

Adult Social Care Local Account 2014 - 2015

A local account of how adult social care services in Torbay have been delivered and performed throughout 2014-15, with forward intentions for 2016-17



Contents

1. Foreword by Councillor Parrott.....	3
2. Our intentions for adult social care in 2016-17.....	4
3. Our performance in 2014-15.....	7
4. How have we performed in:	
i. Outcome 1 – Enhancing quality of life for people with care and support needs.....	8
ii. Outcome 2 – Delaying and reducing the need for care and support.....	11
iii. Outcome 3 – Ensuring people have a positive experience of care and support.....	12
iv. Outcome 4 – Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm.....	17
5. Financial position and use of resources.....	19
6. Looking after information.....	22
7. Commentary from Healthwatch Torbay.....	24
8. Commentary from Overview and Scrutiny.....	25

1. Foreword by Councillor Julien Parrott – Executive Lead for Adults



This is the fourth year that we have published a 'Local Account' for Adult Social Care Services. The Annual Account reviews the year from 1 April 2014 to 31 March 2015 and looks forward to next year, 2016-17. This year the publication of the Local Account also coincides with the start of a new Council following the elections in May and a new role for myself as the Lead Councillor for Adult Social Care Services.

I am proud to be involved in this as I know that Torbay and Southern Devon Health and Care NHS Trust and Torbay Council are well known for working in partnership to ensure that high quality care services, which also offer value for money, are available to people who live and work in Torbay. This partnership has now spanned ten years and I am looking forward to playing a part in ensuring that these services continue to succeed.

Each year, an annual agreement is drawn up between the Council and the Trust. The Trust then reports to the Council on performance and financial matters on a regular basis throughout the year. This Local Account summaries our successes as well as information about how the local NHS and the Council have managed significant changes. Although difficult at times, this has led to a greater quality of life for individuals and provides us with huge learning when embarking on change in the future.

During the course of the next year we are anticipating that the Care Trust and Torbay Hospital will join forces to form a new and stronger organisation which will continue to provide these vital services into the future. The forthcoming year will undoubtedly continue to provide both the Council and the new Trust with an equal amount of challenge not only because of the financial constraints but also because of the demands on our service as our population grows older. We are, as always, committed to facing those challenges and changes by ensuring that we listen to what you have to say and including you in decision making processes.

We will continue to work to ensure that people are able to support themselves and remain living as independently as possible, for as long as possible by ensuring they have the right support, advice or services available. To achieve this, the Trust and the Council will be working ever more closely with local communities, local people and colleagues in the voluntary sector.

Delivering the right care, in the right place, at the right time and at the right cost is key and we hope that the Local Account will provide you with an insight into our work, the outcomes for local people and our priorities for delivering adult social care over the next year.

Yours faithfully,

**Councillor Julien Parrott
Executive Lead for Adults**

2. Our intentions for adult social care services in 2016-17

This section of the Local Account sets out our intentions for 2016-17



When we first embarked upon integrated health and adult social care services in 2005 we had a vision about ensuring that every person receives the right care, in the right place and at the right time. This is still something that flows through all that we do at the Trust and an ethos that all of our staff hold. In developing and planning the services we provide and arrange we refer to 'Mrs Smith and her family' to remind ourselves that what we do, and the way we do it, affects real people who live and work across Torbay.



The forthcoming year will be challenging as budgets become tighter, both within the Trust and for all our partners. However we remain committed to supporting our staff in making fair and equitable decisions to ensure that Mrs Smith and her family receive the services they need in the most effective way.

In Torbay we have a reputation for being at the forefront of developing new ways of working. As we look forward to future years we are working with colleagues at Torbay Hospital to join forces and form a new integrated care organisation. This new organisation will work closely with GPs from across the area, partners in voluntary organisations as well as Mrs Smith and her family to develop new solutions which result in better services being delivered ever closer to where people live.

As partnership organisations we only ever want to build upon and continue to improve the services we provide and the outcomes for our local population. We do have to do this within tighter financial constraints but the statement below sets our commitment for the next year to the people of Torbay.



Jon Andrewes
Chair
Torbay and Southern Devon Health and Care NHS Trust



Mandy Seymour-Hanbury
Chief Executive



Social care in Torbay the next 5 years:

Social care continues to be on a journey of transforming from the provision of a set of means tested good local services, provided by committed and caring staff to a more personalised set of solutions that are integrated to NHS and volunteer and community sector provision.

As more of us have a mixture of needs that involve medical care as well as social support that exceeds the separate responsibilities of individual organisations, it is impossible to consider how we meet these challenges in isolation from the NHS, volunteers and are own family and friends.

Financial Challenge:

Finance for social care has seen a reduction in real terms, and the discussion locally and nationally is how to bridge that funding gap and find and re-design new models of care. We know that there are future demand pressures for social care and we are working with partners locally on how to manage that demand within given resources. Part of the solution will be commissioning an integrated care organisation (ICO) , featuring local teams of professionals, primary care and volunteers as the 'new front door' to care and ensuring digital solutions and information and advice are in place whether you are self-funding your care or the state pays for it.

Care Act:

The Care Act has been one of the key changes in legislation affecting the way we provide social care. Colleagues have been working hard to ensure we were compliant with the changes which came in on 1 April 2015 and are now working to complete the next set of changes for 1 April 2016. Some resources have been found from new government grant which recognises the new pressures the care act created, but we are still in debate with government about ensuring these changes are fully funded. Our current estimates do not believe that they have been fully covered.

The Care Act in its widest sense is a welcome piece of legislation. It clarifies and updates the legal position on many areas of social care. It also puts the emphasis firmly on prevention and consideration of the well being of individual and communities. We need to nurture resilient healthy families and community to ensure that we are less likely to need support through acute episodes of physical or mental health illness. We need to build on the many community assets we already have in our communities, buildings, services and people.

Personalisation and community assets:

One of the features of the next 5 years will be more customised and personal solutions for health and care needs. People rightly want greater control over what happens to them and co-produce (i.e. decide jointly) choice over care support and treatment. 'What matters to me,' as the key question for care, not 'What is the matter with me'.

The model of care we have developed through an integrated care organisation is based on enabling people to live as long as possible in the community. The route of this is care based in localities with primary care working with local integrated teams of professionals as well as volunteers from the voluntary sector. There is work to be done to fully put in place a new model of care combined with a greater stress on integrated housing based support and the mainstream use of individual budgets (Integrated Personal Commissioning –IPC) - we are a pilot for this national agenda –but still it at an early stage. Care will be supported as now by carers who are family members and friends, and we need to find new ways to support informal arrangements in our communities and to strengthen community arrangements.

Safeguarding and quality:

Safeguarding remains a critical focus for our statutory responsibility for adults in our community, and we continue to ensure all partners are active and involved and challenge what we do in this arena. However quality and safe services go beyond formal safeguarding thresholds, and we need to improve and maintain the services people can access. We continue to work with CQC as the regular of quality provision in our area as well as the market of providers of social care on quality measures and improvements.

Workforce:

The local model of care provides fresh opportunities for economic development and workforce development. The new approach to domiciliary care- living well at home (LW@H) is taking an approach to recruit more and new types of individuals into the care workforce. Working with workforce development in the NHS we need to ensure there are less divides and more opportunities to transition between the independent sector and the local authority and the NHS- so careers can be developed in care and health with new types of job roles for the benefit of local people.

Leadership:

Local accountability through the Health and Well Being Board (HWBB) remains a key part of ensuring governance and democratic accountability and debate for the changes we will need to agree across partners and with communities over the next 5 years.

Locally relations remain good with good system leadership, and although some leaders have moved on for new opportunities and new ones have arrived- that transition and commitment to the same value base remains strong.



Caroline Taylor
Director of Adult Social Care Services
Torbay Council

3. Our performance in 2014-15

This section of the Local Account looks at how we have performed and delivered on our responsibilities for adult social care in 2014-15. It aims to provide information to local residents to enable them to determine whether the NHS and the Council have done everything possible to ensure that the best care is provided to the elderly and the most vulnerable in Torbay.

The document provides the reader with the results of the national targets and local performance targets set by the NHS and the Council and where possible indicates whether the performance has been achieved or not by using red, amber and green ratings.

Green	Exceeded, achieved or within 5% of the performance target
Amber	Narrowly missed performance target by between 5% and 10%
Red	Performance needs to improve, target missed by 10% or more

Both organisations are aware from previous feedback that this information on its own is not always helpful to the reader in determining whether things have improved for themselves, their loved ones or the people they care for. So with that in mind, the commentary that follows seeks to provide some real examples of how the work this year has made a difference to individuals or groups.

The themes for these examples will be aligned to the four performance outcomes agreed between the Council and the Trust at the start of the year, these being:

- Outcome 1 – Enhancing quality of life for people with care and support needs
- Outcome 2 – Delaying and reducing the need for care and support
- Outcome 3 – Ensuring people have a positive experience of care and support
- Outcome 4 – Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

A description of what you might expect under these headings is also provided so that you can judge whether this is what you told us or experienced. Torbay and Southern Devon Health and Care NHS Trust and Torbay Council are always striving to improve, develop and enhance services through lessons learnt and best practice and we have described how we plan to do that in the future. We have also included details of some things you might not be aware of which might help you or someone you know in the future; these include some of the very latest innovative solutions to providing high quality care.

As always there is the inevitable focus on the financial position and performance from 2014-15 as well as details of the budget going forward into 2015-16 and how we plan to allocate and spend the resources available to us. There will be a review of how we have used the resources available and how we have ensured best value for money at all times. We are also keen here to provide you with an open and transparent review of the risks both organisations are facing in the forthcoming year together with plans to mitigate these risks where possible.

Finally, we have asked your local Healthwatch in Torbay and Overview and Scrutiny members to review the Local Account and ensure we have provided an open and transparent view of client experience and oversight of the service provided, in line with the views of members and constituents in Torbay. We have also asked our Experts by Experience panel to review the Local Account and have made amendments to the account to improve the information, layout and look of the account.

We do hope that you will find this Local Account useful and informative and would encourage you to contact us to provide feedback on this or to ask where you can find out further information which might be of use to you or a loved one.

4. How have we performed?

i. Outcome 1 – Enhancing quality of life for people with care and support needs

What does this mean for the people of Torbay?

This is about individuals being able to live their lives to the full by maintaining their independence, not feeling isolated or lonely because they were able to receive the right level of high quality support, designed by them. It is also about carers being able to balance their role as a carer as well as maintaining their desired quality of life.

How have we performed?

Measure	2013/14			2014/15				
	Target	Actual	Rating	Target	% Target	Actual	% Achieved	Rating
Proportion of clients receiving a direct payment & contracting for their own care	490	507	✓ 3	472	10%	489	10.4%	✓ 3
Proportion of clients who know the size of their weekly care costs	3,429	3,036	✗ 1	3,306	70%	2,919	61.8%	✗ 1
Proportion of clients who have received an annual review	3,107	3,484	✓ 3	2,563	80%	2,280	71.2%	✗ 1
Proportion of clients who have a copy of their care support plan	4,673	4,580	✓ 3	4,583	95%	4,342	90.0%	! 2
Proportion of assessments completed within 28 days of referral	1,487	1,609	✓ 3	1,810	70%	1,875	72.5%	✓ 3
Proportion of clients receiving their care within 28 days of assessment	1,289	1,479	✓ 3	1,222	85%	1,362	94.7%	✓ 3
Adults with learning disabilities living in settled accommodation	268	258	✓ 3	282	69%	274	67%	✓ 3
Adults in contact with secondary mental health services in settled accommodation	218	187	✓ 3	162	77.0%	133	63.0%	✗ 1
Adults in contact with secondary mental health services in employment	16	7	✗ 1	12	5.5%	6	2.8%	✗ 1

The table above shows service users within Torbay continue to have rapid access to social care services. 73 per cent of people referred for an assessment are seen within 28 days and 95 per cent of the packages of care needed for service users start within a month of assessment.

Our performance on ensuring that service users are kept informed of the cost of their packages of care is 62 per cent, which falls short of the 70 per cent target. This is something we will be addressing through a programme of work to develop personal budgets. This is important because knowing the amount helps people take greater control in the care they receive and determine whether it provides value for money. Some of the people also opt to organise their own care and so receive what is known as a 'direct payment'.

Performance for adults supported by secondary mental health services is lower than we would like. The high unemployment rate and seasonal employment patterns within Torbay contributes to this. Improving employment opportunities for learning disability and mental health service users is a key priority and our multi-agency work will continue to ensure that this happens.

Telehealth and care

We continue to provide community or telephone alarms but these alarms are increasingly being paid for privately by individuals and their families, who are living independently but seeking the security of knowing they could contact someone in an emergency. This service is provided by a local call centre.

We received over 75,000 alarm calls in 2014-15 from our customers and 99 per cent of these were answered within 30 seconds. An average of 135 calls per month were referred to the Ambulance service; this demonstrates how effective the service is and the peace of mind that it gives to the user and their family. If you are interested in having an alarm at home for yourself or a family member, please call us on 0300 456 4861 for more information.

We pride ourselves on working to the highest telecare standards. The call centre which supports our telehealth and care services is based locally in Torquay. All such call centres have to undergo inspections known as Telecare Services Accreditation. Our call centre was subjected to this annual audit and passed with complimentary comments on the professional way that we work.

Case study

Mrs G is a very independent lady who is in her 80's and lives alone. She takes much pride in her garden. She has a gardener in twice a week but is also a very keen gardener herself. She lives in a large detached house in a remote location with the nearest neighbour one mile away.

One morning she went into the garden to do some weeding, tripped over with her walker and was unable to get herself up. Owing to her location she would not be heard if she had called out so she had no choice but to lay there until her gardener arrived some hours later. She was uninjured and subsequently made a full recovery.

However, because of her fall and the fear this may happen again, Mrs G contacted Torbay TeleHealthcare and asked if we had any equipment that could summon assistance when she was in the garden. A TeleHealthCare Development Officer (TDO) was asked to undertake an assessment on her property. The TDO took a lifeline alarm unit, a falls detector and a choice of pendants. The TDO spoke in depth with Mrs G and demonstrated the falls detector to her. It soon became apparent that the falls detector would not suffice as it would trigger every time she bent down/over to prune or weed etc. The TDO then demonstrated the pendants. The TDO took a pendant into the garden and did a range test from the furthest points of the garden but they didn't all make a call so the TDO relocated the alarm to her "music room" and did the tests again. This time every call was successful and she was happy with this. Mrs G agreed to hang her pendant by the front door and would simply put it on every time she went out to the garden. The notes that the call operators read were updated to say "uses the pendant outside only" so they know that if a call came through and they had a "no response" then they were to action the call out list instead of attempting a call back.

This has allowed Mrs G the flexibility and independence of continuing with her gardening whilst offering reassurance that in the event of a problem, help is only a button push away.

Dementia care and awareness in Torbay

It is estimated that only 43 per cent of those who have dementia have had it diagnosed. The Trust recognises the significant impact dementia can have on a person and their family life. In Torbay and South Devon, the Trust has made significant progress in providing the right kind of care for people with dementia. The Trust has adopted the national standards of best practice and has introduced a wide range of measures aimed at helping people with dementia. All of our 11 community hospitals have 95 per cent or more of staff trained in dementia awareness and can display the Purple Angel. The Purple Angel signifies recognition and understanding of dementia and has become an iconic symbol in the promotion of dementia awareness globally. We continue to work closely with carers who look after people with dementia so they can understand what to expect and know how to respond in situations.

ii. Outcome 2 – Delaying and reducing the need for care and support

What does this mean for the people of Torbay?

This is about individuals having the best opportunity possible to manage their own health and care because they have the right support and information. Early diagnosis and intervention means that dependency on intensive services is reduced and when it is required it means that individuals are helped to recover in the right setting which isn't necessarily in a hospital environment.

How have we performed?

Measure	2013/14			2014/15		
	Target	Achieved	Rating	Target	Achieved	Rating
Number of people living permanently in a care home as at 31 March	697	683	✓	644	654	✓

In order to help people live as independently as possible, for as long as possible, we are committed to reducing the reliance on nursing home and residential home care.

During the last four years the number of individuals living permanently in a care home (at the end of the year) has reduced each year and this trend continued in 2014/15. With an ever growing elderly population this enables those who most need this type of specialist care to receive it, whilst helping others to stay as independent as possible in the comfort of their own home.

We continue to work closely with the care homes within Torbay and rely heavily on the intermediate support they provide which can often avoid an emergency admission into an acute hospital. Our ability to place people at very short notice into temporary beds is part of our intermediate care service. This service is of renown nationally with many other local authority and NHS organisations looking to replicate it. The joined up (or integrated) nature of services also helps ensure patients have shorter stays at the local acute and community hospitals. The average length of stay for emergency patients at South Devon Healthcare NHS Foundation Trust (Torbay Hospital) is amongst the lowest in the country and those patients experiencing a delayed discharge are minimal. This is achieved by having streamlined communication processes between teams to ensure patients can have rapid access to the service they need when they return home.

The Trust's reablement service (the IHSS team) has been developed over the last two years to provide an enabling domiciliary care service that works with people going through a change in their health and social care needs, which has affected their abilities. The staff have received further training and are now managed and led by an Occupational Therapist, which means that they are able to approach service users with an enabling approach to their care and 'do with' rather than 'do for' the person.

This has been a very successful service with 88% of clients completing reablement needing no ongoing or the same amount of support that they previously received.

IHSS supports people who have recently come out of hospital, or those who have been supported in the community through their changed health need, and the team works very closely with Intermediate Care teams across Torbay.

Case study:

Doris, a 76 year old lady residing in Torquay with her daughter suffered a significant and rapid deterioration in her mobility. She was seen at home by her GP and diagnosed with a crush vertebral fracture. Her daughter struggled to manage and called in to the Zone via a self-referral.

CRT attended to provide immediate response as Doris was unable to get off the toilet and her daughter was unable to assist.

The Intermediate Care Occupational Therapist and Physiotherapist went out to assess Doris at home; owing to her low level of mobility and pain issues, it was advised that a short term residential placement was needed to address pain control and regain Doris' mobility with a view to returning home as soon as possible.

Whilst Doris was in the residential placement she was seen by the Intermediate Care Nurse, Occupational Therapist and Physiotherapist, as well as by her own GP. She also received visits over the weekend by Intermediate Care therapists to help improve her mobility.

Doris had a five day length of stay in a placement and then returned home with an Occupational Therapy discharge home visit to support her and a reablement package of care, provided by IHSS to start the following day. The aim is for Doris to regain independent living skills and to provide support to her daughter to help in her care to return to full independence in her home environment.

iii. Outcome 3 – Ensuring people have a positive experience of care and support

What does this mean for the people of Torbay?

This is about individuals and carers being aware of the support that is available to them and when it is accessed, that it is sensitive to their needs and provides them with a positive experience.

How have we performed?

Measure	2013/14			2014/15		
	Target	Actual	Rating	Target	Actual	Rating
Carers receiving a needs assessment, a review , information, advice, etc.	1396	1589	✓	1,502	1773	✓

As can be seen from the section below, supporting carers – both young and old - has been and remains a high priority in 2015-16.

Supporting carers

Actively supporting carers – both young and old – remains a high priority for the Trust, Torbay Council and the local NHS commissioning group. We take a whole systems approach to supporting carers, involving all relevant agencies and ensuring that advice and support is available at key points in a carer's journey, regardless of the agency they are engaging with at that time. The basis for our local priorities is 'Measure Up', Torbay's interagency carers' strategy, with the consultation about the priorities for 2015-17 having been led by Healthwatch and including the views of over 700 carers. This latest edition of Measure Up is being published and contains a detailed action plan for agencies to enable them to achieve these priorities.

Some of the priorities seek to address the changes brought into force in April 2015 with the implementation of the Care Act and the new rights for carers which it contains. Many of the aspects of the Care Act, such as early identification and support of carers, providing good quality information and advice and whole family working had already been promoted as good practice in Torbay. The current model of carers services, which combines direct access to support (our universal offer) and targeting specific groups of carers, including those with more complex needs, is well suited to the requirements in the Act. There will however be challenges such as capacity issues, particularly for carer support in primary care as more carers become aware of the support available to them and for awareness training to make sure that everyone is aware of their new responsibilities.

A further challenge is for services to adults including specialisms such as mental health, rather than carers' services, with increased responsibilities for including **all** carers in discussions about the support to the person they care for, with particular attention to young carers. Again this further develops what Torbay had highlighted as good practice and has actively been working towards with its strategy for carers under 25.

This multi-agency strategy for carers under 25 has had its own successes this year. It was developed in 2013 after four years of multi-agency working with a Memorandum of Understanding for Young Carers, ensuring that Adults and Children's Services work together with services that carers under 25 come into contact with. By the end of 2014 owing to the fact that so many of these strategy targets had been achieved a new action plan was devised in conjunction with these carers with additional targets around employability and accessibility.

Some of the issues for carers under 25, such as being identified at the first opportunity and being involved in discussions about the care of the person for whom they care, are the same for any age of carer. One of the key opportunities for improvement is at the point of a person's admission to hospital, and Carers Services has continued to address this as a priority area. Building on the success of the previous year's Commissioning for Quality and Innovation (CQUIn) target about improving carer's involvement in hospital discharge, new targets were set for both the acute and community hospitals. These were about including carers in conversations, particularly around medication, improving communication and improving practical issues for carers such as parking. The community hospitals made huge strides in addressing their processes to include carers and the acute hospital is continuing its pilot to include the carers in discussions around medication. The acute hospital led the way

in agreeing free hospital parking for registered carers when supporting the person they care for and this was also agreed at the community hospitals that charge for parking. Cost reduction on meals and access to refreshments at Torbay Hospital was also agreed – small changes that can make a significant difference to a carer's life.

Another priority area is the GP practice, where in 2014 we introduced Health and Wellbeing Checks for Carers to be completed by the Carer Support Workers present in each GP practice. The data from the 2011 census showed that 8.6 per cent of carers in Torbay report very bad/bad health, significantly higher than the England average, and our local research strongly suggests that there is underreporting of health problems by carers. This 'light touch' assessment will enable early support to be put in place and systematic referral for more complex cases, whilst work will be undertaken with each GP practice to promote the early identification of carers to enable them to have the appropriate support as quickly as possible.

Again these principles of early intervention, prevention and a focus on the health and wellbeing of carers are all embodied in the Care Act. Others, such as direct access for carers to information, advice and support, encouragement of self-care, and development of community capacity and self-help networks to support carers are already in place in Torbay and will be further strengthened by the action plan within Measure Up.

- Our carers information service (Signposts) currently responds to 240 enquiries per month. The National Carers Survey shows that most carers in Torbay find it easy to find carers' information, but we will work to improve this further.
- Our partnership work with voluntary organisations to develop an enabling approach and self-assessment has been an important area of development which encourages early intervention and mutual support. This will be enhanced by the Ageing Well projects with Mencap and Crossroads managed by the Community Development Trust.
- Carers being supported by volunteers are already built into the Crossroads service and at a low level within Torbay Hospital. This should be increased with links to the Volunteers in Care Torbay (ViCTor) project.

The number of local carers identified and being supported in Torbay is currently about 4,500; just over 1 in 4 of residents of Torbay who identified themselves as carers in the 2011 census. This is good compared with many other authorities but still means that 3 in 4 carers are not getting the support to which they are entitled. As awareness of the new rights for carers in the Care Act increases this should lead to increased demand, not just for Carers Services, but on other parts of the system such as packages of care for clients which should include breaks for their carer. It will be interesting to see the actual impact of the Care Act for next year's annual report.

Transformation in learning disability services 2014/15

During 2014 a major change programme for the provision of services for people with learning disabilities has been underway. Two key documents were published in 2013 and 2014, which encapsulated the Trust's commitment to modernising services for people with learning disabilities. These reports and recommendation were based on key principles:

- Maximizing personalisation and choice from a diverse market place
- Supporting people with learning disabilities to access mainstream services, with reasonable adjustments
- Access to high quality specialist services, targeted to people who need them most when they need them most.

The Operational Commissioning Strategy for People with Learning Disabilities was approved by the Trust Board in May 2014 and before that by the Health and Well Being Board of Torbay Council in April. As part of the strategy the Trust Board supported the development of the High Needs Service for our In House day services.

The approach to the redesign process for Learning Disability Services puts access to mainstream services and community resources at the heart of the change process. It considers these two key principles as fundamental requirements to the delivery of personalisation, safe services and financial savings. The proposals also acknowledged that specialist services have a vital role in meeting the needs of the most vulnerable and complex people in our community. Our strategy is in line with the national approach to the modernisation of services that has been in place for some time.

Modernisation of in-house day services

Our strategic approach to support planning for people with learning disabilities concentrated on meeting people's outcomes by maximising the use of natural community support and providing support to enable people to make their own safe choices. The decision was made to commission services on people's behalf and co-ordinate the provision of information and support planning, rather than directly provide services ourselves.

The approach has had a strong ethos of co-production and a variety of mechanisms have been employed to ensure that future services are what people want and will use. The following activities were undertaken to ensure engagement and co-production were central to development of new services:

- The Festival of Ideas – this engagement event gathered information from users and carers about what they want from the future
- The Day Service Family Carer Group – this group has been meeting to discuss the ongoing change programme and to ensure that family carers can input into the proposals
- Service user engagement exercises – all service users were asked for their views on what their future services should be
- Presentation to the Learning Disability Partnership Board – this statutory, voluntary and user board was asked their view on the proposed changes
- Consultation/briefing with older carers and MENCAP – these two carer groups were briefed and their views incorporated into the consultation
- Community Learning Disability Teams engagement exercise – staff were consulted to gather their views on the potential impact on their clients.

High Needs Day Care

Work is now complete on the creation of a high needs service for people with profound and multiple learning disabilities. These service users need high levels of specialist care and support.

Support Planning

A Support Planning service has been in place since February 2015 which offers person centred support plans, managed budgets and is developing a network of providers. The service offer choices from the independent sector and maximises the use of free/community services – with a focus on employment. A friendship network is now in place to address social isolation and to develop a peer support network for people who do not fit National Eligibility Criteria. People self-refer to this free service and only pay for the activities they attend.

Transport

The Transport policy came into effect in April 2014, covering all care groups. The policy outlined eligibility for funded transport and emphasised person centred solutions and maximising independence. The introduction of the policy coincided with Torbay Council's removal of the taxi coordination's services. People with learning disabilities were supported to make different arrangements, delivering a social care saving of £105,000.

Redesign of the Community Learning Disability Team

The new model of integrated support for people with learning disability is split into these key aspects:

- Consultation with social care staff is now complete and their transfer to mainstream zones social care staff will have been implemented by mid May 2015. There will be corresponding changes in senior management arrangements from LD specific management to management from within the zones.
- The Learning Disability Support Unit will be created in May 2015, to be incorporated into the Single Point of Contact.
- A restructure has been agreed with Devon Partnership Trust staff based in Torbay, with LD specialist nurses based in zones offering advice to nursing and therapies to make reasonable adjustments for people with learning disabilities to TSDHCT provided services.
- Specialist clinical support will come from a DPT lead Intensive Assessment and Treatment Team (IATT), to be created in summer 2015.

Case study

“Via Shirley’s support plan it was established that she very much enjoys spending time with her friends and family and going to swimming and pottery.

She has been going to Hollacombe CRC for five days per week for many years and feels it is time to move on and do different things. A new plan has been agreed for her including weekly trips to swimming with support, walking activities, pottery and time at SPACE (Support Planning Team) and shopping with her brother and friends.

Shirley moves from Hollacombe in April and her programme of activities is funded within her personal budget.”

iv. Outcome 4 – Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

What does this mean for the people of Torbay?

In practice the term ‘**safeguarding**’ is used to mean both specialist responsive services where harm or abuse has or is suspected to have occurred, and other activity designed to promote the wellbeing and safeguard the rights of adults.

In its broadest sense it is everybody’s business: the public, volunteers and professionals, working together to ensure everyone is treated with dignity and respect, enable people to have choice and control in their lives and provide compassion in care.

Safeguarding adults has been placed on a statutory framework by the Care Act 2014. The local authority has specific safeguarding duties and must take a lead role in facilitating responses to adult abuse concerns and receiving assurance that responses are completed in accordance with the adults preferred outcomes.

The duties apply to adults aged 18 or over to which the local authority has reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there):

- (a) has needs for care and support (whether or not the authority is meeting any of those needs)
- (b) is experiencing, or is at risk of, abuse or neglect, and
- (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

The Care Act requires that local authorities must make enquiries, or cause others to do so if the above criteria is met (s.42Care Act 2014).

How do we ensure that vulnerable adults are protected from abuse?

Torbay Safeguarding Adults Board leads the work on safeguarding adults, working with partner organisations to make sure there is a joined-up system to respond to concerns.

We have invested time and effort into training and raising awareness about safeguarding adults for both staff and the public. During 2014-15, there was a 5 per cent increase in concerns that required local safeguarding adult procedures. The continuing trend remains upward with local authorities expecting to see additional increases in response to their new Care Act Duties. In 50 per cent of cases, the investigation concluded that the alleged abuse was ‘substantiated’ or ‘partially substantiated’ which shows that abuse is being detected more reliably.

The rise in referrals continues to place pressures on the staff teams involved in safeguarding across the Safeguarding Adult Partnership. We aim to ensure that all safeguarding concerns are handled in a consistent way and acted upon in accordance with local multi-agency policies and procedures. However, it was not always possible to meet our targets for timescales during 2014/15 which resulted in some delays in holding safeguarding meetings within target. The focus on making safeguarding personal has also meant practitioners are

promoting more person centred responses rather than process driven responses to adult abuse concerns.

We have implemented a more detailed training strategy and programme which links to national core competencies and compliance frameworks for safeguarding adults, identifying clearly the right level of training required for each job role. We have increased the number of staff undertaking induction-level training; uptake has been very positive with 96% of Trust staff receiving at least an induction level training.

How did we perform?

Measure	2013/14			2014/15				
	Actual	Target	Rating	Target	% Target	Actual	% Achieved	Rating
Proportion of safeguarding meetings held within 5 days to agree a strategy for client	163	174	!	184	75%	89	36.3%	✗
Proportion of safeguarding multi-organisational case meetings held within 20 days	95	125	✗	104	70%	72	48.7%	✗
Number of repeat safeguarding referrals in last 12 months	20	16	✗	n/a	16	n/a	21	✗

In June 2014, a high level Local Government Peer Review undertook a holistic overview of Safeguarding Adult Systems in Torbay. The review found many strengths in Torbay, with a clear outcome that our integrated model of health and social care has improved safeguarding in Torbay. Safeguarding was seen as everybody's business with good leadership within the Council, Safeguarding Adults Board and Trust.

The review regarded the work of the Experts by Experience Group as extremely innovative. The service user led group undertake discovery interviews with adults at risk who have received support from safeguarding responses and asks for their feedback on this experience. Feedback has been positive with participants valuing the safeguarding response, the support of practitioners and feeling safer as a consequence. Learning from experience is also reported to the Safeguarding Adult Board, Trust Safeguarding Committee and Practitioners to ensure learning can be fully embedded into practice. Examples include consistency of people within the process and reducing recommendations to further reduce power imbalances within safeguarding meetings.

In the Autumn of 2014, the Trust utilised its internal auditors to further examine our Safeguarding Adult Systems. Auditors reported the Trust has good control and governance surrounding the identification and protection of adults at risk of abuse with a number of good practice areas highlighted. The key priority to address was the capacity and resilience of the safeguarding adult single point of contact service which is currently being reviewed by the Trust and overseen by the Safeguarding Adults Board.

Assuring the quality of care in Torbay's residential homes

The BSQT undertook comprehensive quality assessments with care homes in 2014/15 as part of the team's proactive monitoring work. This covered a greater depth of assessment to provide a comprehensive understanding of service quality and areas of potential risk. Use of the monitoring tools has already led to early intervention and support for care homes to prevent an identified area of concern becoming more serious.

During this past year the Care Quality Commission (CQC) also revised their regulatory inspection process and our local Healthwatch Torbay launched an online “feedback centre” to complement their “Enter and View” visits to care homes. To avoid unnecessary duplication and ensure that the BSQT role complements that of its partners CQC and Healthwatch, the team has reviewed all the data available in this area including Trust Datix incidents, safeguarding alerts and complaints. This has led to the team refocusing their quality assessment to concentrate their efforts in key areas for 2015/16. These include client support plans and risk assessments, medications management and staff training. The homes also complete an annual quality self-assessment developed by the team which includes myriad areas of their business. This is shared with the BSQT on a regular basis.

The team aims to carry out two pro-active visits with the homes annually. When there is a requirement to support a home following a CQC inspection, Provider of Concern Process or safeguarding Whole Home Investigation, the BSQT is likely to hold a Service Improvement Plan which underpins essential actions to raise standards.

Improving the safeguarding process

The action plans from the peer review, internal audit and feedback from the experts by experience group will inform our plan to improve safeguarding systems. In addition, the Torbay Safeguarding Adults Board has changed its structure to provide a thematic focus to its business plan. Key themes addressed so far are transitional services for young people and keeping people safe in their own home.

Future plans

The creation of the ICO is expected to provide greater opportunity for health and social care partners to work more seamlessly. In addition, the peer review highlighted that it expected the ICO to result in less bureaucracy, fewer avoidable admissions to hospital and more support for people in their community. The safeguarding governance arrangements within the ICO will play a key role to ensure that these expectations are met.

In March 2014, the Supreme Court made a ruling that has altered the way in which the Deprivation of Liberty Safeguards are considered. The new ‘acid test’ determines whether the person’s liberty is deprived:

- 1) Is the person subject to continuous supervision and control?
- 2) Is the person free to leave?

This resulted in a 2500% increase in applications during 2014 / 2015 and the number of applications will continue at the increased amount. The ability of the Trust to recruit assessors and train additional assessors to manage the increase will need to be carefully monitored to provide assurances that the Trust meets its supervisory body functions as required by law and national guidance.

5. Financial position and use of resources

The financial review provides an overview of the financial performance of adult social services in the Torbay area for 2014-15.

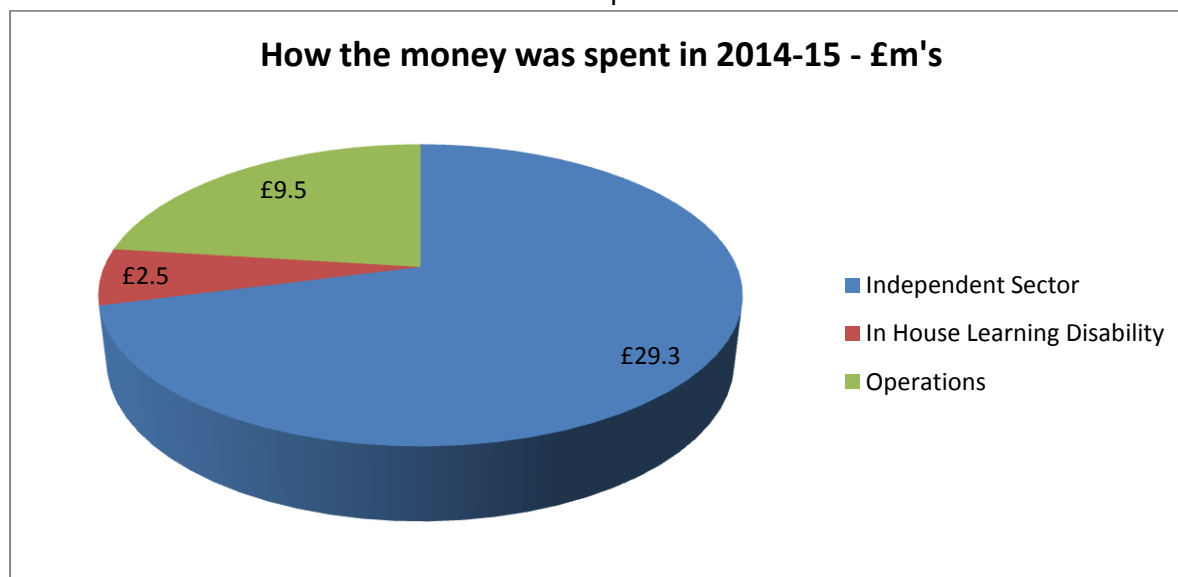
Torbay and Southern Devon Health and Care NHS Trust, provides adult social care (ASC) on behalf of Torbay Council, providing integrated health and adult social care services across Torbay. The Trust is responsible for community health services in Southern Devon and works with a range of local voluntary sector organisations, and with several NHS providers. The Trust serves a population of around 375,000 people and employs around 1,800 staff.

During 2014-15 the Trust had a turnover of £155.7m. During this financial year the Trust managed its budget within the funds available and reduced the number of clients in long-stay residential care. This is a significant achievement given the financial challenges the Trust has faced, set against a back drop of increasing demand and complexity of services needed to meet client needs. It also means we have been able to deliver more care closer to home.

In 2014-15 the budget for ASC in Torbay was £41.2m. The total net spend in 2014-15 was £41.3m resulting in a minor £0.1m overspend. Despite this minor overspend there was a £0.7m reduction on the 2013/14 total of £42.0m and in 2014-15, £2.6m of CIP savings were achieved by the Trust on ASC. The material CIP factors underpinning this are detailed below:

- There was a reduction in residential / nursing placement numbers (standard cases) during the 2014/15 financial year.
- There was a significant reduction in packages of care costing over £606 per week (13 cases). This was particularly evident within the Learning Disability Team.
- There was a significant increase in contributions from clients in receipt of Domiciliary and Day Care services.

The chart below shows how the £41.3m was spent.



Spend analysis 2014-15

The Trust spent £2.5m on its in-house learning disability services in 2014-15, including costs of £1.2m for two residential homes and £1.3m on the provision of day care.

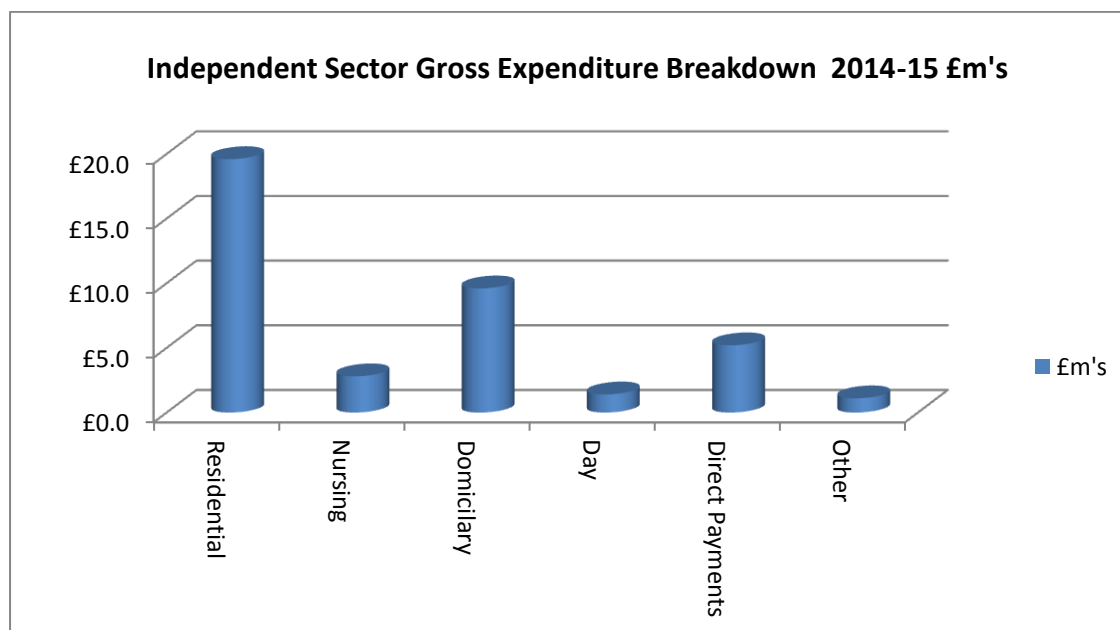
Operational costs totalled £9.5m in 2014-15. This is the cost of providing care management and social care support across Torbay and includes the cost of social workers, community care workers, occupational therapists, physiotherapists, finance and benefit assessors and commissioning and support service staff.

Over 70 per cent of the total net spend on ASC is the purchase of care (including residential, nursing, day and domiciliary) from the independent sector. The majority of this spend is with providers within Torbay but some specialist residential care is provided out of area. At any point in time there was on average around 2,200 people receiving a core service.

The age of the people receiving these ranged from 18 to 111 in 2014-15 and services were provided to clients with learning disabilities, dementia, sensory and physical disabilities, vulnerable people and the frail and elderly.

The net spend figure in the independent sector was £29.3m in 2014-15. Gross spend with the independent sector was £39.7m with income collected of £10.4m. The vast majority of income we collect is from charges made to clients. Under national legislation, all social care clients receive an individual financial assessment and this can result in a client being asked to contribute towards the cost of their care provision.

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



Financial outlook for 2015-16 and beyond

At a national level funding arrangements for ASC are going through a significant change process and this will take partial effect from April 2015 and be fully implemented from April 2016. In addition to this Torbay Council in line with other local authorities have funding constraints which has led to substantial budget reductions being proposed for 2015/16.

At a local level, development work continues on the formulation of an Integrated Care Organisation (ICO - acquisition of Torbay and Southern Devon Health and Care NHS Trust by South Devon Healthcare NHS Foundation Trust). Both Trusts, Torbay Council and South Devon and Torbay Clinical Commissioning Group acknowledge the tight financial constraints and jointly believe that the ICO is best placed to continue to deliver the best possible care and support within these constraints. This will be done in consultation with the Council and where it is necessary to make changes to the way services are delivered consultation will take place with the people and carers who use the service.

The total planned net gross spending on ASC in 2015-16 is £38.8m. This is funded by Torbay Council and income received from clients who contribute toward the cost of their care.

7. Looking after information

The Trust takes the responsibility of safeguarding the information we hold very seriously. All incidences of information or data being mismanaged are classified in terms of severity on a scale of 0-2 based upon the Health and Social Care Information Centre *“Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation.”*

For the year 2014/15, no level 2 breaches of confidentiality or data-loss incidents were recorded by the Trust, therefore no incidents required further reporting to the Information Commissioner or other statutory bodies.

Summary of Serious Incident Requiring Investigations Involving Personal Data as Reported to the Information Commissioner’s Office in 2014-15				
Date of Incident	Nature of Incident	Nature of data involved	Number of data subjects potentially affected	Notification Steps
February	Unauthorised Access	Name, address, NHS number, date of birth, health information	1	Currently under investigation
Further action on information risk	This incident is still under investigation.			

Incidents classified at severity level 1 have been aggregated and are reported below.

Category	Breach Type	Total
A	Corruption or inability to recover electronic data	0
B	Disclosed in error	5
C	Lost in transit	2
D	Lost or stolen hardware	0
E	Lost or stolen paperwork	0
F	Non-secure disposal - hardware	0
G	Non-secure disposal - paperwork	0
H	Uploaded to website in error	0
I	Technical security failing (including hacking)	0
J	Unauthorised access/disclosure	1
K	Other	0

The incidents reported in these tables cover information in regard to both health and social care. Of these incidents those which involved social care data were 1 (out of 8) categorised as level 1 – disclosed in error.

6. Commentary from Healthwatch Torbay

Healthwatch Torbay response to Torbay and Southern Devon Health and Care NHS Trust Adult Social Care Local Account 2014/15

Healthwatch Torbay's role is to give Torbay people a stronger voice to influence and challenge how health and social care services are provided. (Department of Health. *Health and Social Care Act.2012*). Our various ways to consult with local people is providing a growing body of knowledge which informs our response to this Local Account.

In overview it is a pleasure to read a document that is written with public readership in mind. On the whole the work to keep our communities safe and cared for are explained well with only a small amount of unexplained terminology and acronyms. The case studies are a worthwhile way for the public to understand the processes of care. Perhaps future Accounts might push the Mrs Smith model further to illustrate the care provided to more of the hard to reach people and communities.

In today's financial climate no organisation can be expected to achieve perfection in all areas, much as we would want this to happen. In this context, Healthwatch Torbay would look to see honesty in the Account followed by reflection on reasons for target failure followed by plans for improvement. Section 4. Outcome 1 (*Enhancing quality of life*) is one opportunity. The performance table for 2014/15 showed failure to hit the target in over half those presented. This is a reduction in effectiveness compared to the 2013/14 table. Mental health appears within two of the failures. Healthwatch Torbay case studies include adult mental health issues, so would have appreciated more depth of explanation and a measurable improvement plan for the public to consider. We would also appreciate more detail of the Experts by Experience work. The Account includes very little on how user feedback is obtained and used to improve quality.

It is pleasing to end this comment with the knowledge that Healthwatch Torbay and the Trust have worked together successfully. The dementia awareness project for Care Home staff involving Torbay Dementia Action Alliance (TDAA) is an example of how service users, themselves, can be involved in changing attitudes.

The shift to "*what matters to me ... not what is the matter with me*" (Caroline Taylor) is an excellent mission statement to share with the local community. The Account gives examples of how this transition is taking place and Healthwatch Torbay looks forwards to working with Torbay people in their understanding of the seismic shift.

7. Commentary from Overview and Scrutiny members

Statement from Torbay Council's Health Scrutiny Board on the Adult Social Care Local Account 2014-2015

To be inserted

END