



Annual Strategic Agreement

Between

**Torbay Council, South Devon and Torbay Clinical Commissioning Group
and Torbay and Southern Devon Health and Care NHS Trust**

for the delivery of Adult Social Care

April 2015 to March 2016

Contents

- 1. Purpose and Overview**
- 2. Workforce**
- 3. Performance Outcomes**
- 4. Spending Decisions and Key Decisions**
- 5. Revenue Budget 2015-16**
- 6. Client Charges – Rates 2015-16**
- 7. Roles and Responsibilities**
- 8. Emergency Planning**

Appendices

- Appendix 1 ASC Budget Proposals 2015-16**
- Appendix 2 Benchmark Assessment and Key Performance Indicators**
- Appendix 3 Risk Matrix**
- Appendix 4 Client Charges and Charging Policy (to follow once regulation clear)**
- Appendix 5 Joint Outcomes Framework**
- Appendix 6 Better Care Fund**
- Appendix 7 Commissioning Roles and Responsibilities**
- Appendix 8 Draft Risk Share Agreement**
- Appendix 9 Shortbreak policy and EIA**

1. Purpose and Scope of this agreement

This agreement sets out the way in which Torbay Council and South Devon and Torbay Clinical Commissioning Group (CCG) will commission services from Torbay and Southern Devon Health and Care NHS Trust (TSDCT) and South Devon Healthcare NHS Foundation Trust (SDHFT) on the basis that in 2015 both trusts will be in the form of an integrated provider (ICO-integrated care organisation) referred to in this document as 'the Trust'.

The commissioning agreement reflects the evolving relationship between commissioners and providers. NHS reforms have indicated that commissioning is separate from provision. Commissioning is locally delivered by the CCG and undertaken jointly with the local authority. Strategic commissioning has returned to the Council to ensure joint commissioning with NHS commissioners. There is a developing maturity of relations which is reflected in our local areas status as a 'pioneer' of integration. These relationships are reflected in this Agreement in as far as they impact on arrangements between the Council/CCG and the Trust(s).

All organisations are committed to working in partnership with NHS, Local Authority, other providers and the third sector to develop the model of integrated care for which Torbay and South Devon is renowned. This includes our commitment to drive integration to a new level, including further structural integration and extended organisational care pathways between health and social care services. We will use the opportunities of the Better Care Fund and our Pioneer status to pool budgets and increase joint commissioning across all our health and care providers and ensure there is a diverse range of care and support services available.

Where specific service specifications are required to ensure clarity and accountability for specific functions, or to ensure successful and timely delivery of the work outlined, these will be developed separately.

1.1 Overall context and strategy

National agenda

The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. For the first time, the Act will put a limit on the amount anyone will have to pay towards the costs of their care from April 2016. The Act also delivers key elements of the government's response to the Francis Inquiry into events at Mid Staffordshire hospital, and demands increasing transparency and openness and will help drive up the quality of care across the system. The Act strengthens previous commitments to an integrated approach across organisations and health and social care boundaries, including a requirement of continuity during transition between children's and adult services. Locally the implementation of the Care Act is one of the significant elements of delivery in 2015 across our local system.

NHS England has produced a five year forward view (October 2014). This document sets out a clear direction for the NHS- showing why change is needed and what it will look like. It supports patients being in control of their own care, and supports combined budgets with local government as well as personal budgets. It supports integration between GPs and hospitals,

physical and mental health, health and care. It described a strategic direction which is in line with local plans and our Health and Wellbeing Board strategy.

It also stresses a radical upgrade in prevention and public health. Public Health England has been created and public health commissioning responsibilities has moved to local government. Our local strategy reflects those ambitions to improve the health and support of our local population through prevention and self care and community support, wherever possible.

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

Locally

The joint commissioning and delivery of services underpins the direction of travel which the Council and NHS set out since the recent NHS reforms.

The local context is shaped by the expectation of an Integrated Care Organisation (ICO) as well as the success of being a national 'pioneer' for further integration and innovation.

The CCG, Torbay Council, and the Trust and other providers will continue to pursue a strategic direction designed to maximise choice and independence for those requiring adult health, social care and support.

1.2 Financial context

Funding arrangements for NHS and Adult Social Care (ASC) are under great pressure and although there has been welcome reform through the Care Act with the expectation of government funding to support these new costs, as well as one off contributions to support winter demands, it does not ease the overall pressures on the NHS and councils to provide safe and quality services within less resource.

The CCG, the Council and the ICO have an intention to 'pool' financial resources as the best way of meeting increasing demands, on the basis of a risk share. The document is still being finalised but will be included once agreed.

Through the establishment of the ICO, and by pooling funding under a risk share agreement, we expect to see a transfer of resources from inpatient beds to care provided in people's homes, which is of high quality and value for money for our population. To deliver this we expect to see a shift in the current workforce configuration to more community based teams, delivering seven day a week services.

1.3 Health and Wellbeing Board

The vision of Torbay's Health and Wellbeing Board is for a Healthier Torbay: Where we work together to enable everyone to enjoy a healthy, safe and fulfilling life. The Board has identified three outcomes to be delivered to achieve this vision:

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

There are a number of priorities under each outcome. The Board will challenge commissioners and providers of services in Torbay about how well they are working together to meet these priorities and will be looking for information about the actions which are needed to improve the health and wellbeing of everyone in Torbay.

1.4 Quality

National: CQC (Care Quality Commission) The Commission will make sure health and social care services provide people with safe, effective and compassionate high-quality care and encourage care services to improve.

They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.

CQC principles:

- We put people who use services at the centre of our work
- We are independent, rigorous, fair and consistent
- We have an open and accessible culture
- We work in partnership across the health and social care system
- We are committed to being a high performing organisation and apply the same standards of continuous improvement to themselves that they expect of others
- We promote equality, diversity and human rights.

The CQC will change what they look at when they inspect so that the following five questions about services are tackled:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well led?
- Are they responsive to people's needs

Local: Torbay and Southern Devon Health and Care NHS Trust

The Trust will provide quality assurance of both its own business activity and that of the services it commissions on behalf of the community. A Quality Assurance Framework has been developed and is in use. The framework includes the following elements:

- Living Well at Home, a new way of delivering high quality and sustained support plans to people living at home, will replace the traditional domiciliary care provision in Torbay. A prime contractor will be in place from 1 April 2015 to manage the provision on our behalf. This will give us the opportunity to work with the independent sector in partnership and move from 'time and task' to outcomes based contracting on the basis of 'what matters most' to Mrs Smith and her family. It is intended to drive up quality, ensure safeguarding is addressed and to link individuals into their local communities to enhance wellbeing and social isolation.
- The Care Home Self-Assessment and Management Tool known as the Quality Effectiveness Safety Trigger Tool (QuESTT) is established and is completed by the home electronically on a monthly basis, with direct access to a Trust database to complete this.
- A business and finance audit tool to be completed on an annual or bi-annual basis - this will replace the current documentation.

Further mechanisms to learn from experience will be put in place in order to ensure key messages are cascaded to staff from serious case reviews.

1.5 Learning Disabilities and Autism Commissioning

Ultimately seeking a more regional approach (in line with '*Living Well with a Learning Disability in Devon 2014-16*') but for the ASA for next year the focus will be as laid out in TSDH&CT's Operational Commissioning Strategy (2014-16) which has been adopted. This will also form the workplan and focus for the Learning Disabilities Partnership Board (LDPB) and the workplan and focus for the Autism Partnership Board. In addition to this, it will be a requirement that the actions resulting from the Learning Disability Self Assessment Framework findings and the Autism Self Assessment Framework findings will be incorporated into this.

The schedule is in support of the Learning Disability Operational Commissioning Strategy (2014-16) and confirms the direction of effort being undertaken by the resources applied to it.

Outcomes required 2015/16:

- Delivery of the Learning Disability Operational Commissioning Strategy
- Running and support of the Learning Disabilities Partnership Board.
- Production of the action plan from the Learning Disability Self-Assessment Framework.
- Running and support of the Autism Partnership Board.

- Completion and delivery of the Autism Self-Assessment framework 2015 and the subsequent action plan development and delivery
- Contract Management of Learning Disability/Autism Providers.
- Monitoring of Learning Disability Providers through Commissioning Strategy Meetings as required.
- Ensuring that people with Learning Disability/Autism are safeguarded.
- Supporting people with Learning Disability/Autism in Torbay to have greater choice over their activities, including accessing employment.
- Supporting more people with Learning Disability/Autism in Torbay to live in their own community, in their own home.
- Ensuring good planning and support for people with Autism.
- Ensuring good support for carers of people with a learning disability
- Increase the number of or arrangements in place to promote and provide personal budgets including the development of integrated personal commissioned budgets (target to be agreed)
- Engagement with strategic health and care commissioners by providing knowledge and expertise in support of the development of market provision specific to those with complex health and social care needs

1.6 Safeguarding

The Trust will continue to deliver the delegated responsibilities of Torbay Council regarding Safeguarding Adults.

Care Act 2014; this new legislation puts Safeguarding Adults into a statutory framework for the first time from April 2015. This puts a range of responsibilities and duties on the Local Authority with which we will need to comply.

This includes requirements in the following areas:

- Duty to carry out enquiries
- Co-operation with key partner agencies
- Safeguarding Adults Boards
- Safeguarding Adult Reviews
- Information sharing
- Supervision and training for staff

Accountability for this will sit with the Torbay Safeguarding Adults Board (SAB). This is a well-established group that will provide a sound basis for delivering the new legislative requirements. The Board will incorporate the requirements into its terms of reference and Business Plan for 2015/16, ensuring that all relevant operational and policy changes are in place for April implementation.

- Regular performance analysis from all partner agencies will be reported to the SAB to give a clear picture of performance across the agencies. The Council will ensure high level representation on the Board by the DASS and Executive Lead for Adult Social Care.

- In order to maximise capacity Torbay SAB will work closely with the Devon SAB with an increased number of joint sub committees and shared business support.
- In addition to this, in order to provide internal assurance that the Trust is fulfilling its Safeguarding Adult requirements, the Board will have a sub-committee which will oversee performance. This will have a particular focus on training and performance activity. This group will operate across TSDHCT and SDHCT as part of the anticipated ICO establishment.
- The Safeguarding Adult function and process was the subject of a **Peer Review** (ADASS and LGA) in June 2014. The focus of this was on governance and accountability in a changing organisational environment and on keeping people safe in their own homes. The review produced valuable feedback which will inform the SAB Business Plan.
- The Council has signed up to the national initiative of **Making Safeguarding Personal**. This is an exciting initiative designed to measure Safeguarding Adult performance by outcomes for the individual, rather than the current reliance on quantitative measurement of timescales for strategy meetings and case conferences. Work will be done through SAB during 2015/16 to implement these new measures in Torbay.

Children and Family Act 2014

Alongside the Care Act 2014, this is a new piece of legislation which will amend a range of issues affecting children and young people. It complements the Care Act's 'whole family' approach to needs assessment and will require Adult Social Care Services to work in close partnership with Children's Services to develop pathways around transition to adulthood, a key aspect of the Special Education Needs and Disability (SEND) reforms which are incorporated into this legislation. There is also a need to develop protocols for carrying out other work relating to children, e.g., parenting assessments, which are often a requirement in care proceedings where parent/carers have disabilities.

Multi-agency Safeguarding Hub (MASH)

- Since August 2014, the Single Point of Contact (SPOC) for safeguarding adults has been co-located with the police as part of a pilot service. This is yielding positive results in terms of timeliness of triage for incoming alerts and joint work between Adult Social Care and the Police. Work is also in progress to establish a MASH for adults and children, a very welcome venture given our aspiration to develop a whole family approach.
- The Trust and Torbay Council are working together with the CCG to implement an action plan based on the recommendations from the inquiry into **Winterbourne View**. Work will continue on this plan to ensure that future milestones are met for returning individuals to their home area (when safe) and to review our contracts with providers to ensure that they reflect and are monitored on the principles and requirements of Safeguarding Adult policy and best practice.
- In order to ensure that a number of initiatives around the protection of vulnerable people are co-ordinated and that learning is disseminated from these, the SAB has established **Keeping People Safe**, a new sub group. This will meet quarterly during 2015/16.

- There will be a continued focus on ensuring that all staff have the appropriate level of training for their role, as set out in the Torbay Safeguarding Adults Multi-Agency Training Policy, with the target of 90% achievement set by the Board.

1.7 Service Development Activity

The service development activity to be undertaken by the Trust in the period 2015/16 will be framed by national and local policy drivers including:

- Enactment of the Care Act reforms: These reforms will be implemented in accordance with national frameworks and timescales during 2015/16 and 2016/17.
- Locally the formation of the ICO and developments within the Pioneer project will drive a range of service developments which will need to both shape and be shaped by the requirements of this ASA.
- More immediately, but still within the context of the above longer term developments, the level of financial reductions the Trust has been asked to plan for in the period 2015/16 will require a sea change in the level of services and how those services are provided. These changes will need to be fully endorsed by the Council, as the commissioning authority, and some may also require full public consultation.

Whilst many of the service development areas are interdependent in terms of delivering quality services within the resources available the key priorities in 2015/16 will be to:

- Ensure the regular (at least annual) reassessment of the Community Care Support needs of all people receiving care in their own home to ensure the consistent application of all current policy and eligibility criteria, including FACS, RAS and the Cost Choice and Risk Policies. Where appropriate this will include ensuring that any short breaks provided accord with the person's needs and any appropriate charging policies.
- Ensure the annual reassessment of the financial circumstances of everyone receiving a chargeable social care service to ensure that charging policies are being applied consistently and equitably.
- Ensure that where short break care is necessary to meet a person's assessed needs it is funded as part of their personal budget.
- Jointly develop activity measures for social care workforce, including safeguarding and DoLs.
- Implement the final phase of the Occombe House development.
- Bring forward proposals for service delivery which will ensure that assessment and care planning processes, and all back office functions, are managed in the most cost effective way. These proposals will be developed through quarter 4 of 2014/15 with implementation planning taking place in quarters 1 and 2 of 2015/16.

Additionally there is an assumption which is built into CIP plans in relation to adult social care that the number of people needing support in care homes will continue to fall. The number of people supported in care homes fell by an average of 4.5%

over the period April 2007 to September 2012, the plans in this agreement are based on this trend continuing but at a rate of 6% per annum.

1.8 Commissioning Intentions and Associated Work plan Commissioning priorities 2015-16:

The Council and the CCG have developed a joint approach to strategic commissioning for adult care services and will ensure it is aligned with NHS commissioning for health outcomes and public health outcomes in line with the joint outcomes framework. The intention is to work with the CCG to further integrate commissioning governance and support for health, adult social care, support, housing, public health and children linked to the Health and Wellbeing Board and the pioneer programme over the year. This will increase the potential to further streamline and make best use of resources across organisations to support the commissioning function.

To ensure the effective and efficient delivery of services it is vital that colleagues in commissioning and provider functions work closely together to share intelligence in regard to demand, build capacity and resilience in the market place, ensure that quality is monitored and that provider capability is matched to the needs of service users. This work will be pursued in line with the principles of the Pioneer project and the establishment of the ICO will be an enabler in this process with CCG staff also being aligned with ICO workstreams to jointly develop the Service Development Plans.

Whilst the Council and CCG will work together to deliver strategic or macro commissioning priorities the Trust will continue to deliver a range of micro commissioning responsibilities including:

- The assessment of need and commissioning of care packages to meet assessed needs on an individual basis.
- Monitoring and pooling of intelligence in regard to the quality of services provided by all providers of adult social care services in Torbay.
- Instigating safeguarding processes where these are necessary and escalating circumstances where providers are not complying with agreed improvement plans to commissioners for decision in regard to contract enforcement and if necessary contract cessation.

The Council and CCG have worked together to develop a market position statement for adult social care, which is in line with the commissioning intentions of both the Council and the CCG. The resulting service developments will be implemented by working in conjunction with providers with the objective of securing more cost effective system wide solutions, which take account of the resources available. A work programme to underpin the delivery of these changes will be agreed between the Council, the CCG and the Trust and monitored through the governance arrangements for this Agreement.

1.9 Consultation, Engagement and Involvement Process

As the Accountable Authority the Council will lead consultation processes where the need for change is being driven by the needs and requirements of the Council. The Trust is committed to supporting the consultation and engagement processes the Council undertakes in relation to service changes recognising the Council's statutory duty and good practice.

As a provider the Trust will engage all stakeholders in service redesign and quality assurance including, playing an active role with Torbay Council Health Overview and Scrutiny Committee. Additionally the Trust will be engaged with the CCG Locality Teams where the primary focus will be on consultation in regard to NHS services.

Where service changes will result in variation in the level or type of service received by individual service users, the Trust will comply with statutory guidance on the review/reassessment of care needs and ensure that those service users affected are given appropriate notice of any changes.

The Council, the Trust and the CCG will continue to support the role of Healthwatch and the community voluntary sector in involving people who use services in key decisions as well as service improvement and design.

The Council also expects the Trust to engage actively with service users and the voluntary sector in Torbay in developing new service solutions. This will apply irrespective of whether the service changes are driven by the necessities of the current financial environment or the need to ensure the continual evolution and development of services.

1.10 Mental Health

The Council has **statutory responsibilities** for providing services to people with mental health problems under the Mental Health Act 1983 and NHS and Community Act 1990 which are delegated to the Trust. These include:

- Approval and provision of 'sufficient' numbers of Approved Mental Health Practitioners (AMHP)
- Aftercare under section 117
- Guardianship under section 7
- Care management services

The Trust delegates many of these responsibilities to Devon Partnership NHS Trust (DPT), along with the budget. A number of issues have been identified around the sustainability and robustness of some of these arrangements. A visit from CQC and the Mental Health Act Commission in March 2013 focused attention on to this area and reinforced the need to address the issues. These stem from historical complexities around employing organisation, contracts of employment, recruitment and training and volume of referrals and capacity. There are also issues around the commissioning of mental health services and the impact that changes have on staff roles (e.g., reduction in inpatient services).

Issues have been raised both locally and nationally regarding **crisis and acute care** which impact significantly on the role of the Approved Mental Health Practitioner and social care generally. These issues need addressing jointly by health and social care commissioning. There is a need for the Council to put in place arrangements for this function as it is not resourced currently.

DPT is implementing a number of changes across its system in terms of moving towards **mobile working** and 'hot desking'. It has also introduced a psychosis/non psychosis service to replace the geographically based multi-disciplinary teams. These will impact on the way in which social care services are provided and will require a clear resolution which assures that potential risks to individuals and staff associated with these changes are managed.

The following is being addressed:

- Contractual relationship between TSDHCT and DPT in terms of budget accountability and performance.
- Pressures on the Under 65 Mental Health budget arising from increased numbers of eligible clients and the impact of the loss due to budget reductions of Supporting People services, providing 'low level' support.
- Workforce issues and deployment/roles of social care staff (see Section 2 workforce).

The **Care Act** will impact on the way in which social care is delivered to people with mental ill health as for general social work. DPT will need to release assigned social care staff to undertake training as appropriate.

2. **Workforce Current Position and issues for 15/16**

The provision of an integrated health and social care service through local multidisciplinary teams has proved to be an effective model for delivery, able to respond to customer needs swiftly and able to facilitate rehabilitation and avoidance of residential and hospital admissions. However, the existing model relies on a level of staff resources which will not be sustainable in future given the additional demands and an alternative model is being designed. This will have an impact on how staff are deployed. The future model will require consultation with staff and some realignment of roles.

A workforce plan is being produced which will address future needs making use of data gathered during 2014 on activity and workload.

- **Impact of new legislation on workforce;** the Council and Trust are working together to ensure that there is capacity to meet the new demands from the Care Act 2014 on 1 April 2015. Modelling has demonstrated that a significant number of additional referrals for carers and individual assessments will be received. The new model of care described above is being implemented by the Trust from July 2015 which will aim to streamline the way in which referrals are handled. This will increase efficiency and release capacity in due course to carry out additional work. However, the changes in the law start from 1 April 2015 and additional staff will need to be in post from then, even if not required after the new model beds in.
- **Awareness of spirit of the Care Act;** the Care Act requires a cultural shift to ensure that there is a clear focus on wellbeing, prevention, personalisation and carers needs. It will also require a range of new underpinning systems to ensure that other requirements, such as Eligibility and Deferred Payments, can be managed. Presentations on the Act have been delivered to all teams and will be followed up by a series of seminars in the final quarter of 2014/15 to promote awareness.
- **Role of social worker;** the Act gives the social worker, alongside GPs, a clear role in leadership of the multi-disciplinary response and they will all be required to understand the new way of working and take it forward with their colleagues from other professions.
- **Training Framework;** a framework is being developed which will enable all staff in social care to be clear about the skills and competences required of them and what training they need to undertake. This will enhance the approach taken regarding safeguarding training.

- **Open University Social Work Training**; this training route will be used to support further members of existing staff wishing to qualify. It has proved effective in providing a reliable stream of qualified staff and supports recruitment.
- **Approved Mental Health Professionals/Emergency Duty Service**; the daytime rota is more stable but small staff numbers mean it is vulnerable to staff absences and turnover. EDS is particularly vulnerable, with an ageing workforce which is resisting the changes which need to be made to create a sustainable service. It is also now almost impossible to recruit a social worker with both child care and mental health experience. To address the growing problems, all staff with Council contracts (required prior to change in Mental Health Act 2006) will be transferred under TUPE to the Trust in January 2015 to create a single workforce. This improves the opportunities to develop more sustainable services.
- **MCA/DoLS**; there has been a huge increase in referrals resulting from the case law in March 2014. Staff with Best Interest Assessor qualifications are being sought in order to reduce waiting times.

3 Adult Social Care Performance Management

ASC Outcomes Framework (ASCOF) and Other Key Performance Measures

The Adult Social Care Outcomes Framework (ASCOF) is the Department of Health's main tool for setting direction and strengthening transparency in adult social care. The framework was first published in March 2011 and since then has been kept under constant review to ensure a continued focus on measures that reflect the outcomes which matter most to users of adult social care services and carers.

The ASA includes all the performance indicators incorporated with the ASC Outcomes Framework as well as a number of other metrics that emphasise quality and the inter-dependency of health and social care services. For reporting purposes each indicator is placed within one of the 4 ASCOF Domains and an overview is given below (see **Appendix 2** for the KPIs and benchmarking information).

Additional and new returns will be required under the Care Act for finance, general performance monitoring and safeguarding. The development of these reports during the year as guidance is published will be monitored via the adult Social Care Programme Board.

3.1 Domain 1: Enhancing quality of life for people with care and support needs

This reflects the personal outcomes which can be achieved for individuals through the services they receive. In particular it focuses on the services provided by adult social care and the effect they have on users and carers. It covers issues of personalisation, choice and control, independence and participation.

3.2 Domain 2: Delaying and reducing the need for care and support

The purpose is to achieve better health and wellbeing by preventing needs from increasing where individuals have developed, or are at risk of developing, social care needs. It is aimed at early intervention to prevent or delay needs from arising, and supporting recovery, rehabilitation and reablement where a need is already established or after a particular event.

Many of the outcomes around prevention are achieved in partnership with other services. The measures reinforce partnership working and there is a strong focus on efficiency since one of the outcomes of prevention will be delaying or avoiding clinical intervention or inappropriate care placements. Social care has a key role in avoiding inappropriate care placements which impact negatively on recovery and can be more costly.

3.3 Domain 3: Ensuring people have a positive experience of care and support

The quality of outcomes for individuals is directly influenced by the care and support they receive. A key element of this is how easy it is to find and contact services and how individuals are treated when they receive services. Specific quality data is difficult to come by for this domain but there will be data available from local surveys and complaints.

3.4 Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

This domain covers the fundamentals of the social care system – keeping vulnerable people safe. Although there is a safety net within the registration and inspection system there is a wider aspiration of protecting from avoidable harm and caring for individuals in a safe and sensitive environment that respects their needs and choices. In terms of safety, other than numeric measurements, it is difficult to qualitatively or quantitatively measure events that have not happened. It is recognised more work will need to be done on considering measures for this domain. As with Children's services, safeguarding is in issue for all partners.

3.5 Monthly Performance Reporting

Many of the ASCOF indicators are derived from the annual ASC Survey or Carer's Survey. As such, performance is only reported once per year. The ability exists to benchmark the Council against other local authorities and a formal report is submitted to the Social Care Programme Board and the Adult's Policy Development Group meeting. Where possible, however, performance is measured on a monthly basis (see Appendix 2).

3.6 Joint Strategic Needs Assessment (JSNA)

The Trust will work with the Council and the CCG to develop and use the JSNA as a key source of commissioning information for the Health and Wellbeing Board.

3.7 Benchmarking and Comparisons with other Authorities

The strategic direction of adult social care, as outlined in Section 1, is based on several benchmarking reports published during 2012 as well as NHS and Social Care national information databases.

- Department of Health Use of Resources Annual Report
- Towards Excellence in Adult Social Care (TEASC) Benchmarking Report

The first three given in the list above are national reports; the fourth was a report commissioned directly by Torbay Council. The Dr Foster NHS database and the Audit Commission Toolkit were also accessed to provide comparative information.

Finding	Comparison
Adult Social Care Survey 2013/14 - National measures	Social care-related quality of life - Torbay scored slightly below the England average and ranked 86 out of 150 local authorities.
	Control over their daily life - Torbay was in line with the England average and ranked 69 out of 150 local authorities.
	Overall satisfaction of people with their care and support - Torbay scored above the England average and ranked 20 out of 150 local authorities.
	Feeling safe - Torbay scored below the England average and ranked 118 out of 150 local authorities.
	Services have made them feel safe and secure - Torbay scored below the England average and ranked 141 out of 149 local authorities.
Care Homes	Care home placements decreased by 12.5% between April '11 and Apr'14 from 781 to 683 clients, an average of 4.5% p/a.
	The proportion of nursing to residential home clients is not in keeping with other areas owing to an oversupply of residential care places.
Community Based Services	10.7% of clients receiving domiciliary care within Torbay receive less than 2 hours of domiciliary care each week. This is in line with the national average of 9.1%.
	32% of clients receiving domiciliary care receive in excess of 10 hours of domiciliary care each week. This is well below the national average of 46%. This is surprising when taking account of the reduced reliance on care home placements and points towards the effectiveness of intermediate care services within the Bay who support and work closely with complex clients.

3.8 Financial Risk Share and Efficiency:

The existing risk sharing agreement will continue until the new Integrated Care Organisation is formally established and the services currently provided by the Trust transfer into the new organisation. The two Trusts, which will form the ICO, the Council and the CCG have agreed a revised risk share arrangement which will be instituted at the point that the ICO is formally constituted. The document is still being finalised, but is included here in draft form (Appendix 8), to indicate the likely shape and nature of the agreement.

There are a number of risks to the Council and the Trust in delivery of this. The known risks include issues associated with:

- Ordinary residence
- Risk of capacity to deliver changes

- Judicial Review of care home fees
- Increasing pressures in regard to significant increases in the number of DOLS applications.
- Increasing pressures in regard to the volume of safeguarding activity.
- The cost of implementing the Care Act, includes the cost of services delivered, frontline staff and back office functions.
- Community concern
- Acquisition process
- Care Law established by national legal rulings.

4. Spending Decisions and Key Decisions

- 4.1. This agreement reiterates section 22.3 of the Partnership Agreement, i.e., the Trust may not make decisions unilaterally if they meet the criteria of a 'key decision'.
- 4.2. Key decisions are made by Torbay Council in accordance with its constitution. In Schedule 8 of the Partnership Agreement a key decision is defined as a decision in relation to the exercise of Council functions, which is likely to:
- result in incurring additional expenditure or making of savings which are more than £250,000
 - result in an existing service being reduced by more than 10% or may cease altogether
 - affect a service which is currently provided in-house which may be outsourced or vice versa
 - and other criteria stated within schedule 8 of Partnership Agreement.

When agreeing what constitutes a key decision, consideration should be given to the level of public interest in the decision. The higher the level of interest the more appropriate it is that the decision should be considered to be key.

5. Social Care Budget 2015-16

The budget outlined below for 2015-16 is allocated to the Trust to meet the performance levels listed in Appendix 1 along with any local adjustments to be agreed before 1st April 2015 between the DASS and the Trust.

	2012-13	2013-14	2014-15	2015-16
<i>Base Budget</i>	40,035	40,339	38,273	33,429
<i>Central Govt Funding*</i>	2,224	2,966	2,966	
Sub Total	42,259	43,305	41,239	33,429
JCES	560	499	498	498
TOTAL	42,819	43,804	41,737	33,927

*** For 2015-16 the funding stream will form part of the Better Care Fund. Planning assumptions for the BCF allocate funding of £2,976K as protected funding Adult Social Care.**

The above figures will require adjustments for:

- potential Care Home increases resulting from Judicial Review
- transfer of staff between the Trust & Council
- additional Care Act responsibilities that come into effect from 1st April 2015
- Independent Living Fund transfer into Local Authorities from 1st July 2015

6. Client Charges for 2015/16

The basis for charging for long stay residential/nursing care services will change with the inception of the Care Act, when sections 14 and 17 of the Care Act and the Care and Support (charging and assessment of resources) Regulations 2014 will apply. Residential charges to be implemented each April as directed by the Department of Health CRAG (Charging for Residential Accommodation Guide). For non-residential care our policy remains unchanged.

Client contributions are based on an individual financial assessment of the service users financial circumstances, including capital and income. It is not anticipated that the new regulatory framework will in itself alter the level of income collected.

There is no charge for services provided to clients under Intermediate Care or Continuing Care.

Services provided specifically to carers will, in principle, not be subject to a charge but this will be reviewed in view of final guidance on implementation of the Care Act, dependent upon resource allocation. These are services provided directly to the carer (rather than the person that they care for) which include open access services such as Carers Emergency Card and Carers Education Courses, and simple services provided as a result of an assessment including emotional support or one-off direct payments for a carer's break.

The Trust will ensure that all clients in receipt of a chargeable service receive a full welfare benefit check from the FAB team and an individual financial assessment in accordance with Department of Health circular LAC(2001) 32.

The Trust will ensure that individual financial assessments will be updated at least annually (but more frequently where the financial circumstances of an individual service user are known to have changed during the course of the year).

The Care Act 2014 establishes a universal deferred payments scheme which means that people should not be forced to sell their homes in their lifetime to pay for the cost of their care. A deferred payment is, in effect, a loan against the value of the property which has to be repaid either from disposal of the property at some point in the future or from other sources. When the scheme starts in April 2015, all Councils in England will be required to provide a deferred payment scheme for local

residents who go to live in residential or nursing care, own a property and have other assets with a value below a pre-determined amount (currently £23,250). They must also have assessed care needs for residential or nursing care.

As part of the Care Act planning, a deferred payments policy is being formulated and within this the Council has the ability to recover any reasonable costs it may incur in setting up a DPA from the Client, the costs of which may be included in the total deferred or may be paid as and when they are incurred. To this end the regulations identify areas of costs and expenditure that the Trust may seek to recover and how these may be recovered. The Council will also have the capability to charge interest on the balance outstanding on the deferred arrangement on a compound basis, in accordance with the regulations.

7 Roles and Responsibilities

Torbay Council

- **Role of Torbay Council Director of Adult Social Services (DASS)** – has delegated her authority for provision of frontline services to the Trust for the provision of Adult Social Services. She provides strategic leadership of adult social care services and strategic commissioning for adults for Torbay fulfilling the statutory responsibilities of the DASS role. The DASS is accountable for all seven statutory responsibilities of the role but will delegate Professional Practice and Safeguarding and Operational Management responsibilities to the Trust through the Deputy DASS. She delegates aspects of the financial management elements of the role to the Finance Director of TSD and the Executive Head of Finance at Torbay Council, but retains overall accountability for the ASC budget.
- **Role of Adult Social Care Executive Lead Member** - to provide political steer to the Trust and the Council in adult social care. To challenge/monitor and drive performance.
- **Executive Head Finance** – to take a lead responsibility on behalf of the Council in relation to the delegated budget.

From 1 December 2014, the Adult Social Care Commissioning Team was transferred under TUPE legislation from TSDHCT to Torbay Council. This move was made to separate the commissioning and provider functions, previously held together in TSDHCT, with the objective of creating an integrated strategic commissioning team for the Council which linked with the CCG, thus establishing joint commissioning arrangements aligning to the proposed Integrated Care Organisation.

The principles and operational arrangements for the relationships between teams and functions of both organisations are described in Appendix 7. It is essential that these arrangements are clear and are kept under review in order to ensure that both organisations continue to work together and identify any issues arising.

The Trust

- **Role of Trust Chief Operating Officer (COO)** – has delegated authority within the Trust to ensure that the requirements of this agreement are met through the effective management and delivery of adult social care services as part of the Trust's integrated Zone based teams. The COO will take lead responsibility for the relationship with the Council.

- **Role of Director of Finance** – to take a lead responsibility within the Trust for managing the budgets allocated to social care services and the monitoring and reporting of performance. This will include the provision of support to the DASS in analysing and interpreting performance, against locally agreed KPIs and national benchmarking data, as part of target setting, strategic planning and performance monitoring.
- **Role of Associate Director Adult Social Services** – to provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding and support the running of the Adult Social Care Programme Board.
- **Role of Head of Complex Care** – to provide advice and leadership in regard to care planning for people with complex needs, the application of statutory guidance in regard to Ordinary Residence, the management of applications for judicial review of decisions in regard to individual care needs assessments and complex or vexatious complaints.
- **Trust Board** - The Adult Social Care Executive Lead Member is a member of the Board of the Trust to oversee the strategic direction of the provider trust.

Social Care Programme Board (SCPB)/CCG Contract Management

The Council and the CCG intend to take a joint approach to the commissioning of services from the ICO. This will include establishing revised governance structures, which will include the Health and Wellbeing Board. The role and remit of the Adult Social Care Programme Board will be revised to reflect these changes during the course of the year.

This SCPB is overseen by the senior officers described above. The Board will drive adult social care work and improvement plans. Its Terms of Reference cover the following areas:

- To assist the development of the strategic direction of adult social care services which supports the new context the Council and Trust face in terms of changing public sector reform and reducing public resources.
- To receive regular reports and review progress against transformation and cost improvement plans differentiating between those areas incorporated within the budget settlement and any cost pressures over and above this.
- To receive reports and review performance against indicators and outcomes included in the Annual Strategic Agreement providing and/or participating in regular benchmarking activities.
- To monitor action plans against any in-year areas of concern, raising awareness to a wider audience, as appropriate.
- To discuss and determine the impact of national directives translating requirements into commissioning decisions for further discussion and approval within the appropriate forums. This will include the initial list of service improvement areas planned for 2014-15 and onwards.
- To discuss and develop future Annual Strategic Agreements.
- Co-ordinate the production of the 'Annual Account'.
- To develop discussion/briefing documents for use with the following groups or organisations:

• Adults Policy Development Group	• ADASS or other local authorities
• Overview and Scrutiny	• Executive teams within both organisations
• Health and Well-Being Board	• Integrated Governance Committee
• Joint Commissioning Group (Torbay)	

8 Emergency Planning

The South Devon Healthcare Foundation Trust will act as a Category 1 responder in relation to civil and health emergencies where humanitarian assistance is required. SDHFT will provide an appropriate and timely level of support to the Council in such circumstances and provide appropriately trained and competent staff and other resources as required to enable a coordinated response from the incident itself through to and including the recovery phase.