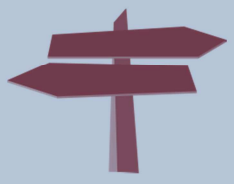

Adult Social Care
Local Account

Torbay Annual Report 2018-19

TORBAY COUNCIL

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Foreword by Councillor Jackie Stockman Cabinet Member for Adult Services and Public Health

We are celebrating some great work in health and social care this year, including some exciting innovation and a strengthened commitment to communities. This is despite ongoing and very real, financial challenges being experienced by all partners and across the whole of geographical Devon.

We have made a strong commitment to working with communities in Torbay to enable them to support people to use their own strengths to stay well and independent. We couldn't do our work without the amazing people of Torbay who volunteer, and the community and voluntary sector organisations who work so hard. It's also important that we continue to thank and support unpaid carers, who make such a vital contribution.

A great example of this is the Brixham Friends Centre's opening earlier this year, a fantastic resource where people can access a range of services and support.

Adult Social Care has continued to perform well in Torbay; and we're now looking at how we can improve access and support by introducing 'Talking Points' in local community venues, where people can talk to a social worker, community builder and the people in their neighbourhood about the help they need.

The Sustainability and Transformation Plan (STP) work is now well established across geographical Devon and we're working hard to make sure the voice of the people of Torbay is heard in this important conversation and plan.

If course, I must point out that our financial challenges are very real and there are difficult decisions to be made. However, there is a solid and real commitment to the people of Torbay from the council and all of our partners and we will continue to work together to ensure quality is at the centre of everything we do.

Thanks to everyone who works in health and social care, both paid and unpaid

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Councillor Jackie Stockman

Cabinet Member for Adult Services and Public Health

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

We are very proud to be celebrating some major achievements in the arena of adult social care in Torbay this year. These successes – which we hope to see evolve and grow - have been made possible through strong leadership, an appetite to innovate and take risks, enhanced partnership working, and a lot of very hard work.

We would like to pay tribute to the tireless commitment of Caroline Taylor who recently retired, having served the people of Torbay as Director of Adult Social Services for many years. During that time Caroline devoted herself to the role, navigating the complex financial and political landscape and always keeping sight of the outcomes that the social care service is there to bring about - to provide the help, care and support to those in need. (Jo Williams, Fellow of NICE with over 25 years of experience in the social care field succeeds Caroline as Interim Director of Adult Social Services.)

Torbay social care teams successfully bid to take part in the National Development Team for Inclusion's (NDTI) Community Led Support Programme. This enables our social care teams to work more collaboratively with other organisations, share ideas and learning, and ultimately shape the future of social care for Torbay in a way that works for Torbay, with less emphasis from centrally controlled directives.

Through our partnership with the Windmill Centre, a charity that has social welfare at its heart, we have together explored how we could enhance the social care options available to people outside of the traditional agency model. Since the contract was issued to Windmill in December we have already seen savings which will be reported at the end of 2019/20, while providing greater choice and control to many people. We hope to see this partnership go from strength to strength.

Another partnership that has evolved this year is that with SPACE, a voluntary organisation that supports people with learning disabilities to get into work, including paid work as well as voluntary work. At Torbay Hospital we are now supporting and encouraging more people through offering volunteering roles as Wayfinders, helping on reception desks and with gardening projects. Through volunteering, with SPACE we can support people towards paid employment where they can make a contribution and feel really valued. We want to continue to build on the work we have done with SPACE, so that more people with learning disabilities have more opportunities.

The above gives a snapshot of how our Local Care Partnership is becoming a reality. We know there is lot more work to do to keep the momentum going.

Thank you to everyone working in the sector – paid and unpaid - for your continued efforts and commitment to maintain Torbay's reputation as a leader in quality, integrated adult social care.

Sir Richard Ibbotson
Chair

Liz Davenport
Chief Executive

Introducing themes for Torbay Social Care for the next five years

Welcome to the 2018/2019 Local Account of Social Care Services in Torbay, intended to report on the performance and use of resources for this crucial area of the Council.

We have the benefit of a locally integrated system, and are a partner in regional planning within the Sustainability and Transformation plan. Nationally, it has been acknowledged that Adult Social Care is experiencing critical difficulties and that our model needs transform and evolve alongside partners in order to survive.

Locally, we remain positive and excited by our strengthened commitment to the working with the local community. This year we have changed our approach to Social Care, meeting people and having conversations in community centres and GP surgeries. Working with the community, the voluntary sector and individuals is our focus for 2019/20, to build on the amazing work that's already happening across Torbay. This, of course, includes support for our fantastic unpaid carers.

A variety of new projects such as our focus on Technology Enabled Care, started in 2018/19, will deliver independence and choice going forward. The integrated health and social care system, with partners, has continued to focus on safeguarding vulnerable adults and has invested in services to help people with Mental Health problems access help when they need it. We will continue this work into 2019/20 and continue to ensure we have high quality care in Torbay.

Looking forward, this year we will be working closely with our providers and planning for a new home care contract. We're also partners in the 'Proud to Care' initiative which is celebrating care as a career and working to attract local people into the profession.

I look forward to the opportunity to be a part of this stage of our journey and am very excited about what we can achieve with the people of Torbay.

Joanna Williams
Interim Director of Adult Social Care Services
Torbay Council

Torbay Social Care in 2018/19

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

6249
New requests for support in 2018/19
(+0.9%)

At a glance

2050	People supported in the community	+5%
122	People needing nursing care	-1.6%
770	Carers supported through information, advice and other support	+5.5
1778	People getting short term services	-7.9%
1089	People raising Safeguarding concerns	+49.6*
470	People receiving social care direct payments and emotional support vouchers	+39.1

Facts and figures

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

*Data collection error in 2017/18

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 2018/19, 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

We are continuing to develop individual personal care planning in Torbay to understand the needs of all adults in a more personalised way. We continue to work together as partners within the Devon Sustainability and Transformation Plan 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.

**ICO – Integrated Care Organisation*

Performance at a glance

Good

- Social care related quality of life
- The number of people who use services who have control over their daily life
- The number of people using social care who receive self-directed support, aged over 18 yrs
- The number of people using social care who receive self –directed support, carers
- The number of adults using social care who receive direct payments
- The number of carers using social care who receive direct payments
- The number of adults with a learning disability in paid employment
- The number of adults with a learning disability who live in their own home or with their family
- Number of clients receiving a review within 18 months
- Timeliness of social care assessments

Performance Improvement Needed

- Carers' quality of life
- Number of carers who reported that they had as much social contact as they would like
- Number of adults in contact with secondary mental health services in paid employment (commissioned outside ICO*)
- Proportion of adults in contact with secondary mental health services who live independently, with or without support (commissioned outside ICO*)

Focus on Learning Disability

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 brought to businesses and to the local community across the Devon in 2019/20.

A new supported living service framework has been in place since 1st April 2018 and as a result people in supported living are offered the equivalent of a "real tenancy". This enables more clarity in reporting performance targets and performance is expected to improve.

Focus on Dementia

In 2017/18 we started a new, innovative, multi-disciplined team collaboration between Torbay and South Devon NHS Foundation Trust (TSDNFT) and Devon Partnership Trust (DPT) that focused on improving the quality of life for people with dementia in care homes. The case study below on page 10 describes the impact of this intervention and how the team worked with the provider to improve the quality of life for that person. The Care Home Education and Support Team (CHES) continue to build effective enabling working relationships with Residential and Nursing Homes within the Torbay area. This model has been so successful that a collaboration between DPT and Devon County Council (DCC) is being trialled in South Devon and TSDFT is investigating whether the model could work with people who have a Learning Disability. 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 have expanded the service further and the CHES team are now working with people in their own homes supporting families and carers to maintain their loved one in an environment that is familiar to them.

Focus on Homelessness

In 2018/19 we have further developed our approach to working with people who are street homeless. An integrated team consisting of a social worker, drug and alcohol treatment worker, housing staff, outreach team and the new Housing First team have worked to remove barriers for people who are homeless to access housing, health and care services. The new Housing First team work with those whose needs have not been previously met; housing people straight from the streets into the community, and providing intensive support to help people maintain the accommodation. The team work across 7 days a week and have a case load of only 5 people to ensure that they can provide the levels of support that people need.

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……"

Case studies continued

CHES Team

Mrs Brown is an 84 year old person with a diagnosis of Alzheimer's disease living in a residential home. Staff at the home contacted the Care Home Education Support Team (CHES Team) because Mrs Brown was presenting with significant escalated behaviours and distress. The home did not feel they could meet her on-going needs and were considering giving notice.

The CHES Team completed a holistic assessment giving particular attention to any trends or patterns in Mrs Brown's presenting behaviours resulting in identifying particular difficulty every time Mrs Brown was encouraged into communal areas. Staff members were uncomfortable about Mrs Brown always being in her room as they worried about social isolation and lack of stimulation and the possible impact of this on her general well-being.

A discussion with Mrs Brown's family was arranged to obtain relevant biographical information which exposed that Mrs Brown had previously been diagnosed as Acrophobic. This absent information would clearly explain Mrs Brown's distress when in communal areas and the home staff were then able to act on recommendations about making the bedroom environment more comfortable resulting in a person centred non-pharmacological care plan being created

Once the Care Home staff were aware that Mrs Brown had spent many years experiencing difficulties in open spaces and interacting with people, particularly in groups, they were able to work with this information and make adjustments to the support they provided which resulted in an enhanced quality of life for Mrs Brown with episodes of escalated behaviours and distress greatly reduced. Mrs Brown continues to live within this residential care environment.

Homelessness

The Housing First team has been working with a 30 year old woman, Julie, who was housed from hospital after an inpatient stay due to drug related infection. Julie is an intravenous drug user with a mental health diagnosis and repeated episodes of homelessness. Julie has repeatedly come to the attention of the Anti-Social behaviour team and Police and has been involved with the Criminal Justice system. Staff in various services have struggled to engage with her and her accommodation has broken down repeatedly. The Housing First team worked with Julie to identify where she would like to live and were alongside her to identify a flat in the area that she chose. The team have provided intensive support, visiting every day to ensure that Julie settles into her flat and has the support she needs around setting up home. Julie has been in flat for 3 months which is the longest she has maintained a tenancy. She said 'I have noticed big changes in my thoughts, it's been so different to have some money and choosing to buy a hoover and bits for my flat rather than spending it on drugs'.

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 four 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 has prevention and wellbeing services sitting 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.

Focus on the Care Sector

We continue to work in partnership with local care and support providers 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.

Performance at a glance

Good

- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
- The outcomes of short-term support % reablement episodes not followed by long term SC support
- No. of permanent care home placements at end of period
- Delayed transfers of care from hospital per 100,000 population

Performance Improvement Needed

- Permanent admissions to residential and nursing care homes, per 100,000 population - younger adults and older people

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 2018/2019 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.

Focus on integrated Health and Wellbeing Centres

In 2018/19 we have had a successful first full- year operating the health and wellbeing centres in Paignton. This Centre has been up and running for over a year and previously commended as a success in a Healthwatch report where the majority of patients felt it delivered good quality and accessible services. The Paignton health and wellbeing centre brought together services that were previously provided at Midvale Clinic, such as podiatry and speech and language therapy with the clinics that were already running at Paignton Hospital. The centre provides access to a wide range of outpatient clinics, from pain management to child health services and lifestyles services. During 18/19 the range of services has increased with the addition of new outpatient sessions. The health and wellbeing model has enabled people to access care closer to home and without having to travel to Torbay Hospital.

Planning has been on-going between the Trust and the TDA (Torbay Development Agency) working in partnership on our aspiration to building a new HWBC to the rear of the Paignton library site at Western Way in central Paignton.

Whilst the services are operating successful at the former Paignton Hospital building the facility is over 100 years old and new purpose built estate would enable us to offer better wellbeing environment in a good location for the local community.

In Brixham, a new day and health and wellbeing centre has been completed on the hospital site complementing the clinics and inpatient services already available in the hospital. The build was fully funded by the Brixham League of Friends and the people of Brixham and opened in May 2019 and run by the voluntary sector (Brixham Does Care). Day care as well as a whole host of other services will enable local

people to live healthy and well lives. The project has had significant community support from local groups and the Brixham Town Council.

Over the coming year the Trust will be looking at how it can continue to develop the Health and Well offer for the people of Torbay, and to supporting people to access care and connected with their community.

Enhanced Intermediate Care

In 2016/17 we invested in Enhanced Intermediate Care services to help people stay independent at home longer. Intermediate care also aims to avoid hospital admission if possible and delay people being admitted to residential care until they absolutely need to. We work 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.

Intermediate care is able to deliver more acute care at home since the development of a contract to have intermediate care GPs. IC GPs are available Monday to Friday 8 -6 pm and are available to review patients when needed. The IC nurses are trained to administer Intravenous antibiotics, so patients no longer need a hospital bed of this care.

This team helps to support people to go home quickly when they do not need to be in hospital. Between April 2018 and March 2019 the team have supported 1,488 people.

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.

Supported living provision

On 3rd April 2018 the Trust introduced their Supported Living framework. This was the culmination of engagement and consultation work with Supported Living Providers and clients either living or aspiring to living in Supported Living. The information gathered from this work informed the development of an outcomes based service specification with reportable quality measures. Those Providers submitting successful bids have been placed on a list of framework Providers, our preferred Supported Living providers. Together we have been working to ensure delivery of an outcomes based service with reportable quality measures; providing an enabling environment to promote greater independence and improved health and wellbeing.

We have seen some movement of people out of Supported Living into more independent accommodation as their confidence and skills have increased / improved. During the year, working in partnership with the Trust, some of our framework providers have identified opportunities for the provision of additional accommodation supporting our intention to support people to remain living in their own community.

Extra Care Housing

We have seen an increasing number of people of all ages moving out of residential care into Extra Care housing or accessing Extra Care as an alternative to residential care. Working with parents we have been able to support their adult children, with regular and on-going support and care needs, wishing to move out of the family home into Extra Care housing. Demand for this type of accommodation continues to outstrip supply, the Trust holds a waiting list of people meeting eligibility for this type of accommodation. The Council, with their partners, which includes the Trust and CCG, has established an Extra Care project group to identify the need, inform design and work towards the provision of additional Extra Care Housing in the Bay.

Wellbeing services with the Voluntary Sector

Torbay partners have built on the success of last year by developing and embedding wellbeing services with the voluntary sector in the local community. The Wellbeing Co-ordination role is now an established part of our arrangements in a close working partnership between the Ageing Well Project, Age UK and the Trust. New contracts have also been put in place with Brixham Does Care, Age UK, SPACE support planning Services, Karing and the Windmill Centre.

This year Torbay and South Devon NHS Foundation Trust and Torbay Council have been working in partnership to start developing a strategy for working with our voluntary sector partners across Torbay and South Devon.

Although it is in its infancy a working group has been set up to look at this area and the group is made up of representatives from Torbay Council, Torbay and South Devon NHS Foundation Trust, Public Health, Healthwatch and representation from the voluntary sector including Torbay Community Development Trust.

The plans are to progress this work in the coming months within Torquay and Paignton looking at our population needs, the priorities for those areas and the voluntary sector offer to look and how we can further work together to help our population stay well and receive the right care in the right place. The working group is also in the process of securing funding to support this work.

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.

The project's capacity to provide bespoke support has allowed participants to develop better coping mechanisms and create sustainable social networks.

The average number of GP visits participants are making has decreased between the time of entry (6.9) and second follow up (4.7). Moreover, the proportion of participants having a

non-elective hospital stay over the last 12 months has also decreased from 42% at entry to 16% at follow up two

- Data across all respondents suggests that loneliness amongst participants has decreased since being involved in the project, with average loneliness scores on the De Jong Gierveld Scale reducing from 3.9 on entry, to 2.8 at the second follow up.
- Participants also agreed that their sense of belonging to the neighbourhood/community had improved (increasing from 63% on entry to 84% on second follow up), and agree that their friendships and associations meant a lot to them (increasing from 66% on entry to 89% on second follow up).

Kath's story in the case studies reflects our learning about the success of integrating non-traditional services into the Torbay Model of Care. This service receives 30 referrals (on average), per month.

Personal Centred Support

SPACE started the Innovation Better Care Fund (iBCF) element of funding in September 2018. Torbay Council has provided £70,000 per year for an initial two years specifically for:

- Supporting people into paid employment
- Supporting people towards greater independence (support and accommodation)

The finding aligns with Torbay Council and the ICO's aims in terms of promoting people to be as independent as possible and that as people become more independent that their package of care will reduce.

Since 2015, SPACE has worked in partnership with the ICO and Torbay Council to deliver in excess of £750,000 savings through large scale projects and individual support plans. These plans focus on achieving savings through cost avoidance and prevention.

Community Led Support

Community Led Support is a change programme across Adult Social Care in Torbay, which began in January 2019. It aims to break down the barriers between statutory services and communities, enabling earlier intervention and supporting people to achieve the outcomes that matter most to them; in a way which is more flexible, sustainable, and takes into account their own assets and strengths. There are three key focus areas in the programme:

- Shifting our culture towards one which supports people to take greater responsibility for their own wellbeing; working with individuals and their own support networks, to look more creatively at how needs could be met.
- Changing our systems and tools to enable our staff to work differently; reducing bureaucracy and ensuring that our response is proportionate. This includes changing how we assess a person's needs, plan how those needs are met, and allocate a budget.
- Adopting an outreach-based delivery model, where we can engage with individuals in community settings (which we call "Talking Points"), alongside independent and voluntary sector partners. This can include formal assessments or informal signposting and advice. We know that local communities hold a wealth of resource,

skills and knowledge; which we can build upon by working together. By doing so, we can reconnect people to their local communities and all the things around them which will help them to stay as well and independent as possible.

Technology Enabled Care Services (TECS)

In Torbay the Trust commissioned a clinically led TECS service to support private clients to find solutions which prevent and delay the requirement for formal services; for people eligible within the care act TECS will be considered before other care is put in place and enable people to remain in their own homes. TECS offer opportunities to transform lives for people as well as those caring for them in a convenient, accessible and cost effective way enabling people to engage and take control of their wellbeing and manage their care in a way that is right for them.

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

Technology Enabled Care Services (TECS)

Mr Green is a 79 year old man with Alzheimer's who has been getting out of bed several times during the night sometimes causing damage to property as he moves around and fell 3 times in 2 weeks. Mrs Green is his main carer and both of their wishes are for him to remain at home however Mrs Green is struggling to care for husband as she is not sleeping at night worrying about when he will get out of bed. TECS installed a sensor mat under Mr Green's mattress which sends an alert through a monitor to Mrs Green when he gets out of bed. Mrs Green has said this simple solution has meant that she sleeps well now knowing she will be alerted when required and has now had the energy to do the shopping and walk her two dogs and feels she can now continue to care for Mr Green at home. Mr Green has also described feeling much more rested as he is no longer nervous about getting out of bed.

Case studies continued

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.proudtocaresw.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 and supporting people to:

- Maintain their independence at home
- Live in residential or nursing homes
- Be part of their community.

This can include personal care, assisting with domestic jobs, involving people in social activities, helping people access services in their community or liaising with a care home resident's family

Wellbeing services with the Voluntary Sector

Kath is in her late fifties and lives alone in Torquay. She self-referred to the Wellbeing Torbay team after speaking on the phone to a friend that was receiving support from us. She has mobility issues which came on suddenly and meant she had to give up work. She was becoming increasing depressed due to isolation, a lack of a diagnosis and the severe reduction to her mobility.

Kath had applied to move through Devon Home Choice but had only been awarded a band C. It was clear that her need to move to a ground floor setting was very high as she was unable to use the stairs at all without a carry board and could not access her shower. She needed support to try and raise her banding and ensure she had the support from other professionals to make sure she was as safe as possible while she waited to move.

Having contacted the Occupational Therapist to ensure all was being done to raise her banding. We found out from the OT that the client's current bathroom could not be updated due to its size and geography. The OT then started discussions with the building manager to see if a stair rail could be added. Unfortunately, the building owner refused to have a stair rail fitted. During this time, the client's mobility was rapidly deteriorating. We mentioned to her about a splint and whilst looking into this, Kath stumbled upon a condition that matched her symptoms completely and later her GP and hospital consultant confirmed this.

Kath now knows the progressive and incurable condition she has. This has of course, come as a huge shock to her but she is now able to put a name to her condition which has helped her in terms of gaining further support. She also now has access to an online network of support from others with the same condition.

We wrote a supporting letter to Devon Home Choice and, along with support from the OT, she has now been moved from a Band C to a Band B.

The fire brigade visited and highlighted her situation as a safeguarding risk should there be a fire. They are now aware of her should there be a fire before she is rehoused and can therefore take swift and appropriate action.

She has now been awarded full PIP and will purchase a mobility scooter once she moves.

I referred her again to the OT and physio who are working together to see what aids might help, they have arranged for a rising bed to be delivered and will support the client to see if this helps her.

This is clearly a very distressing time, and the risk to Kath's mental health and personal wellbeing is high. Until she moves there is a real risk due to her inability to move around or get out of her flat in an emergency and she has resigned herself to not leaving her bedroom until the day she moves or there is an emergency.

However, due to team working and making sure all appropriate services are aware of the situation; she is as safe as she can be for now.

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.

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.

The next stage for Mrs R was to refer her to the health and wellbeing team to develop a longer term plan to enable Mrs R to arrange the things that really mattered to her including seeing a hairdresser and arranging for a cleaner to take care of her home.

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?

This year there was an increase in the number of carers receiving Health and Wellbeing checks from GP-based Carer Support Workers and voluntary sector partners. Unfortunately, and partly due to recording changes, there was a significant drop in the number of Carers' Assessments recorded by the Adult Social Care teams, meaning that the target was not reached.

The Biennial National Carers Survey also showed a significant drop in Carer-reported quality of life, satisfaction with Social Services, and reduction in social contact. This is likely to be a national picture but is disappointing and means that targets were not reached

Performance at a glance

Good

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

Performance Improvement Needed

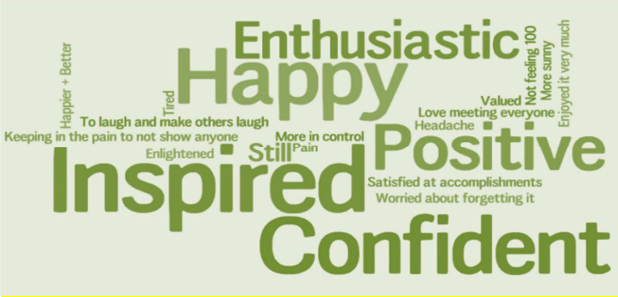
- The number of people who use services who find it easy to find information about services

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 2018/19 we have continued to make 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.

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: 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 by building on the Carers' 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.

Carers Support

2018/2019 has seen the focus on delivery of the new Torbay Carers Strategy 2018 – 2021, which was based on the feedback of over 800 Torbay Carers. There have been increases in the numbers of carers receiving Health and Wellbeing Checks, registering with their GPs and joining the Carers Register. Aligned to the issues around social care teams' reduction in combined Carers' Assessments, and as highlighted by carers as their key priority, is the development of the Replacement Care Project to improve the range and number of replacement care (respite) opportunities which give carers a break from their caring role. Age UK are piloting a new replacement care service, and the use of technology / equipment to support carers is also being developed.

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, Brixham 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?

Over 99% of referrals are triaged within 48 hours with high risk recorded as 100%. Repeat referrals have slightly increased to 8.1% reflecting the complexity of some cases during the past 12 months. People say that risk is either reduced or removed as a consequence of interventions and that responses fully or partially achieve peoples preferred outcomes. We have changed the way we capture information relating to safeguarding concerns meaning data will look different from previous years. In 2018-2019, 1342 safeguarding adult concerns were received resulting in 205 safeguarding enquiries.

Performance at a glance

Good

- The number of people who use services who feel safe
- The number of people who use services who say that those services have made them feel safe and secure
- The number of high risk Adult Safeguarding concerns where immediate action was taken to safeguard the individual
- The percentage of repeat safeguarding referrals in last 12 months

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 and the Care Quality Commission both in causing enquiries to be made and maintaining strong local partnership arrangements.

Ultimate accountability for safeguarding sits with the Torbay Safeguarding Adults Board (TSAB) a well-established group that provides a sound basis for the strategy on delivering these legislative requirements. The Board has revised its Business Plan to reflect key priorities identified by members.

Learning from Safeguarding Adult Reviews

In March 2019 TSAB commissioned a Safeguarding Adult Review (SAR) of a Residential Home in Torquay, a 14 bed unit registered for adults under 65 years with mental health conditions and/or physical disabilities. During the time period reviewed there were 14 residents in the home, operationally commissioned by Torbay and South Devon NHS Foundation Trust, Devon County Council, and Northern, Eastern, and Western (NEW) Devon CCGs. The Terms of Reference for the SAR were to:

- Review the care management responsibility for people with complex and challenging behaviour in the residential home.
- Review the impact of the commissioning arrangements where a number of organisations and local authorities are commissioning placements for people with complex and challenging needs.
- Review relevant aspects of the applications of regulations around the residential home.
- Review policy, procedure, and practice in relation to the residential home.

The executive summary and key learning points can be found on the TSAB website under the Safeguarding Adults Review heading. TSAB is set to agree an action plan to be implemented by all partners, including guidance for practice learning.
We hosted a highly successful safeguarding adult forum relating to learning from safeguarding adult reviews and have developed a suite of information to disseminate across health and social care organisations

Advocacy for people unable to make decisions for themselves

A programme of joint work was initiated to ensure increased awareness of eligibility in relation to statutory Advocacy including Independent Mental Capacity Advocates (IMCA), Care Act and Independent Mental Health Advocates (IMHA). Eligibility flow charts and revised the IMCA referral form.
This programme of work has aided the reduction of hours lost dealing with ineligible referrals, maximising the time available for direct Advocacy hours.

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.

Learning and Improvement

The TSAB learning and Improvement sub group has focused on several work streams including multi-agency case audit; training and competency framework review; embedding learning into practice and the interface between domestic abuse and sexual violence with safeguarding adults.

Safeguarding Quality Checkers

We are delighted to have commissioned Torbay Healthwatch to undertake discovery interviews to capture service user / representative feedback on how well local safeguarding responses supported them. Every person or their representative will be asked if they consent to providing feedback following which a random sample of people giving consent will be contacted by specially trained safeguarding quality checkers. Anonymised Independent reports will be submitted to TSAB and then used to directly inform local safeguarding systems and practices. The project began in April 2019 and we therefore anticipate providing summary information within future annual reports.

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.

5. Financial position and use of resources

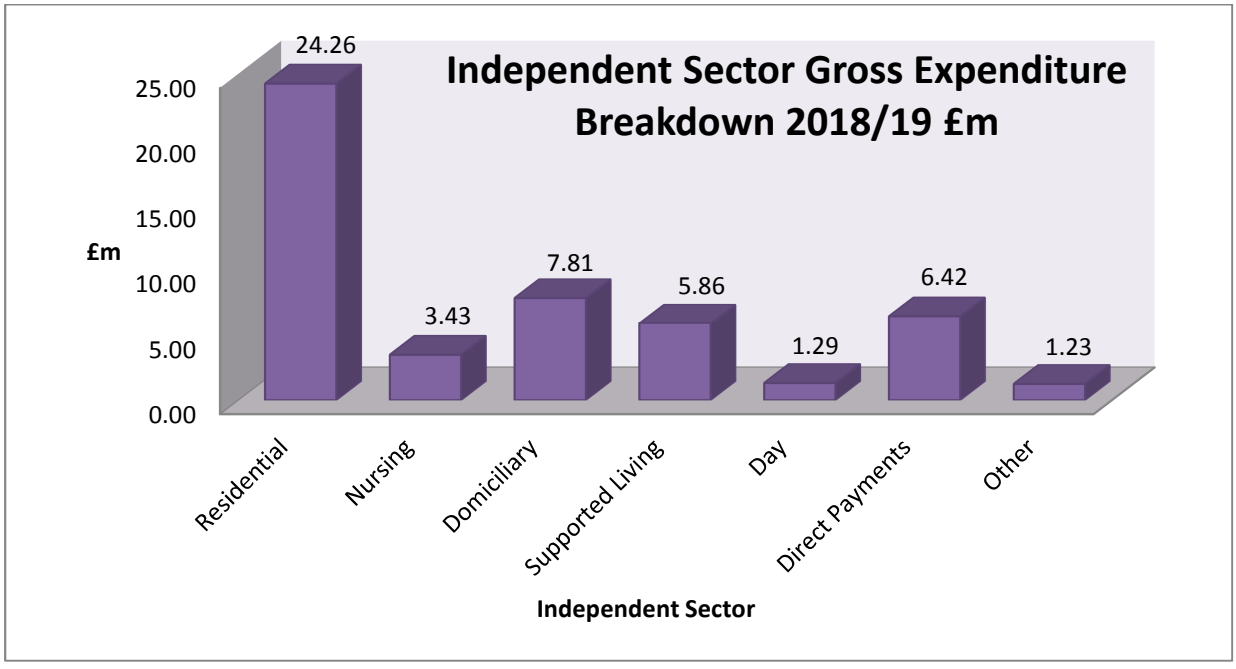
Our aim with this section of the review is to describe the financial resources available and how they have been used in the care sector. On 1st October 2015 an Integrated Care Organisation (ICO) was formed and this organisation's remit was to provide Adult Social Care (ASC) on behalf of the population of Torbay. From a financial perspective the Council's role as a commissioning body is to provide a funding contribution to the overall running costs of the ICO. In 2018/19 this contribution was £44.9m.

The ICO provides a diverse range of service, of which ASC is a part. The ASC aspect specifically comprises of care management and social care support across Torbay and includes the cost of social workers, community care workers, occupational therapists, physiotherapists, finance and benefit assessors and support service staff. The Council contribution towards ICO running costs therefore aims to cover the cost of these staff, in addition to the actual cost of client care (outlined in more detail below).

The vast majority of Adult Social Care spend is on the purchase of client care (including residential, nursing, day and domiciliary care) from independent providers. The majority of these providers are based within Torbay; however the ICO also funds some specialist residential care provided out of area. At any point in time there is on average 2,200 people receiving a service of some type.

Net expenditure on Adult Social Care totalled £39.3m in 2018-19. This is the net figure after taking in to account all client contributions towards the cost of care.

Under national legislation people assessed as having a social care need are also given an individual financial assessment. This assessment can result in a client being asked to make a contribution towards the cost of any care that the Council then puts in place. The income collected from these client contributions in 2018/19 amounted to £11.0m. The total (gross) expenditure on services was therefore £50.3m and the allocation of this gross expenditure across different types of services is illustrated in the chart below.



These services are provided to clients aged 18 to over 100 years old, with a range of needs such as learning disabilities, mental health issues, dementia, as well as those with sensory or physical disabilities, vulnerable people, and the frail and elderly.

Financial outlook for 2019-20 and beyond

At a national level there continues to be significant operational and financial pressures facing Health and Social Care. These range from economic issues such as continued increases to the cost of care, ongoing funding constraints and a significant elderly demographic compared to other parts of the country. Despite these issues the Council and its partner organisations are committed to ensuring resources are managed so that we can provide the best level of care, for the highest number of clients.

Further to this last point, both the Council and South Devon & Torbay Clinical Commissioning Group acknowledge the pressures facing social care and continue to believe that the ICO is still best placed to manage these services. The ICO will aim to achieve this through the managing of resources across health and social care to deliver a more efficient and effective profile of expenditure. This is needed not only to maintain a financially stable and sustainable model of care, but one that has the ability to improve people's experiences of the service. Such development 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', 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

Key Performance Indicator	2017/18 Outturn	2018/19 Outturn provisional	2017/18 Target	2018/19 Target	2017/18 England Average
Domain 1: Enhancing quality of life for people with care and support needs					
ASC 1A: Social care-related quality of life	19.4	19.4	19.7	19.7	19.1
ASC 1B: The proportion of people who use services who have control over their daily life	80.6%	80.2%	81.5%	81.5%	77.7%
ASC 1C part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support) *Note 1	93.5%	92.6%	92.0%	94.0%	89.7%
ASC 1C part 1B: The proportion of people using social care who receive self-directed support (carers receiving self-directed support)	84.3%	88.5%	85.0%	85.0%	83.4%
ASC 1C part 2A: The proportion of people using social care who receive direct payments (adults receiving direct payments) *Note 2	26.7%	26.6%	28.0%	28.0%	28.5%
ASC 1C part 2B: The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to carer)	84.3%	88.5%	85.0%	85.0%	74.1%
ASC 1D: Carer-reported quality of life	n/a	7.5	n/a	9.0	n/a
ASC 1E: Proportion of adults with a learning disability in paid employment	3.8%	7.0%	4.0%	6.4%	6.0%
ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment (commissioned outside ICO) *Note 3	1.0%	3.3%	6.0%	6.4%	7.0%
ASC 1G: Proportion of adults with a learning disability who live in their own home or with their family *Note 4	76.0%	76.6%	75.0%	76.0%	77.2%

Key Performance Indicator… contd.	2017/18 Outturn	2018/19 Outturn provisional	2017/18 Target	2018/19 Target	2017/18 England Average
ASC 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support (commissioned outside ICO) *Note 5	50.0%	50.0%	68.0%	68.0%	57.0%
ASC 1I part 1: Proportion of people who use services who reported that they had as much social contact as they would like	43.1%	51.8%	50.0%	50.0%	46.0%
ASC 1I part 2: Proportion of carers who reported that they had as much social contact as they would like	n/a	32.4%	n/a	41.5%	n/a
ASC 1J: Adjusted Social care-related quality of life – impact of Adult Social Care services	0.400	0.386	no tgt	no tgt	0.405
D40b: % clients receiving a review within 18 months *Note 6	87.4%	88.7%	93.0%	93.0%	n/a
D39: % clients receiving a Statement of Needs *Note 7	83.5%	84.3%	90.0%	90.0%	n/a
NI132: Timeliness of social care assessment *Note 8	79.0%	76.1%	70.0%	80.0%	n/a
Domain 2: Delaying and reducing the need for care and support					
ASC 2A p1: Permanent admissions to residential and nursing care homes, per 100,000/population. Part 1 - younger adults	22.8	18.6	25.0	14.0	14.0
ASC 2A p2: Permanent admissions to residential and nursing care homes, per 100,000/population. Part 2 - older people *Note 9	446.9	497.9	599.0	450.0	585.6
ASC 2B p1: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 1 - effectiveness	70.7%	76.7%	no tgt	76.5%	82.9%
ASC 2B p2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 2 - coverage	6.5%	TBC	5.0%	5.0%	2.9%
ASC 2C p1: Delayed transfers of care from hospital per 100,000/population. Part 1 - total delayed transfers	7.9	8.3	5.1	8.4 (TBC)	12.3
ASC 2C p2: Delayed transfers of care from hospital per 100,000/population. Part 2 - attributable to social care	1.9	2.4	no tgt	2.6 (TBC)	4.3
ASC 2C p3: Delayed transfers of care from hospital per 100,000/population. Part 3 - jointly attributable to NHS and social care	0.5	0.3	no tgt	no tgt	0.9
ASC 2D: The outcomes of short-term support % reablement episodes not followed by long term SC support	85.1%	87.5%	85.0%	83.0%	77.8%
Domain 3: Ensuring that people have a positive experience of care and support					
ASC 3A: Overall satisfaction of people who use services with their care and support *Note 11	69.2%	69.7%	70.0%	70.0%	65.0%
ASC 3B: Overall satisfaction of carers with social services	n/a	41.2%	n/a	46.4%	n/a
ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for	n/a	70.4%	n/a	75.7%	n/a
ASC 3D part 1: The proportion of people who use services who find it easy to find information about services *Note 12	75.4%	72.2%	85.0%	80.0%	73.3%
ASC 3D part 2: The proportion of carers who find it easy to find information about services	n/a	72.2%	n/a	75.0%	n/a

Key Performance Indicator	2017/18 Outturn	2018/19 Outturn provisional	2017/18 Target	2018/19 Target	2017/18 England Average
Domain 4: Safeguarding adults who circumstances make them vulnerable and protecting from avoidable harm					
ASC 4A: The proportion of people who use services who feel safe	70.6%	68.0%	72.3%	72.3%	69.9%
ASC 4B: The proportion of people who use services who say that those services have made them feel safe and secure	83.9%	83.1%	88.0%	85.0%	86.3%
QL-018: Proportion of high risk Adult Safeguarding Concerns where immediate action was taken to safeguard the individual *Note 14	100%	100%	100%	100%	n/a
TCT14b: % repeat safeguarding referrals in last 12 months *Note 15	7.1%	8.3%	8.0%	8.0%	n/a

Notes:

1. The proportion of clients informed about the cost of their care (self-directed support)
2. The proportion of clients who receive direct payments
3. Proportion of adults in contact with secondary mental health services in paid employment
4. Proportion of adults with a learning disability who live in their own home or with their family
5. Proportion of adults in contact with secondary mental health services who live independently, with or without support
6. Proportion of clients receiving a review within 18 months
7. Proportion of clients receiving a care support plan
8. Proportion of assessments completed within 28 days of referral
9. Permanent admissions to residential and nursing care homes for older people (65+), per 100,000 population [a low value is better]
10. Number of people living permanently in a care home as at 31 March
[a low value is better]"
11. Overall satisfaction of people who use services with their care and support - from annual user survey
12. The proportion of people who use services who find it easy to find information about services - from annual user survey
13. Carers receiving needs assessment, review, information, advice, etc.
14. Safeguarding Adults - % of high risk concerns where immediate action was taken to safeguard the individual
15. Proportion of repeat adult safeguarding referrals in last 12 months
[a low value is better]"

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 data security and protection toolkit return. During the period 1 April 2018 to 31 March 2019 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
09/07/2018	Paper: N/A	Letter sent to incorrect address containing Carers Emergency Card and returning information as provided by the carer; this includes detailed information about the carer and the cared-for parties situations.	Staff member spoken to and checking process amended, dedicated area now designated for inputting in order to reduce interruptions and subsequent errors.
28/09/2018	Electronic: N/A	Personal Health Budget email sent to third-party commercial exercise provider in error, contained medical diagnosis and wellbeing information	Discussed with staff and duty of candour completed
29/01/2019	Electronic: Patient Record	Wrong patient selected in system meant Intermediate Care Placement disclosed to wrong provider, includes Next-of-Kin details and mental health needs of other individuals.	ONGOING as patient has been affected by this error previously and investigation and correction of details is ongoing.

The three cases above relate to adult social care, a total of 32 out of 33 cases (1 ongoing) were reported to the ICO during this period have been reviewed and a decision was made by the ICO to close the case as no further action required. Any other incidents recorded during 2018/19 were assessed as being of low or little significant risk.

The Trust published the Data Security and Protection toolkit by 6 June 2019, this is recorded as 'Standards Not Met' pending approval and agreement of an approved action plan by NHS Digital; this work is overseen by the Information Governance Steering Group which is chaired by the senior information risk owner (SIRO).

8. Healthwatch response to the Local Account 2017 -18

This year's State of Care reported that most people in England receive a good quality of care. It also found that people's experiences of care often depended on how well local systems work together where they live.

We know people's experiences are often determined by how well different health and care services, and councils work together.

As local consumer champion for health and social care we monitor developments in adult social care services in Torbay, through our involvement in strategic boards and feedback from service users and their experience.

This monitoring has made us aware of the pressures caused by reduced budgets, workforce shortages and the ageing population in Torbay. However despite this challenging environment, there is commitment from partners to work together to support people to stay healthy and independent. Our Integrated Systems is vital moving forward to ensure services people receive are streamlined cost-effective and also meet the needs of our local community and continue to deliver a high quality of care. It is also essential that our community and voluntary sector play a part in supporting the outcomes outlined in this Local Account

Assisted technology is a positive step forward and has a vital role to play but awareness that the public who need this are still worried about the potential for losing contact with professional support.

We are delighted to have been commissioned by TSDFT and Torbay Council to undertake discovery interviews to capture service user / representative feedback on how well local safeguarding responses supported them. This will ensure that" making safeguarding personal" is high on safeguarding agenda.

Healthwatch will continue gathering service user feedback, which has enabled us produce many reports to inform our partners what matters to our community. We are pleased that our partners engage with us at a local level to work together to ensure this happens.

Going forward we will continue to seek assurance that people who need help are adequately supported and ensuring that local people have a positive experience of care.

Many Thanks

Kevin Dixon
Chairman Healthwatch Torbay

healthwatch Torbay
Registered Charity No: 1153450
FREEPHONE 08000 520 029