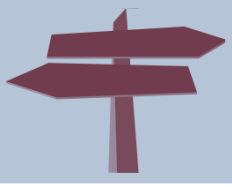


Adult Social Care
Local Account

Torbay Annual Report 2017-18

TORBAY COUNCIL

Contents

Foreword by Councillor Julien Parrott, Executive Lead for Adults and Children, Torbay Council

It would be easy to assume that on-going and hefty cuts to budgets would inevitably lead to failing services and low morale across the health and social care sector (indeed, the signs are the government has finally got the message that our sector deserves fairer financial treatment). However, that has very definitely not been the case in Torbay. But, how can this be?

The answer, as ever, has been the quality of the people dedicated to delivering care; public, private and voluntary providers alike. Over the past year this has ensured that on-going integration of health and social care has delivered to the satisfaction of residents, and caught the eye of both national commentators and our peers.

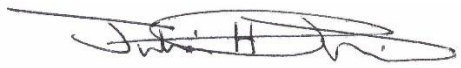
The recently published Healthwatch Feedback report is striking in the way that it records widespread satisfaction at the sharp end, of delivery; and in March this year the Trust and Torbay Council were joint winners of the prestigious Local Government Chronicle Award for Health and Social Care. The award recognised both the achievements of the ICO (Integrated Care Organisation) so far, and its huge potential for further innovation.

The metaphorical tectonic plates of our health service continue to shift as the Sustainability and Transformation Plan (STP) gather pace. This work sometimes causes very real and understandable concern for our local communities. However, the coming year should see the Local Care Partnerships taking shape to deliver ever more place based services. The driver has to be more accountable and focused support for communities.

The success or otherwise of STP is wholly dependent on the quality of the people involved. It has no statutory teeth, only the goodwill and determination of the health and care partners - both professional and political. I am convinced that we have got this far, and continue to look for ever more effective integration, because of the quality and dedication of the people who commission and deliver our care services.

Once again, I congratulate all who work at the delivery of integrated social care across the sector, you are highly regarded both by the residents who use your services, and those, like me, who have the pleasure of working with you.

Yours faithfully,



Councillor Julien Parrott
Executive Lead for adults and children, Torbay Council

Foreword by Sir Richard Ibbotson and Liz Davenport, Chair and Interim Chief Executive of Torbay and South Devon NHS Foundation Trust

Liz Davenport photo here – (awaiting new photo from this week)

Torbay is well known for 'integrated care' both in the UK and overseas. In 2005, adult social care transferred from the local authority into the NHS to create one of the first Care Trusts of its kind. Ten years later, 2015 saw the formation of our 'Integrated Care Organisation,' bringing acute hospital care, adult social care and community health care under one NHS organisation, serving our local population in Torbay (and also in South Devon). Financially, this was a risky move, but we and our partners signed a Risk Share Agreement, agreeing to work closely together with a pooled budget to best serve the needs of local people. We have since signed up for a further three years of this RSA (with a few refinements in light of lived experience), to 2021.

The result? - As an NHS we are now successfully moving away from bed-based care to community care, just as we promised we would, and have reduced our beds by nearly 100. This was made possible by strengthened partnership working, along with a committed and dedicated body of staff and volunteers. This past year 40 per cent more people have been supported in their own homes and communities.

We know that our integrated model is improving people's experiences of health and social care, giving people more say in decisions about their care, supporting people to manage their own health and wellbeing, aiming to reduce health inequalities and develop services to meet the needs of an older than average population, often with complex needs. That we have come this far is a credit to us all, but we are not complacent and there is more we can and must do. In 2018 we and our partners are therefore poised to further strengthen our partnerships, to develop a Local Care Partnership, in the context of an emerging Devon Integrated Care System.

The past year has been very challenging: We have had to raise our operational escalation level to the higher levels more often than before, especially so during Winter; we had the 'Beast from the East' and all the associated disruptions to business as usual, all in the context of continued financial pressures. Yet we came through it, with the year culminating in receiving the Local Government Chronicle (LGC) Award in the Health and Social Care category for our achievements with our partners in delivering integrated care. It was an honour to have received this award, and we would like to express our deepest thanks to our staff, volunteers and partners for making it possible. As we move into the year ahead we remain as ever focussed on the task in hand – to work even more closely with our partners in order to deliver the best health and care to our local people.

Sir Richard Ibbotson **Liz Davenport**

Chair **Interim Chief Executive**

Introducing themes for Torbay Social Care for the next five years

A warm welcome to the 2017/2018 Local Account of social care services in Torbay. In the following pages you will see an account of the performance and use of resources within social care services in four themes: improving quality of life for all; integrated services to support independence at home; enabling a positive experience of care and working in partnership to keep vulnerable people safe.

In starting to think about the themes for the next 5 years, it has become even clearer the huge national challenge in maintaining and transforming the current adult social care system. Locally we have started to see the benefits of an integrated system with the NHS, but the collective challenges remain. The government has heard that challenge and is expected to consult on a green paper this summer which focuses on transformation and long term finance. The health and social care secretary recognised the "economics of the publicly funded social care market are highly fragile" and said care models needed to "transform and evolve".

Communities do not understand why the NHS pays for some conditions which are free at the point of access and why social care, which is means tested, supports other conditions. The Minister has said he would look at making paying for social care fairer and less dependent on the "lottery of which illness" a person gets. The Kings Fund and ADASS Association of Directors of Adults Social Services) has calculated that there is funding gap of £6 billion by 2030/31.

Although the national outlook remains challenging, Torbay and its partners in the NHS and the care sector remain positive that there is further scope to innovate in local services in order to meet future demands.

In the next few years we will continue our collaborative working and support **older people** in their own homes for as long as possible in order to support independence. We are working with the independent sector on new models of home care and with the care home sector in developing leadership and new business models to meet changing needs. This will include dementia care and support for those with mental health issues.
The work with **Ageing Well** led by the voluntary sector continues to be a part of ensuring that people are socially connected. We know that is partly how we retain independence in our later years and a richer quality of life.

We will continue our journey to increase the amount of **direct payments** and **personal budgets**, so people can choose personalised support to meet their needs. This builds on the work of My Support Broker and the development of a **personal assistant**s market in the Bay.

What matters to the person is at the centre of care, and how they make choices for their life is at the heart of social care and health provision.

The solutions for all types of housing and tenure are part of supporting vulnerable people. We will build more extra care housing and benefit from the recent re-procurement of supported living. Across Devon we will work find solutions at scale where that makes sense to do so, and deliver locally where that supports the best outcomes for communities. We have worked collectively to define the housing and support needs of those with **learning disability, autism, and mental health** issues which we will deliver over the next few years.

We have developed more on line **information and advice** services so people can find an easy route to sourcing their support if they wish to. We need to improve the pace and scale of **technical innovation** as this gives people more options for support and greater choice to live independently, if we can enable people to engage with technical solutions now on the market. We know other countries such as Japan have used robotics to good effect in care settings. We are a long way from that future, but it must be part of the journey we are on.

For some people who are in placements outside of the Bay and Devon we will continue to safely support individuals to move back to their communities as part of the **Transforming Care Programme**. We have been successful in gaining grant for the right housing and support for a few complex individuals returning to the area to be nearer family support.

We have reviewed our **Carers Strategy** for the next 3 years and will support carers young and old to ensure caring does impact adversely on their own health. We will also be highlighting with businesses the increasing number of people who have caring responsibilities and how businesses need to have flexible support to keep these workers in the future. We will continue to test **intergenerational working** so the very young and very old have contact and shared spaces and get the benefits of each other. We continue to work hard improving transitions from younger people with care needs moving into adulthood with the right choices for jobs, education and housing.

Quality and safeguarding and our formal role in **safeguarding vulnerable people** will continue to be an overriding focus over the next few years. This includes checking quality in formal care setting, but also focusing on combatting modern slavery, supporting vulnerable rough sleepers into a better future, and ensuring people with learning disability, autism and mental health can take risks with the right balance of support.

All of this will not be delivered unless we can retain and recruit the right **workforce** for social care. Workforce sustainability, be that in NHS Local Government, the independent or voluntary sector is our biggest challenge over the next few years. We are collaborating across Devon and the south west to encourage people to work in the sector, but also to create new job roles and skill mixes. Best estimates say 105,000 more carers will be needed in 2027 due to a predicted shortfall in intergenerational care provided by children to their older parents. Torbay with key partners will continue to find new solutions to sustain the quality of services we commission and to meet the communities changing needs.

Caroline Taylor
Director of Adult Social Care Services
Torbay Council

Facts and figures

Torbay Social Care in 2017/18

Adult social care is provided by Torbay and South Devon NHS Foundation Trust and commissioned by Torbay Council. We support adults who have care needs to be as safe and independent as possible

Some of the ways we do this are:

Managing future demand for services by supporting schemes that prevent ill heath, and reduce and delay the impact of long term health conditions

Providing Integrated Services with high quality community support with the voluntary sector, housing and enhanced intermediate care to help people return to health after illness or injury where possible in their own home.

Supporting carers offering information and advice to continue to support their loved ones in the community

Offering choices in how people want to live through adapting homes, using technology and the development of sheltered accommodation and extra care schemes and high quality residential and nursing care

Safeguarding people whose circumstances make them vulnerable to abuse or neglect

Helping people to direct their own care by offering personal budgets to people who want them

At a glance

6188 New requests for support in 2017/18

2060	People supported in the community	+5%
124	People needing nursing care	-16%
730	Carers supported through information and advice	+24%
1942	People getting short term services	+12%
349	People raising Safeguarding concerns	-6.7%
424	People receiving social care direct payments	+13.1

Outcome 1: Enhancing the quality of life for people with care and support needs

Our aim is for all adults in the Torbay community to be enabled to live their lives to the full, maintain their independence and receive the right level of high quality support. Often this is about providing services at the right time and in the right place to maintain the person's desired quality of life.

How are we performing?

We have good performance in carrying out assessment of people's needs in a timely way and keeping people informed about the proposed cost of care. We have stable performance in people receiving care in a timely way, and in arranging Direct Payments to people. Direct Payments give people the freedom to arrange to buy their own care instead of social care services, where people meet thresholds for financial assistance.
Working with partners in 2017/18, we are actively engaged in working to improve the quality of life and services for people in relation to wider determinants of health and wellbeing. Key areas of focus are promoting independent living and/or employment for people experiencing poorer mental health and a learning disability; supportive services for people with dementia and access to services for people with no current abode.

Focus on Mental Health

Simon's Story in the case study on page 10 below shows how we have started to introduce individual personal care planning in Torbay to understand the needs of all adults in a more personalised way.
In 2017/18 working together as partners within the Devon Sustainability and Transformation Plan, we have started to address the difficult but known barriers to employment for people experiencing poorer mental health; with a learning disability and autism. Partners include Job Centre Plus, Further Education colleges, the NHS, Learn Devon, and businesses. The aim is to increase opportunities for volunteering, apprenticeships and employment.

Focus on Learning Disability

Performance at a glance

Good

- The number of people informed about cost of care
- People receiving social care assessments within 28 days

Stable

- People receiving care within 28 days of assessment
- The number of people receiving direct payments
- The number of Adults with learning disabilities who live in their own home or with family

Needs Improvement

- Ensuring people in contact with mental health services are in paid employment and live independently with or without support
- Ensuring people receive a care support plan and a review with 18 months

As part of our focus on promoting the independence of adults with learning disabilities we will take actions to support more working age adults into employment. This will include a campaign to local employers to employ people with disabilities, promoting the value they can bring to businesses and to the local community across the Devon in 2018/19.

A new supported living service framework will be in place from 2018/19 and as a result people in supported living will be offered the equivalent of a "real tenancy". This will enable more clarity in reporting performance targets and performance is expected to improve.

Focus on Dementia

In 2017/18 we started a new innovative project that focused on improving the quality of people's lives with dementia in care homes. The case study below on page 10 describes the impact of this project and how it improved the quality of life for that person. The Care Home Education and Support Team (CHES) received an average of 27 referrals per month in 17/18. 62.5% of care homes surveyed said the CHES team had a positive impact on the person's quality of life. 85% of care homes survey respondents said there was a positive impact on their knowledge of working with residents with dementia

In 2018/19 we expect to expand the project for the CHES team to work with people in their own homes supporting families and carers.

Focus on Homelessness

In 2017/18 a project started with social workers and partner professionals in Torquay which sought to work differently with people who have no registered abode to ensure we really are improving quality of life for all of Torbay's community.

The project team developed an approach of outreach work on the streets to build trusting relationships with the homeless community. The project aims to remove barriers to homeless people accessing housing, health and care services and deliver improved integrated outcomes for this community. The story below at page 11 demonstrates how the team have started to do this. The team have helped 37 people in the first 6 months of operation in 2017/18. Of these 27 people were helped in the outreach setting; 10 people were housed; 5 were prevented from imminent homelessness and 9 were prevented from being admitted to hospital. In 2018/19, we will refresh resources for this team and expand this approach in light of renewed support from government.

In summary

Despite the challenges we face of an increasing older population and resultant social care activity, we have good and stable performance in timely assessment of needs and in people receiving the care they need. We will continue expand our approaches to improving the quality of life for all sections of the community demonstrated in our case studies below.

Case studies

Integrated Personal Commissioning

Simon is a 45 year old war veteran who lives alone and has struggled to adapt to civilian life turning to alcohol as a way to cope with his unresolved mental health issues.

Simon engaged in a 'what's important to me' conversation with his key worker and together they developed a care and support plan around the things that really mattered to him. As a result Simon started to attend a local fitness club to use the swimming pool and gym equipment and provided with transport to get him out and about.

At the 6 month point Simon was reporting improvements in his mental health and wellbeing and quality of life, his overall use and the cost of the services he required also declined dramatically. Simon believes that: *".....Having been in a hospital bed for 6 months, I lost the use of my legs causing muscle weakness/wastage. My keyworker arranged for me to go to a fitness club to do swimming to exercise my legs. My legs are now improving. It also gets me out of my flat and mix with other people, reducing my isolation.*

IPC has improved my life immensely with a focus on what is important to me and using a personal budget.....My objective is now to be back to normality by Christmas. I give a big thank you to the team for improving my life....."

CHES Team

Mrs Brown is a 91 year old lady with a diagnosis of vascular dementia and has been living in a care home for a year. The care home team were concerned about Mrs Brown's increasing agitation on at certain days/times and the impact it had started to have on her feelings of wellbeing, security and quality of life.

The CHES team advised the Care Home to complete behaviour charts. The charts revealed that Mrs Brown's behaviour changed on a Sunday Morning. Through educating the care home to understand Mrs Brown's behaviour and understand the context in a person centred way it was found the emphasis on people attending a religious service in the home was a trigger to this lady as she was an atheist. The CHES Team helped care staff to understand the behaviour triggers and focus on what is important and matters to Mrs Brown to reduce the escalation which was impacting on her wellbeing. A family member said "it seems to me that the staff have more time for the residents and are upbeat which helps".

Homelessness

As part of the campaign to end street homelessness, Torbay Housing, health and care providers have worked with the council on this project. Using this new way of working, a referral was received from Westward Housing Outreach Team, which raised concerns about a rough sleeper. The person was a 65 year old man, recently discharged from Hospital after pneumonia with continuing mobility issues and no current abode. This referral route and way of working allowed us to work with the person to address health concerns and find accommodation.

The project team befriended the person through outreach work on the streets to build trust and resulted in working as an advocate on behalf of the person with local housing provider and support to attend health appointments.

The outcome is this person moved into supported accommodation was assessed by an Occupational Therapist and his health improved.

Outcome 2: Delaying and reducing the need for care and support

Our aim is to give people the best opportunity possible to manage their own health and care independently and proactively in their own home wherever possible. To do this we aim to provide integrated services, which empower people to live their lives to the full. The knock on effect is that for some people dependency on intensive care services will be delayed or reduced.

How are we performing?

Performance within this area has been strong with the number of people able to live independently for longer increasing which reduces a small amount of pressure in the care home market.

Over the past three years the Trust, the Council and Voluntary Sector have worked closely together to improve services for people that help them stay in their own home. This has happened via the local Prevention Strategy and the development and implementation of the local integrated Model of Care that sees prevention and wellbeing services sit at the heart of everything that we do.

We have worked in partnership to develop the care sector and more integrated community multidisciplinary service provision. This helps people improve and regain their independence and prevent people from having to go into long term care.

Performance at a glance

Good

- The number of people living permanently in a care home at 31st march is reduced, as a consequence of our strategy to support more people in their own homes

Stable

Needs Improvement

Focus on the Care Sector

We continue to work in partnership with local providers of care and support through the Torbay Multi-Provider Forum. There are some exciting projects to improve quality and these include collaborations between care home residents, relatives, staff and artists to develop a shared view of good care in the Torbay Care Charter.

At 1st May 2018 out of 106 regulated care services in Torbay 3 were rated ‘outstanding’ and 86 as ‘good’ by the Care Quality Commission and we intend to maintain this position.

We have recently set up a leadership development group with local care providers. Working together with care providers, carers and other stakeholders we are shaping the local market. Key ways we have worked together in 2017/2018 are set out in more detail in Outcome 1 and in case studies below but the highlights are:

- Setting up the Trusts Care Home Education Support Team (CHES) supporting local care homes. See outcome 1
- Creating joint plans to support for people with poor mental health and learning disability with a focus on housing and employment. See outcome 1
- Developing a model of extra care housing further, so that people can live independently close to others with access to care and support on site. See the case Study at page 17
- Our work with care providers and other statutory partners as part of a national campaign recognises the need to develop and value our care workforce through initiatives such as proud to care. See the Case Study at page 16.

Focus on integrated Health and Wellbeing Centres

In 2017/18 we have developed health and wellbeing centres in Paignton and Brixham. The Paignton Health and Wellbeing Centre has been up and running for over a year and was recently commended a success in a Healthwatch report where the majority of patients felt it delivered a successful service. Paignton health and wellbeing centre brought together services that were previously provided at Midvale Clinic, such as podiatry and speech and language therapy and clinics that were running at Paignton Hospital to create a health and wellbeing centre. The centre provides access to a wide range of outpatient clinics, from pain management to child health services and lifestyles services. The health and wellbeing model has enabled people to access care closer to home and without having to travel to Torbay Hospital.

In Brixham a new day and health and wellbeing centre is being built on the hospital site which will also be location for the current clinics and inpatient services. The build is being funded by the Brixham League of Friends and will be run by the voluntary sector. Day care will be available as well as a whole host of other services that enable local people to live healthy and well lives. It is anticipated that the new centre will open in the early part of 2019. Over the next year the Trust will be looking at how it can continue to develop the offer for the people of Torbay. Through 2017/2018 we have further developed our services to be based around these centres including: enhanced intermediate care; supported living provision; wellbeing services with the voluntary sector and supporting people to broker care themselves.

Enhanced Intermediate Care

In 2016/17 we invested in Enhanced Intermediate Care services to help people stay independent at home longer. In 2017/2018 we have worked to ensure Enhanced Intermediate Care is fully embedded working with GPs and Pharmacists as part of the health and wellbeing teams within Torquay, Paignton and Brixham.

We have developed stronger links with the ambulance service and the acute hospital which means that patients experience a more seamless service between settings. In September 2017, we implemented a new Rapid Assessment and Discharge Team based within Torbay Hospitals Accident and Emergency department.

This team helps to support people to go home quickly when they do not need to be in hospital. Between September 2017 and March 2018 the team have supported 1,092 people, 67% of whom have been supported to go home on the same day.

The average age of people benefitting from this service is 83 years old. The deeper integration of these services has helped ensure people have shorter stays in hospital. The average length of stay for people admitted to Torbay Hospital in an emergency is amongst the lowest in the country and the number of people experiencing a delay in their discharge is minimal.

We are in the top third in the country for our performance here. The implementation of a 'discharge to assess at home' pathway has further developed the ability of the organisation to care for people at home – 'the best bed is you own bed'. Please see the case study of Mrs R and the impact enhanced intermediate care has had on her life on page 16.

Supported living provision

In 2017/18 there has been a continuation of the work to ensure that people have access to a range of accommodation that supports their needs to live as independently as possible. The case study on page 17 describes how someone was supported to move out of residential care. This approach has contributed to our good performance in reducing the numbers of people living in residential care. In 2018/19 we will consolidate the supported living provision available to enable more people to move out of residential care. Please see how extra care housing provision has supported a person in their 90's with Multiple Sclerosis (MS) on page 17.

Wellbeing services with the Voluntary Sector

Torbay partners have successfully attracted funding to introduce and evaluate a range of non-traditional wellbeing services over the last 2 years. One of these services is Wellbeing Co-ordination, working with the Ageing Well Project with partners, Age UK, Torbay Community Development Trust and Brixham Does Care.

Voluntary Sector Wellbeing Co-ordinators work with people over 50 to understand what matters to them and help them act to connect, be active, keep learning, give to others using the community resources available.

Shaun's story below at page 17 reflects our learning about the success of integrating non-traditional services into the Torbay Model of Care. This service has received 865 referrals

since its inception. The results show, like Shaun, people who have participated experience a 12% improvement in mental wellbeing, a10% improvement in physical wellbeing and 58% increase in social participation to combat the increasingly pervasive issue of isolation and loneliness. This service has been funded across partners for a further 3 years due to its success, with the trajectory to become business as usual in Torbay.

Supporting people to broker care

Mysupportbroker is a branded model of support brokerage which has been tried and tested in partnership with statutory, charity, community and advice organisations. There has been a unique collaboration to pilot this approach in Torbay with partners: Ageing Well Torbay programme (and the Big Lottery); Torbay Community Development Trust; the Trust and MySupportBroker Community Interest Company.

This year (2017/18) over 300 Support Plans were completed. MSB has been involved successful delivery of the Personal Support Assistant Model to improve people's experience of care and stimulate new entrants into the care field. The story of a customer with poor mental health demonstrates this improvement in experience of care at page 18.

The scheme has enabled Adult Social Care to start to develop in the way we do things and maximise opportunities for care planning led by what matters to the person. 94% of a small sample of people surveyed said their needs were met well or very well. There is also evidence that MSB slightly lowers cost in reviews/support plans by 1.5%, although the scheme has not yet achieved all expected benefits.

The project will continue in 2018/19 and based on evidence, will target people with complex primary health needs. This to focus on the non-clinical dimensions of care through Continuing Health Care service with the aim to maximise benefits for the person and the system.

In summary

We have performed strongly in this outcome through development of the care sector and development of health and wellbeing centres in Torbay. We are proud to have won the Local Government Award for integration of our services in recognition of this. We will continue expand our approaches to embedding high quality integrated and personalised care as demonstrated in our case studies below.

Case studies

Proud to Care

The Proud to Care South West (SW) initiative was set up to be a continuing campaign to help address the widening gap between demand for care sector services and the people skilled to work in the sector in the South West. The Council arranged to take part in the regional survey of partners in October 2017 and stakeholders in December 2017. The key actions to fully benefit from the Proud to Care SW were to encourage care providers to use and benefit from Proud to Care SW. The collaborative work and investment together produced:

- Increased buying power to ensure public money goes further by working together to deliver improved capacity in the sector
- A branded proud to care SW campaign web space to market the care sector and advertise job opportunities, please see https://www.proudtocaredevon.org.uk/
- An increased conversion rate from those looking at jobs through the campaign website to those clicking to apply 23.2% 15% is norm).
- Tools are available for providers through secure collaboration site e.g. values based selection tools to help providers chose the right people.

This work has strengthening our action on closing the gap between demand for services and people to deliver these services.

Enhanced Intermediate Care

Mrs R was referred to Intermediate Care multi-disciplinary team by her GP, following a fall at home. She had a Urinary Tract Infection (UTI) and was prescribed antibiotics. A health and social care coordinator rang Mrs R and found she had a limited support and was struggling to manage at home. The coordinator reassured her that the IC team would visit her within two hours. The Intermediate Care Nurse and Occupational Therapist arrived within two hours and identified Mrs R was in pain when mobilising, had low blood pressure and was struggling to manage her personal care and medication. A wheeled zimmer frame and commode was ordered and delivered that day. Our integrated multi-disciplinary team now includes a pharmacist and working together looked into Mrs R's medication rapidly which enabled us to advise the GP of the most appropriate pain medication. Rapid response was also arranged twice a day for a few days, until she improved. At this stage support workers visited daily to improve Mrs R's mobility, confidence and to help her monitor her own pain and take action. This enabled Mrs R to continue to live independently at home and make a quicker recovery than UTI patients that have a fall who have been admitted to hospital. The average length of stay avoided in this case study is 7.25 days, for admissions primarily due to a UTI.

Case studies continued

Extra Care Housing

This individual was diagnosed with Multiple Sclerosis (MS) in the early 90s and had a stroke in 2008. Prior to the stroke they lived a full and active life with many interests. Post stroke they moved into residential care. In 2011, with the opening of an Extra Care scheme, they were able to move out of long term residential care. Due to the accessible nature of the accommodation, the background support of 24 hour on-site care and support provision of Extra Care housing, the change of accommodation was a more cost effective option as well as improving the quality of life and independence for the person. They are enjoying their increasing independence: accessing the local community, going out daily, personalising their flat / surroundings and accessing the internet on a regular basis. All of which have contributed to obtaining greater control of their daily life resulting in improved health and wellbeing and quality of life.

Wellbeing Co-ordination

Shaun, a 52 year old man with degenerative spinal disease referred to this service from his GP. He lived in a care home for respite following a brain injury, caused by a fall. During this time, his personal life started to fall apart, his partner would not allow him to return to their home, he did not have access to his finances and was left with nothing but the clothes he was wearing. Because of the circumstances Shaun also had input from other agencies, including a Social Worker. Shaun was previously a very social man, his physical health had begun to improve but as he was in his 50's the care home was far from the ideal place for him to be. When our Wellbeing Co-ordinator first met him he struggled to speak about his situation. His Wellbeing Co-ordinator supported him to have his benefits returned to his control, to be back in touch with the outside world and go out. Shaun's Wellbeing Coordinator took him to our monthly lunch group and a few coffee groups and he made friends instantly. Shaun was also getting help with his housing and just before Christmas was able to move into a flat in a managed building. From a professional point of view we can evidence that Shaun's wellbeing is vastly improved, his GP visits have reduced and he no longer needs residential care. From a community perspective, Shaun has been encouraging his neighbours to improve their wellbeing by setting up a coffee morning providing support to vulnerable people. He is now providing support and a smile to others. Shaun is also training to become a peer mentor for others with another local charity after attending a mental health recovery course. Shaun says "Wellbeing Torbay supported me with my financial situation and introduced me to people locally and it has saved my life. I can now look forward and help others, I can't thank them enough.'

Case studies continued

My Support Broker

Our case study focuses on a 67 year old person who has a Mental Health condition and limited mobility and is very isolated and limited social interaction. The person wanted to be a part of their community and wanted to give something back but just lacked the motivation to do so. Creatively the broker had identified that during a more positive phase of the person's life they had brought themselves a car to fight off the isolation and potential hold the key to for them giving something back to the community. The broker was able to identify the cost of car insurance as a block and recognised this as a key to change the current position. This was included in the person's budget and as well as being an enabler, it was in cheaper and more likely to be used then annual bus ticket and taxi's. This has improved 2 people's lives and the person is friends with a gentleman with a visual impairment, who has also benefitted as the person now plans to give the other gentleman a lift to the local support group they both attend.

Outcome 3: Ensuring people have a positive experience of care

Our aim is to ensure people and carers have the most positive experience of care and support possible and that people can easily access information and advice in a way that is sensitive to their needs.

How are we performing?

Our performance on the experience of Carers receiving assessments, reviews and information in a timely and relevant way remains good. People's satisfaction with care and support services is stable. The number of people who find it easy to find information about services in general needs improvement. Although this result exceeds the England average we are actively engaging in improving in this area. We will continue on our whole system journey to introducing more options for personalised planning based on people's strengths.

Performance at a glance

Good

- Carers receiving an assessment, review, information and advice

Stable

- Satisfaction of people who use services for care and support services from our annual user survey

Needs Improvement

- The number of people who use services who find it easy to find information about services

Focus on experience of care and support

Our strategy for improving people's experience of care and support is based on the recognition the need to work proactively with people on their wellbeing. It is about thinking in a personalised way about what matters to the person and how this will facilitate self-care and improve their experience of care and support. We seek to emulate Carers experience of care and support across whole population and system. In 2017/18 we have made progress in our whole system journey in moving towards more ways of working with people's strengths. We are further embedding integrated services which focus on people's ability to live life independently and planning in a more personalised way for living well: such as Enhanced Intermediate Care; Wellbeing Co-ordination and Mysupportbroker.

The Hope Programme

In 2017/18 we have started to introduce the next layer of this approach, an example is the HOPE programme. HOPE is stands for Help to Overcome Problems Effectively and is delivered by a range of people in the system, voluntary sector wellbeing co-ordinators and

peer supporters. It is a 6 week course, newly introduced in Torbay, which supports people to become more skilled and confident to better self-manage their conditions. It works by recognising that people have many assets of their own and by bringing groups of people experiencing similar issues together. The group: support, befriend and enable each other to develop the confidence and self-belief that they can improve their lives. HOPE is an example of the approach we intend to expand in Torbay. Please see Sarah's story on page 21. Sarah is not alone in her improved experience, below is a Wordle from a group experiencing hope after six weeks.

Focus on information and advice

Our strategy to improve the accessibility and co-ordination of information sources overall is to meet the needs of our population and build on the Carer's exemplar. We are actively engaged in developing a baseline publication with partners which will be widely available through hard copies and will be email-able. This will ensure people have more access to information about services in a co-ordinated way. The first publication is due for release in Quarter one of 2018/19. We will then look at how we can make this more IT enabled.

Carers Support

In 2017/2018 we have extended our range of information and advice for carers and created new suite of video resources in partnership, available online which built on the accessibility and co-ordination of information resources already available. Katy Heard, Carers lead for the Trust 'we are acutely aware that Carers who juggle their caring role with employment, find it difficult to access support at a time which suits them. The on-line resource, while it doesn't suit everyone, makes it significantly easier for working Carers to find out information. For Carers who do not find it easy to use IT, then voluntary sector partners who have signed up to the project can help Carers to access this resource. All in all, it is a great resource'.

In summary

Our performance is good on the experience of care and support and information sources for Carers within this outcome. We are stable in peoples satisfaction with services and will continue expand our approaches to embed personalised care experiences such as the HOPE programme. For more about the new online resource and Sarah's experience of the HOPE programme please see our case studies the next page.

Case studies

The Hope Programme

Sarah suffers from a debilitating condition which results in tiredness and diminished motivation levels. Her personal relationships have deteriorated through lack of understanding of her illness impacting on her ability to manage her job and social activities.

Sarah fully engaged in the HOPE programme, took it upon herself to help another participant attend and has volunteered to help run future HOPE programmes *"I feel much better in myself when I am able to give something…I am adopting the programme of hope into my everyday life……..I am getting there slowly but surely – and I've got a lot more confidence as well ….. I 'like me now', and I didn't like me or anybody for quite a long time really."*

Carers Support Online Resource

In September 2017 we commissioned Health and Care Videos, a partnership with Torbay & South Devon NHS Trust, to undertake a project to support the informal carer community Commissioned through the Better Care Fund, the project aims to provide access to high quality health information videos and signposting to local resources that help better inform patients and carers, enabling them to self-manage their own care and feel supported.

The need for consistent and up-to-date information that is clear and easily accessible was fed back by a focus group held in February. As a direct result, 40 new support videos are now in production, covering adult learning disabilities, mental health and admission and discharge from hospital and will be added to the existing library of over 250 videos. The project has engaged with local VCSEs and given over 20 care organisations personalised online libraries so they can support their own communities. James Sparks, Brigham Does Care says 'We see it as a vital resource that our carers will definitely benefit from'

Since the official launch on April 1st the sites have already collectively achieved in excess of 1000 hits. The next phase of the project involves a video based learning programme to encourage carers to develop their skills and look towards careers in social care. Take a look at the library of videos here at http://healthvideos.torbay.gov.uk

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

Our aim in the broadest sense is for the public, volunteers and professionals to work together to ensure everyone is treated with dignity and respect, and that people have choice, control and compassionate care in their lives.

'**Safeguarding'** is a term used to mean both specialist services and other activity designed to promote the wellbeing and safeguard the rights of adults where harm or abuse has or is suspected to have occurred. Our responsibilities within care services are to: make enquiries or cause others to do so where safeguarding concerns are identified; co-operate with key partner agencies, to carrying out timely Safeguarding Adult Reviews; to share information to meet the aim of protecting vulnerable adults and to train our staff to respond effectively to safeguarding concerns.

How are we performing?

Our performance on this outcome is good. The number of repeat referrals is down and immediate action was taken in 100% of the cases were people were considered to be in a situation where there was a high risk of harm or abuse.

The Trust's work in this area primarily divides between the community operational teams who respond to safeguarding concerns and our Quality, Assurance and Improvement Team (QAIT) which works with care homes and domiciliary care providers to promote high quality care and proactively monitoring quality standards. We work closely with Devon and Cornwall Police both in causing enquiries to be made and maintaining strong local partnership arrangements.

Ultimate accountability sits with the Torbay Safeguarding Adults Board (SAB) a well-established group that provides a sound basis for the strategy on delivering these legislative requirements. Key strategic areas focus for the board are: Domestic Abuse, Modern Slavery/Human Trafficking and learning from experience together as partners.

Performance at a glance

Good

Performance at a Glance

months is down

- 100% of people with high risk concerns identified had immediate action taken

Stable

Needs Improvement

Focus on Domestic Abuse

In 2017/18 Domestic Abuse has been a concern for the Torbay Safeguarding Board, with the number of reported incidents rising and a shortfall in local services to tackle it. The majority of Domestic Violence cases do not fall within the Trust Safeguarding Team remit, however, we continue to review safeguarding procedures to ensure that they comply with best practice on Domestic Violence. In 2017/18 we conducted an audit against Nice Guidance on domestic abuse to assure compliance. This year the Safeguarding Board has recognized the need to fund a coordinator within the community safety partnership to improve the response to Domestic Abuse concerns. The Trust continues to take an active part as members of the local partnership steering group for domestic violence.

Focus on Modern Slavery & Human Trafficking

In 2017/2018 the Trust, as part of the Safeguarding Board has put in place further multi-agency policies and approaches to raise awareness of the framework for tackling situations involving: Modern slavery (when people from the UK and other countries are tricked, exploited or forced to work for someone or a group of people) and Human trafficking (people moved within the UK from other countries to be exploited).
In 2017/18 the local partner agencies worked together to develop a modern slavery toolkit which aims to provide consistency in how professionals respond to issues. The Trust makes a small but consistent level of referrals to the police and has identified a Modern Slavery Lead to support and advise staff. As part of improving the consistency of approach in March 2017, 20 people from the Trust were trained as First Responders in managing referrals to national specialist teams. Modern Slavery knowledge has now been embedded into the Trust Mandatory Training and the level 1 training module is 90.6% compliant.

Focus on learning from experience together as partners

The Safeguarding Board and others regionally have recognised the need to ensure that we learn lessons from things that go well - and change practice when things do not go as well as they could.
In 2017/2018 there have been 3 best practice forum workshops for staff. The key themes were: coercion and control; prevent and learning from Safeguarding Adult Reviews in the region. Up to 100 people across partners attended each forum. As part of these workshops people were asked to identify how best to disseminate future learning and there is now a newsletter which focuses on how partners learn from each other about continuously improving our approach to Safeguarding.

Deprivation of Liberty

This is a key Safeguarding issue where sharing experience together as partners is critical. Safeguarding in this context is about ensuring that those who lack capacity and are residing in care home, hospital and supported living environments are not subject to overly restrictive measures in their day-to-day lives, but the risk of high risk of harm is mitigated.

This is known as Deprivation of Liberty Safeguards (DoLS) Safeguarding - for example due to the serious onset of dementia an individual's capacity to act safely is significantly affected. In 2017/18 the Trust has ensured local care provider services networks were kept up to date with current national and local picture on issues, holding engagement sessions with providers and disseminating information on best practice and legal risks to provide updates.

In summary

Whilst our performance is good, we must constantly strive to understand emerging issues for Safeguarding Adults in Torbay and take action proactively to keep our performance good. A key message is that safeguarding is everyone's business. When adult abuse concerns are raised we work in a multi-disciplinary and multi-agency context to understand risk and ensure responses are person centred, include the right people and include the right partner agencies. The following case study on the next page provides an example of how this is put into practice on a day to day basis.

Case studies

Safeguarding with our partners

Harold is 78yrs, following a suspicious cash withdrawal, Harold's bank contacted Devon and Cornwall Police raising a concern that Harold may be being financially exploited by a person in their early 20's who had befriended him. Initial background information checks and contact with GP indicated that Harold may have Dementia.

Devon and Cornwall Police raised an adult abuse concern to Torbay and South Devon NHS Trust (the Trust) as the concern gave reason to believe that Harold appeared to have care and support needs, be at risk of or experiencing financial abuse and be unable to protect himself from the risk of or experience of financial abuse.

Immediate action was taken by Harold's bank in partnership with police to protect Harold from possible further financial abuse and an urgent welfare visit was undertaken during which Harold was deemed to be able to consent to a safeguarding enquiry and express his preferred outcomes.

An initial safeguarding multi-agency safeguarding meeting was convened which included Harold. A safeguarding plan was agreed with Harold that included on-going support from police and adult social care, preventing the alleged perpetrator from having further contact with Harold, advice and information on keeping finances safe and signposting to local charity befriending services. Harold also provided more information to Police so they could further pursue possible criminal enquiries.

An update meeting was convened with Harold who also chose to bring along a friend and relative to support him. Devon and Cornwall Police provided an update to Harold and he confirmed he had been kept informed by Police. In addition more protective factors were agreed such as increased support and vigilance from friends and relatives, crime prevention input, adult social care floating support and inclusion of Harold's GP.

On further review, Harold reported that the alleged perpetrator had not targeted him anymore, that he was feeling much safer and that no other finances had been lost. The additional support for Harold was working well and Harold had engaged with his relative about them becoming his lasting power of attorney to manage finances should he eventually not be able to do this himself. Harold confirmed that the response had enabled him to feel safer in his own home and that his finances were now better protected. The circle of support around Harold also provided an additional protective factor to him beyond the safeguarding intervention.

5. Financial position and use of resources

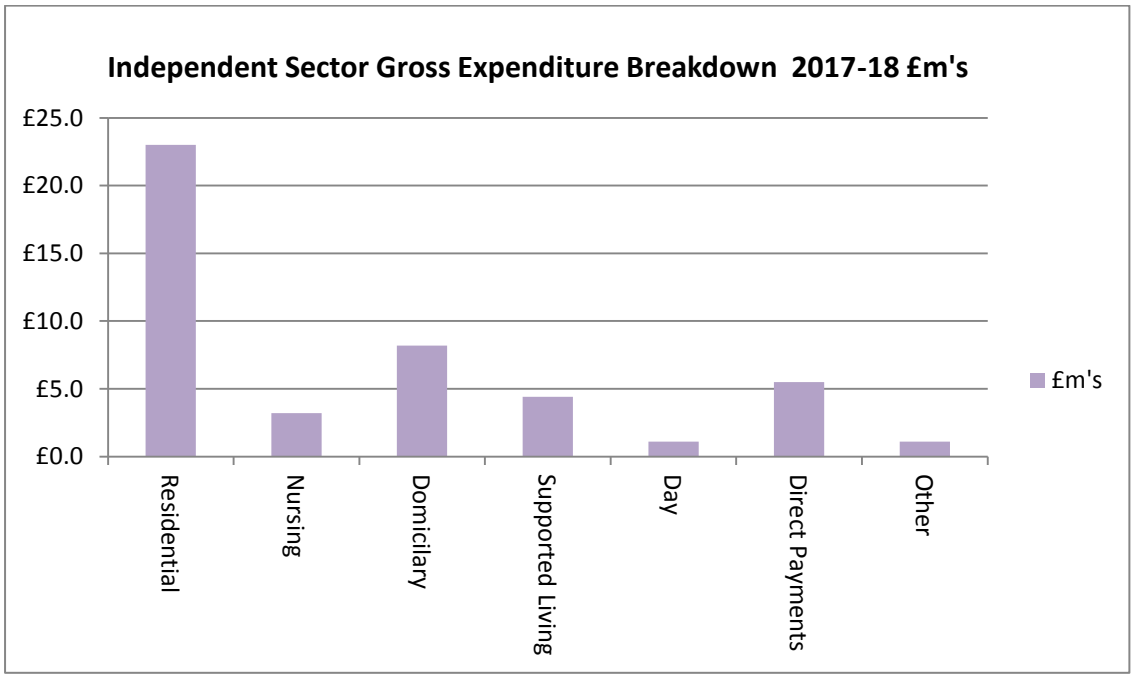
Our aim with this section of the review is to describe the financial resources available and how they have been used in the care sector. From the 1st October 2015 an Integrated Care Organisation (ICO) was formed and within this organisation remit was to provide Adult Social Care (ASC) on behalf of the population of Torbay. From a financial perspective the Councils role as a commissioning body is to provide a funding contribution to the overall running costs of the ICO. In 2017/18 this contribution was £44.1m.

The ICO provides a diverse range of services and ASC is a part of this. There is care management and social care support across Torbay; it includes the cost of social workers, community care workers, occupational therapists, physiotherapists, finance and benefit assessors and support service staff.

The vast majority of the total net spend on adult social care services is the purchase of care (including residential, nursing, day and domiciliary) from independent providers. 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 is on average around 2,200 people receiving a core service.

The net spend figure in the independent sector was £36.5m in 2017-18. However this is the figure after the contributions made by people receiving services were taken into account.

Under national legislation people assessed as needing social care services which are provided or arranged by the Council also receive an individual financial assessment and this can result in a them being asked to contribute towards the cost of their care provision. The income collected from people in Torbay in 2017/18 was £10.0m. The total (gross) expenditure on services was therefore £46.5m. The allocation of this gross expenditure across different types of services is illustrated in the chart below.



The age of the people receiving these ranged from 18 to over 100 years old and services were provided to clients with learning disabilities, mental health issues, dementia, sensory and physical disabilities, vulnerable people, and the frail and elderly.

Financial outlook for 2018-19 and beyond

At a national level there are continuing financial pressures across both adult social care and health services. Torbay is not immune to this and like other local authorities the Council has funding constraints.

The Council and South Devon and Torbay Clinical Commissioning Group acknowledge the tight financial constraints and jointly believe that the Trust, is best placed to continue to deliver the best possible care and support within these constraints. The Trust will achieve this through managing resources across health and social care to deliver a more efficient and effective profile of expenditure.

This will be dependent on how the overall funding envelope for the Trust can be best utilised to maintain a financially stable and sustainable health & social care system for the long term to improve people's experiences of health and social care. 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 those services.

6. Performance overview

Our aim with this section of the report is to provide an overview of performance and how we have performed by comparison to the average last year in England for each measure.

In overview, 80% of our performance is 'Good' or 'Stable', this importantly includes our performance on day to day delivery in assessing care needs and starting care provision in a timely way and people's satisfaction with services. It also includes indicators which tell us our strategy for integration to enable independence at home is starting to have impact with a reduction people placed permanently in residential home and care home use.

We will always actively engage in improving and have identified the main areas which need improvement as: the number of people receiving written care support plans and a review of that plan; supporting people with poorer mental health into independent living and employment and how easily people can find information about services. The table below shows how well the performance targets have been met using the following system:

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

Measure	2017/18 Outturn (provisional)	2017/18 Target	2016/17 Outturn	2016/17 England average
Outcome 1: Enhancing the quality of life for people with care and support				
The proportion of clients informed about the cost of their care (self-directed support)	92.6%	92.0%	92.4%	89.4%
The proportion of clients who receive direct payments	26.2%	28.0%	24.9%	28.3%
Proportion of adults in contact with secondary mental health services in paid employment	0.9%	4.0%	3.7%	5.7%
Proportion of adults with a learning disability who live in their own home or with their family	75.4%	75.0%	77.1%	76.2%
Proportion of adults in contact with secondary mental health services who live independently, with or without support	52.7%	68.0%	62.0%	n/a
Proportion of clients receiving a review within 18 months	87.4%	93.0%	90.0%	n/a
Proportion of clients receiving a care support plan	83.5%	90.0%	86.2%	n/a
Proportion of assessments completed within 28 days of referral	79.0%	70.0%	71.2%	n/a
Proportion of clients receiving their care within 28 days of assessment	92.8%	94.0%	92.5%	n/a
Outcome 2: Delaying and reducing the need for care and support				
Number of people living permanently in a care home as at 31 March [a low value is better]	604	617	642	n/a
Permanent admissions to residential and nursing care homes for older people (65+), per 100,000 population [a low value is better]	467.9	599.0	493.7	610.7
Outcome 3: Ensuring people have a positive experience of care and support				
Overall satisfaction of people who use services with their care and support - from annual user survey	69.2%	70.0%	68.4%	64.70%
The proportion of people who use services who find it easy to find information about services - from annual user survey	75.4%	85.0%	77.3%	73.50%
Carers receiving needs assessment, review, information, advice, etc.	42.2%	43.0%	38.3%	n/a
Outcome 4 – Safeguarding people whose circumstances make them				
Proportion of repeat adult safeguarding referrals in last 12 months [a low value is better]	7.1%	8.0%	8.0%	n/a
Safeguarding Adults - % of high risk concerns where immediate action was taken to safeguard the individual	100.0%	100.0%	100.0%	n/a

7. Looking after information

Our aim in this section is to set out that we take our 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*.

Risks to information are managed and controlled by applying a robust assessment against the evidence collected as part of the national information governance toolkit return. During the period 1 April 2017 to 31 March 2018 the following breaches of confidentiality or data loss were recorded by the Trust which required further reporting to the Information Commissioner's Office and other statutory bodies.

Date of Incident	Nature of Incident	Summary of Incident	Outcome and Recommendations
1/06/17	Breach of confidentiality	Ex-member of staff accessed the building, contacted IT service desk to reset email password and then accessed email. Forwarded several emails with patient identifiable information attached to a personal email address.	Incident was investigated over a prolonged period. Delays were at an initial investigation stage and with the ICO, once the incident was reported to them. The response received from the ICO stated they planned not to take further action given; the time-lapsed, no complaints being received, the ex-staff member stating they did not hold the information, and the content of the emails sent. The Trust has reviewed its own internal processes and made changes.

Any other incidents recorded during 2017/18 were assessed as being of low or little significant risk. The Trust declared a level two compliance against the information governance toolkit requirements by 31 March 2018. A new action plan will be created to deliver improvements against the 2018/19 Data Security and Protection Toolkit and will be overseen by the Information Governance Steering Group which is chaired by the senior information risk owner (SIRO).

10. Overview and Scrutiny Board response to the Local Account 2017/2018

Torbay Council's Overview and Scrutiny Board is pleased to provide a response to the Local Account for 2017/2018 and add its appreciation for all the hard work, professionalism and dedication by the staff and volunteers, particularly when faced with the budget constraints across the public sector.

The case studies illustrate the benefits of integrated working by partners in delivering the best possible outcomes for those in receipt of the services. This has to be the most effective and efficient use of public sector resources.

The report acknowledges that there is still work to be done around "Enhancing the quality of life for people with care and support needs" and we would hope that the benefits of integration, so successfully illustrated elsewhere in this report, will deliver the best outcomes for those requiring the services in the future.

9. Healthwatch response to the Local Account 2017 -18

Healthwatch Torbay is the local consumer champion for health and social care. We ensure the voice of the consumer is strengthened and heard. We do this through a variety of methods including direct contact and the use of digital and social media. We use the knowledge we gain to report on the quality of the care people receive. We know that this is valued and used to improve future care.

We know that most people consider that those involved in providing our social care services are doing the best that they can. They look to this service to support them to remain safe and independent and to provide reliable support and information without delay and without confusion about the choices available as their need for care changes.

The Local Account/Annual report gives an opportunity for the public to gain a better understanding of what the service offers, how well it is performing now and what the future holds. Torbay NHS and Adult Social Care is well known for its commitment to working together with an aspiration for wrapping the service around the person. The real life stories described in the report explain how this is making a difference. They also explain how the system works, something which remains a mystery to most people until they are, themselves, the story. The report also highlights the introduction of new ways of working including implementation of changes in funding towards personal budgets, which will be unknown to many.

As part of our role in engaging with the public we have gained insight into the lives of carers and the experience of living in a care home or having care at home. We are in the process of finding out what it is like to be an adult with learning disability or a young person living in Torbay. We are asking questions about wellbeing, mental health and safety especially for older people. In listening to the views, opinions and experience of the public we are encouraged by recognising awareness of these same issues reflected in the intentions in this report.

We do have our own challenge to the public. All our reports on the experience of using care are open to be read by the public. They are also read by our MPs and elected representatives. We challenge the commissioners to ensure that they listen to the public voice. More and more people are telling their stories about good and poor experiences in all areas of health and social care. The work that Healthwatch Torbay does “Starts with you”. We look forward to making your voice heard and will use it well.

Overall we consider that the Local Account presents a realistic overview of the performance and intentions for Adult Social Care and identifies appropriate internal controls and assurances.

Yours Sincerely,

Dr Kevin Dixon
Chair – Healthwatch Torbay

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