



Annual Strategic Agreement

Between:

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

For the delivery of:

Adult Social Care April 2016 to March 2017

V3.15 ~ 7th June 2016

**REFRESHED DRAFT REVIEWED BY TRUST EXECUTIVE &
BOARD AHEAD OF PRESENTATION TO THE OVERVIEW &
SCRUTINY BOARD ON THE 15 JUNE 2016 and FULL COUNCIL
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Consultation and Approval Process:

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1 Introduction

1.1 Definitions

This agreement is between Torbay Council (referred to in this document as ‘the Council’) and Torbay and South Devon NHS Foundation Trust (‘the Trust’).

This Annual Strategic Agreement (referred to here as the ‘Agreement’) describes the Adult Social Care (referred to as ‘ASC’) services the Trust will provide and procure on behalf of the Council.

This will include discharging the Council’s statutory duty to provide information, undertake assessments of need and commission individual packages of care to meet the assessed care and support needs of adults and older people living in Torbay.

The Trust will also collect income on behalf of the Council where it has been agreed that charges will be made for social care services.

The provision of care and collection of income will be carried out in accordance with all relevant legal and statutory instruments set nationally as well as Council policy.

1.2 Scope of the Agreement

The scope of this agreement is Adult Social Care services provided for the population for which Torbay Council is accountable. This will normally mean people who are resident in Torbay but will also include people placed in accommodation in other areas of the country where national policy dictates that the Council remains the accountable authority.

In addition to the services described in this Agreement, the Trust provides other services, including those commissioned by South Devon and Torbay Clinical Commissioning Group, NHS England specialist, dental and screening teams. These services are beyond the scope of this Agreement in that they are described and agreed elsewhere.

One of these additional services is Drug and Alcohol service which are commissioned by the Council’s Public Health team from the Trust and Devon Partnership Trust; these services are agreed separately and therefore fall outside the scope of this Agreement.

The Trust also acts as a supplier to other Trusts and organisations for clinical and support services.

1.3 Status of the Agreement

This document is the second iteration of the ASA for 2016/17. This two stage approach has been necessary because planning in regard to health services could not be finalised within the timescales of the Council’s budget setting process which culminated in agreements reached at the Council meeting held on the 25th February 2016.

The finalisation of plans for NHS services may have an impact on the need or demand for Adult Social Care Services but not the eligibility thresholds for access to those services. However the Trust accepts that the planned budgets for Adult Social Care Services in 2016/17 were fixed at the Council meeting on the 25th February 2016.

All organisations are committed to working in partnership with NHS, local authorities, other providers, voluntary organisations and community groups to deliver 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 extended organisational care pathways between health and social care services.

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.

1.4 Context

On the 1st October 2015 the Trust was created as an Integrated Care Organisation (ICO) through the merger of the community and acute provider Trusts in Torbay and South Devon.

This Agreement, therefore, represents the first year of operation for the new integrated provider. The Agreement is made in the context of the national and local policy frameworks and the prevailing national and local fiscal requirements. As such the services described will comply with all relevant legislative requirements and be aligned with the service development priorities set out in local agreements and the regional Sustainability and Transformation Plan.

This Agreement is made in the context of the Council's efficiency plan which will see a 3% reduction in funding in the period 2016/17 to 2019/20.

Funding for the services delegated and described in the Agreement will flow through the tripartite risk share agreed between the Trust, the Council and the Clinical Commissioning Group (CCG). The arrangements for managing this process are set out in Section 6: Finance and Risk.

The legislative framework and other contextual agreements are set out in further detail in Annex 1.

1.5 Summary of services to be provided

The service provided under this Agreement will include:

- provision of information and advice to people enquiring about ASC services;
- assessment of need for social care services, including the provision of rehabilitation and reablement services;
- commissioning and monitoring individual packages of care, including case management assessments under the Mental Capacity Act, Deprivation of Liberty safeguarding and engagement in Court proceedings;
- monitoring of the quality, performance, and cost of services provided by Trust staff and other providers;
- safeguarding the needs of adults and older people living in Torbay. This includes servicing the Torbay Adult Safeguarding Board, investigations of individual safeguarding concerns and whole homes investigations;
- ensuring that services are provided in a cost effective way whilst still offering the choice to which people are entitled;

- collection of income for chargeable services, including and assessment of an individuals' financial circumstances and ensuring that people are receiving any welfare benefits to which they are entitled;
- the collection, collation and submission of activity information and performance returns as required operationally, by the Council and to meet local, regional and national statistical returns;
- the collection, collation and submission of financial returns and budget reports as required operationally, by the Council and to meet local, regional and national statistical returns.

1.6 ASC Commissioning Priorities

The Council's Corporate Plan (2015-2019) includes the following commissioning priorities for 2016-2017.

Care Model

- Living Well@Home development programme
- Care Homes outcomes based commissioning
- Accommodation, care and support strategy
- Outcomes based specification for extra care housing and procurement

Autism

- Provide autism awareness training for all staff that come into contact with people with autism
- Provide specialist training for key staff, such as GPs and community care assessors.
- Undertake community care assessments for adults with autism irrespective of their IQ and perceived ability
- Appoint an Autism lead for Torbay
- Develop a clear pathway to diagnosis and assessment for adults with autism
- Commission services based on adequate population data and needs assessment

Learning Disabilities

- Focus on people living full and independent lives, where secure homes and fulfilling lives are a priority
- We will help people and let them know what options they have to help them achieve their goals
- Improved accessibility to community services for those people who have a learning disability
- Improve access to employment and housing

Mental Health

- Delivery of the improvement plan with joint commissioning arrangements with Devon County Council and South Devon and Torbay Clinical Commissioning Group
- Support for integrated personal care planning and brokerage

Housing and Care

- Implement the homelessness prevention plan
- Re-commissioning of accommodation based and outreach support for single homeless and young peoples' homelessness support services and young parents service
- Implement the Devon protocol to support joint action on improving health through housing
- Accommodation-based care and support plan
- Better use of equipment, home improvements, grants and technology
- Homelessness strategy delivery including, prevention and early intervention and alternatives to temporary accommodation and improved hospital discharge
- Undertake full assessment of the health needs of the homeless population of Torbay is carried out by Oct 2016
- The physical development of Care Homes to provide an environment fit for the provision of care and in support through the Villa Revival programme and Housing Strategy.

Safeguarding Adults

- Continue to prevent abuse and neglect wherever possible, understand the causes of abuse and neglect, and learn from experience
- Safeguard adults in a way that supports choice and control and improves their lives
- Provide information and promote public awareness to enable people in the community to be informed so that they know when, and how, to report suspected abuse

2 Current Services

2.1 Activity Assumptions

These figures relate to activity as of 31st December 2015 and are the basis of activity assumptions applied in the Council planning processes for setting the 2016/17 budget.

Table 1: Activity Assumptions

Types of Care and Support Plans	Mental Health Under 65	Mental Health Over 65	Learning Disability	Adults and Older People			Total
				Torquay	Paignton	Brixham	
Packages of Care Under £70 week (At Home)	38	17	7	129	75	42	308
Care between £70 & £606 per week (At Home)	58	45	209	286	214	86	898
Care under £606 per week (Residential Care)	38	144	66	164	111	32	555
Care Over £606 per week (At Home & Residential)	7	5	109	16	6	5	148
Full Cost care (Residential)	0	44	0	38	32	6	120
Full Cost Care (At Home)	9	12	10	73	58	26	188
Total	150	267	401	706	496	197	2,217 People

2.2 Projected activity

These figures are based on activity assumptions of steady state in non-residential care and support plans and a reduction of 2% in the number of care home placements.

Table 2: Projected Activity 2016/17

Types of Care and Support Plans	Mental Health Under 65	Mental Health Over 65	Learning Disability	Adults and Older People			Total
				Torquay	Paignton	Brixham	
Packages of Care Under £70 week (At Home)	38	17	7	129	75	42	308
Care between £70 & £606 per week (At Home)	58	45	209	286	214	86	898
Care under £606 per week (Residential Care)	37	141	65	161	109	31	544
Care Over £606 per week (At Home & Residential)	7	5	109	16	6	5	148
Full Cost care (Residential)	0	44	0	38	32	6	120
Full Cost Care (At Home)	9	12	10	73	58	26	188
Total	149	264	400	703	494	196	2,206 People

2.3 Activity Baselines and Planning Assumptions:

At any one time the Trust will be supporting around 2,200 adults and older people with social needs through the provision of Adult Social Care Services and support funded through the Adult Social Care budgets delegated to the Trust under this Agreement.

Delivery is monitored through local operational meetings, the Trust's Community Divisional Board and the Adult Social Care Programme Board against financial run rates and performance targets.

The Trust will operate autonomously to take any management action is necessary to correct performance which can be taken within the parameters of this Agreement. However, should exceptional circumstances arise, through excess demand or other external factors not taken into account when the budget allocations underpinning this agreement were made, the impact and any corrective actions will be discussed through the Adult Social Care Programme Board and Risk Share Oversight Group.

Performance indicators for the service will be those set nationally, under the Adult Social Care Outcomes Framework (ASCOF), or agreed locally. A description of the ASCOF indicators is set out in Annex 2 and includes details of the performance and benchmarking information against each KPI.

2.4 Impact on quality, activity and cost including cost improvement

Current levels of run rate are based upon demand and the legal duties within the Care Act with which we have a legal duty to comply. As a result (and as can be seen from the above tables) there is little impact on the number of people the Trust will be expected to support, aside from the reductions in care home placements.

Consequently although action is necessary to bring run rates back in line with delegated budgets it is expected that the majority of cost improvements will need to be found through one or both of the following ways of reducing the cost of each individual package of care:

- i. Tight adherence to national eligibility criteria and/or
- ii. Finding more innovative ways of meeting peoples' needs which deliver better solutions at lower cost.

To support this approach there have been additional quality assurance processes developed in 2015/16 which will continue in 2016/17, these are described in Section 5.

2.5 Adult Social Care Workforce

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

The new care model will be built on a strengths based approach, aligning entirely to the model in use within the voluntary sector and Integrated Personalised Commissioning. Adopting this approach across social care, health services and the voluntary sector will bring a synergy of approach not previously seen. For social care this is building upon the previous 'Personalisation Strategy' which was been successful in delivering a change of philosophy from time based and care based provision to outcomes based commissioning.

A social care workforce strategy is in development which will underpin the above strategy and also take into account a number of specific challenges that relate to recruitment and retention of professionally qualified social workers. This has been a recent development resulting, in part, from market forces in relation to pay. Left unchecked this will have an impact on delivery of social care activity and KPIs.

As part of the workforce strategy consideration will be given to the future workforce required within Health and Wellbeing Teams including changes to skill mix (to manage more the complex workloads which are resulting from legislative requirements), changes to the management of short term work and the increased application of telephone based interventions.

The increased complexity of workload is being driven by the Care Act legislation, an increased number of Best Interest assessments, Court work, Domestic Deprivation of Liberty Safeguards and the increased time associated with Making Safeguarding Personal.

In the past the impact of young people transitioning from children's to adult services has been a key issue. A strategy is now in place for transitions and the Special Educational Needs and Disabilities (SEND) partnership has prioritised clarifying the pathway between children and adults services. This includes a tool to assist young people and parents. We have also identified transitions co-ordinators in the zones based adult social care teams to support the process.

2.6 Safeguarding

The Trust will continue to deliver the delegated responsibilities of Torbay Council regarding Safeguarding Adults. The Care Act 2014 put Safeguarding Adults into a statutory framework for the first time from April 2015. This placed a range of responsibilities and duties on the Local Authority with which the Trust 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 2016/17, 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 Director of Adult Social Care Services 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, 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.

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 2016/17 to implement these new measures in Torbay.

The Trust also has delegated responsibility as a provider of social care services to ensure that we participate as a full partner in the TSAB and meet all regulatory requirements in safeguarding adults and children.

2.7 Delivery and Performance Management: Adult Social Care Services

Given the operational challenges facing these services and the current financial constraints little change is planned in relation to activity against the key performance indicators. Consequently the majority of activity targets for 2016/17 will be set at the same level as 2015/16. The exceptions to this are summarised below with details being set out in Annex 2:

- **Safeguarding**
Where targets need to be reset to meet the requirements of 'Making Safeguarding Personal'.
- **Direct Payments**
Where annual outturn position of 26% (against a target of 10%) has been rolled forward.
- **Mental Health Services**
Targets to be agreed between the Council and Devon Partnership Trust.

3 Service developments

Key developments in the way ASC services are provided, and any changes in what services will be provided, are outlined in the following paragraphs. Where appropriate the planning and implementation of these changes will involve internal and external consultation with key stakeholders as set out in the Decision Tracker which is managed by the Adult Social Care Programme Board. Where appropriate the Decision Tracker will also clarify accountability for decision making in these developments.

The new care model will target resources to those in greatest need and provide a universal service to allow people to be as independent as possible and be connected with their local community. The new care model will require significant change and we will need to ensure that we support staff and managers through complex change.

To support the resilience and sustainability of services, we will work closely with the voluntary sector in relation to co-production of solutions that provide solutions for 'what matters to me'.

The Ageing Well Programme, led by the Community Development Trust, and the new Directory of Services is an enabler to improve access to preventative services and providing alternatives to traditional social care commissioned services.

3.1 Social Care Workforce Plan

Delivery of Care Act compliance is a key deliverable for our social care staff and in 2016/17 we will develop and implement a workforce plan for social care services which focuses on:

- working in partnership with our community, addressing the issues faced by our most vulnerable members;
- revisiting our approach to ensure we are inclusive with users, carers and community organisations – using strengths based approaches as our principal theoretical approach and operating model;
- promoting the reputation of social work in Torbay through engagement with users and the co-design of our approach;
- supporting staff to reach their potential using a capability framework; training the Social Work health check and by providing support to improve resilience;
- delivering a high quality, safe and well respected service through use of quality, safety and governance processes.

3.2 Strengths Based Approach

The Care Act 2014 requires local authorities to consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help in considering what else other or alongside the provision of care and support might assist the person in meeting the outcomes they want to achieve. In practice, this means operationalising strengths based approaches into the care model.

A strengths based approach will be the bed rock of how we work in the new Health and Wellbeing Teams. It will become the golden thread which runs through all our interactions with people, both in terms of how we invest care and support in our teams

and how our teams in turn invest care and support in the people they serve. To support the deployment of a strengths based approach we have developed the following principles for the implementation:

- we will empower staff to use their skills and experience;
- we will let go of care management approaches;
- we will focus on community involvement;
- we will concentrate on the assets and strengths of the people who use our services, our staff and our partners.

3.3 New Approaches to Person Centred support Planning

During the course of 2016/17 the Trust will continue to explore new approaches to undertaking support planning. This will include furthering existing schemes for people with learning disabilities and undertaking wider proof of concept work in partnership with voluntary and third sector organisations.

3.4 Wellbeing Coordinators

There will be Wellbeing Coordinators in place within Health and Wellbeing teams from Quarter two onwards. They will be a bridge between the statutory and voluntary sector providing alternatives to traditional social care commissioned services. There will be a focus on reducing social isolation and providing support for activities that social care cannot do as they are required to focus on more complex work. Evidence from Newquay Pathfinder site has shown reductions in cost where they included in their cohort of people receiving packages of care under £50 and over £200.

We will develop new approaches to support planning, building on the learning so far, which maximise the use of the voluntary sector and best value.

3.5 Standardisation of process

We will continue to build on the standardisation work that streamlines our systems and processes making sure the most appropriate staff focus on the right work. We will build on the strength of delivering standardisation across the Bay whilst keeping a local focus for Paignton and Brixham and Torquay. We will use benchmarking to consider further opportunities for standardisation and the delivery of productivity and cost improvement.

3.6 Direct Payments

The implementation of Direct Payment cards starting in Quarter one will extend choice and make it easier for people to access Direct Payments which will support the deliver of improvements in this KPI to enabled us to deliver the outturn position for this consistently.

The legislative change in relation to providing pensions may impact on the rate we pay for personal assistants which would be a cost pressure if this rate had to be increased.

The Trust currently does well in terms of carer assessments and we will continue to support carers within the overall framework recognising they are key to keeping people well at home.

3.7 Care Model Implementation

The proposal is that health and wellbeing teams will be providing a range of functions details of which are below:

- encourage self-care, healthy lifestyles and maintain independence;
- help to grow community assets/develop resilience;
- assessment, support planning and professional social work support;
- provide rehabilitation;
- provide nursing care;
- integrated medical management of people with complex co-morbidities;
- reactive care coordination of people with deteriorating complex health issues and frail elderly;
- proactive care co-ordination of people with complex needs and frail elderly;
- proactive integrated long term conditions support;
- high quality discharge support from hospital to home, integrated planning and seamless handover of care;
- provide falls prevention services;
- provide palliative care as part of end of life care pathway.

The proposals for establishing these new teams are currently subject to consultation, the timescales for implementation will be set after the consultation process has closed and the CCG governing body has been able to taken final decisions.

3.8 Services for people with learning disabilities

Following a public engagement and consultation in 2015/16 the decision was made by the Trust board to close Baytree House during 2016/17 on the following basis:

- a. that Baytree House should in due course close and the short break beds nights should alternatively be sourced in the independent sector;
- b. that a transitional period to 30/6/16 occurs before the decision to close is implemented;
- c. that Adult Social Care Commissioners in partnership with the Support Planning Services are tasked urgently over the next four months to work closely with provider to develop and secure satisfactory provision;
- d. that progress on this change programme and all the associated activity will be reported to and monitored by Torbay Council Overview and Scrutiny function.

During the early part 2016/17 our Support Planning Services will be reviewing all 39 service users and families who use Baytree to secure alternative services in the independent sector.

The target date for closure is 30th June but that the building may have to stay open a little longer for those who did not have solutions in place.

However this may be challenging staffing wise as employees are currently going through a redeployment process and will start to find alternative employment. We will keep the situation under close review and may need to be flexible about the day offered at Baytree as the number of users and staff changes.

3.9 Residential and day Services for Older People

At the Trust Board in April 2016 a number of ways forward were agreed with respect to the current and proposed St Kilda facility. Four recommendations were approved:

- that the previously proposed new build St Kilda on the Brixham Community Hospital site does not proceed and instead the Board accepts the revised proposal as presented as the preferred solution;
- that the team undertakes more formal engagement with current service users and with stakeholders in Brixham (League of Friends, Brixham Does Care and the Town Council) with respect to these proposals;
- that the ICO works in partnership with Sandwell Community Caring Trust (SCCT) to find alternative services for its clients and employment for SCCT staff within the NHS and SCCT will develop a detailed operational plan and agree the sequence of changes required; and
- the output of the engagement will be detailed into a report and a recommendation made to the Director of Adult Social Care at Torbay Council at the earliest opportunity for a final decision.

To deliver the above in 2016/17 implementation plans are being developed to re-provide services elsewhere.

3.10 Single Point of Contact

Essential to the future model will be a standardised way of working across Torbay so that people receive equitable and consistent outcomes and secondly a single point for telephony access for Torbay, and ideally for the whole footprint of the Trust, to include Southern Devon localities. Any telephony Single Point of Contact (SPOC) solution will need to be cost effective and sustainable, therefore our model must be economic and deliver savings, whilst retaining a quality response. The following changes will be delivered in 2016/17:

- a single point of telephony contact in Torbay to be implemented in Torbay for the two localities; this will be called the Customer Service Centre (CSC);
- feasibility work will be undertaken to ascertain if in the long term our first point of contact and call handling should continue to be delivered separately in Torbay and South Devon or whether a unified solution should be sought;
- Standard Operating Procedures (SOP) and associated business flow charts will be put in place. This is fundamental to deliver and implement the SPOC, for a local solution in Torbay to facilitate a consistent and reliable approach for the local authority area.

3.11 Emergency Duty Service

The responsibility to provide the statutory out of hours Emergency Duty Service (EDS) has been delegated by the Council to the Trust.

The service receives and triages calls for:

- Adults
- Children

- Mental Health Assessments

The service has been operating at risk for many years because this tri-service remit covers a broad spectrum of requirements often with a minimum number of staff available and recurring recruitment difficulties. Many EDS services nationally face the same problems.

In October 2015 there was an internal review of EDS and the recommendations from this are being worked through with governance and decision making taking place through the Adult Social Care Programme Board.

A service specification for EDS provision is attached as Annex 3.

3.12 Double Handed Care

This project is designed to review packages of care which require two workers to deliver and consider if through provision of equipment and training to the workers and the client that care can then be delivered by one staff member. The expectation is that this will reduce domiciliary care hours the details of which will be reviewed on a case by case basis. The project will be developed across Quarters one to three.

3.13 Reviews

Reviews will continue within zones and specialist services as part of business as usual. In addition to this there is a review team who concentrate on high cost packages review. This team in 16/17 are focussing on reviews of independent living providers with support from Commissioners to consider the care and accommodation costs and driving best value.

There will also be a review and further refinement of standardised processes and systems for high cost packages. This work will be ongoing throughout the year with outcomes reported through existing reporting arrangements.

3.14 Programme Management Office (PMO) arrangements to ensure delivery

This work will be co-ordinated through the Transformation Team, and the governance arrangements that are in place within the organisation, with progress being reported through the ASCPB. Please see section 8 for details.

3.15 Key milestones

Project	Timelines
• Workforce strategy	Quarter 2
• Strengths based approach	Ongoing
• Wellbeing Coordinators	Quarter 2
• Standardisation	Quarter 1- 4
• Direct payments	Ongoing
• Care Model Implementation	Ongoing
• Services for people with learning disabilities	Quarter 2
• Residential and day care services	Quarter 3
• Single point of contact	Quarter 1
• Emergency Duty Service	Ongoing
• Double handed care	Quarter 1- 3
• Reviews including supported living	Quarter 1-4
• Workforce strategy	Quarter 2

4 Mental Health

The Council has statutory responsibilities for providing services to eligible people with poor mental health 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);
- guardianship under section 7;
- financial and Budgetary responsibilities for the whole Mental Health budget, including activity below assigned to DPT.

Devon Partnership Trust (DPT) will be commissioned by the Council to operationally deliver these under 65 social care mental health services in Torbay. This is in compliance with Torbay Council's statutory duties under the Care Act, Mental Health Act and other relevant legislation, including:

- aftercare under section 117;
- care management services, including operational brokerage of social care packages.

Strategic Commissioning Support for this arrangement will be provided by Torbay Council's Joint Commissioning Team including, co-location of the Trust mental health commissioner and day to day work allocation and support.

Professional Practice oversight of AMHP will remain with the Trust. This arrangement will be governed by this annual strategic agreement and a contract between DPT and the Trust.

The priorities for the commissioned service in 2016 to 2017 are outlined in the Joint Improvement Plan (JIMP) between the Council, Devon County Council and DPT and will be available as Annex 4 (JIMP in progress). Quarterly performance and finance reports will be submitted to the ASCPB. A joint governance structure is in place with Devon County Council to monitor the JIMP.

It is expected that during 2016 employment of the Approved Mental Health Practitioners will transfer from the Council to the Trust.

5 Quality Assurance

5.1 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.

5.2 Local: Torbay and South Devon NHS FT

The Trust will provide quality assurance of both its own integrated business activity and the services it commissions on behalf of the community. A quality and safety report is being developed, which will report all social care quality, safety and performance metrics quarterly. Interim performance monitoring is via the ASCPB; which receives performance reports and updates on ad hoc issues.

A Quality Assurance Framework has been developed and is now in use with independent and voluntary sector providers to provide assurance in regard to the quality of care provided to people in their own homes and in care homes.

5.3 Multi-agency Safeguarding Hub (MASH)

Since October 2015 the Single Point of Contact for safeguarding adults has been co-located with Torbay Council Children's Services

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.

6 Finance and Risks

6.1 Budget allocations

ASC budget proposals are listed as Annex 5.

6.2 Financial Risk Share:

The Risk Share Agreement (RSA) developed as part of the transaction creating the ICO took effect from its inception on 1st October 2015. The share of financial risk going forward is a function of the wider performance of the Trust, rather than specifically in relation to Adult Social Care.

The financial baseline from the Council and the CCG commissioners funding the ICO through the RSA is confirmed in the financial table contained within the 2016/17 variation to the RSA. The variation has been agreed by all parties and is contained in Annex 6a along with the original RSA as set out in Annex 6b. In addition to confirming the financial baselines the 2016/17 variation also set out specific changes or variations to the original RSA.

Efficiency Risks:

- delivery of the wider cost improvement programme;
- agency and temporary staffing costs;
- increasing costs of medical technologies;
- rate of expenditure in both Adult Social Care and Placed People;
- delayed delivery of financial benefits associated with the implementation of the revised care model.

Risks pertinent to Adult Social Care expenditure include:

- the scale of savings required;
- the Judicial Review challenging Care Home fees set by the Council;
- insufficient capacity in the domiciliary care market;
- sufficiency in the care home market;
- community Support for Change;
- impact of case law relating to the Deprivation of Liberty Safeguards;
- pressures within the out of hours Emergency Duty Service;
- impact of the Care Act;
- the increasing complexity of needs.

Please refer to Annex 7 Risk Matrix for further details.

6.3 Revenue Budget 2016-17

The budget for the ICO is set out in Annex 8. Delivery against this budget will require:

- commissioners to maintain the funding levels set out in the Long Term Financial Model in 2016/17 and beyond;
- shortfalls in Adult Social Care Cost Improvement Plans carried forward from 2015/16 to be addressed. The scheme shortfall and associated explanations are described in Annex 5;
- achievement of ASC Cost Improvement Plans (Annex 9). These schemes are designed to improve efficiency and are not expected to have any impact on either the volume or quality of services provided by the Trust. Before finalisation each will be subject to a formal Quality Impact Assessment;
- delivery of care model changes and their associated savings (Annex 10).

6.4 Care Home Fees Judicial Review Appeal

The commitment set out in the RSA (Annex 6b) includes an interim assessment of the increase in care home fees associated the judicial review established in 2015/16. The Council have agreed to fund this in addition to the original opening baseline, along with any additional settlement agreed or instructed in the final decision on the judicial review appeal.

6.5 Better Care Fund / S256

The financial table contained in the 2016/17 RSA variation (Annex 6a), and copied below, identified £1.3M of funding, referred to as S256 / BCF and committed to the ICO that is jointly and severally underwritten by the Council and the CCG. However the allocation of this amount between the Council and the CCG was under dispute.

	<u>RESTATED RISK SHARE AGREEMENT VALUES</u>				
	2015/16	2016/17	2017/18	2018/19	2019/20
	£m	£m	£m	£m	£m
Income			Future years to be confirmed by 30th June 2016		
South Devon & Torbay CCG (Community)	60.4	77.1			
South Devon & Torbay CCG (Acute)	160.2	161.7			
SD&T CCG Sub Total	220.6	238.8			
Torbay Council ASC	37.2	36.1			
CCG - Section 256/Better Care Fund	3.0	2.1			
Torbay Council sub total	40.2	38.2			
Council - Section 256/Better Care Fund		0.9			
Other Operating Revenue	121.8	115.7			
TOTAL INCOME	382.6	393.6			

Both commissioners were, and continue to be, agreed that the outcome of the dispute over contributions to the BCF will be neutral to the ICO. At the time of drafting this Agreement it is understood that the agreement reached between the Council and CCG

is that:

- The CCG has confirmed that it will raise the minimum contribution to £2,050,000 leaving the council to identify a further £926,000. Between them these two changes to contributions will meet the £3m commitment set out in the table
- There is agreement that should BCF allocations be increased these will be passported to the Council in line with guidance.
- This will be consistent with planning and agreements with ICO on risk sharing agreements.
- Both CCG and Council will ensure a strategic approach rather than a short-term tactical fix for 16/17.
- It is understood that this means the agreement reached is secured on a recurrent basis and that the CCG and Council will respectively contribute the £2,050,000 and £926,000 set out above throughout the lifetime of the Risk Share Agreement.

7 Client Charges

7.1 Power to Charge

With the introduction of the Care Act, the Council now has a 'power to charge for services' whereas previously, there was a 'duty to charge' for long term residential/nursing care and a 'power to charge' for non-residential care.

The Council has made the decision to utilise the 'power to charge' for both residential and non-residential services. The Trust will discharge this power on behalf of the Council and in doing so will apply sections 14 and 17 of the Care Act and the Care and Support (charging and assessment of resources) regulations 2014.

7.2 Residential and Non Residential Charges

Charges per unit of care for residential services will be amended each April as directed by the Department of Health new rates.

Charges per unit of care for non-residential care services will be set annually through the Council's charging policy.

Client contributions are based on the level of care a person requires and an assessment of their financial circumstances, including capital and income. The Trust will ensure that individual financial assessments are 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).

Consequently the charges made to an individual may change in the course of a year if there are changes in their financial circumstance or the level of care they require.

The Trust will ensure that all clients in receipt of a chargeable service receive a full welfare benefit check from the Finance and Benefits team and an individual financial assessment in person for new assessments where possible.

There is no charge for Intermediate Care or Continuing Health Care services.

7.3 Carers

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.

7.4 Universal Deferred Payments

The Care Act 2014 established a requirement for 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. The scheme has now been running since April 2015 as all councils in England are required to provide a deferred payment scheme for local residents who move 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.

The Council's deferred payments policy is now fully implemented as part of the policy the Trust has the ability to recover any reasonable costs it may incur in setting up a Deferred Payment Arrangement in addition to the cost of any services provided. These management costs may be included in the deferred payment total or be paid as and when they are incurred.

The interest rate payable on deferred payments is advised by the Department of Health and changed every six months. Interest will be added to the balance outstanding on the deferred arrangement on a compound daily basis, in accordance with the regulations.

8 Governance

8.1 Adult Social Care Programme Board (ASCPB)

The Adult Social Care Programme Board will become the contract management Board for this Agreement. The Board will drive adult social care and improvement plans. Its Terms of Reference cover the following areas:

- to assist the development of the strategic direction of adult social care services supporting the new context faced by the Council and Trust in terms of public sector reform, reducing public resources and potential devolution;
- 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 Local Account.

8.2 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.

8.3 Programme Management

Programme management support for the programmes of work set out in the Agreement will be provided from within the Trust's Transformation team. Delivery will be tracked by the Trust's Programme Management Office (PMO), monitored through standing internal meetings (such as the Community Divisional Board) and reported to the ASCPB.

8.4 Key Decisions

Whilst this agreement places accountabilities on the Trust for the delivery and development of Adult Social Care Services, the Trust may not act unilaterally to make or enact decisions if they meet the criteria of a 'key decision' as described in the standing orders of the Council.

This requirement reiterates section 22.3 of the Partnership Agreement under which services were originally transferred from the Council to Torbay Care Trust. Key decisions must be made by the 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 the Partnership Agreement.

In addition when determining what constitutes a key decision consideration should be given to the possible 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 a 'key decision'.

8.5 Governance of other decisions

Governance of other decisions will vary according to the scope and sensitivity of the decision being made. To ensure clarity about whether decisions are to be taken by the Trust, Council or CCG and at what level the decision should be taken a 'Decision Tracker' has been developed.

The Decision Tracker will be reviewed, managed and updated by the ASCPB throughout the year.

8.6 Risk Share Oversight Group

The Risk Share Agreement (RSA) describes the framework for the financial management of the multi-year investment by health and social care commissioners for the services provided by the Trust. The RSA sits alongside the NHS Standard

Contract and this Agreement. Whilst does not override the quality or administrative elements it does supersede all financial components.

The implementation of the RSA will be monitored by the Risk-Share Oversight Group (RSOG), which includes senior officer representation from the Council and Directors from the Trust and CCG, to provide strategic oversight of the RSA. Please refer to Annex 11, Terms of Reference for RSOG.

8.7 Individual Roles and Responsibilities

8.7.1 Torbay Council Executive Lead Adults and Children

The role of Executive Lead is held by an elected Member of Torbay Council, as part of their duties they will sit as the Council's representative on the Trust Board to provide oversight, challenge, and liaison.

8.7.2 Director of Adult Social Services

The role of Director of Adult Social Services (DASS) is a statutory function, and is fulfilled by a senior officer of the Council who is accountable for all seven responsibilities of the role set out in statutory guidance dated May 2006. However responsibility for Professional Practice and Safeguarding are delegated to the Deputy DASS employed within the professional practice directorate of the Trust.

8.7.3 Assistant Director of Adult Social Services

The role will 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.

8.8 Emergency cascade

Please see Annex 12 for details of Torbay Council's Emergency Planning Roles in Council's Emergency cascade. The Trust will be expected to identify social care senior officers to be part of emergency cascade, to co-ordinate delivery of Adult Social Care in an emergency situation.