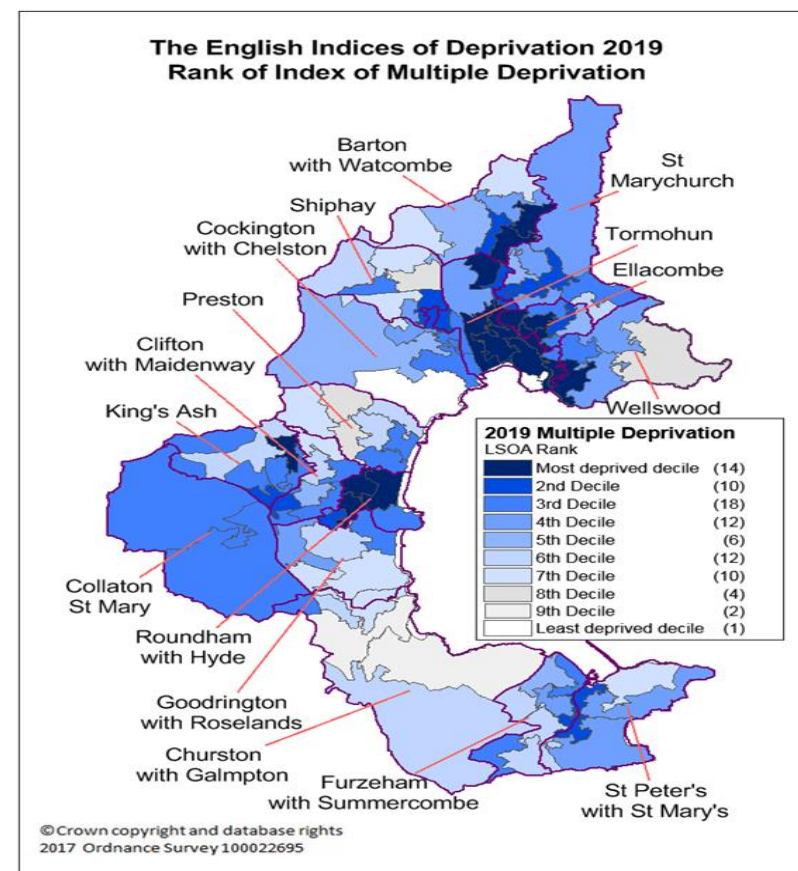


Figure 2: Index of Multiple Deprivation, Torbay,  
Source: Ministry of Housing, Communities and Local Government, [www.gov.uk](http://www.gov.uk)

## Population overview

People in more deprived communities generally tend to experience multiple long-term conditions, have poorer health outcomes, and a shorter life expectancy. Disability free life expectancy measures the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that would limit their daily activities, and in Torbay, disability free life expectancy is 3-4 years lower for both men and women than in England as a whole.

Long-term conditions are those that cannot be cured, but can be managed through treatment and behaviour. The Torbay GP registers show higher percentages of patients than in England as a whole, who have long-term conditions such as depression, diabetes, coronary heart disease, hypertension, asthma, chronic obstructive pulmonary disease (COPD), epilepsy and rheumatoid arthritis.

There are 136,264 people in Torbay (ONS Mid-Year Estimate 2019), and 1 in 4 are aged 65 or over (36,612 people, or 27%) which is higher compared to across England (where the 65s and over make up 18%). The population structure for Torbay is shown in Figure 3, and it clearly shows Torbay has higher proportions (red and blue bars) than the England average (black line) of residents in all age groups above the age of 50 and lower proportions for the younger age groups.

Figure 3: Population pyramid, Torbay (2019) Office of National Statistics (ONS) Mid-year estimate 2019

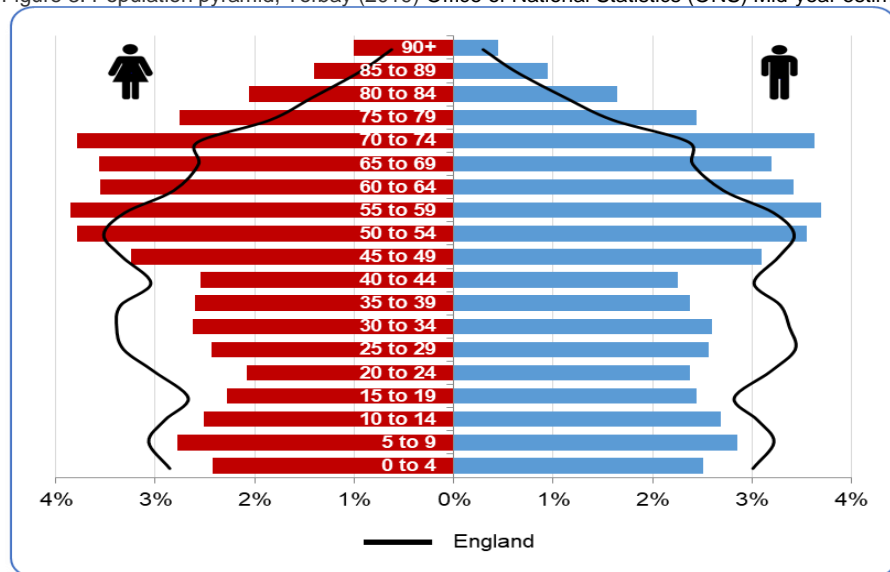
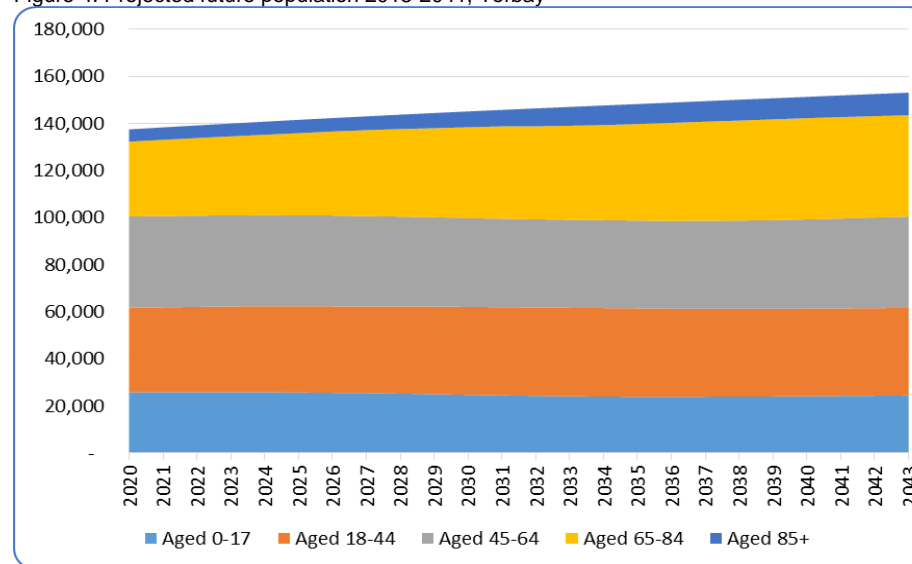


Figure 4: Projected future population 2018-2041, Torbay



Source: ONS Population projections, 2018 based

By 2040, it is estimated that over one in three (34%) of Torbay's population will be aged 65 years and over (52,033), compared to 24% across England. Population projections, by age group, are shown in Figure 4.



In England in 2015, 54% of people aged 65 or over had two or more long-term conditions. Multiple long-term conditions involves more healthcare professionals and transitions across specialties and healthcare boundaries, and there is correspondence with higher healthcare costs, unplanned or unnecessary hospital admissions, increased use of ambulatory care, delayed transfers of care and long-term institutionalisation.<sup>1</sup> It is likely with Torbay’s ageing population and higher rates of long-term health conditions that numbers with multiple long-term conditions are increasing in the Bay.

Also as our population ages, we expect the number of frail people, people with physical mobility, weakness, weight loss, slowness and or low physical activity to increase, specifically in our older age groups. The number of people with dementia is also expected to increase over the coming years. Estimates for the counts of frail people and also those with dementia are presented in Figures 5 and 6.

Figure 5: Torbay Frailty estimates -Collard et al(2012),ONS 2018 based population projections

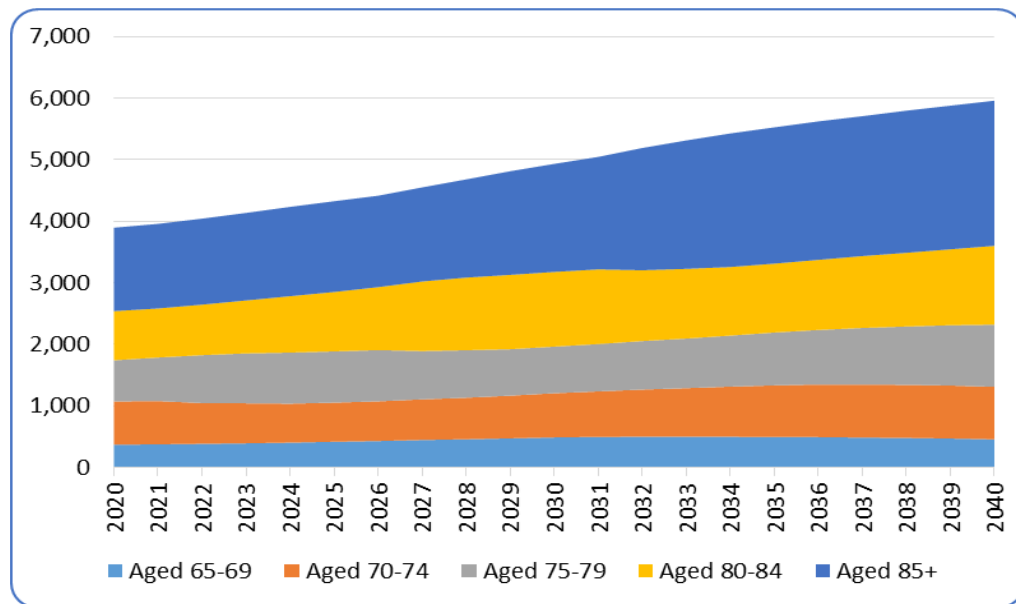
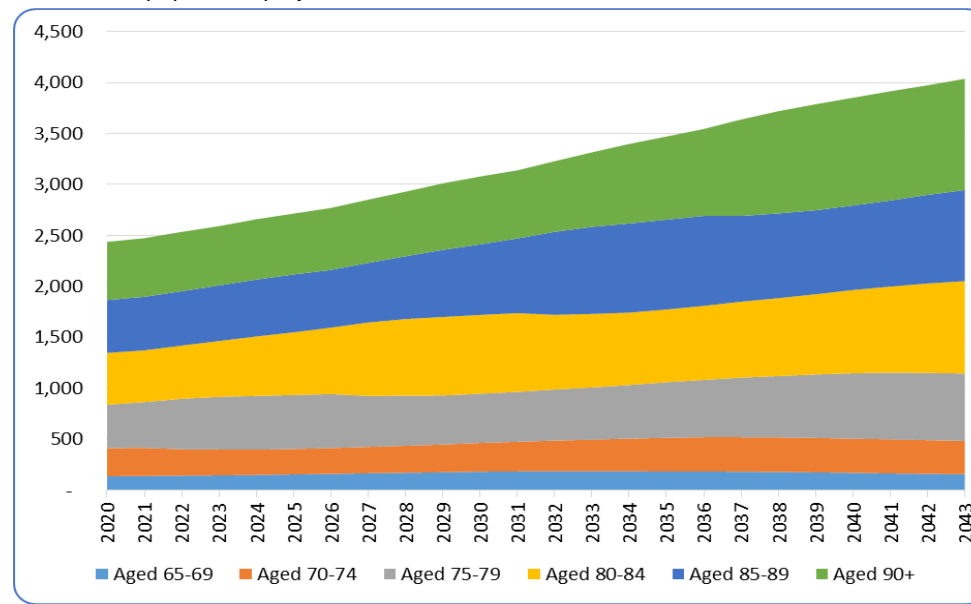


Figure 6: Torbay Dementia estimates - Cognitive Function and Ageing Study (2013), ONS 2018 based population projections



Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act, and determines how we handle stress, relate to others, and make choices. One-in-four adults and one-in-ten children will experience mental illness during their lifetime. In Torbay, the prevalence of depression in primary care, the number of emergency hospital admissions for self-harm and recorded suicides, suggest levels of mental health needs are higher in comparison to the wider England average. Additionally people with mental health problems

<sup>1</sup> Adults with multiple long term conditions in Brighton and Hove, 2018, pages 5-6

are more likely to experience poor physical health, and conversely people with poor physical health are at higher risk of experiencing common mental health problems.

Other issues affecting levels of need are prevalence of learning disability. A learning disability affects the way a person understands information and how they communicate. A learning disability can be mild, moderate or severe. Some people with a mild learning disability can talk easily and look after themselves, but take a bit longer than usual to learn new skills. Others may not be able to communicate at all, and have more than one disability. The percentage of GP patients known to have a learning disability is higher across Torbay compared to England. This could suggest higher levels of recognition within primary care. However, there are still estimated to be a noticeable number of persons with a learning disability not known to primary care.

## **Increasing demand**

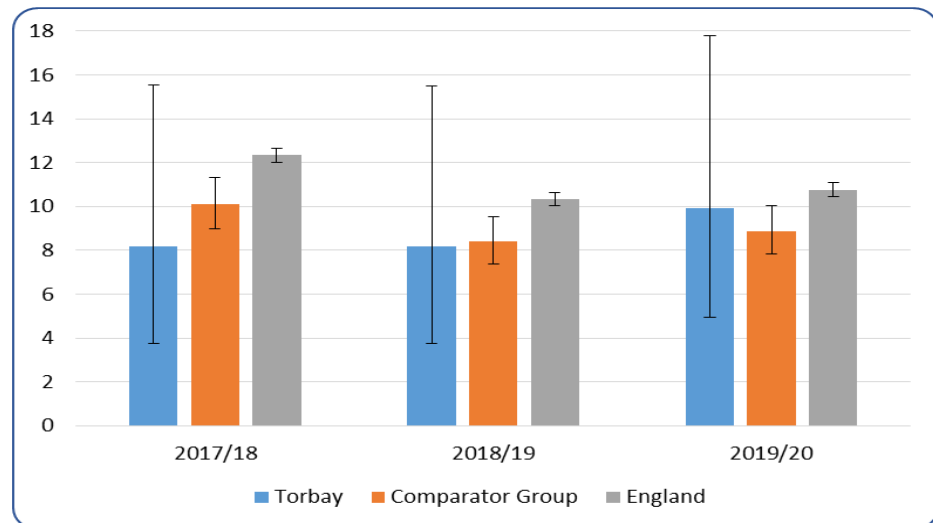
We know from the predicted changes in demography that the demand for health and social care services will also increase, however, we also know that local factors can influence (increase or decrease) the demand for adult social care (Professor John Bolton 'Predicting and managing demand in social care, discussion paper' April 2016, IPC - Institute for Public Care). The local factors are:

- The relative wealth or areas of high deprivation in the population;
- Behaviours of key players in the NHS, i.e. intermediate care and the availability of sufficient therapists and nurses in the community;
- How effect the council 'front door' is at finding solutions for people and their problems;
- The degree to which the assets of the person, their family and their local community are recognised and utilised in a person's solutions;
- The effectiveness of short-term support and a preventive help approach, including the use of assistive technology and aids;
- The practice and supervision of assessment and care management staff;
- The degree to which people with long-term conditions are supported to maintain their independence and self-manage their conditions, including dementia care;
- The availability and vibrancy of the voluntary sector;
- The availability, capacity and the nature of supported housing services including Extra-Care Housing;
- The partnership with carers and carer organisations; and
- Performance measures to assess the way providers are delivering outcomes for and positive impacts on the care system.

As well as demographic pressures, demand for adult social care services are impacted on by changes in other services areas within the health and social care system.

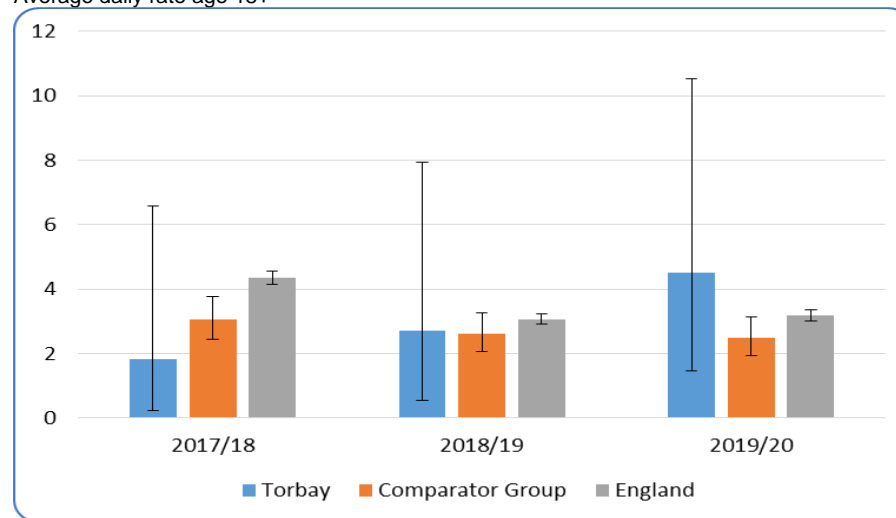
For example, the efficient flow of patients out of hospital and back into their homes, is measured through what we call ‘delayed transfers of care’ and in Torbay rates have risen in 2019/20. However, the large ‘error bars’ for the Torbay figures show that numbers are small so there is no statistically significant difference to the comparator group or England figures.

Figure 7: Delayed transfer of care from hospital per 100,000 population- Average daily rate aged 18+



Source: NHS Digital, Adult Social Care Outcomes Framework (ASCOF) 2c(1)

Figure 8: Delayed transfer of care from hospital per 100,000 population (attributable to Adult Social Care) Average daily rate age 18+



Source: NHS Digital, ASCOF 2c(2)

With needs and demand for services rising, Torbay Council is working together closely with NHS partners to develop the health and well-being system, investing in intermediate care, specialist domiciliary care and alternative housing options with care. This should reduce stays and unnecessary placements of people in expensive forms of care, and help them to recover and return home sooner.

The current data shows that the number of social care clients in residential and nursing care has fallen in the last eight years, (from approximately 840 down to 710 – a drop of 15%) presumably following the commissioning shift from bed-based care to alternative services in the community (see Figure 10 on the next page).

In December 2020 Torbay had about 600 social care clients in residential care, and a capacity of about 1,500 beds, which suggests a significant surplus and that self-funders or placements by other local authorities are a significant group in Torbay care homes.

It is likely that this downwards shift in demand for residential care will continue and that the surplus of residential beds in the bay will grow to about 250. However, whilst numbers are dropping, compared to other South West local authorities, and the England average, Torbay still has significantly more under 65s accessing residential care (Figure 10).

Also whilst there are fewer under 65s accessing nursing care than other local authority areas (Figure 10), given increased dependency levels of service users and a shift from acute hospital beds to other community bed-based or community care and support options, this demand is predicted to rise.

Figure 10: Adult 65+, NHS Digital, Adult Social care, Short and Long Term Support data

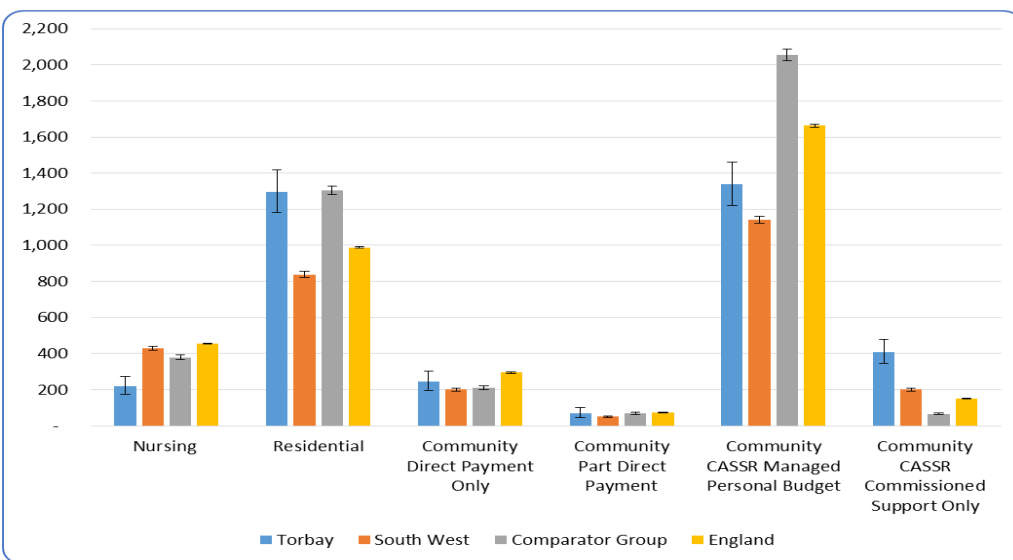
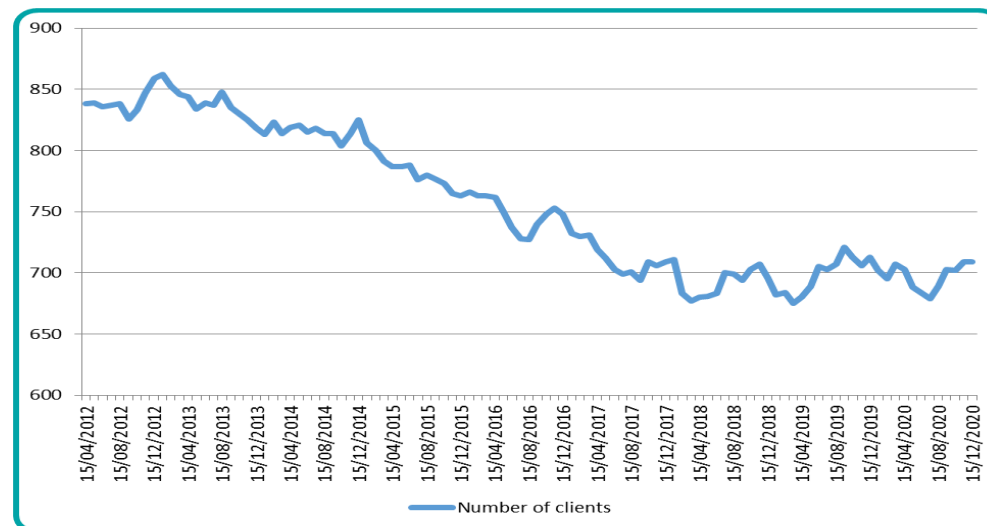


Figure 9: Long-term Residential & Nursing clients including full cost – TSDFT Jan '21



In fact, the demand for good quality nursing home care will soon outstrip capacity and so Torbay Council with the CCG is planning to encourage the development of at least 200 more good quality nursing home care beds, whilst encouraging the closure of residential care beds.

Torbay has significantly fewer over 65 clients accessing Council managed Personal Budgets than its comparator group or the England average but more than the South West local authority average.

A key issue is that use of direct payments and personal budgets, need to grow so that care homes placements are not used unnecessarily.

For working age adults, Torbay has significantly many more clients accessing Council personal budgets and direct payments than comparator group or other South West local authorities (Figure 11).

However, Torbay has significantly more under 65s accessing residential care than in its comparator group, the South West local authorities or the England average.

Torbay has significantly higher request rates for support from under 65s than other South West local authorities or England average but the request rate is lower than its comparator group (Figure 12).

Conversely, Torbay had higher rates of requests for support from over 65s than the South West but lower than its comparator group and the England average (Figure 13).

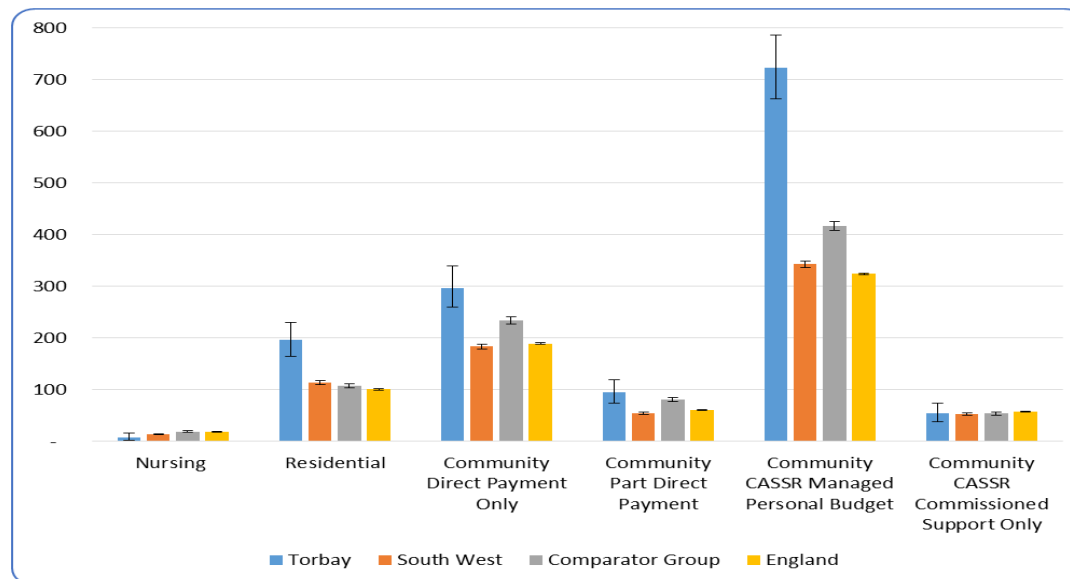
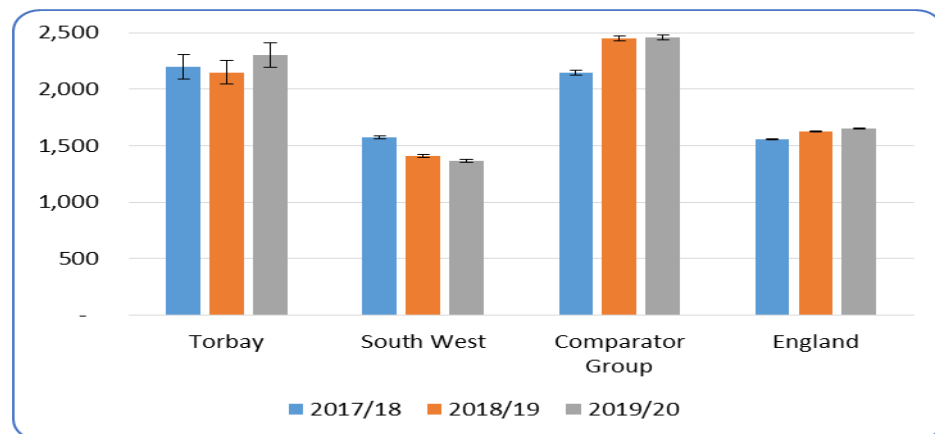


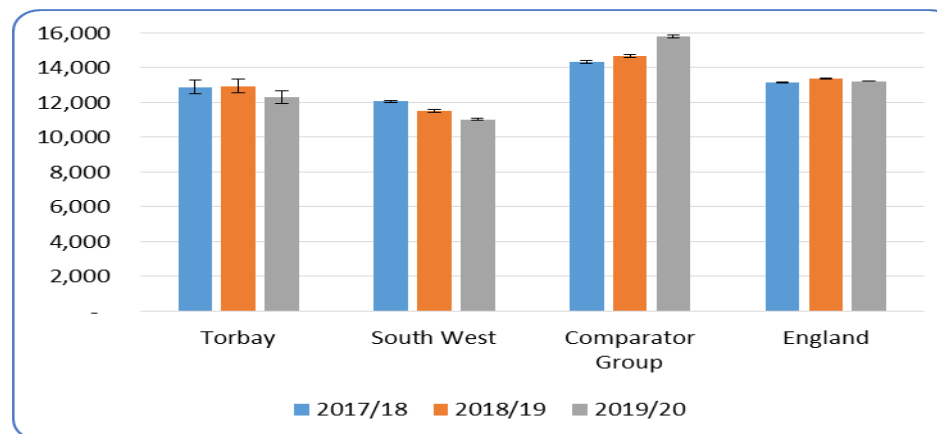
Figure 11: Adults 18-64 Adult Social Care Short and Long Term Support data

Figure 12: Rate of requests for support received from new clients aged 18-64, per 100,000



Source: NHS Digital, Adult Social Care Short and Long Term Support data, ONS midyear population estimates

Figure 13: Rate of requests for support received from new clients aged 65+, per 100,000



Source: NHS Digital, Adult Social Care Short and Long Term Support data, ONS midyear population estimates

Compared to other local authorities, Torbay often provides some kind of service and less rarely provides no services (Figure 14).

**For people aged 18 to 64 years who requested support in 2019/20, Torbay had:**

- A significantly higher rate accessing long-term care in the community, than its comparator group, the South West LAs or the England average;
- A significantly lower rate of people went on to receive ‘no services’, compared to elsewhere;
- No one entering nursing care;
- A higher rate for people entering residential care than its comparator group, the South West LAs or the England average;
- Provided more end of life care than other areas; and
- Significantly higher rates of low level support and signposting to other services.

The increase in working age adults entering residential care is better illustrated in Figure 15 and the table below, which Shows a four-fold increase in the last five years.

Year	Aged 18-64
2014/15	6
2015/16	16
2016/17	20
2017/18	22
2018/19	18
2019/20	24

Figure 14: Support request rate for new clients 18-64yrs, by what support type received, 2019/20

Source: Table NHS Digital, Adult Social Care Short and Long Term Support data, ONS midyear population estimates

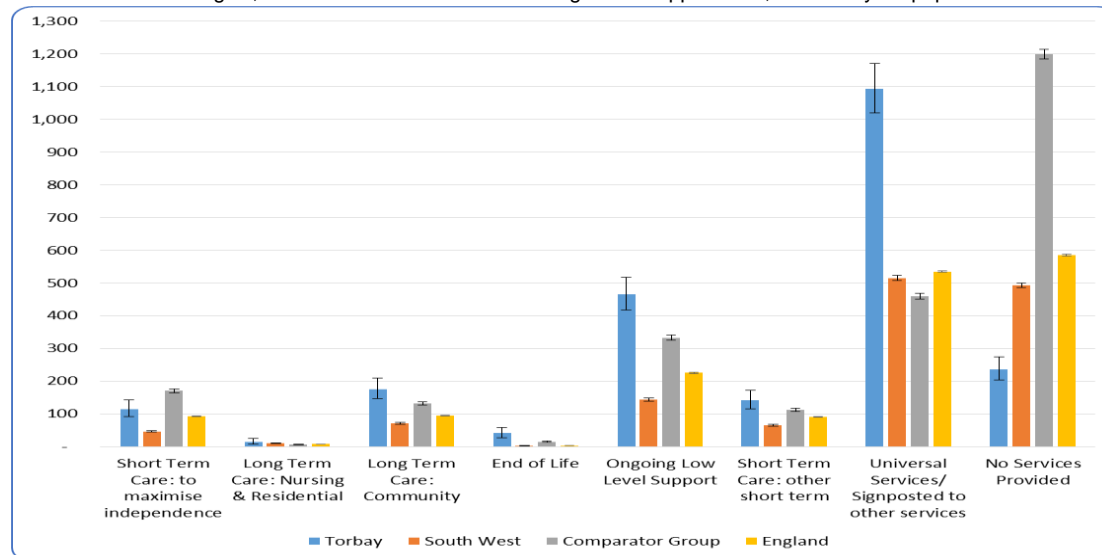
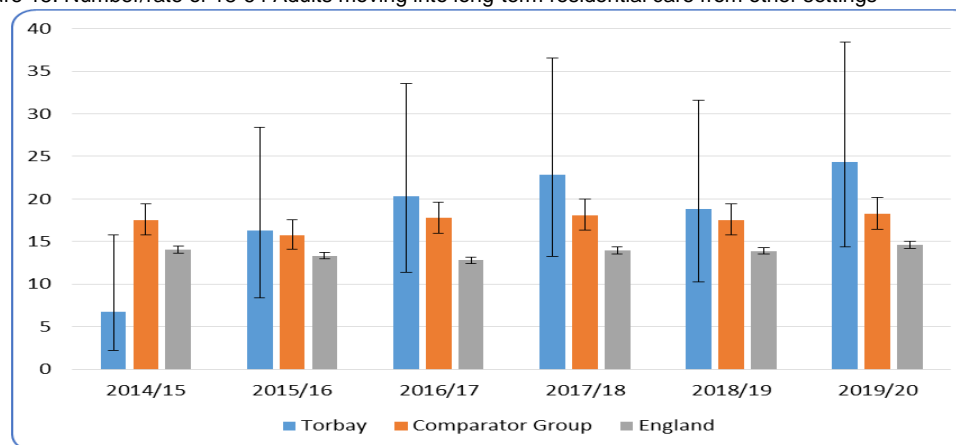


Figure 15: Number/rate of 18-64 Adults moving into long-term residential care from other settings



Source: NHS Digital, Adult Social Care Outcomes Framework 2A (1)

For adults 65 and over who requested support in the 2019/20, Torbay had:

- A significantly higher number accessing short-term care than in other South West local authorities or the England average, but about the same as its comparator group;
- A lower number accessing nursing care (significantly less than the South West) and more accessing residential care than the South West local authorities and England average;
- Significantly fewer people receiving 'no services' than other South West local authorities, the England average, or its comparator group; and Lower levels of ongoing low level support and long term care in the community, than its comparator group.

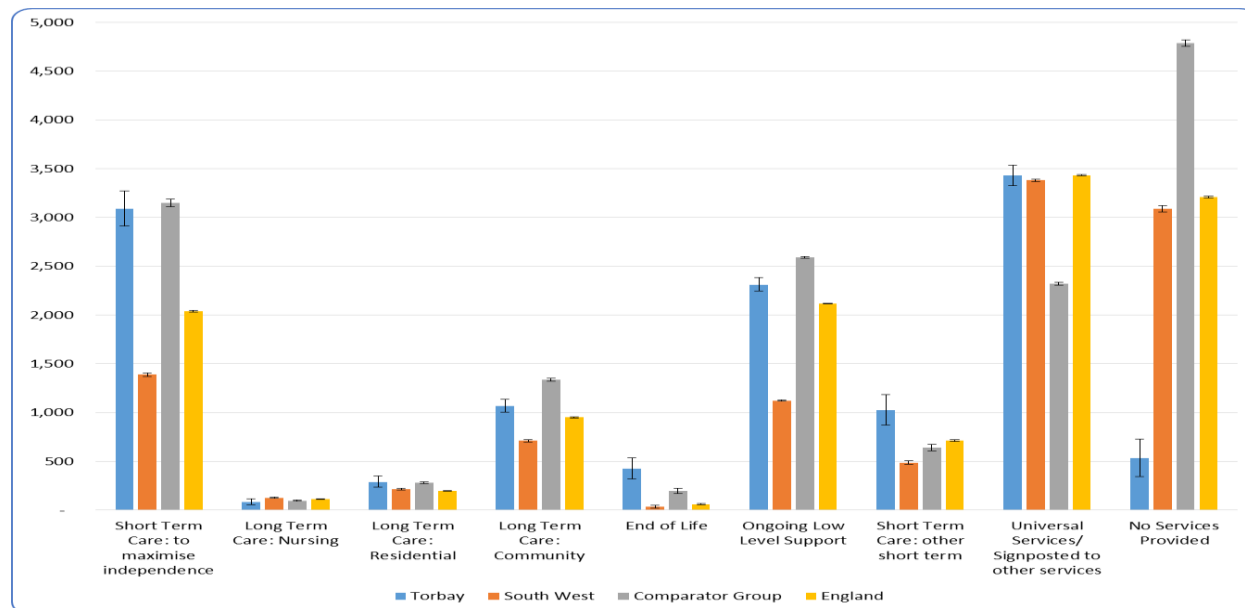


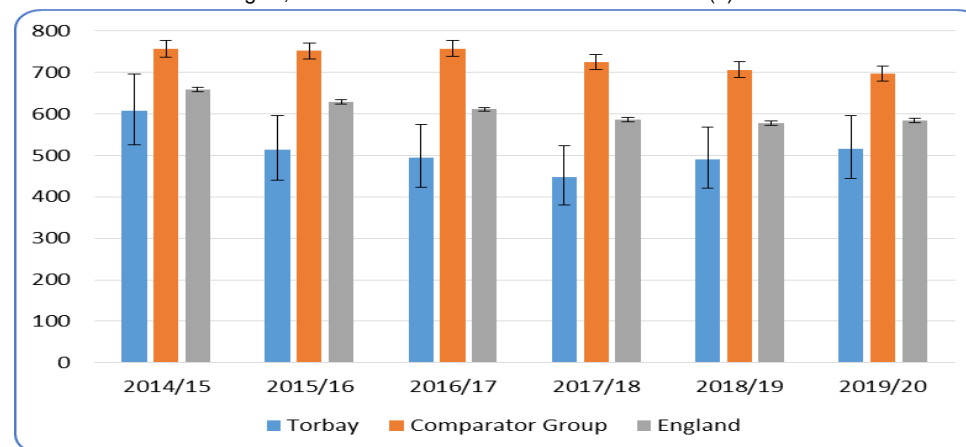
Figure 16: Support request rate for new clients 65+ yrs, by what support type received, 2019/20  
Source: NHS Digital, Adult Social Care Short and Long Term Support data, ONS midyear population estimate

For people 65 and over, the number entering residential care has fluctuated, but shown a general reduction over the last 5 years.

Torbay has significantly lower rates of admission than its comparator group and also the England average since 2014/15, see Figure 17.

Year	Aged 65 and over
2014/15	205
2015/16	176
2016/17	172
2017/18	158
2018/19	176
2019/20	189

Figure 17: Number/rate of 65+ Adults moving into long-term residential care from other settings  
Source: NHS Digital, Adult Social Care Outcomes Framework 2A(2)



## Trends in key alternatives to bed-based care

### Domiciliary Care

There are 28 providers of domiciliary care and they each provide one domiciliary care service, although some may be registered to deliver services elsewhere as well. Currently we know that:

- 45% of Domiciliary care clients receive between less than 7 hours a week;
- 43% of Domiciliary care clients receive between 7 and 28 hours a week; and
- 10% of Domiciliary care clients receive over 28 hours a week and some of those receive over 56+ hours a week.

Use of domiciliary care has increased over the last three years, with a corresponding increase in the monthly cost of packages, from £496k in January 2018 to £815k in December 2020.

### Demand for services from self-funders

A self-funder is (typically) an individual who uses their own finances to pay for care (in both residential or community settings), as opposed to receiving support from the local authority or another third party.

Currently there is no requirement for local authorities or care providers to collect data on individuals who self-fund the care they receive, and so there is a significant gap in understanding the demand for services from self-funders. However there is some evidence that ([Social-care-estimating the self-funding population Feb 2021](#)):

- People who self-fund their care make up a significant proportion of revenue for care home providers and care at home providers – estimates are around 40% of people entering residential care each year are self-funders
- 25% of self-funders will become eligible for local authority support during their lifetime due to depleted funds.
- Self-funders pay, on average, 41% more for a place in a care home than those places funded by local authorities in the same homes
- A SW ADASS report in June 2020 found that over half of local authorities have seen a decline in occupancy in homes mainly for self-funders, putting financial strain on providers.



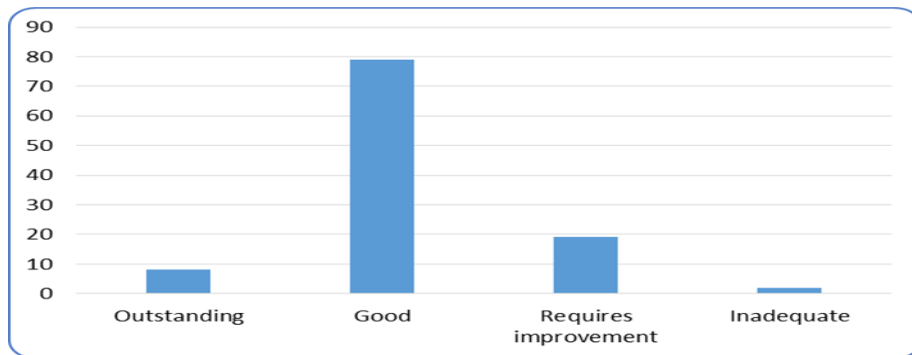
# Supply

## The Key points are:

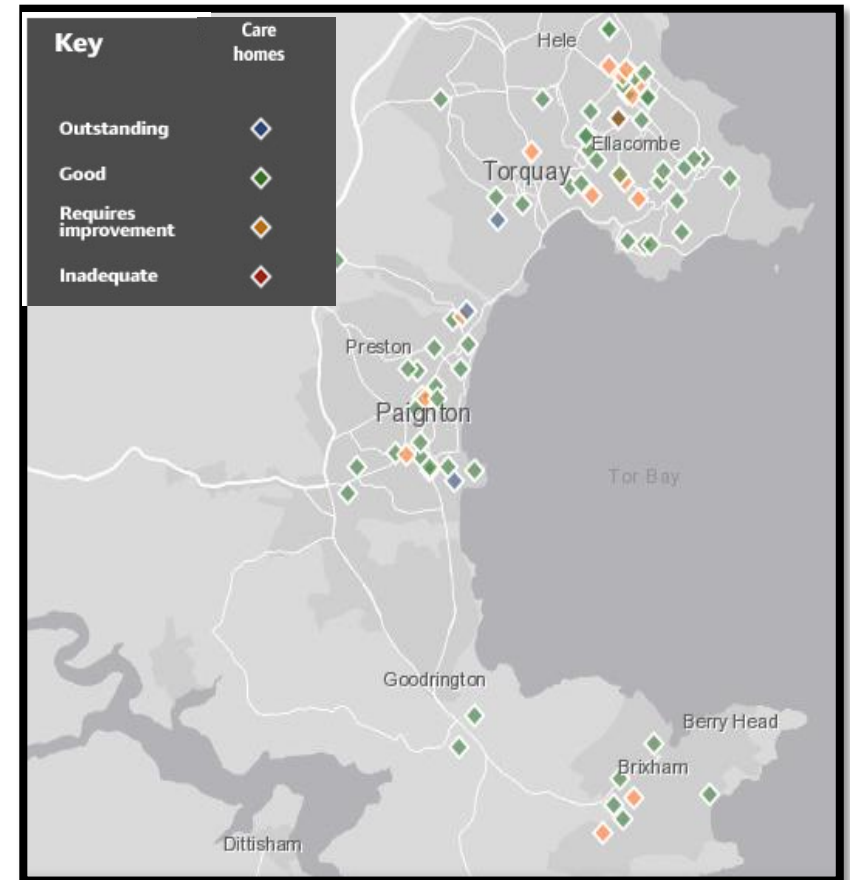
- We need more services in the community that people can buy directly with a personal budget or direct payment;
- We do not have enough nursing home beds of sufficient quality if we compare ourselves with other authorities;
- We have an oversupply of residential care places in Torbay compared to similar local authorities, and the lower rates of placements into residential care suggests that self-funders and placements by other local authorities are significant in Torbay care homes;
- We would like more providers offering short breaks either in the community or in care homes – so that carers can take a break; and
- We would like more providers offering shorter services that aim to get people back home after a stay in hospital whether, in the community or in accommodation.

## Care Quality Commission (CQC) registered care providers

Every month the CQC publish details of care providers in local authority areas which are a good source of data. Although the majority of Torbay care homes are CQC rated 'good', in comparison to our CIPFA neighbours we have less rated as 'good', more (12 homes) rated as 'requiring improvement' and fewer rated as 'outstanding.'



In Torbay there are 71 care homes providing care without nursing and 1,572 beds, and 13 care homes providing nursing and 556 beds (March 2020).



## Care homes without nursing:

The number of care homes and care home beds registered to each service user type, are shown in Figures 18 and 19. N.B. Homes, providers and beds can be registered to more than one service user band so there are duplicates in these graphs.

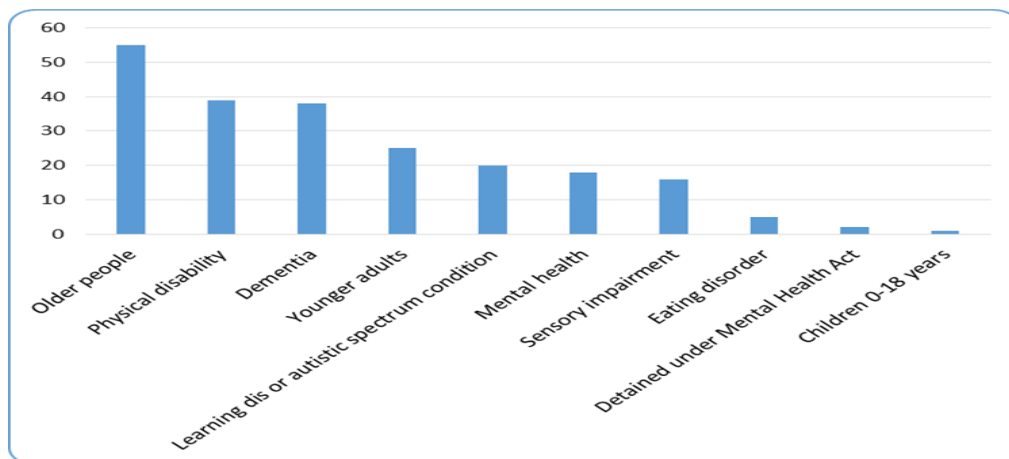


Figure 18: Number of care homes without nursing registered to each service user band, Torbay, March 2020

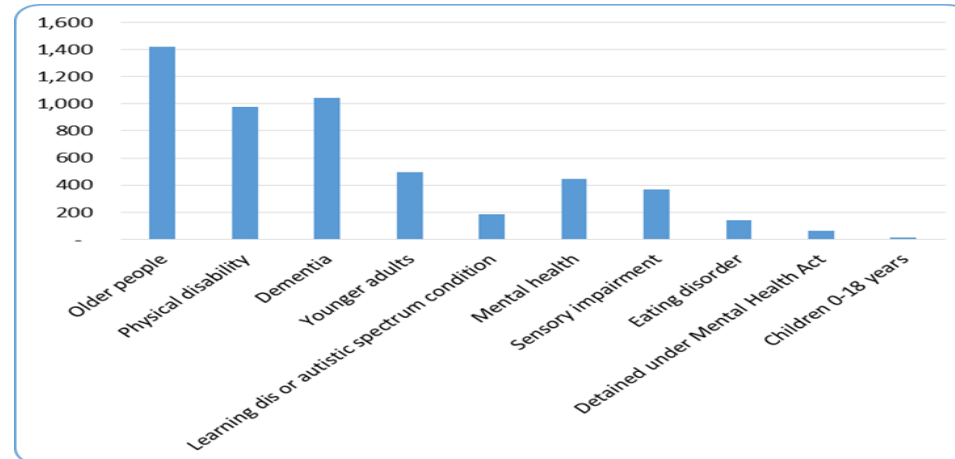


Figure 19: Number of care home beds without nursing registered to each service user band, Torbay, March 2020 Source: CQC and TSDFT

Figure 20: Care homes without nursing registered to each service user band per 100,000, March 2020. Source: CQC, TSDFT, and ONS 2018 Mid-Year Estimates. Analysis: Torbay Council

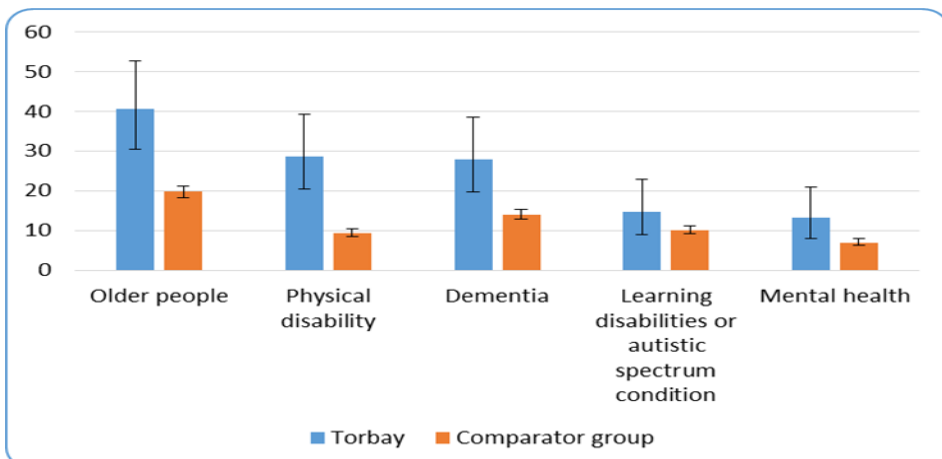
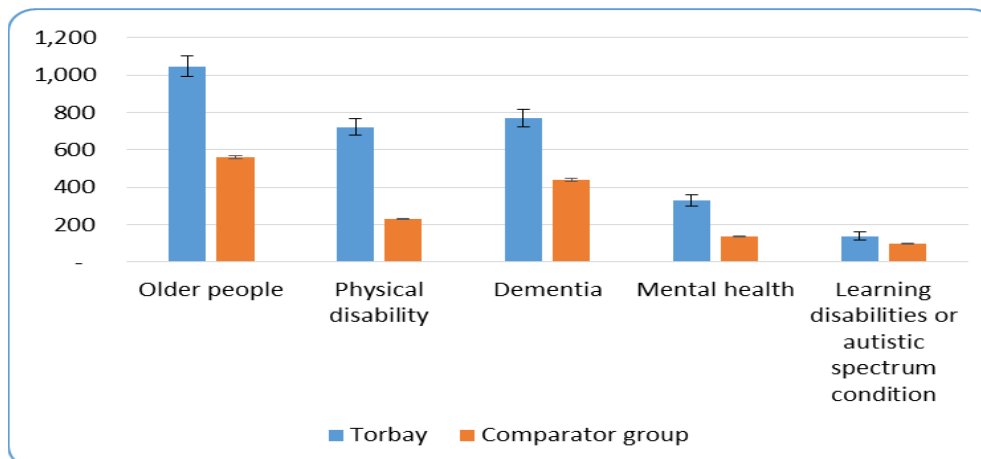


Figure 21: Care home beds without nursing registered to each service user band per 100,000, March 2020 Source: CQC, TSDFT, and ONS 2018 Mid-Year Estimates. Analysis: Torbay Council



In comparison with our CIPFA neighbours Torbay has:

- Almost double the amount of residential beds for older people;
- More than double the amount of residential beds for people with mental health issues;
- Three times as many beds for physically disabled people; and
- Almost double the amount of residential for people with dementia.

As well as reducing the surplus of residential beds for older people, commissioners also want to reduce the usage of residential care for working-age adults, and in particular the number of adults with mental health issues placed in residential care.

### Care homes with nursing:

In Torbay there are 13 care homes providing 556 nursing beds, and they are registered by service user type as shown in Figures 22 and 23. N.B. Homes, Providers and beds can be registered to more than one service user band so there may be duplicates between columns.

Figure 22: Number of care homes with nursing registered to each service user band, Torbay, March 2020  
Source: CQC and TSDFT

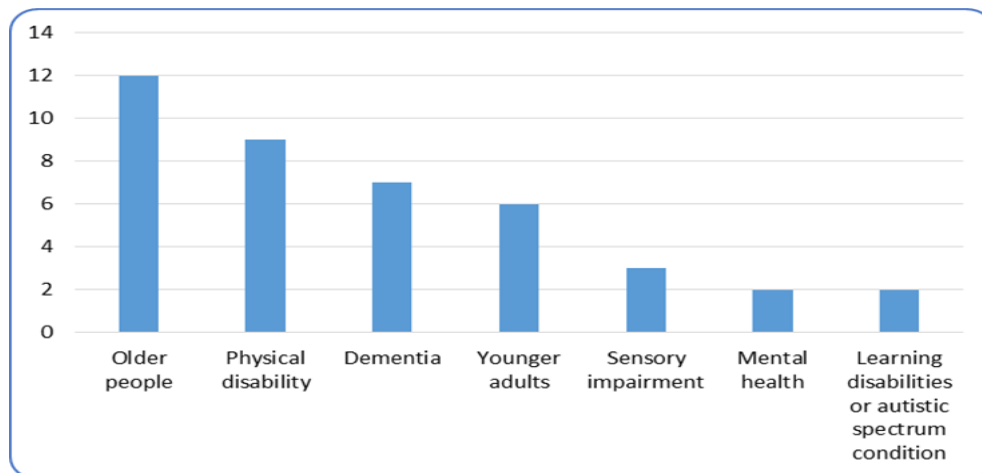


Figure 23: Number of beds of care homes with nursing registered to each service user band, Torbay, March 2020  
Source: CQC and TSDFT

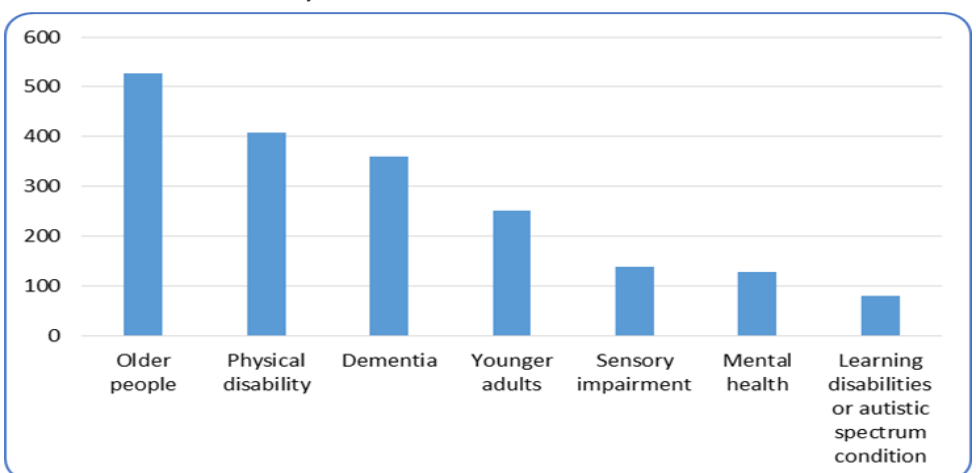
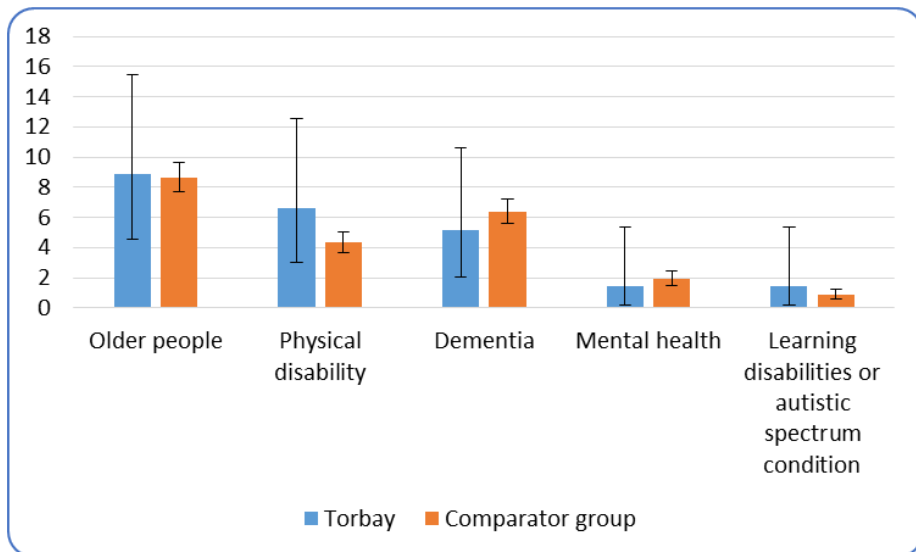
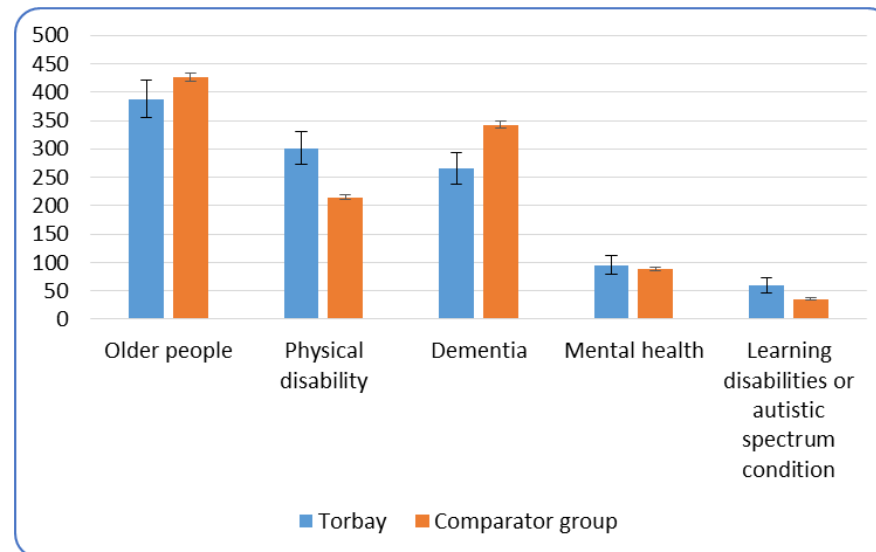


Figure 24: Care homes with nursing registered to each service user band per 100,000, March 2020

Figure 25: Care homes with nursing registered to each service user band per 100,000, March 2020



Source: CQC, TSDFT and ONS 2018 Mid-Year Estimates. Analysis: Torbay Council



Source: CQC, TSDFT and ONS 2018 Mid-Year Estimates. Analysis: Torbay Council

Our data shows that in comparison with our CIPFA neighbours Torbay has:

- Fewer nursing beds for older people;
- About the same amount of nursing beds for people with mental health issues;
- Significantly more nursing beds for physically disabled people; and
- Significantly fewer nursing beds for people with dementia.

Commissioners want to increase the number of nursing beds of greater quality by over 200, to meet the growing demand for complex care and nursing needs. They also want to reduce the number of surplus residential beds in the Torbay by between 200 and 300.

## Services in the community

### Domiciliary care services:

Figure 26 shows how many of the 28 Domiciliary Care providers/services in Torbay are registered to each service user band, and as a provider may be registered to more than one service user band, there may be duplicates between columns.

Figure 26: Number of domiciliary care providers/services registered to each service user band, Torbay, March 2020. Source: CQC

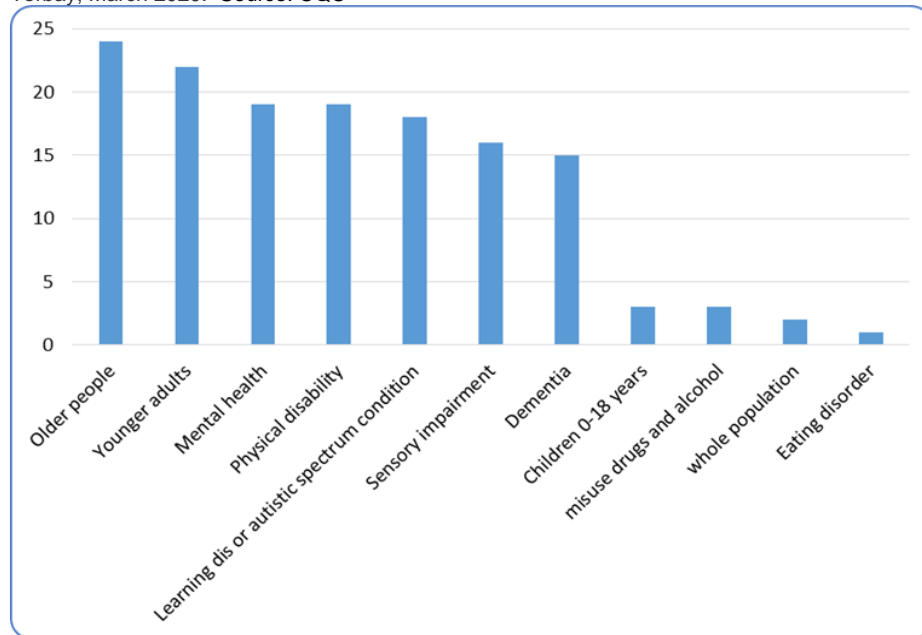
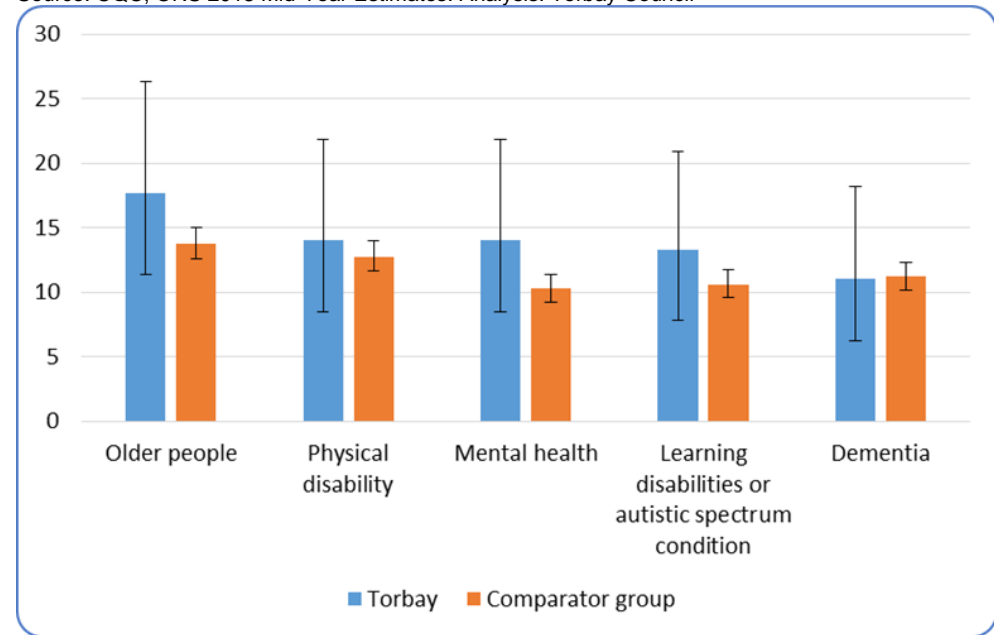


Figure 27: Rate of domiciliary care providers/services registered to each service user band, March 2020. Source: CQC, ONS 2018 Mid-Year Estimates. Analysis: Torbay Council



Commissioners recognise that we can do more to keep people living as independently as possible for as long as possible, to help them ‘age in place’ and remain part of their community and within their natural ‘circles of support.’ To do this we need: more domiciliary and personal assistant services in the community, which also specialise in complex support, that people can buy directly, including with a personal budget or direct payment.

## Supported living services:

Supported living is housing that is purpose designed or designated to provide support for a particular client group. The accommodation is often shared, but can be a single household. The one-to-one support is provided under separate contractual arrangement to those for the person's housing.

There are 17 supported living providers in Torbay, registered as social care organisations and providing accommodation with support to over 250 people. About 70% of supported Living tenants are people with a learning disability.

The map opposite shows the geographic distribution of supported living providers – some have more than one property.

Most providers are on the Torbay Supported Living Framework which facilitates referrals from practitioners through a vacancy register, and provides a focus on promoting people's independence, quality of life, health and well-being. There remain four providers not on the Framework but working towards the same quality measures.

There are eight CQC registered supported living service providers which also provide personal care to people as part of the support that they need to live in their own homes. The personal care is also provided under separate contractual arrangements to those for the person's housing. Supported living providers that do not provide the regulated activity 'personal care' are not required by law to register with the CQC.

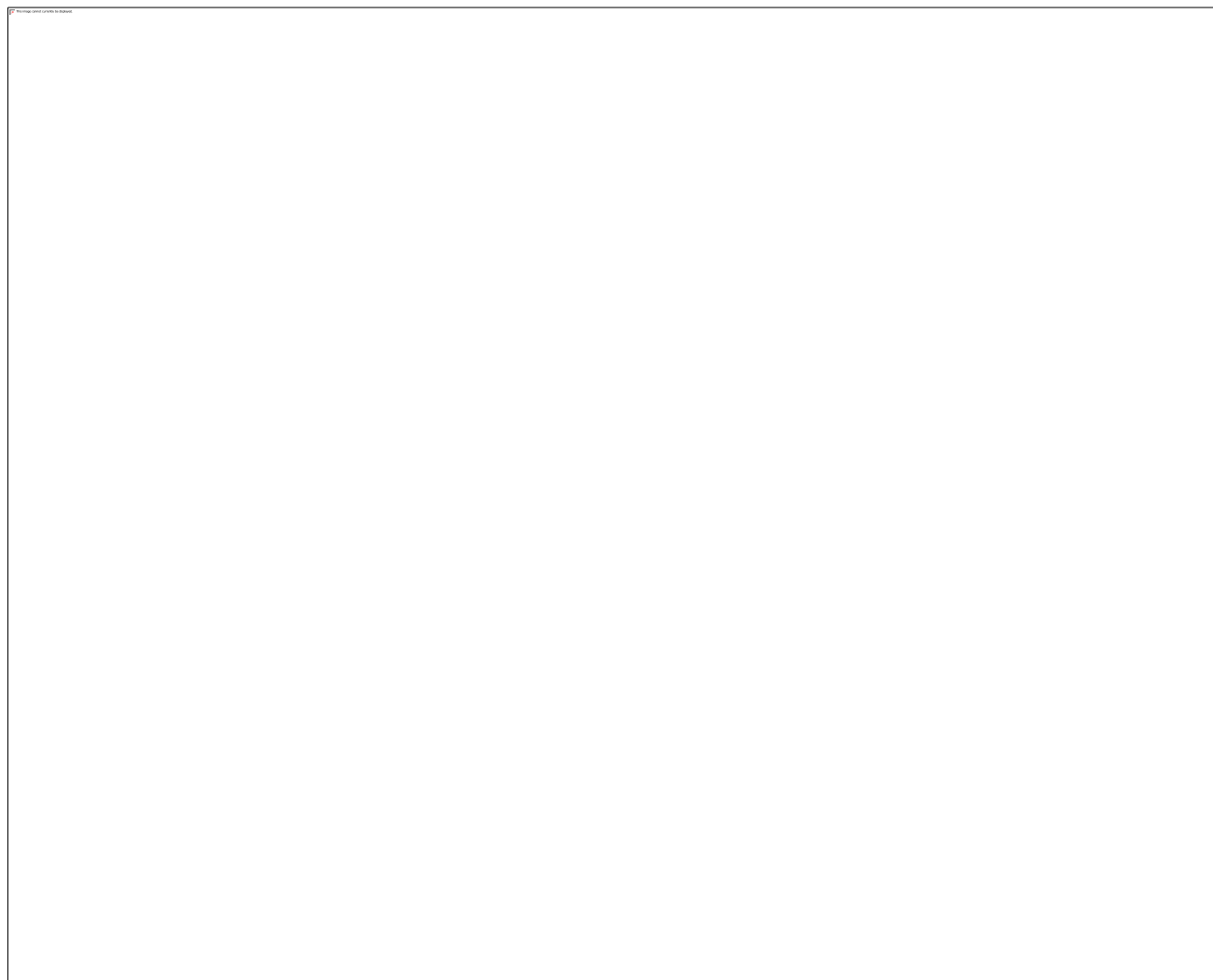
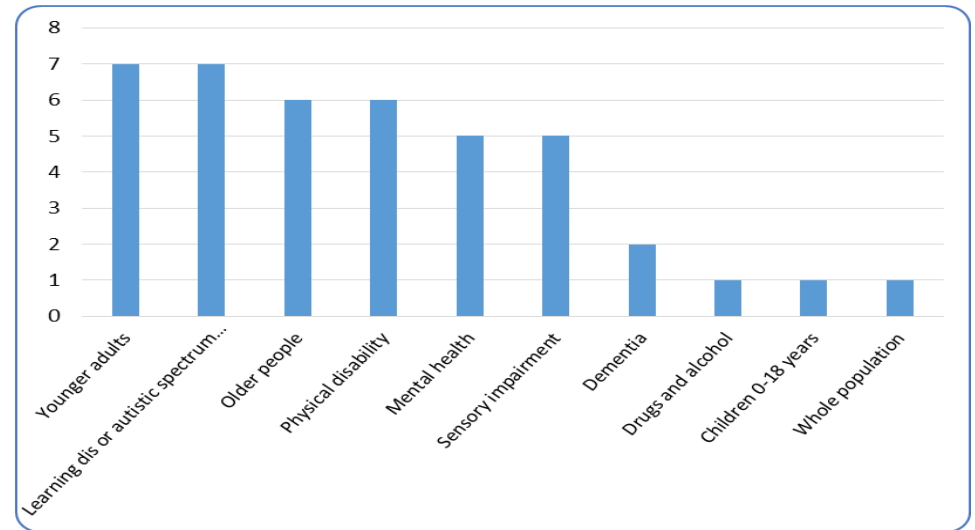


Figure 28: Number of supported living providers/services registered to each service user band, Torbay, March 2020. Source: CQC

We need to significantly increase supported living provision for people with learning disabilities, autism and mental health issues, both to enable people to leave residential care, and to divert people from entering it. During 2021/22 we will be re-opening the Framework to new providers, and also going out to our current providers, to develop this capacity. We also want supported living providers to become more skilled at providing enabling support to people with complex issues and behaviours that challenge, increasing the person's ability to self-regulate and always using the least restrictive practice.

Supported living and extra care increase self-determination, independence and citizenship, and enable people to be part of their community and develop natural circles of support.



### Extra care housing services

Extra care housing provides quality, safe and affordable housing with care and support which enables people to enjoy living independently, to build relationships and to live life to the full. People live in their own home, and there is on-site care and support staffing available 24/7 which flexes to individual needs, and may be provided on a continuous basis or only periodically.

In Torbay, extra care housing is not age-restricted and is available to anyone over the age of 18, who might have or develop ongoing care and support requirements and who would otherwise experience difficulties in other forms of accommodation.

There are currently (2020) 108 units of Extra Care Housing in Torbay, located over two sites and provided by one service provider who is registered as a social care organisation. The current residents include people with the following long-term conditions:

- Dementia;
- Learning disabilities;
- Autistic Spectrum Condition;

- Mental health issues;
- Physical disability; and
- Sensory impairment.

There are 175 units of Extra Care Housing already planned for development over two sites from 2021, and there are plans for a potential additional 100 units of Extra Care, to meet the projected demographic demand by 2030.

Extra care should enable people who need personal care and/or support to live as independently as possible in accommodation that is genuinely ‘their own’, and this is facilitated by separate legal agreements for the care/support provided and the accommodation.

### **Alternative care and support options**

We want to build the market of alternative, more flexible options for people to buy care themselves with a personal budget or direct payment if they want to. This could be support with accommodation or support they receive in their own home. At the moment we have a small market of providers of support with accommodation, and providers delivering a variety of outreach and support options; largely providing services for people with learning disability, cognitive difficulties or mental health issues.

We would like to extend these options to more people, and to also develop greater consistency of quality, and a focus on measurable outcomes such as improving independence and wellbeing. It is hoped that these improvements, and consistency of costs, will be achieved through the development of an Alternative Care/Outreach Support Provider Framework in 2021.

### **Personal assistants**

Support Networks is a non-profit Torbay community project which specialises in matching enthusiastic, motivated personal assistants (PAs), to clients needing care in Torbay. The Support Networks Personal Assistant “matching” Service is free to those being funded in Torbay for their care and support and also free to all PAs.

The PAs on the Support Networks’ register all have the right qualifications, experience, and the following:

- An Enhanced DBS check (disclosure and barring system criminal records check);
- A RTW (Right To Work check in the UK);
- Proof of their employment status; and
- Public Liability Insurance.



However, PAs must also be able to work in a person-centred way, putting the client first, listening to their needs, hopes and goals. More details are at [Supportnetworks](#).

A voluntary sector organisation (Disability Focus) helps local people with either employing and managing the payroll for a personal assistant/care worker who provides support to live independently, or help with paying of invoices. They were providing this service for 335 Torbay adults in March 2021, which is an increase on previous years.

<b>Torbay adults supported to employ/manage the payroll of a personal assistant/care worker</b>	
Time period	Number of clients
January 2016	178
January 2017	194
March 2021	335

### **Shared Lives services**

Shared Lives South West supports adults with learning disabilities, autism, mental health issues and dementia by matching them with a carer. The aim is for the person being supported, to live the fullest life they can, be part of the community and maintain and promote new skills and independence. Carers are assessed and trained first, and then open their own family home to the person needing support. It's like adult fostering and an alternative to supported living and residential care.

In February 2021 it was supporting 28 adults funded through Adult Social Care which was a 30% reduction compared to 2017 (when it was 41 adults). The Shared Lives South West organisation, is in its 15th year, and was rated 'Outstanding' by the CQC.

### **Community Equipment Services**

The supply of specialist equipment can also help support people either in their own home or other accommodation.

Complex aids to daily living are provided through a Torbay Council contract. This equipment is provided on loan following an assessment from a Torbay and South Devon NHS Foundation Trust practitioner, and provides for people with short and long-term needs as well as end of life care.

Figure 29: Number of individual clients served

Year	Number of people served
2014/15	3,988
2015/16	3,894
2016/17	3,826
2017/18	3,818
2018/19	3,933
2019/20	4,256

Source: NRS

We need to give people the advice and information they need, as early as possible, to enable them to live as independently as they can, staying healthy and well for as long as possible.

### Activities in the day time

A spring 2020 snapshot (pre- COVID-19) of Torbay day care services and activities, including care homes, shows that 208 people used these services (a drop of 20% compared to 2016). The proportion of spend on people with learning disabilities is 74%, 18% on physical support & older people and 5% on people with a mental illness.

It is recognised that currently the quality of services provided, and outcomes delivered may vary significantly. From 2021 there will be a refreshment of day opportunities, including the development of a Day Activity/Day Service Framework for providers with clear outcomes, quality measures, cost settings and performance indicators.

	Summer 2016	Spring 2020
Number of people using day services and activities	258	208
% spend on people with LD	72%	74%
% spend on people with physical support needs	17.5%	18%

### What do people using our services think of them?

The Adult Social Care Survey 2018/19 – a national survey that compares adult social care service user satisfaction shows that:

- Overall satisfaction of people who use services with their care and support – in Torbay 69.7% of respondents were satisfied with their care and support which is above the England (64.3%) and comparator group average (65.2%); and
- Control over their daily life – in Torbay 80.2% of respondents felt they had control, slightly above England (77.6%) and the comparator group average (77.8%)

## **What service users and carers think about current service delivery**

We work with service users, carers and providers to develop our commissioning strategies and this is a vital part of planning for the future. We also require care providers to engage with their service users and their carers, to ensure they are meeting the expectations of their clients and also to understand the needs of future and potential customers.

The increased use of personal budgets and direct payments over the coming years, will lead to more people making their own arrangements for care and support. It is important that commissioners and service providers understand what people are looking for, offering choice and new ways of meeting client's needs.

## **Carers**

Effective service user engagement needs to take account of the views of carers. A carer is someone who helps another person, usually a relative or friend, in their day-to-day life. This is not the same as someone who provides care professionally or through a voluntary organisation. There are more than 32,000 people across Torbay and South Devon who support a friend or relative. They may be helping with shopping or meals, attending appointments with them, or just making sure that they are alright. They may be an older couple who do things for each other, a parent carer or young carer. They may not see themselves as a 'carer' or know about the support available to them.

Commissioners and service providers recognise that carers are important and that there is value in actively supporting and working in partnership with them, to get the best outcomes for both them and the person for whom they care. Further information on support for carers can be found at: [www.torbayandsouthdevon.nhs.uk/services/carers-service/](http://www.torbayandsouthdevon.nhs.uk/services/carers-service/)

## **Feedback from carers about moving care closer to home**

Carers are understandably anxious about future changes, especially given the limitations of existing support services. Carers have identified a number of their priorities e.g. contracts for short stays (often known as 'respite care') and enhanced carer support. Some of the potential solutions that have been suggested by them, such as more promotion of direct payments or IT solutions are already committed to. They also require innovative solutions to the needs of the carer and the person for whom they care, such as flexible day or night care or 'on demand' contracts.

## Service user and carer engagement groups

We work with a number of groups and partnerships who hold regular meetings involving a range of people such as service users, their carers, commissioners and providers. In many cases these involve independent 'umbrella groups' and voluntary sector organisations, which can offer providers opportunities to engage with service users. Some of these groups include:

- Torbay Learning Disability Partnership Board;
- Torbay Carers Service;
- Carers Aid Torbay;
- Torbay Older Citizens Forum;
- Community Partnerships;
- Community Health and Well-being Forums;
- Experts by Experience; and
- Patient Advice and Liaison Service (PALS).

These forums provide opportunities for service users and carers to share their experiences of using services and to work with commissioners and providers in driving up quality or developing new provision.

It is important that providers treat service users and carers as equal partners – who are experts in their own care and needs. Support from independent organisations can be critical, particularly when things aren't going well with a provider. An independent voice can help with managing risk and conflict between providers, service users and carers – helping those involved in raising awareness of issues. They can also assist with improving communications and understanding the 'whole picture' of user and carer needs, where the family can be a part of the wider 'carer team.'

Healthwatch Torbay is an independent consumer champion for health and social care in Torbay. They have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Local Healthwatch voices people's concerns and provides feedback to service providers and commissioners. Through local engagement they collect vital data on how and why people use services in their area. Its place on the Health and Wellbeing Board means Torbay Healthwatch can represent the voice of people in decision-making. Healthwatch Torbay directly supports people in their community by giving them information or signposting them to the local services they need. For information see [www.healthwatchtorbay.org.uk/](http://www.healthwatchtorbay.org.uk/). For information about their online site where you can leave views about a service see [Review a service - Healthwatch Torbay](#)

## Risk and uncertainty

Nationwide, providers and commissioners in the care, health and support marketplace face a number of risks, issues and challenges, most of which are also present within Torbay. Whilst the list below is not meant to be exhaustive, it gives a flavour of the potential challenges facing both providers and commissioners.

The impacts of COVID-19 have had a massive impact on all aspects of our lives and the ASC sector has had, and continues to have, to deal with many challenges associated with the ongoing global pandemic. Commissioners have worked proactively with providers to understand the issues involved and provide support, but we recognise that the repercussions of COVID-19 will continue to be felt in the ASC market for a long time.

This should also be seen within the wider context of the potential impacts of the UK leaving the EU, which could have significant implications for the health and social care market. Economic and political uncertainty at a time when the system is facing major operational and financial pressures (together with COVID) will provide significant challenges to commissioners and providers alike.

### Costs and fees:

- COVID-related costs;
- The impact of cost savings that commissioners have to make (as a result of reductions in central government funding), on the level of fees paid to providers;
- General inflation pressures;
- Insurance costs;
- Specific increases in core costs, such as national insurance, the National Living Wage and pension contributions;
- Servicing debt associated with properties and other financial commitments; and
- The costs of moving from out-of-date services (including premises that are no longer 'fit for purpose' or investment in new technology) to new ways of working. This is particularly an issue for the many small providers in the marketplace.

This potentially leads to reducing profit margins and falling returns on investment for service providers, possibly resulting in existing businesses being unable to develop or exit the market and potentially discouraging new entrants. Providers may also seek to concentrate more on the self-funder market to support their business models.

## Workforce:

- Recruiting and retaining a trained and well paid workforce (particularly with regard to Registered Care Managers);
- Issues relating to staff turnover, ageing workforce, competitive labour market (e.g. attraction of permanent and seasonal retail and service sector employment opportunities), image and career prospects for carers, 'bureaucracy' and costs with recruitment (e.g. DBS checks), costs of training, etc.
- Increased demand; and
- Increases in the number of clients requiring care, particularly those with more complex needs e.g. comorbidities and long-term conditions.

## Quality and choice:

- Increasing demand from service users and their families in terms of the quality of service they expect and being able to exercise choice in meeting their needs (e.g. personalisation agenda); and
- Higher regulatory standards e.g. impact of CQC requiring providers to raise quality standards within services provided and impact of having to meet the widened scope of Deprivation of Liberty Safeguards (DoLS), etc.