

Torbay Council Adult Social Care Self-Assessment Report

25/04/2025





FOREWORD

After moving to Torbay 16 years ago, it didn't take long to realise how unique a place this is. The thriving community welcomed me with open arms, and I soon started my community volunteering life; from grassroots groups to large charities, I've been involved with it all. I have also worked in Adult Social Care throughout my life and have personal experience in needing to draw upon social care support and because of this, I am truly passionate about my role.

My role as Cabinet Member for Adult and Community Services, Public Health and Inequalities gives me the opportunity to not only influence change in Torbay, but also to get out into the community and understand what our residents really need. I have met with Adult Social Care teams but also some of our wonderful community and voluntary sector partners who are working with, and supporting, vulnerable adults in Torbay. Some of my recent visits have included meeting with our homeless hostel staff and residents, regularly attending meetings with our Learning Disability Ambassadors and attending resident engagement events to hear from the public.

There is no doubt that working in Adult Social Care can be hard at times and there are many challenges, but the rewards are also great. We have some wonderful work already taking place and I am extremely proud of that. We work hard to address the challenges Adult Social Care in Torbay faces and continue to put plans in place to improve the services that our residents need.

We are excited to tell you about our story and we hope that you enjoy being a part of the journey with us.

Councillor Hayley Tranter

Cabinet Member for Adult and Community Services, Public Health and Inequalities, Torbay Council



FOREWORD

Torbay is unique in its Adult Social Care arrangements. The NHS Trust (ICO) delivers our social care, which provides us with the opportunity to work collaboratively and innovatively. Our integration is long-standing and our residents' benefit from a fully joined up model of health and care support in the Bay.

Our partnership with the vibrant voluntary and community sector continues to strengthen and evolve with our Community Helpline, hubs and community builders coordinating support for people from over 100 grassroot organisations across Torbay. These relationships are crucial in ensuring that our residents receive the best care and support that they can within the communities in which they live. We are constantly striving to improve our co-production ethos, working closely with individuals to make sure this is meaningful and delivering impact for our whole population.

We have much to be proud of, including our integrated delivery arrangements and our strong and effective partnership approach across the Bay. We continue to work in partnership with our care providers to create capacity to best meet the needs of our population

We are aware of the areas we need to improve. Some of our people are waiting too long for an assessment or review in our system, we need to focus energy on ensuring our support offers are truly personalised, growing the use of direct payments and improving the quality and capacity of our personal assistant market. In addition, there is more for us to do to support our unpaid carers by creating options for replacement care with them. Despite our positive performance in relation to hospital discharge there is work to do to ensure we can offer a consistent reablement approach in the community. Whilst there has been good progress in our transitions pathway there is more for us to do through closer joint working with Children's services and our provider market. Our data and intelligence approach needs to be strengthened to enable us to have a greater understanding of our current needs and future demands.

Torbay as a system, including all its partners, is committed to continuing to improve social care services for residents. Whilst there are areas that require some improvement, it is important to remember that there are so many areas of work and good practice that should be celebrated.

I am new to Torbay, but I am excited by the passion and dedication of our staff and providers. I am looking forward to continuing to strengthen our relationships with partners and residents to shape the future of Adult Social Care.

Anna Coles

Director for Adults and Community Services, Torbay Council



Our shared [vision for Adult Social Care](#) in Torbay is for all our residents to have a place to call home in a community they can be a part of whilst empowered to achieve what matters to them by the best care and support available

This is our most recent self-assessment against the [CQC Local Authority](#) assessment framework. It sets out how we think we perform against that vision through the CQC framework, what our evidence is to support this and where we know we need to improve. In developing our self-assessment, we asked ourselves:

- What are our strengths and what is our ambition?
- How are we performing and how do we know this?
- What are our plans to improve?

Our Place

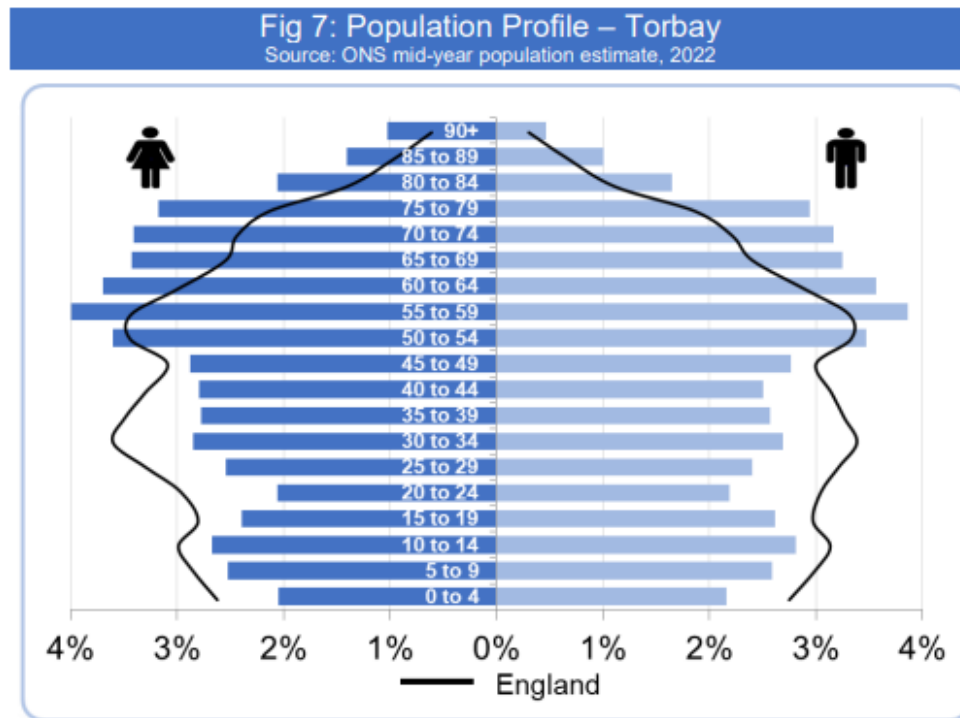
Torbay is a unitary authority with a borough status; known as the English Riviera, a stunning coastal region in South Devon encompassing the towns of Torquay, Paignton, and Brixham with a total population on 139,000 people. The borough consists of 24.27 sq mi (62.9 km²) of land around the east-facing Tor Bay, part of Lyme Bay on the English Channel. Torbay is represented by two parliamentary constituencies with 16 electoral wards.

Although the population in Torbay is predominately white 96.1%, we know the diversity around the bay is growing with 1.6% Asian, 1.5% mixed ethnicity, 0.3% black and 0.4% other. We are also aware of almost 50 different languages being used in Torbay, with growing Polish, Romanian, Portuguese, Hungarian and Bulgarian speaking communities.

Between the 2011 and 2021 censuses, the average (median) age of Torbay increased by three years, from 46 to 49 years of age. Torbay has a higher average age than the South West as a whole in 2021 (44 years) and a higher average age than England (40 years).

Torbay's population profile shows a significantly older demographic than England. Torbay has significantly larger proportions of those aged 50 and over than England, conversely it has significantly smaller proportions of those

aged under 50, in particular those aged 20 to 44. Torbay's average age of 49 years compares to 40 years for England and 43 for the South West.

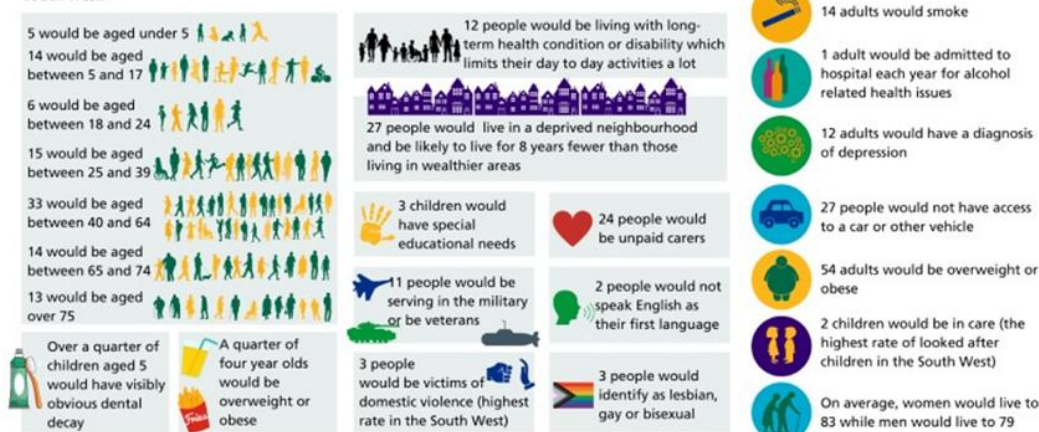


Between 2012 and 2022, the largest proportionate increases in population have occurred in the 70-to-79 and 50-to-59-year age groups, the largest fall was in the 40-to-49-year age group. Between 2002 and 2022, the largest proportionate increase in population occurred in the 70 to 79 and 60-to-69-year age groups.

If Torbay was a village of 100 people . . .

NHS
Torbay and South Devon
NHS Foundation Trust

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



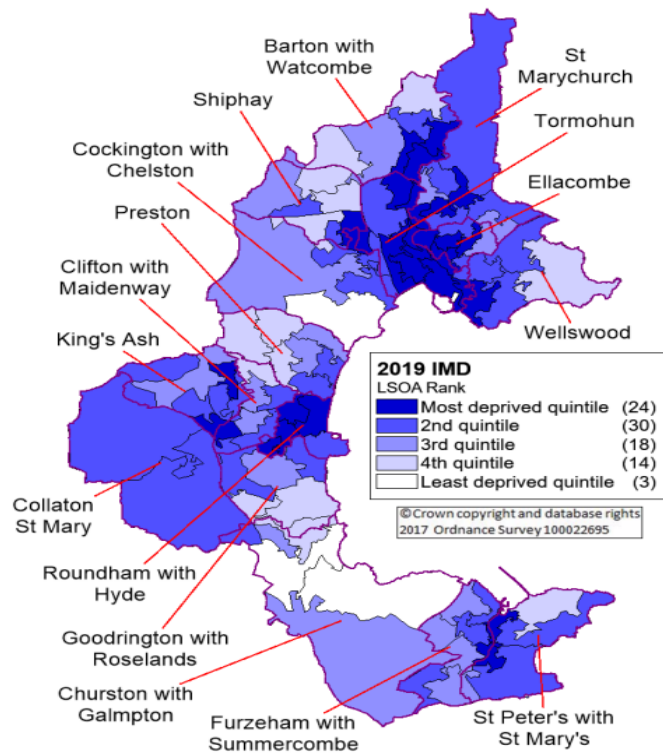
- Torbay's increasing ageing population with an anticipated pressure growing from the 40 – 64 age group due to higher-than-average
- 54% of adults would be overweight or obese
- Torbay has the highest rate of domestic abuse in the Southwest
- Over 10% will experience a common mental health condition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

Despite everything that is fantastic about Torbay, we know that we face challenges and that some parts of the

Bay suffer from nationally significant levels of poverty.

Fig 26: Rank of Index of Multiple Deprivation

Source: English Indices of Deprivation 2019



Our Vision for Torbay



Torbay is a glorious part of Devon and with an inspiring natural environment. We are a magnet for tourists and known as the English Riviera. We are home to globally significant technology businesses and have a rich leisure and cultural scene.

We want to deliver for our people and our place, and we know that we have challenges, but we have high aspirations. By continuing to work closely with our communities and partners and capitalising on our strengths, we want to make Torbay a great place to do business - a place where everyone is able to live their best life.

A healthy, happy, and prosperous Torbay for all.

To bring our vision to life, we have identified three strategic themes:

- Community and People
- Pride in Place
- Economic growth

The Community and Corporate Plan can be found here; [Community and Corporate Plan - Torbay Council](#)

Torbay's Joint Health and Wellbeing Strategy lays out the plan to improve the health and wellbeing of the population in Torbay between 2022 – 2026. The [Joint Health and Wellbeing Strategy 2022-2026](#) covers five priority areas, reporting delivery to the Health and Wellbeing Board (HWBB) twice a year.

The visual below identifies the five focus areas and six cross cutting areas identified as priorities for collective system action over the next four years.



Our strategy was developed with Health and Wellbeing Board partners and identifies five priority areas which are aligned with those of the ICS:

- Children living in challenging circumstances and losing out on educational opportunities
- Lack of high-quality housing with secure tenure
- People living with poor mental health
- Older people experiencing loneliness and isolation

The Council and its partners are committed to advancing equality of opportunity and eliminating discrimination. Our equality and diversity strategy can be found here: [Torbay Inclusion Plan - Draft Strategy](#). Whilst there continue to be pressures across the health and care system, we have examples of where innovative services have been commissioned and provided for individuals with protected characteristics. However, we know that we have more work to do to ensure we hear from all voices across our communities.

We are currently working to embed inclusion across the Council and are keen to take the next steps to ensure that our approach to inclusion is robust and is informed by the voice of our local communities, and working to [our equality objectives](#):

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

Whole System Working

Torbay is one of three local authorities in Devon and as part of the Integrated Care System works in partnership with NHS Devon ICB, three NHS Acute Trusts, the Mental Health NHS Trust, general practice, community services and the voluntary sector to improve the health and wellbeing of all residents, wherever they live. The key aims are to reduce health inequalities, better support individuals living with long term conditions, prevent illness, promote wellbeing and through joint working tackle variations in care across the county whilst ensuring that provision is financially sustainable for the long term. Within the One Devon Partnership there is a representative from each of the five Local Care Partnerships (LCP).

The LCP for Torbay is the South LCP. This is where most of the planning for integrated care and service transformation and change takes place. The new Director of Adult and Community Services (DASS) for Torbay has taken over as chair of the Local Care Partnership and Torbay Council is a supportive and active partner within the One Devon Partnership. Torbay has a strong history of long and deeply embedded integrated working and can be proud of the many benefits that this brings to our population, our services, and the wider Integrated Care System.

The link to the plan for Devon is below and has one overarching statement of intent:

“to strengthen its integrated and collaborative working arrangements to deliver better experience and outcomes for the people of Devon”.

[Devon Plan - including the Joint Forward Plan and Integrated Care Strategy - One Devon](#)

The One Devon Integrated Care Strategy and Joint Forward Plan sets out the strategic intentions and delivery plan for the One Devon ICS aim of delivering equal chances for everyone in Devon to lead long, happy and healthy lives. The Devon Community First Strategy sets out the strategic ambition for delivering improved community services within Devon.

Integration and Partnerships

Torbay is proud of its integrated health and social care offer which has been in place for 20 years. Our Integrated Care Organisation (ICO) puts people at the heart of everything we do. The delivery of Adult Social Care is delegated to Torbay and South Devon NHS Foundation Trust (TSDFT). This joined up delivery model provides better outcomes for people as any new or emerging challenges can be responded to quickly by our multi-disciplinary teams. Our social care workforce is embedded within a locality model with specialist teams to support homelessness, transitions, autism, carers and sensory needs. There is also an integrated health and social care service for older persons mental health and our approved mental health practitioners work alongside Devon Partnership Trust (NHS Mental Health Trust) within locality teams.

In relation to commissioning, the Council continues to hold strategic commissioning responsibility with the contracting and contract management functions being delivered by the ICO. These teams work closely together to deliver a joined-up approach to the development, oversight and management of the care market in Torbay. Our commissioning blueprint and strategies underpin the work we do. Torbay’s commissioning approach is a collaborative process in which multiple stakeholders in Torbay work together to plan, fund, and deliver services to meet the needs specifically of the Torbay population and communities. Through joint governance arrangements, there is co-ordination and partnership between health, social care and the community.

The work with our voluntary sector has been ongoing for many years, with the setting up of the Torbay Community Development Trust in 2014. Ongoing co-production and co-delivery has supported the development of voluntary, community and social enterprise sectors across the Bay, culminating with Torbay Council in 2024 commissioning Torbay Communities to provide a Community Wellbeing Contract. This contract provides:

- A helpline
- A physical hub in Torbay
- Community co-ordination provision
- Administration of the Community Fund

Adult Social Care Torbay

We co-produced our Adult Social Care Strategy with our community, voluntary and care sectors.

[Adult Social Care Strategy - Torbay Council](#)

Our shared vision is:

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.

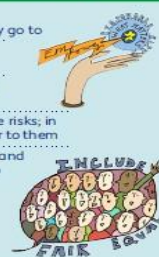
Working in partnership means:

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

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

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



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

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

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

The ambitions set out in the strategy will be underpinned by some key principles:

- Agility and innovation - Trying new approaches and learning as we go
- Embedding our trauma informed approach with our workforce and partners
- Person-centered support
- High quality flexible long-term care for those who need it
- Reablement and recovery
- A strength-based model of practice

By continuing to build on our integrated approach to delivery and our joined-up commissioning arrangements, we want to ensure that our practitioners are empowered to work creatively with our residents, accessing the right advice, care and support from a high quality and innovative health, care and voluntary provider landscape.

Our Priorities

- **Focused on outcomes and wellbeing**
"My care and support focuses on promoting my wellbeing in all its facets – physical, mental, emotional and spiritual – and the outcomes I decide are important to me. It also promotes equity and inclusion by ensuring different groups in Torbay experience similar outcomes to me."
- **Personalised, co-created and flexible**
"I have a say and shape care and support. Care and support adapts to my needs as they change, and recognises my diversity and individual preferences, beliefs and circumstances. When I lack capacity there are advocates to represent my prior wishes and best interests. When needed I will be supported by appropriate interpreting services and advocacy".
- **Proactive and preventative**
"I can access support to enhance my health and wellbeing this reduces inequalities across communities. Care and support is easily available at an early stage to help slow or prevent escalation into crisis, or before I have acute care needs".
- **Integrated and coordinated**
"The care and support I receive is better joined up around my needs and those of my carers. Care and support links to and/or includes support around health, housing and employment. We will build upon the partnership working with Childrens services to ensure seamless transitions from Childrens to Adults services".

Our Performance

Adult Social Care performance is monitored through our monthly Delivery Committee, with key areas of concern or improvement being escalated to the Service Improvement Board. We track demand through initial contact, allocation and completion data. Our complaints and safeguarding data is tracked and built into our learning and improvement plans.

We use our Joint Commissioning Committee to bring together information on our provider market in terms of quality, capacity and financial viability.

We have regular scrutiny and challenge of our performance from our ASC Continuous Improvement Board, the Trust Quality Assurance Committee and Health & Social Care Overview and Scrutiny board.

As of 20th April 2025 **2,736**, people are being supported by Adult Social Care in Torbay

Adult Social care demand and performance 2023/2024

- *We received 1,742 on average contacts per month*
- *Our social care teams completed 2,555 assessments*
 - *We developed 3,724 support plans*
- *We undertook 374 safeguarding enquiries, having received 1034 concerns raised*
- *We supported 710,244 hours of care in peoples' homes and 779 residential/nursing placements*
 - *There are 5,764 unpaid carers on the Torbay register*
 - *We supported 495 people to have a direct payment*



Hospital Discharge - Our integrated arrangements mean we get people back to a place they call home quickly. Our “no right to reside” figures remain low and are currently 8%. Our discharge teams support our residents, and our community and voluntary sector provide help for people to get home more quickly, preventing people from losing their independence through lengthy hospital stays.

Housing advice/homelessness prevention - We continue to focus on preventing people from becoming homeless through local innovation. We offer support with tenancies, landlord negotiations and rent support and last year, we supported 1409 households across the Bay.

Carers support - We have over 5000 registered unpaid carers within Torbay, our Carers services work alongside primary care and the community and voluntary sector to provide advice, guidance and support. There are a range of community-based groups for Carers who have said:

“I have found Wednesdays every month to be very informative. Everyone is friendly and you soon learn from other people, and to have someone listen is the best thing”

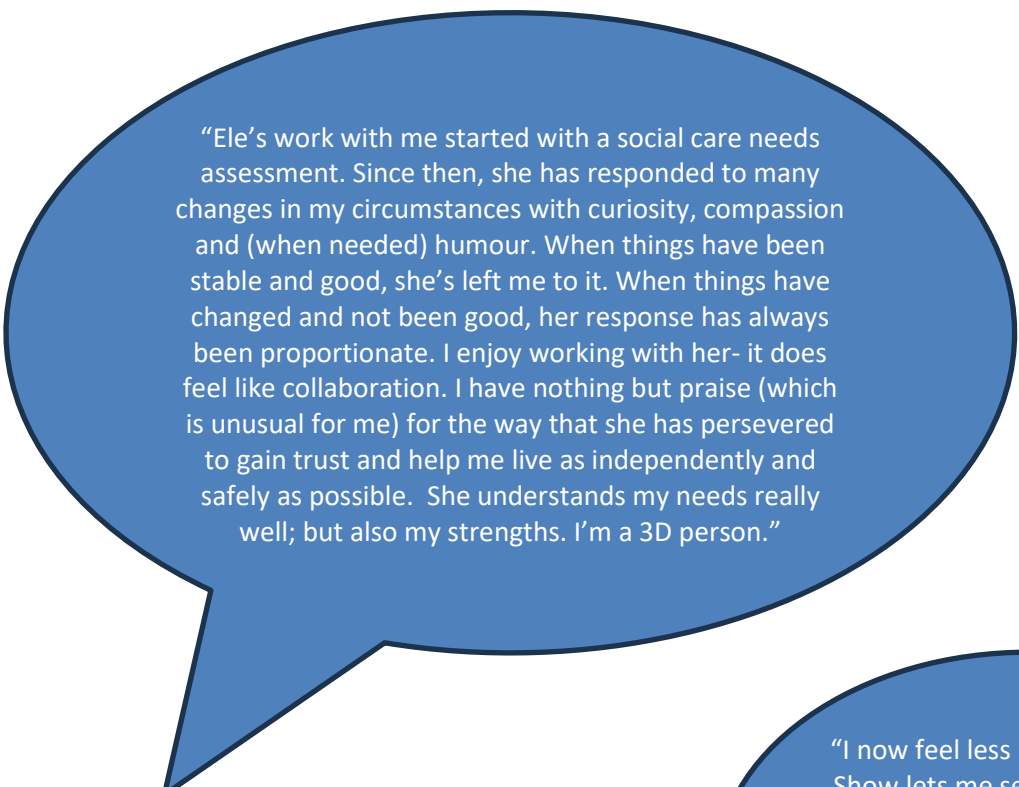
“Discussing circumstances is very helpful and I have learnt a lot.”

“Convenient location and free parking are good. Friendly welcome and it felt easy to make conversation with other carers. I asked a question of the organisation who were able to point me in the right direction”

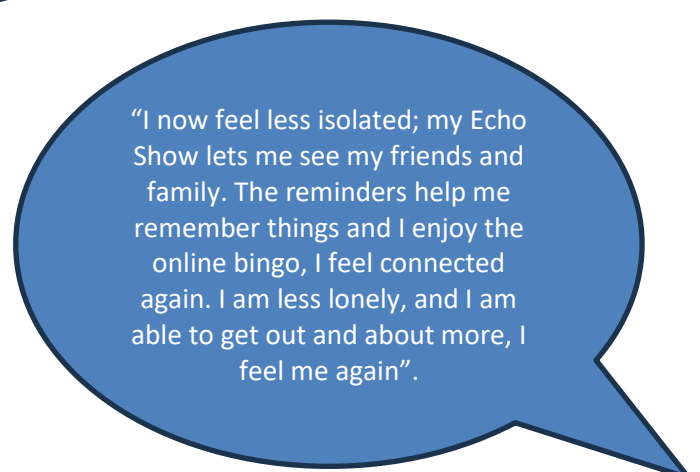
Care Home status - 80% of our Care Homes are rated outstanding or good.

Community and Voluntary - Our community helpline, community builders and community activities across the Bay helped 1,692 access advice, information and support last year.

We continue to focus on collaboration and co-production, ensuring that people with lived experience are included in how we shape and design services. Examples include our Learning Disability Ambassadors leading the development of our Big Plan and our Carers designing this year's action plan.



"Ele's work with me started with a social care needs assessment. Since then, she has responded to many changes in my circumstances with curiosity, compassion and (when needed) humour. When things have been stable and good, she's left me to it. When things have changed and not been good, her response has always been proportionate. I enjoy working with her- it does feel like collaboration. I have nothing but praise (which is unusual for me) for the way that she has persevered to gain trust and help me live as independently and safely as possible. She understands my needs really well; but also my strengths. I'm a 3D person."



"I now feel less isolated; my Echo Show lets me see my friends and family. The reminders help me remember things and I enjoy the online bingo, I feel connected again. I am less lonely, and I am able to get out and about more, I feel me again".

Some of our strengths

- A committed workforce, with low vacancy rates and good retention levels
- Strong community partnerships leading to resilience and innovation for our population
- A fully integrated delivery approach for health and social care across hospital, community and older people's mental health, resulting in a timely response to escalating need
- Delegated tasks and activities, reducing the numbers of professionals working with our people required to attend the same individual
- Sufficient capacity within home care and care home markets
- Clear governance and a strong focus on improvement and transformation
- A strong, coordinated and vibrant community offer
- Established cross organisational working arrangements to target areas of challenge

Some Areas for Improvement

- Waiting times for assessments and reviews
- Numbers of individuals in receipt of direct payments
- Improvements in our arrangements for young people transitioning to adulthood
- Creating an improved reablement offer for all
- Developing further provision for unpaid carers
- Supporting our care providers further to meet increasing levels of complexity
- Further develop and embed our co-production approach ensuring people who draw on care and support become our equal partners
- Develop our approach to commissioning, working with care providers as partners

Theme One – Working with people

| 1A We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them | | |
|--|---|--|
| What are we doing well? | How do we know it? | What do we need to do better, and how will we monitor this? |
| <p>1A.1 People access advice, information and support through our Torbay Communities offer which provides a helpline offering access to over 100 VCSE organisations as well as physical hubs in Torbay, Paignton and Brixham.</p> <p>We have a single Emergency Duty Service that covers all social work support for Housing, Adults and Children out of hours.</p> <p>Our contact centre is deeply integrated and co-located and staffed by our health and social care coordinators who are the first point of contact for people requiring health or social care support.</p> | <p>We have supported 1,912 people with advice and information in the last 12 months via a combination of online self- support, referrals to the community sector and partner agencies. This enables individuals to have access to a range of services to meet their needs within their community. Torbay Communities have access to a wealth of voluntary sector groups which support the wellbeing of seldom heard people in our community.</p> <p>We received 15,368 contacts from people in the last 12 months, and these progressed to 13,456 referrals for assessment/review.</p> <p>Being an integrated organization with Health and Social Care Coordinators at our front door, people will benefit from one contact point for their wider community health and social care needs.</p> | <p>Our front door improvement project is focusing on:</p> <ul style="list-style-type: none"> ▪ Reducing the number of formal care assessments by working more closely with our VCSE partner and training our staff ▪ Increasing the numbers of people receiving support from community ▪ Enhancing our workforce development plan ▪ Implementing a new telephone system to improve our data and intelligence ▪ Increasing our use of TECS and Digital solutions to support and signpost people to the most strengths-based option to meet their care and support needs ▪ Increase our use and availability of reablement as a default across our health and social care systems. ▪ Home first needs to be the default approach across the whole health and social care system ▪ Strengthening partnerships with community organisations further ▪ Enabling more choice and control through our direct payment project |

| | | |
|---|---|--|
| <p>1A.2 Our strengths-based approach to practice flows through into a conversation model for our social workers, which focuses on preventing, reducing or delaying need by supporting people to access a range of supportive measures quickly such as equipment provision, technology or community-based assets.</p> <p>The social care workforce is embedded as part of the multi-disciplinary health team configuration which is based within 3 localities but delivers a Bay-wide delivery model. Specialisms within these teams cover Homelessness, Autism, Transitions, Carers, Mental Health and those with physical needs (including those who are end of life). We have introduced a Waiting Well initiative which is linked to our existing risk matrix approach to better support people whilst they are waiting for assessment or review.</p> | <p>We continue to monitor practice through regular case audits, performance reviews and feedback from questionnaires, complaints, and compliments. Emerging themes are then built into practice development and learning programmes for our social care workforce, which leads to improved outcomes for the people of Torbay.</p> <p>Data is collated and fed into the Delivery Committee and summarised for the Trusts' Quality and Assurance Committee. This is an opportunity to recognise the impact of transformation/improvement work and focus on actions being taken on areas of key development.</p> | <p>Our improvement focus is on:</p> <ul style="list-style-type: none"> ▪ Strengthening partnerships with community organisations further ▪ Enabling more choice and control through our direct payment project |
| <p>1A.3 Our integrated Carers services are embedded within primary care, the community and hospital services providing advice, information, provision of direct payments and emotional support vouchers. We have GP-based support workers as well as carers support delivered by Carers Aid Torbay and Devon Linkup.</p> <p>Our Young Adult carer service (16-25yrs) is delivered by TSDFT but works seamlessly with our Council Young Carers provision.</p> | <p>83% of carers are very happy with their assessments. Assessments start within 1-4 weeks Direct payments are well-used and appreciated</p> <p>There is direct access for carers support at local GP surgeries where they can register as a carer and have a Carers assessment. There is also access to advice and guidance.</p> | <p>We are the 6th highest area in the country where Carers are providing over 50 hours of care per week. We need to focus on:</p> <ul style="list-style-type: none"> ▪ Co-producing an improved replacement care offer, monitoring the impact of this through ongoing conversations with carers groups and survey results. ▪ Improving our information offer to ensure this is easily accessible for all. We are engaged in the Devon wide project to improve our web-based information, we will monitor the impact through engagement and survey results |
| <p>1A.4 Our hospital discharge service is fully integrated with dedicated Adult Social Care staff supporting people through their hospital journey.</p> <p>The discharge to assess model is well-established providing direct access to short term support via our community</p> | <p>Low levels of people in hospital with “no right to reside”. Torbay remains in the top quartile nationally against this indicator. This means that people are less likely to be de conditioning in hospital and discharged closer to home and nearer to family earlier in their recovery</p> | <p>Improvement and transformation work is focusing on:</p> <ul style="list-style-type: none"> ▪ Further reinforcing home first principles ▪ Reducing the use of residential and nursing care home beds, maximising the use of the Jack Sears rehabilitation facility and community reablement |

| | | |
|--|----------|--|
| reablement provision, community and voluntary sector offer or short-term rehabilitation service (Jack Sears) in order to support timely discharges, with a home first focus. | journey. | <ul style="list-style-type: none"> ▪ Embedding the use of technology enabled care |
|--|----------|--|

| 1B We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible reduce future needs for care and support | | |
|--|--|---|
| What are we doing well? | How do we know it? | What do we need to do better, and how will we monitor this? |
| <p>1B.1 Our integrated short-term service is multi-disciplinary and provides rapid response, intermediate care and reablement, supported by an externally commissioned care provider. The aim of the service is to support recovery at the point of crisis (prevention of admission) and support hospital discharge. This service is outcome focused and supports maximizing independence. This service is available to people within their own home and also reaches into Jack Sears which is a local bed-based reablement centre.</p> | <p>78.8% of people regained full independence following a community referral into our reablement service. These are people who have been able to stay in their own home with MDT wraparound support. For the people of Torbay this has been a long-standing part of the integrated care system.</p> <p>Since Jack Sears opened in June 2024, 209 people have been admitted with an average stay of 22 days. 87% were admitted from hospitals and 13% from the community. A high proportion of people receiving reablement support do not require long-term care services afterwards with 75% of people able to return to their own homes. Direct feedback from people and anecdotal reports from staff often reflect improved confidence and independence post-intervention. Our offer is inclusive of our population and therefore includes a higher percentage of older people, high complexity of needs and deprivation, compared to other areas.</p> | <p>While hospital-related reablement is strong, community-based reablement can be variable in terms of access, responsiveness, and capacity. This is a key priority area within our commissioning plan.</p> <p>The service sometimes faces workforce shortages and recruitment challenges, limiting how flexibly and quickly reablement can be delivered, especially outside of acute discharge settings.</p> <p>There is a need to improve awareness of the reablement offer among staff, partners, and the public to ensure appropriate referrals are made at the right time.</p> <p>We will monitor and improve outcomes for people through service re-design, data-led outcome tracking, investment in workforce development, regular user feedback, and strategic oversight via performance dashboards and improvement plans:</p> <ul style="list-style-type: none"> ▪ Ensuring appropriate MDT capacity is available to meet demand ▪ Align the new technology enabled care offer to our Reablement offer |
| <p>1B.2 Learning disability services are delivered in partnership with Devon Partnership NHS Trust who deliver assessments, treatment and support within Primary and Secondary Care</p> | <p>Collaboration with specialist clinicians has led to better coordination of care and improved access to healthcare for people with complex</p> | <p>There is still variability in the transition from Children's to Adult Services. Some individuals and families experience uncertainty and inconsistency in support</p> |

| | | |
|---|--|--|
| <p>including integrated Primary Care Liaison nursing services which are integrated within the Community Multi-disciplinary Teams across the Bay.</p> | <p>needs.</p> <p>The service promotes access to annual health checks, screening, and preventative care, which supports earlier identification of health issues and helps to reduce health inequalities.</p> <p>The Learning Disability Partnership Board has played a vital and influential role in improving the experience of people with a learning disability in secondary healthcare settings. Over the past year, Ambassadors co-produced a hospital-based event, supported training for ward-based Learning Disability Champions, and carried out a walkaround audit to assess the accessibility and inclusiveness of the facilities.</p> | <p>during this period.</p> <p>While progress has been made, we need to embed co-production more consistently, ensuring people with learning disabilities, and their Carers, are involved as equal partners in shaping their support.</p> <p>Gaps remain in availability of specialist supported living and personalised day opportunities that are tailored to diverse needs, especially for the people with more complex behaviours or dual diagnoses.</p> <p>We will monitor and improve services through joint reviews with DPT, enhanced transition tracking, targeted market development, strengthened co-production, performance dashboards and ongoing quality assurance.</p> |
| <p>1B.3 Our occupational therapy offer is integrated within our locality multi-disciplinary teams and provides reablement, access to equipment provision and works closely with people to plan and arrange disabled facilities grants.</p> | <p>Waiting lists and customer reviews are overseen by our joint TSDFT and the Council Delivery Committee.</p> <p>Current waiting list for DFG's:</p> <ul style="list-style-type: none"> ▪ 72 awaiting approvals from either client, LL or OT. ▪ 14 awaiting grant approval ▪ 20 awaiting technical visit ▪ 136 DFG's completed or currently onsite ▪ 89 Outstanding applications (awaiting return of application or in need of financial information) | <p>Waiting lists for assessments and reviews remain a challenge and we are working to improve this by:</p> <ul style="list-style-type: none"> ▪ Engaging with an external provider of Occupational Therapy to target waiting lists ▪ Data cleansing across the system ▪ Single handed care project <p>In addition, we want to work with people to review and co-design our new adaptations policy and procedures.</p> |

| 1C We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this | | |
|--|--|---|
| What are we doing well? | How do we know it? | What do we need to do better, and how will we monitor this? |
| <p>1C.1 We have an established co-production platform incorporating our Co-production Strategy, Involvement Plan and Recognition & Reward Policy.</p> <p>The Council is leading the delivery and oversight of the strategic ambition but both the Council and TSDFT retain leadership of the implementation and delivery.</p> <p>Our Learning Disability Partnership Board continues to drive improvements. The Learning Disability ambassadors deliver Oliver McGowan training across all health and social care teams across the Bay.</p> | <p>Torbay has higher rates of individuals registered with a Learning Disability.</p> <p>By using our co-production principles and led by our Learning Disability Ambassadors and Carers representatives we have developed “The Big Plan” which sets a clear set of expectations from people with a Learning Disability including how we better manage crisis, the need for supported housing, improvements to work opportunities and better support for our carers.</p> <p>Our Learning Disability and Autism Ambassadors have trained a total of 2,343 (Tier 1 – 867, Tier 2 – 1476 figures as of March 2025) NHS staff in Oliver McGowan approach.</p> <p>We work closely with our community and voluntary sector who have good links across the community network which includes groups that focus on seldom heard voices.</p> <p>We have a newly formed inclusion partnership which we utilise to evolve and broaden our work with groups across Torbay.</p> | <ul style="list-style-type: none"> ▪ Embed our co-production approach consistently ▪ Ensure our commissioning and contracting arrangements are inclusive ▪ Deliver our workforce development programme on co-production |
| <p>1C.2 “Breaking the Chain” is Torbay’s Domestic Abuse and Sexual Violence Strategy sets ambitious and challenging aims to ensure victims of domestic abuse receive the right joined up support from services when they need/want it.</p> | <p>The strategy was informed by a comprehensive review of existing provision but developed by victims and the people supporting them. The desired outcomes are based on the experience of those who shared their stories with us and include ensuring support is trauma informed, prevention of harm in the first place by disrupting harmful behavior, hold those who harm to account for their actions, support children and young people as victims in their own right, make sure activities are all underpinned by listening and acting on the voices of lived experience. By using the learning from people’s experience, we will continue to develop our services to support people.</p> | <ul style="list-style-type: none"> ▪ Embed co-productive approach across the whole system ▪ Continue with the development of our DASV Lived experience network ▪ Continue to increase the awareness of sexual violence supported by our Sexual Violence Ambassadors ▪ Deliver trauma stabilisation training for ASC staff |
| <p>1C.3 The Autism Partnership Board is another example of local co-production, with eight Autism ambassadors now in</p> | <p>The Board is well attended by all partners and is leading on the work locally with a focus on raising awareness and</p> | <p>Co-produce and develop the Autism and Neurodiversity Plan, and agree year one priorities.</p> |

| | | |
|--|---|--|
| <p>place.</p> <p>The Board brings together representations from Torbay Council, TSDFT, Devon Partnership Trust, community and voluntary groups and is leading on the development of the Autism and Neurodiversity Plan for Torbay.</p> | <p>understanding in the Bay, mental health, reasonable adjustments and improving access to a broader range of services.</p> | |
| | | |

Theme Two – Providing Support

| 2A We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and community | | |
|---|--|--|
| What are we doing well? | How do we know it? | What do we need to do better, and how will we monitor this? |
| <p>2A.1 Our Joint Strategic Needs Assessment provides evidence of the needs of our local population, where we have gaps and thus areas for us to focus on.</p> <p>We currently commission:</p> <ul style="list-style-type: none"> 74 Care Homes 81 Supported Living Providers 32 Home Care Providers 19 Day Opportunities 2 Extra Care Housing Schemes <p>In addition, we commission a range of VCSE support for prevention and wellbeing, carers and the complex needs alliance.</p> | <p>Our JSNA is supported by our commissioning strategy and drives our annual commissioning plan and priorities.</p> <p>We continue to use POPPI/PANSI data to develop our understanding of population trends. Through this we identified the growth in autism and developed a new contract to support and embed Autism Ambassadors within our system.</p> <p>Current modelling suggests that the Torbay system requires 136 nursing care home beds for our over 65 population. We currently have a market capacity of 155 beds for this type of care in our system. However, our increase in the use of 1:1 provision over recent years suggests there is a gap in our ability to manage complex dementia within our existing nursing home offer. For individuals in our system who require complex nursing provision, there are limited specialist facilities. We therefore must work with our market to tailor placements to individual needs.</p> | <ul style="list-style-type: none"> Learning from areas who are innovators in this area Redesign of our Living Well at Home Framework for home care to include a complex and reablement tier Developing a complex tier for our supported living framework Improving our replacement care offer for unpaid Carers Developing the fee framework and new specification for our care homes Commissioning of dedicated dementia care home beds in partnership with the ICB |
| <p>2A.2 In Torbay, we have a broadly sufficient care provision (there remains challenge regarding complex needs across the whole market). We currently support:</p> <ul style="list-style-type: none"> 779 people in care homes 3315 care visits to people's homes each day, delivering 710,000 hours of home care a year 316 people in supported living | <p>We have a stable and sustainable care market.</p> <p>Over the last 12 months the average waiting time for Home Care was 5 days and supported living was 79 days.</p> <p>We only received 27 contract hand backs in the last 12 months.</p> <p>People who receive care in Torbay benefit from a timely offer of care with minimal disruption to support with regards to changes of care provider.</p> | <ul style="list-style-type: none"> Further development of our data and insights platform to better track trends We need to be prepared for changes in our care market caused by economic changes and natural attritions of provider organisations |

| | | |
|--|---|--|
| <p>Torbay Council holds the strategic commissioning function with operational commissioning, contracting and market relationships being delegated to TSDFT. Engagement with the Care Market is via Provider forums, newsletters and individual provider conversations.</p> <p>As part of our quality assurance of our providers, we endeavor to ensure that we hear from individuals in receipt of support, using this intelligence to shape future provision across the system.</p> | <p>We have strong partnership relationships with our market and continue to work together to shape provision to meet the changing needs of our population.</p> | <p>Our areas for improvement are focusing on:</p> <ul style="list-style-type: none"> ▪ Increasing opportunities for people with lived experience to shape provision within Torbay ▪ Creating a learning environment within our Provider forums ▪ Exploring how we can better celebrate the fantastic work care staff do across the Bay to encourage individuals to join the health and care workforce |
| <p>2A.3 We have robust arrangements in place for monitoring and oversight of our commissioned care provision.</p> <p>Our Quality Assurance and Information Team (QAiT) is made up of four Contracts and Quality Assurance Officers who monitor care provider quality, support with improving quality by working collaboratively with our providers on service improvement plans when required.</p> <p>The clinical team is made up of two occupational therapists and a nurse. Support provided can be:</p> <ul style="list-style-type: none"> ▪ Training delivered by TSDFT ▪ Advice on external training provision ▪ On site support including advice regarding policy/procedure, environmental design, infection prevention and control, moving and handling, and medication management <p>In addition, our Community Nursing teams provide extensive training and support to our care homes and home care providers.</p> | <p>We have longstanding reporting arrangements in place to track falls data, incident reporting and safeguarding alerts.</p> <p>Our weekly quality meetings provide regular oversight with providers of concern being managed through the Provider Quality Support Protocol which uses a tiered management approach to quality.</p> <p>Information relating to provider market quality is shared through the monthly Commissioning Committee which is chaired by the Council and attended by the TSDFT Contract and Market team.</p> <ul style="list-style-type: none"> ▪ 88% of our Care Homes are rated outstanding or good ▪ 81.8% of our community services are rated outstanding or good | <ul style="list-style-type: none"> ▪ Incorporation of further datasets in relation to quality across the market ▪ Development of care market training and development programme for key emerging themes to be embedded through provider forums to improve consistency across the markets |

| 2B We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement | | |
|---|---|--|
| What are we doing well? | How do we know it? | What do we need to do better, and how will we monitor this? |
| <p>2B.1 Torbay Council has delegated the adult social care operational commissioning and contracting responsibility to TSDFT but retains the strategic commissioning function. This collaborative approach results in multiple stakeholders in Torbay working together to plan, fund and deliver services to meet the needs of our population.</p> <p>Through our joint governance arrangements there is strong co-ordination between health, social care and the community.</p> <p>We have joined up contracts for our homecare, care homes, community and voluntary sector services.</p> | <p>Feedback from our Providers who recognise the benefit of our joint approach to the oversight, planning and development of local initiatives.</p> | <ul style="list-style-type: none"> ▪ We will continue to have oversight of TSDFT for delivery of Adult Social Care including monitoring their improvement plans relating to waiting lists and review activity ▪ Working in partnership with our providers we will support the redesign of day opportunities and develop our replacement care offer |
| <p>2B.2 The Local care partnership enables us to further work collaboratively across statutory and voluntary health, care and wellbeing services within the Torbay system and wider Devon.</p> <p>Our local priority area for action for 24/25 is 'Health and Employment'.</p> | <p>This agreed priority recognises the collective understanding of the challenges facing Torbay with 26% of our population being economically inactive and 27.5% of our population earning below the national minimum wage.</p> <p>The impact of this across our community is significant in terms of access to health and care services with high levels of mental health presentations being seen across community services and primary care.</p> | <ul style="list-style-type: none"> ▪ Further analysis of system activity in relation to employment and benefit demand ▪ Extension of supportive employment offers ▪ Engagement with local businesses to support access to work initiatives |
| <p>2B.3 Our Multiple and Complex Needs Alliance, Growth in Action (GiA), brings together drug and alcohol services, homelessness provision and our domestic abuse service. As</p> | <p>Our Homelessness strategy and action plan linked to GiA articulates our ambition and the cross-organisational actions planned.</p> | <ul style="list-style-type: none"> ▪ We want to further embed the voices of people with lived experience including facilitating a peer model across the whole alliance to include mental health and |

| | | |
|---|--|---|
| <p>part of our wider partnership approach this alliance places collective responsibility on commissioners and providers to improve outcomes for people with complex and multiple needs in this area.</p> <p>It champions a trauma informed approach, with a focus on adopting a system rather than an organisational approach to addressing need.</p> | <p>This was co-produced with partners across our system including individuals with lived experience from our hostel.</p> | <p>criminal justice.</p> <ul style="list-style-type: none">▪ Our community builders will provide further information and intelligence in relation to gaps of provision across Torbay for us to build on |
| | | |

Theme Three – Ensuring Safety

| 3A We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services | | |
|--|--|--|
| What are we doing well? | How do we know it? | What do we need to do better, and how will we monitor this? |
| <p>3A.1 Our DoLS waiting lists and risk management arrangements are overseen by the Head of Safeguarding Adults/Assistant Director for ASC Professional Practice and the MCA DoLS Operational Manager.</p> <p>There is strong oversight of risk within governance arrangements, and we maintain good awareness of backlog information, risk and risk management responses.</p> <p>To further inform our position we have been proactive in the past 12 months in commissioning an independent audit of the supervisory body function by Audit Southwest to further understand our position and awareness or risk.</p> <p>Several measures have been introduced to streamline and improve processes and prioritise applications. This activity is informed through our close working relationship and engagement with regional network arrangements.</p> <p>We have actively reviewed options to operationally reduce our backlog with senior management support and are moving to a test and learn phase and consultation process to implement a new delivery model. Our review included engagement with other LA's that do not have current backlogs</p> <p>All supervisory DoLS applications are triaged against the ADASS prioritisation tool. Applications which indicate objections or other high priority rationale such as covert medication are overseen by the MCA Lead to ensure appropriate oversight and engagement, for example with legal services.</p> | <p>There are dedicated operational and senior management roles in relation to DoLS.</p> <p>Monthly position information is reported through TSDFT and ASC Governance arrangements. Exception reports are provided on request such as the TSDFT Executive Operational group in February/March 2025. The Independent Audit summarised that 'Internal reporting on the current DoLS position (both the Supervisory Body and Community DoLS) and the associated risk and actions being taken in connection with the ongoing backlogs, have featured regularly in all the relevant key governance meetings within the organisation'.</p> <p>An independent audit of the Supervisory Body Function was published in April 2025. The audit identified known limited assurances relating to IT backlog.</p> <p>We attend regional ADASS MCA DoLS networks to support and inform activity and proposals. This includes task and finish activity to streamline systems and processes such as the DoLS forms 3a and 3b which are now utilised in Torbay.</p> <p>An options appraisal has been completed with a proposal to introduce a new delivery</p> | <p>In the past 12 months we have received 1573 DoLS applications, which averages 131 applications per month.</p> <p>The current backlog of applications is 536 (inc. new and renewals) of which 92 are high priority. We currently have 278 authorised DoLS of which 93 are high priority.</p> <p>The risks associated with the backlog have resulted in the options appraisal and the decision to move to a model of delivery to utilise Independent Best Interest Assessors. Our anticipation, once this is fully operational, is that within the first full year we will match the 37% reduction achieved in response to previous temporary additional funding from Torbay Council.</p> <p>In response to audit outcomes, the Executive Lead within TSDFT has signed off an agreed action response plan. This plan will be overseen by the TSDFT Audit Committee. Two key areas of limited assurance related to IT and capacity to manage backlog.</p> <p>IT - this is a key priority transformation activity which will enable DoLS to be recorded on a new care management system.</p> <p>Backlog – This is being addressed via the proposal to move to a new model of delivery as described.</p> |

| | | |
|--|---|--|
| <p>As an integrated system we have supported extensive learning and development across our Provider market with a particular focus on Mental Capacity Act training in Care Homes which was co-designed with Care Home managers.</p> <p>All ASC Registered Professionals receive face to face MCA DoLS Training. The training is split into 3 elements: Assessing and Best interests, DoLS and Lasting Power of Attorney and planning for the future. In addition, Community DoLS face-to-face training has been agreed in March 2025. This will include two sessions per year regarding CoP DoLS 11 applications and two sessions for leads overseeing those arrangements.</p> <p>We undertake a Mental Capacity Act Audit each year led by the MCA and Quality Assurance leads.</p> | <p>model to reduce the backlog agreed by senior management. This will be a phased introduction which takes account of the need for staff consultation and relevant procurement matters required to utilise Independent BIA's.</p> <p>Our data and reporting through governance evidenced this reduction.</p> <p>We have recently completed a light touch internal audit of triage decisions, all of which were assessed as appropriately triaged. Having successfully completed the first such audit, this will be completed every 6 months.</p> <p>We have created three co-produced video resources with our provider sector (sofa Q and A) which were filmed in a learning disability and generic care provider settings. The subject matter is Assessment, Best Interest Decision Making and Planning for the Future.</p> <p>Once completed, any identified inadequate assessments are fed back to the line manager and practitioner for review and reflection. The staff member who completed the assessment is also required to take or retake the level 3 training sessions.</p> | |
| <p>3A.2 Our hospital discharge arrangements are fully integrated see (See 1A)</p> | | |
| <p>3A.3 The integrated multi-disciplinary model in Torbay provides seamless access to care and support.</p> <p>7-day urgent care and crisis response. Out-of-hours duty function for Adults and Children's. Our older person's MH</p> | <p>Integration starts at the point of entry into our community services with a single team of health and social care coordinators working to understand people's needs, and</p> | <p>The integrated model needs to continually be refreshed to ensure the voice and impact of Adult Social care is balanced within the conflicting pressures of the NHS trust.</p> <p>We need to further develop a curious culture and</p> |

| | | |
|---|--|---|
| <p>offer is integrated within our locality teams. The model of care ensures that the most appropriate professional leads the care co-ordination for the person, supported by a range of other professionals.</p> <p>Risks and incidents are managed through our robust DATIX and patient incident management arrangements which are reported through our Delivery committee.</p> | <p>line up the appropriate support.</p> <p>Torbay community services have a long-standing reputation for its integrated model.</p> <p>Adult Social Care has a robust out-of-hour service.</p> <p>The integrated way of working works well at points of escalation, safeguarding and incident management.</p> | <p>transparency so that there is a shared set of priorities and outcomes based on what the people who draw on services tell us.</p> <p>We need to be more engaging with our population in the future design of integrated health and social care.</p> |
| <p>3A.4 Transitions between teams occur through referral processes, staff and manager discussions. We have a strong offer for young people coming through transitions and we work to support individuals from 16 years onwards and for those with high complexity from 14 years of age. There is a dedicated team who work in partnership with Children's services. Using a panel approach to the team ensures that individual young people are tracked through the transition arrangement, there is strong interagency working, earlier identification of carers and increased use of advocacy.</p> | <p>We have robust planning arrangements in place to ensure early planning occurs.</p> <p>There are numerous examples of strong partnerships working to facilitate clear transition plans such as:</p> <ul style="list-style-type: none"> ▪ A strengthened weekly transition panel to improve coordination and tracking of young people discussed with a central tracking log implemented to track all young people discussed. ▪ A further quarterly MDT panel meets to review young people (14+) who are likely to require substantial support to achieve Transition outcomes. ▪ The Transition team provide training and support to Children Services social care practitioners regarding Mental Capacity Act application and Deprivation of Liberty safeguards. ▪ Close partnership relationships across Social Care, TSDFT and Education are in place to develop employment opportunities for young people including internships and voluntary/short term placement experience. | <p>Our Becoming an Adult Improvement project will focus on the actions from the recent SEND Inspection when this is published but key areas already identified are:</p> <ul style="list-style-type: none"> ▪ A focus on good health & Wellbeing ▪ Friendships, relationships & Community Life/Employment skills and opportunities ▪ Developing Independent Living Skills ▪ ASC representation and engagement with the SEND Joint Commissioning Strategy workstream. |

- | | | |
|--|--|--|
| | <ul style="list-style-type: none"> Co-Production and engagement of Young People and their parent/Carers are utilised via work developed through the SEND Youth forum. | |
|--|--|--|

3B We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

| What are we doing well? | How do we know it? | What do we need to do better, and how will we monitor this? |
|---|--|--|
| <p>3B.1 We operate a robust integrated response to any safeguarding concerns. Our co-located joint approach between health and social care ensures that keeping people safe is at the heart of everything we do.</p> <p>Our safeguarding adult single point of contact sits within the front door team to ensure robust arrangements are in place to receive and act on incoming enquiries, our staff respond quickly completing appropriate assessments and ensuring protection plans are in place when required.</p> <p>Our data information provides a comprehensive overview of safeguarding information and activity.</p> <p>There are long-standing multi-agency arrangements in place within a broad range of partnership arrangements to safeguard people from the risk of harm.</p> <p>For example:</p> <ul style="list-style-type: none"> Attendance at the Torbay bi-weekly Homelessness and Vulnerability Forum ASC representation at MARAC Full member of Torbay Channel Panel Member of Prevent Partnership Board Member of Devon and Cornwall Anti-Slavery Partnership TDSAP Activity | <p>We have in excess of 31 live or weekly data sets that provide strong intelligence and oversight of safeguarding systems. Some of these data sets also have multiple entry summaries. The data is used broadly to support:</p> <ul style="list-style-type: none"> S42 decision making S42 activity S42 data intelligence (such as types of abuse, Making Safeguarding Personal, data queries) Capture people's journey through our safeguarding system <p>In addition, we have an Independent Quality Checker system. With informed consent quality checkers will contact people who have experienced safeguarding adult response via a discovery interview model. Our 2024 Partners in Health Safeguarding review said "that the breadth of your approach to safeguarding and the ability to illustrate this has been consistently impressive".</p> <p>The safeguarding team review data as part of</p> | <p>Along with other TDSAP partners, we will actively work with TDSAP to evidence how learning from safeguarding adult reviews is being embedded into practice. By taking this activity through TDSAP, this will provide a broader level of assurance that learning from SARs is embedded into practice.</p> <p>We plan to deliver more partnership safeguarding adult forums to support partnership working and shared learning. Prior to COVID we would host on average 3 forums per year, often with a maximum attendance of 140 attendees. COVID, followed by internal team capacity and other priorities, has restricted this to date but the successful Prevent forum last year has evidenced the appetite for these events. Our new SA Senior Social Worker appointment now provides the opportunity to plan future events.</p> <p>Our Operational Safeguarding Improvement group allows for a 'temperature check' of the operational safeguarding system and collective solution focused thinking to responding to any emerging themes.</p> <p>An example of this is the need to get better at recording if we have asked people about their preferred outcomes, arrangements to seek valid</p> |

| | | |
|--|---|---|
| <ul style="list-style-type: none"> ▪ Representation at Devon Multi-Faith Group Board ▪ Attendance at regional safeguarding networks ▪ Representation at MARAC steering group ▪ Representation and Torbay Domestic Abuse Strategic Group <p>We have a range of accessible information on our websites, and a leaflet has been co-produced by the Community Reference Group.</p> <p>We actively take part in local safeguarding appreciative enquiry events and SARS, with any recommendations going to the learning and development subgroup.</p> <p>We have a broad range of local policies and practice guidance such as:</p> <ul style="list-style-type: none"> ▪ Managing allegations against people in positions of trust ▪ Safeguarding Operational Guidance ▪ Safeguarding Adult Single Point of Contact Guidance ▪ Safeguarding Adulthood Training Framework ▪ Responding to concerns relating to a deceased person. ▪ Qualitative feedback SOP Guidance ▪ Co-production via partnership arrangements of Anti-Slavery MOU ▪ Broad range of participation and contribution to safeguarding adult partnership publications. | <p>business as usual and work in partnership with operational teams to understand and address any emerging themes. For example, enquiries open beyond 90 days are reviewed to avoid drift and ensure the enquiry needs to remain open. All S42(2) enquiries are formally signed off by lead professionals to confirm the local authority S42 duty has been met.</p> <p>Key summary data for 24/25 is:</p> <ul style="list-style-type: none"> ▪ 1034 concerns raised ▪ S42 decisions within SPOC take on average 7.1 days ▪ 347 S42(2) enquiries started ▪ 33.6% conversation rate ▪ 369 enquiries closed ▪ 7.9% of S42(2) enquiries related to repeat enquiries in the past 12 months ▪ 47.2% of enquiries occurred in an individual's own home ▪ Neglect, physical harm, financial abuse are the three most common forms of abuse. <p>As a full member of TDSAP we contribute to arrangements relating to the commissioning, undertaking and publication of safeguarding adult reviews.</p> <p>There are currently two Torbay related ongoing SARs and one outstanding referral (awaiting S44 decision). Our approach is regardless of whether a SAR relates to a Torbay resident, learning from TDSAP arrangements is disseminated to front line teams through for example the operational Safeguarding Improvement Group. An example of our interaction in these</p> | <p>consent to provide qualitative feedback, reflective discussion on the latest SAR practice briefings.</p> |
|--|---|---|

| | | |
|--|---|--|
| | <p>arrangements is the forthcoming attendance by 20 operational staff at the TDSAP self-neglect conference in June 2025. Our attendance includes joint delivery of a workshop.</p> <p>We have previously hosted a number of network Safeguarding Adult Forums. Most recently in June 2024, we hosted a Prevent Conference with an excess of 100 practitioners with high quality expert speakers. The aim of this was to promote Prevent awareness in Torbay.</p> <p>We have worked through the Torbay and Devon Safeguarding Adult Partnership to develop and publish public information and team information on safeguarding adults including easy read information.</p> <p>Our policies are reviewed every 3 years or sooner if needed by TSDFT governance arrangements. Oversight of policy is retained within adult social care safeguarding.</p> | |
| <p>3B.2 Making safeguarding personal is embedded in our approach.</p> <p>We have quality checker arrangements in place which is supported by Living Options Devon who explore with individuals their experience of the safeguarding process and provide a summary report on findings.</p> | <p>Our recent performance:</p> <ul style="list-style-type: none"> ▪ 91.1% of enquiries had a risk outcome of removed or reduced ▪ 79.1% of records record a preferred outcome was asked. (90% target) ▪ 93% of those asked stated their preferred outcomes were fully or partially achieved. ▪ 17.3% of people consented to give qualitative feedback (20% target) <p>Our qualitative feedback indicates that individuals receive positive outcomes from their experience of a safeguarding response. This is evidence through Independent Quality Checker</p> | <p>Our data on preferred outcomes identifies we do not always record if we are asking people their preferred outcomes. We identified this was due to a care management recording tool issue which meant that staff could not record outcomes in response to a S42(1) outcome. This has been rectified, and our Deputy Safeguarding Adult Manager has oversight of data improvement.</p> <p>Our records do not evidence that all individuals or their representative are asked if they consent to provide qualitative feedback. This has been escalated with teams in our operational safeguarding improvement group within increased scrutiny of</p> |

| | | |
|--|--|---|
| | feedback reports. | activity driving improvement. |
| | | |
| <p>3B.3 We have a joint Adults Safeguarding Board with Devon County Council (TDSAP). There is a broad range of information available on the TDSAP public webpage here</p> <p>There are various methods by which assurance these arrangements are fit for purpose including:</p> <ul style="list-style-type: none"> ▪ DASS, Deputy DASS and Lead Member membership at TDSAP Board meetings, including receipt of minutes. ▪ Our Head of Safeguarding Adults Chairs the Operational Delivery Group of the Partnership. ▪ The TDSAP Business Activity Plan monitors and reviews the development, progression and delivery of actions that support the TDSAP strategic priorities. <p>The Operational Delivery Group holds the Business Activity Plan and reports on progress at each meeting. There is a monthly Business Managers meeting chaired by the Independent Chair of TDSAP which is attended by the Deputy DASS and Head of Safeguarding Adults.</p> <p>Publication of SARS is by default notified in advance to the DASS, Deputy DASS and Head of Safeguarding Adults and formally signed off for publication at TDSAP Board.</p> <p>The Chairs of the Children's Safeguarding Board and Adults Board meet regularly to ensure shared areas of work are discussed.</p> <p>There is good connectivity within operational group membership arrangements. For example, in April 2024 a representative of the Devon children's Quality Assurance Lead summarized activity relating to transitions into adulthood. Adult members were able to recommend more of an MCA focus in children's training arrangements.</p> | <p>DASS, Deputy DASS, Head of Safeguarding Adults and Lead Member membership at TDSAP Board</p> <p>Independent Chair of TDSAP</p> <p>Monthly Business Managers Meeting attended by Deputy DASS and Head of Safeguarding Adults</p> <p>Full organizational membership at all levels of TDSAP</p> <p>Annual report is presented to Torbay Council Cabinet for Sign Off and information</p> <p>Publication of Safeguarding Adult Reviews is approved at TDSAP with DASS, TSDFT Executive Lead notification prior to publication</p> | <p>The partnership is seeing repeated SAR referrals relating to self-neglect. In response, a TDSAP task and finish exercise has reviewed:</p> <ul style="list-style-type: none"> ▪ Self-neglect guidance ▪ Hoarding guidance ▪ Considered new approaches to SAR activity ▪ Prioritised how learning from safeguarding adult review is evidenced in practice <p>In the past 12 months, the Partnership has reviewed how best to ensure continued engagement from people with lived experience within its arrangements. In response, within its priority to improve engagement, awareness and inclusion, that Partnership has committed to delivering a continued investment and engagement with community groups to ensure that co-production and co-design is central to continual improvement.</p> |

| | | |
|--|--|--|
| <p>The TDSAP current priorities can be accessed here</p> <ul style="list-style-type: none"> ▪ Seek Assurance from partners in relation to practice improvements in key risk areas. ▪ Seek assurance from partners that learning from SARs is embedded into practice ▪ Improve awareness, engagement and inclusion. | | |
| | | |
| <p>3B.4 Coordinated multiagency meeting structure to assess and collectively support vulnerable individuals and address perpetrating activities that increase level of risk.</p> <p>Cross organisation partners include dedicated Adult Social Care Social Worker, Police, Probation, drug and alcohol services, Housing, ASB and Vulnerability team.</p> <p>It champions a trauma informed approach, with a focus on adopting a system rather than organisational approach to addressing need.</p> | <p>Housing and Vulnerability meeting (weekly) – multi agency approach to provide a rapid task centered action plan around an individual. If the level of risk is assessed above threshold referral through to statutory agencies or MDT meeting called on a case-by-case basis.</p> <p>Alliance Management Meeting (Growth in Action) – accepts referral and then system approach including complex needs navigator embedded in the homeless Hostel.</p> <p>A series of ASB and weekly huddle meeting sharing soft intel to identify emerging issues or vulnerable individuals identified especially within the street attached community.</p> | <p>We want to further embed the voices of people within MDT meetings and build upon client engagement in this process.</p> |
| | | |

Theme Four – Leadership

| 4A We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate. | | |
|---|--|--|
| What are we doing well? | How do we know it? | What do we need to do better, and how will we monitor this? |
| <p>4A.1 The Adults and Communities Directorate is led by the Director of Adults and Communities who is the formal DASS and part of Torbay Council's Corporate Management Team.</p> <p>The DASS is currently supported by two Divisional Directors responsible for:</p> <ul style="list-style-type: none"> ▪ Adult Social Care strategic commissioning and delivery working with TSDFT to oversee the performance of Adult Social Care operations. ▪ Communities covering housing solutions and standards, homelessness, community safety and licensing. <p>The Principal Social Worker role is held by the Associate Director of Social Work and Professional Practice within TSDFT. There is an Associate Director responsible for Operational Adult Social Care, they work together with an Associate Director for Community Health.</p> | <p>The Council and Trust structure charts are included within IR37. Within this we have also included the TSDFT Social care senior leadership structure.</p> <p>There is regular communication between senior management and staff across the Directorate to share key information and support the development of improvement plans and areas of priority. This includes Newsletters, Staff Briefings and other updates.</p> <p>There are monthly Portfolio Holder and Shadow Portfolio meetings between the Director and Elected Members.</p> <p>We have a shared vision for Adult Social Care and joined up approach to our transformation programme. We recognise areas we need to improve and are working together to address these.</p> | <p>We have recently reintroduced face-to-face staff briefings and engagement sessions and intend to build these into our communication approach following positive staff feedback.</p> <p>Our Principal Social Worker is employed by TSDFT and has established monthly sessions on ASC practice and improvement; we will use this forum to enhance our workforce development plan and workforce strategy.</p> <p>We need to continue to strengthen the voice and identity of Adult Social Care within the integrated organisation.</p> <p>We need to build on our Delivery Committee to ensure that risk and outcomes for people are clearly communicated across the Council and integrated care organisation.</p> |
| <p>4A.2 Torbay Council's corporate governance covers the following:</p> <ul style="list-style-type: none"> ▪ Officer and political structures ▪ Decision making processes ▪ Performance management and oversight ▪ Financial control, oversight and delegation ▪ Risk management | <p>Torbay Council's Annual Governance Statement can be found here Annual Governance Statement 2023-2024.pdf.</p> <p>We have clear governance arrangements in place between Torbay Council and TSDFT which are detailed in IR31.</p> <p>Within Torbay Council, performance, finance and risk reports are developed for:</p> | <p>We want to further develop our single reporting arrangements across the two organisations.</p> <p>We intend to improve our trend analysis following the implementation of our new IT system.</p> <p>We will continue to ensure there is a robust line of sight between TSDFT and the Council's DASS through our enhanced governance arrangements.</p> |

| | | |
|--|---|---|
| | <ul style="list-style-type: none"> ▪ Directorate Oversight Meeting ▪ Directorate Leadership Meeting ▪ Delivery Committee ▪ Service Improvement Board ▪ Scrutiny Board ▪ Portfolio Briefings ▪ Safeguarding Adults Board ▪ Audit and Governance Committee ▪ S75 Executive Board <p>Within the Trust, performance, finance, risk and quality reporting is overseen by:</p> <ul style="list-style-type: none"> ▪ Families and Communities Care Group ▪ Executive Oversight Group ▪ Quality Assurance Committee ▪ Finance and Performance Committee ▪ Trust Board <p>Our new DASS has recently been invited to join the TSDFT Board to ensure Adult Social Care is fully represented at Board level.</p> <p>A robust risk management approach is in place; the Corporate Risk register contains our most significant risks with appropriate mitigating actions.</p> <p>There is a joint ASC Risk register between Torbay Council and TSDFT. This is regularly reviewed, and escalations are managed through the Delivery Committee.</p> <p>Our risks are reviewed on a quarterly basis in line with our risk management strategy.</p> | <p>We will use our Peer Review feedback and self-assessment to drive our improvement and transformation plans.</p> |
| <p>4A.2 Torbay Council has robust budget monitoring and medium-term financial planning processes in place. The S75 arrangement for the delivery of Adult Social Care between Torbay Council and TSDFT is a five-year arrangement where the budget for Social Care including</p> | <p>Torbay Council's Budget can be found here Budget 2025/26 - Torbay Council</p> <p>The Council seeks the views of residents as part of the budget setting process. The budget engagement details the statutory requirements</p> | <p>There is further work for us to do to develop robust cost and volume modelling, this will be assisted by the implementation of our new IT solution.</p> <p>A key area of improvement for operational and strategic</p> |

| | | |
|---|--|--|
| <p>the ASC Precept, and any grants is transferred to the Trust on 1st April each year. There is a provision made for growth with the Council supporting cost/volume modelling and benchmarking with comparator authorities.</p> <p>The Trust develops annual cost improvement programmes, these are co-designed with the Council's Divisional Director for Adult Social Care</p> | <p>relating to adult social care, homelessness and children's services for context.</p> <p>There are joint finance meetings in place between the Council and TSDFT to monitor delivery against the cost improvement plans as well as weekly operational delivery meetings to track progress.</p> | <p>commissioning is to address the cost of care within Torbay, this is being addressed through the development of improved frameworks and fee rates.</p> |
| <p>4A.3 We have an established Health and Wellbeing Board (HWBB) which promotes the health and wellbeing of all residents across Torbay.</p> | <p>The HWBB co-produced our Health and Wellbeing Strategy 2022-2026 which covers five key areas:</p> <ul style="list-style-type: none"> ▪ Mental Health ▪ Health ageing ▪ Good Start to Life ▪ Complex Needs ▪ Digital Inclusion <p>In addition, led by our Director of Public Health, the HWBB ensures the development of our Joint Strategic Needs Assessment which provides the demographic intelligence to support commissioning and delivery of health and wellbeing offers for all.</p> | |

| 4B We focus on continuous learning, innovation and improvement across our organisation and the system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research. | | |
|---|--|---|
| What are we doing well? | How do we know it? | What do we need to do better, and how will we monitor this? |
| <p>4B.1 We have a stable and resilient workforce, turnover rate 10.41%, staff sickness 7%, supported by our strong practice development offer. Since adult social care staff are employed by the NHS Trust in Torbay retention and recruitment levels are generally good.</p> <p>We have a dedicated education and learning post for ASC who provides specific staff informed training developed in line with emerging needs and themes from case audit,</p> | <p>We offer:</p> <ul style="list-style-type: none"> ▪ 4 Social Work Apprentice degrees per year ▪ 3 people per annum to complete their practice education module ▪ 1 person to complete their AMHP training ▪ 3 OT students per year | <p>Adapting to changing demographics within our workforce.</p> <p>Focus on digital support for our workforce.</p> |

| | | |
|---|---|--|
| safeguarding or complaints. We offer 4 Social Work Apprentice degrees per year and support 3 people per annum to complete their practice education module. | <ul style="list-style-type: none"> ▪ Our PSW and Education Lead run a Post qualifying supervision standards training programme ▪ We have an annual Leadership Programme ▪ We have minimal use of agency staffing ▪ Our contract managers are accredited based on Contract Management Professional Standards ▪ We train our Commissioners with Oxford Brookes ▪ Competitive pay and strong recruitment processes | |
| 4B.2 We review and analyse our complaints, our PSW uses any emerging themes to inform practice development proposals or inform our improvement work. | <p>Complaints are regularly reported through our Delivery Committee. This ensures there is a clear line of sight to the DASS with regards to themes and risks of feedback.</p> <p>We have a shared learning approach, driving continuous improvement.</p> | <p>We continue to work on improving our communication, practice and processes to ensure the people we serve access the right support to best meet their needs.</p> |

Glossary

| When we say | What it stands for | And what it means |
|-------------|---|---|
| ADASS | Association of Directors of Adult Social Services | ADASS is a membership organisation for those working in adult social care. |
| ASC | Adult Social Care | Adult Care is the support provided for those aged over 18 to manage their own needs and to live life to the fullest – even when they face challenges because of their circumstances. |
| ASCOF | Adult Social Care Outcomes Framework | The Adult Social Care Outcomes Framework is a set of national measurements which help us to check how well care and support services are making a difference to people. |
| DoL's | Deprivation of Liberty Safeguards | DoLS aims to protect people who are able to consent to changes in their living arrangements which deprive them of their liberty. Checks are carried out to make sure they are necessary in the person's best interests and that their feelings and wishes are taken into account. |
| DP | Direct Payments | Direct payments allow people to receive cash payments from your local authority instead of care services to choose the support they need for themselves. |
| DFG | Disabled Facilities Grant | Disabled Facilities Grants help towards the costs of making changes to a person's home so they can continue to live there. |
| DTA | Discharge to Assess | Discharge to Assess helps fund and support people to leave the hospital when it's safe and appropriate to do so |
| ICS | Integrated Care Strategy/System | Integrated Care Systems are local partnerships that bring health and care organisations together to develop shared plans and joined-up services. They are formed by NHS organisations and upper-tier local councils in that area and also include the voluntary sector, social care providers and other partners with a role in improving local health and wellbeing. |
| ICB | NHS Devon Integrated Care Board | ICB's are NHS organisations responsible for planning health services for their local population. They manage the NHS budget and work with local providers of NHS services, such as hospitals and GP practices. |
| ICO | Integrated Care Organisation | An integrated care organisation provides a joined up model of health and social care services. |
| JSNA | Joint Strategic Needs Assessment | Joint Strategic Needs Assessments (JSNAs) are assessments of the current and future health and social care needs of local communities. |
| LCP | Local Care Partnership | Local Care Partnerships bring together local health and care providers to work together to improve services in local communities, focusing on what matters to local people. |
| LSOA | Lower Super Output Areas | Lower layer Super Output Areas (LSOAs) help us to understand the needs of smaller communities, using data. They usually include between 400 and 1,200 households and between 1,000 and 3,000 people. |
| MCA | Mental Capacity Act | The Mental Capacity Act (MCA) is designed to protect and empower people who may lack the mental capacity to make their own decisions about their care and treatment. It applies to people aged 16 and over and covers decisions about day-to-day things like what to wear or what to buy for the weekly shop, or serious life-changing decisions like whether to move into a care home or have major surgery. |
| MDT | Multidisciplinary Team | A group of professionals from different roles or organisations who come together to share information and ideas to help support people who need help to stay safe or manage everyday living. |
| MSP | Making Safeguarding Personal | Making Safeguarding Personal aims to make sure that the feelings and wishes of people involved in safeguarding concerns are considered and they are supported to improve or resolve their circumstances. |
| OT | Occupational Therapy/Therapists | Occupational therapy aims to improve people's ability to do everyday tasks if they're having difficulties. |

| | | |
|-------|--|---|
| PCN | Primary Care Networks | A PCN is a group of GP practices working closely together to provide services to their local population. A PCN usually includes 30,000–50,000 patients. |
| PSW | Principal Social Worker | The Principal Social Worker takes a lead role in making sure our arrangements to support people and keep them safe are good quality and we keep improving. |
| SAR | Safeguarding Adult Review | Safeguarding Adult Reviews were previously known as serious case reviews. A SAR is a multi-agency review process which seeks to determine what relevant agencies and individuals involved could have done differently that could have prevented harm or a death from taking place. |
| TSDFT | Torbay and South Devon Foundation Trust | TSDFT is the NHS Trust in Torbay. |
| VCSE | Voluntary and Community Sector organisations | VCSE means a voluntary, community or social enterprise organisation which serves communities solely within England and which is either: a charity, Community Interest Company or Community Benefit Society, registered with the relevant registry body; or an unregulated organisation with a social mission which is similar to a charity. |