

**Annual Strategic Agreement between Torbay Council and Torbay
NHS Care Trust for the delivery of Adult Social Care 2011/12**

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Version 7 updated in line with Cabinet discussions and discussions at the Integrated Governance Committee held on 14th January 2011

1. Introduction

1.1 Overall strategy

The Care Trust will continue to pursue a strategic direction that is designed to maximise choice and independence for those requiring adult social care support and care. As far as possible, within FACS and the constraints of resources, the Care Trust will seek to promote active and healthy lifestyles. In particular the DASS will play a lead role in developing a refreshed Active Ageing Strategy and in contributing to its implementation.

1.2 Financial context

At a national level the funding arrangements for Adult Social Care (ASC) are under review. There is no immediate prospect of this review reporting in a timescale that would propose changes in 2011/12. Therefore the financial arrangements for 2011/12 are based on what is known at present.

The ability of the Care Trust to absorb financial risk from ASC spending has been reduced owing to the loss of NHS Commissioning responsibilities from the Care Trust with effect from April 2011. The Care Trust and the Council will work to secure the engagement and support of NHS Commissioners (in practice the support of Baywide GP Consortium) to any financial risk share arrangement applying in 2011/12.

1.3 NHS Reforms

The NHS White Paper and the NHS policy of Transforming Community Services have implications for the arrangements between the Care Trust and Torbay Council. The requirement for PCTs to separate out NHS Commissioning and Provider functions represents a significant change.

Formal agreements between the Council and the Care Trust about exactly how the arrangements will develop are yet to be made and will need to be reflected in the finalisation of this agreement. The working hypothesis at time of writing is that the range of functions delegated under the present Partnership Agreement will continue to be delegated. The Council has supported in principle the development of a South Devon provider unit as an interim position for up to 2 years while the Council, the Torbay Care Trust and other partners continue to work on a longer term solution.

1.4 Health and Wellbeing Board

The Care Trust will play a full and active role in supporting Torbay Council with the design and development of this Board. No detailed implications for delegated ASC functions have yet been seen.

1.5 Public Health

The Care Trust will play a full and active role in preparing for the changes heralded in the Public Health White Paper. The Trust and the Council will support the five

outcomes for public health specified in “healthy lives/healthy people” and work to support the new statutory duties including the JSNA which accrue to local government over the next 24 months. This includes exploring the role of the South Devon provider in locality working in the Bay.

1.6 CQC Assessment Regime

This agreement remains structured on the seven outcome areas of the former CSCI/CQC performance assessment regime. No detail is available on the performance/assessment regime that will be applied by CQC in 2011/12. This agreement will need to flex to accommodate the requirements of any new performance regime as it becomes known.

2. Development priorities and performance outcomes

To work in partnership to set and achieve a realistic trajectory for the delivery of the Transformation in Social Care, focussing on improving safeguarding, personalisation and preventive services.

To maintain a standard of performing well overall: focussing improvement on increasing choice and control; freedom from discrimination and harassment; and economic well-being.

2.1 Outcome 1: Improving Health and Emotional Wellbeing

To ensure that adult social care issues are included in the development of wider integrated care opportunities

To work in partnership to close the gap in health inequalities through the development of a neighbourhood management pathfinder and assist with its development in other deprived areas subject to successful evaluation of improved outcomes in the pathfinder area.

To play a full role in developing and implementing the ASC contribution to an Active Ageing Strategy.

Develop an integrated prevention strategy to safeguard vulnerable adults in partnership with the Crime Reduction Partnership.

Maintain current performing excellently CQC rating.

Performance Framework	Definition	2010/2011 Targets	2011/2012 Targets	Top 25% CIPFA Group 2008/9	Top 25% All England 2008/9	Comparator group average
NI 125	Achieving independence for older people through rehabilitation/ intermediate care	75%	78%	83.1%	85.0%	75%
NI 131	Delayed transfers of care	17.5	9	10% Reduction Proposed (Based on December 2010 Position)		
*New Indicator	Emergency readmission rate for over 65s within 28 days	Not reported in 2010/11	10% Reduction Proposed	New Indicator No comparison data available		

*New Indicator	Emergency bed days for over 75s with 2+ admissions to acute hospital	Not reported in 2010/11	5% Reduction Proposed	New Indicator No comparison data available
*New Indicator	Falls for over 65 patients living in a care home which result in a hospital admission	Not reported in 10/11	5% Reduction Proposed	Proposed Quality Measure Establish 10/11 baseline by mid April and produce trajectory.

2.2 Outcome 2: Improved quality of life

In line with CQC's recommendations the Trust should improve performance on the provision of telecare, telehealth and community equipment within agreed budgets.

Implement the Dementia Strategy for Torbay.

Review and re-commission the range of services that facilitate the delivery of home care, including Home Improvement Service, Joint Equipment Store, Handypersons schemes and the allocation of Disabled Facility Grant by October 2011.

Maintain current performing well rating.

Performance Framework	Definition	2010/2011 Targets	2011/2012 Targets	Top 25% CIPFA Group 2008/9	Top 25% All England 2008/9	Comparator group average
NI 136	People Supported to live independently through social services (all adults)	2701	Leave at 10/11 Outturn Estimate outturn	3601.5	3773.8	3,200
*New Indicator	Number of people supported through telecare & telehealth	Not reported in 10/11	1100	New Indicator No comparison data available (913 clients based on December 2010)		

2.3 Outcome 3: Making a positive contribution

To ensure a systematic approach to knowing and understanding service users & carers experiences and levels of satisfaction and to develop a collaborative approach

with the Council and other partners to engaging them in the commissioning and monitoring of services.

Develop self assessment mechanisms to ensure the delivery of more personalised services.

To foster the broad agenda symbolised by the Government's "Big Society" intentions. Specifically to direct activity towards self care and towards fostering voluntary and community activity.

Introduce an outcomes-based accountability approach to transforming social care to ensure the intended positive effects are realised. To do this via the mechanism of goal setting and review in personal care plans.

To adopt a client led approach to commissioning, reviewing and delivering services, building on the positive lead from Supporting People.

Maintain current performing well rating.

Performance Framework	Definition	2010/2011 Targets	2011/2012 Targets	Top 25% CIPFA Group 2008/9	Top 25% All England 2008/9	Comparator group average
*New Indicator	Develop indicator demonstrating effectiveness of carer support mechanisms	Not reported in 10/11	To be determined	New Indicator No comparison data available (Determine upon completion of evaluation of the Carer Demonstration Site Pilot In June 2011)		
* New Indicator Carer Numbers	Number of people on Carers' Register	Not reported in 10/11	10% increase	New Indicator No comparison data available (Set at 10/11 Outturn)		
Young Adult Carers	Number of young adult carers in contact with Care Trust	Not reported in 10/11	25	New Indicator No comparison data available		

2.4 Outcome 4: Increased choice and control

Review and recommission appropriate models of Information, Advice and Advocacy to support the preventative and independence agenda including further website development and the further development of information and advice consortia.

To successfully complete the review of Learning Disabilities Services and begin implementation of subsequently approved recommendations

To take forward, in partnership, the development of extra-care housing in Torbay with an associated wide range of enablement services. To extend the scope of care to a Virtual Extra Care model supported by community hubs offering care and support by piloting this approach in Shiphay.

Continue to improve partnership working with Children's Services to improve transitions from children's to adult services.
To ensure the development of a thriving third sector through better joint commissioning that adopts the principles outlined by the Office of the Third Sector.

Improve current rating of performing adequately to performing well through the effective mainstreaming of personalisation across Paignton, supported by more widespread use of assistive technology (including Telecare) and the development of social capital, incorporating the paragraph above.

Performance Framework	Definition	2010/2011 Targets	2011/2012 Targets	Top 25% CIPFA Group 2008/9	Top 25% All England 2008/9	Comparator group average
NI 130 – Note calculation methodology has changed, from numeric to percentage	Social Care clients receiving Self directed support per 100,000 population	30%	40%	6.3%	8.1%	5.2
NI 132	Timelines of social care assessment (all adults)	79	Suspend and recalibrate on reduced resources	83.4%	88.8%	79%
NI 133	Timelines of social care packages following assessment	90%	Suspend and recalibrate on reduced resources	93.4%	93.7%	90%
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	38%	Suspend and recalibrate on reduced resources	28.2%	25.8%	24%
NI 145	Adults with learning disabilities in settled accommodation	39%	Set at 10/11 Outturn	96.5%	85.9%	75%

Performance Framework	Definition	2010/2011 Targets	2011/2012 Targets	Top 25% CIPFA Group 2008/9	Top 25% All England 2008/9	Comparator group average
NI 149 DPT Provision	Adults receiving secondary mental health services in settled accommodation	29%	30%	48.6%	41.9%	29%
*New Indicator – replaces PAF C72	No. of people aged 65 or over living in residential or nursing homes	602 (Dec 10 position)	570	New Indicator No comparison data available		
*New Indicator – replaces PAF C73	No. of LD and MH <65 people living in residential or nursing homes	188 (Dec 10 position)	180	New Indicator No comparison data available		
*New Indicator	Proportion of total over 65 spend on care home placements	61% (Figure to be confirmed by Finance)	58%	New Indicator Use of Resources suggests this should be approx. 40%		
PAF D39	People receiving a Statement of Needs (TCT +DPT)	DPT – 90% TCT – 93%	95	No longer part of National Indicator Set Only outdated comparison information available		
PAF D40	Clients receiving a Review	DPT – 85% TCT - 85%	85	No longer part of National Indicator Set Only outdated comparison information available		

2.5 Outcome 5: Freedom from discrimination or harassment

People independently funding their own residential care will receive discretionary care management support services only if they are in need of protection or other exceptional circumstances exist. This is to balance the need for independence and autonomy whilst offering protection to those who may require it. This is to be reviewed as part of the Transformation in Social Care.

Ensure that people from black and minority ethnic groups and other equality groups have appropriate access to assessment.

To develop and then apply a more direct source of customer feedback to provide meaningful data and assurance. This will, in all likelihood, lead to the development of more meaningful metrics in this area, e.g., with reference to fulfilment of personal care plans.

To increase the CQC judgement from performing adequately to performing well.

Performance Framework	Definition	2010/2011 Targets	2011/2012 Targets
PAF E47	Ethnicity of older people receiving assessments	1.25%	1.25%
PAF E48	Ethnicity of older people with services	1%	1%

2.6 Outcome 6: Economic Wellbeing

Torbay Council and Torbay Care Trust work together to ensure that people in Torbay have timely access to welfare and benefits advice and assistance, as part of a whole system review, options appraisal and re commissioning of information, advice and advocacy by September 2011.

Torbay Care Trust will work to maximise benefits income of its customers and to use this to support the costs of care required.

To work with the Council and other employers to improve access to employment for the disabled and other vulnerable groups by reviewing recruitment policies and procedures and agreeing mutual targets for supported work placements.

To work with the Council and other partners to foster the development of community and social enterprises and the use of apprentices. In particular to support opportunities for older people to remain active, retain economic independence, in care and support and for the intrinsic health benefits of this.

To increase the CQC judgement from performing adequately to performing well.

Performance framework	Definition	2010/2011 Targets	2011/2012 Targets	Top 25% CIPFA Group 2008/9	Top 25% All England 2008/9	Comparator Group Average
NI 146 ** Note shared target across all public agencies to improve	Adults with learning disabilities in employment PSA 16	3.40%	5	9.6%	9.3%	8.5%
NI 150 DPT Provision	Adults receiving secondary mental health services in employment	5	5	5.0%	5.9%	3.5%

2.7 Outcome 7: Maintaining personal dignity and respect

Seek ways to continue to raise the standards to meet the Dignity in Care agenda.

To ensure that the findings of the independent safeguarding review are incorporated into commissioning and operational practice and improve joint working with children's safeguarding.

The Care Trust will pursue its policy of not commissioning care services from poorly rated providers. NB: CRILL data collection is no longer required.

Performance data from Adult Safeguarding activity will appear in TCT Board reports and Council reports. The annual SAB report will be reported to both TCT Board and the Council. A dashboard of Safeguarding Performance Measures is to be approved by the SAB in January 2011 and will be attached to this agreement.

To restore the CQC judgement of performing well (improving from adequate in 09/10).

Performance framework	Definition	2010/2011 Targets	2011/2012 Targets
LAA	End of life care - access to appropriate care enabling people to be able to choose to die at home	22%	27%
*New Indicator – replaces PAF D37	Mixed sex accommodation	Not reported in 10/11	Baseline to be determined on 10/11 Outturn
*New Indicator	Proportion of safeguarding calls triaged in less than 48 hours	Oct to Dec 10 Performance is 57%	80%
*New Indicator	Proportion of safeguarding strategy meetings held with 5 working days	Oct to Dec 10 Performance is 71%	75%
*New Indicator	Proportion of safeguarding case conferences held with 20 working days of strategy meeting	Oct to Dec 10 Performance is 2%	70%
*New Indicator	Number of repeat safeguarding referrals in last 12 months	10/11 Baseline to be determined by April 11	10% reduction on 10/11 outturn
*New Indicator	Proportion of partially substantiated and substantiated referrals which occur in care homes	10/11 Baseline to be determined by April 11	5% reduction on 10/11 outturn

2.8 Outcome 8: Leadership

The parties work to raise the profile of Adult social care, its importance and contribution to the fabric of Torbay and work to ensure sustainability for plans and personalisation that will provide high quality services and choice for people. This should include the engagement of all elected members to promote understanding in the work of adult social care services and joint working initiatives as a result of the Care Trust arrangements.

To work with Torbay Council to explore further integrated working to improve outcomes and efficiency. To engage with the TSP and the development of the pathfinder Health and Wellbeing Board in the context of the emerging South Devon provider model.

The DASS will contribute to the corporate work of the Council and contribute to the changes mentioned in the introduction above.

2.9 Outcome 9: Commissioning and use of resources

To ensure a maximisation of benefits of joint commissioning and investigate ways in which this can be further consolidated.

The Care Trust will undertake robust monitoring of its contracts to ensure safe and effective service delivery, as appropriate. Links with Commissioning Strategy, and links with the regional commissioning consortia, Provider Development in Devon will be developed.

Deliver a balanced budget, whilst seeking to deliver the outcomes articulated in Putting People First – a shared vision and commitment to the transformation of Adult Social Care, pertaining to safeguarding, personalisation and preventative services and managing the current performance of the organisation in this challenging environment.

To use the Care Trust's commissioning leverage to manage and develop the local provider market to ensure a supply of high quality local services, which provide value for money. In particular to further develop alternatives to long term residential care, focussing on the development a commissioning strategy for housing, support and care, with practical support to providers to reconfigure the current market.

To seek further integration opportunities between the partners to the agreement to obtain seamless service delivery and maximise efficient use of combined resources

Work in partnership with Torbay Council to make the most effective use of capital assets to enable improved outcomes for service users.

To complete the changes following decisions on in-house residential and intermediate care services at St Edmunds and in-house day care services at St Edmunds and Fernham.

To finalise plans for the redevelopment of St Kilda's on the Brixham Hospital site which takes account of the mayoral pledge to the long-stay residents.

To accelerate the implementation of the Learning Disability strategy and to restore learning disability spending to budgeted levels.

To work in partnership to develop reablement schemes which optimise the health and well-being of Torbay's residents.

2.10 Financial Risk Share and efficiency

For 2011/12 the pooled budget arrangement contains three sections. The Care Trust will accept the financial risk on the NHS component and the joint operational component (ie directly managed) will fall to the NHS. On the more volatile and demand led commissioning of social care, the normal monthly financial monitoring will be supplemented by a quarterly review and re-profiling of commissioned spend to retain both financial control, performance and statutory responsibility.

Torbay Care Trust demonstrate the delivery of required efficiencies in a timely and robust manner in line with former indicator NI 179 equating to £1.9m efficiency savings.

Performance framework	Definition	2010/2011 Targets	2011/2012 Targets
NI 179	Value for money – total net value of gains that have impacted since the start of the financial year	4%	4% (£1.9m)

3 Decision making

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

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

4 Social Care Revenue Budget 2011/12

	2010/11	2011/2012
	£	£
Base budget	42,103	39,089
Transforming Social care Grant	877	0
Sub-Total	42,980	39,089
Central Govt Funding		2,322
TOTAL	42,980	41,411

- 4.1. For 11/12 there is an additional non-recurrent sum of money (recurrent for the CSR period but years 3 and 4 have yet to be confirmed) made available by Central Government for Adult Social Care of £2.3m which is built into the above baseline.

5 Charges for Services 2011/12

a) Non-residential Services:

	Rates 2009/10	Rates 2010/11	2011/2012
	£	£	£
Domiciliary care P/H	14.50	15	15.50
Day Care charge	24.00	28	28
Night Care rate (per night)			50
Maximum Rate (Day & Dom Care)	300.00		No Maximum
Transport	Nil		Nil
Community Meals	3.50	4	4.25

As part of the personalisation agenda the Care Trust like all other Local Authorities has to formulate and implement a policy on calculating an individual's contribution to their personal budget. This matter is currently under consideration by the Personalisation Board and a policy is in the process of being developed and will be implemented in 2011/12.

b) Residential Services:

The Residential and Nursing increases will not be known until the CRAG (Charging for Residential Accommodation Guide) Regulations are published in 2011.

Residential charges to be implemented each April as directed by the Department of Health CRAG (Charging for Residential Accommodation Guide).

Client contributions for both long and short stay placements are based on an individual financial assessment of capital and income.

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

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

6 Roles and Responsibilities

Torbay Council

- **Role of Torbay Council Chief Executive** – has delegated her authority to the Care Trust for the provision of Adult Social Services and will monitor performance of the DASS in line with the honorary contract. To hold the DASS to account.
- **Role of Adult Social Care Cabinet Member** - to provide political steer to the Trust and the Council in adult social care. To challenge/monitor and drive performance.
- **Role of Adults and Operations Commissioner** - Provide client function
- **Executive Head Finance** – to take a lead responsibility on behalf of the Council in relation to the delegated budget.

Torbay Care Trust

- **Role of Torbay Care Trust Chief Executive** – to fulfil the statutory role of the designated Director of Adult Social Services (DASS). When performing this role, the Chief Executive will be directly accountable to the Chief Executive of Torbay Council and contribute to the Commissioning Officers Group (COG) and report to Cabinet.
- **Role of Torbay Care Trust Chief Operating Officer** – to fulfil the role as the Trust's Nominated Director and to take lead responsibility for the provision of adult social services and to lead responsibility for the relationship with the Council and for managing performance.
- **Role of Deputy Director of Finance** – to take a lead responsibility on behalf of the Trust for managing the pooled budget.
- **Role of Company Secretary** – to lead on the self assessment process and performance management of adult social care with the Care Quality Commission.
- **Role of Head of Information** – to be responsible for the quality of all the performance data contained in this Annual Strategic Agreement and to be the lead for target setting within the Trust.