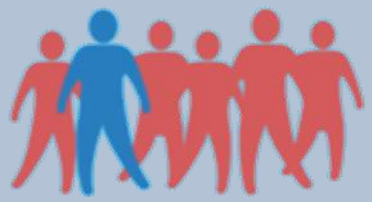
Adult Social Care
Local Account

Torbay Annual Report 2019-2020



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TORBAY COUNCIL

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

In 2019/2020 we have been engaging with our communities and have continued to build on our relationships with the Community and Voluntary Sector. We've also been fully involved in the Developing Integrated Care System across wider Devon, in order to make sure Torbay's priorities are included and that we benefit from the work being done regionally. We've asked the regional system to focus on mental health, deprivation and wellbeing.

2019/2020 was the last year of our 3 year deal to integrate Adult Social Care with local Health Services, and I'm pleased to tell you that we were able to agree to continue those integrated services for another three years. This means that social workers continue to work alongside nurses and therapists to make sure they only tell their story once and services are holistic and comprehensive.

Of course, we still have serious financial challenges and we've agreed an Improvement Plan for our shared focus in 2020. The plan focuses on continuing to help people to live independently, helping those who are experiencing problems with their mental health and helping people access their local community for support.

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

This Adult Social Care Annual Account gives a snapshot of how our Local Care Partnership is developing, and we know that there is lot more work to do to keep the momentum going. Despite the Covid-19 pandemic and the related challenges, we have continued to achieve a number of successes for our local population.

Working with partners in 2019/20 we have been actively engaged in improving the quality of life and services for our local people in relation to wider determinants of health and wellbeing.

During 2019/20 we have worked alongside the National Development Team for Inclusion (NDTI) Community Led Support Programme with our staff taking part in national conferences and workshops to develop further our asset-based approach.

Covid -19 has also enabled us to accelerate the effort to enable us to work more collaboratively with other organisations and partners, share ideas and learnings to help our populations. This is informing the shape of social care in Torbay with an emphasis on working closer with our communities to develop further our services in the Bay.

During the Covid crisis we have also had key volunteers come forward to work with us. We hope that they will continue their invaluable contribution, and we will foster these relationships to go from strength to strength.

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

Sir Richard Ibbotson
Chair

Liz Davenport
Chief Executive

Introducing themes for Torbay Social Care for the next five years

Welcome to the 2019/20 Local Account of Adult Social Care Services in Torbay, intended to report on the performance and use of resources for this crucial area of the Council.

In 2020 we began a new commitment to integrate Adult Social Care with local health services, continuing our long standing shared delivery of services to make sure people get the best we can offer. Torbay Council is a partner in the emerging Integrated Care System, and we continue to make sure our local issues remain centre stage.

Locally, we remain positive and excited by our strengthened commitment to the working with the local community. This year we have further developed our approach to Social Care, in last year's Local Account, we said that working with the community, the voluntary sector and individuals was our focus for 2019/20, and we have stuck to that commitment. We have further strengthened our relationships and commitment to working together.

This year we have implemented our new home care contract, with a focus on co-design with providers and improving the range of services we have available. We've also benefited from the 'Proud to Care' initiative which is celebrating care as a career and working to attract local people into social care as a profession.

It wouldn't be 2020 without mentioning COVID 19, which started to affect us in March. Our care homes initially experienced severe difficulties with COVID 19 and managing infection. I must mention how sad we are at the loss of both people living in care homes and one staff member. Since those early days we've learned quickly and developed very close supportive relationships with all of our providers, from supportive conversations to providing staff and PPE.

So, thanks to everyone who has volunteered, worked and cared for people who need support!

Joanna Williams
Director of Adult Social Care Services
Torbay Council

Torbay Social Care in 2019/2020

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.

At a glance

- We received 6,210 requests for support compared to 6,249 in 2018/19

6,210

- 1,151 people received one-off support compared to 1,189 in 2018/19

1,151

- 1,219 people received Short Term Reablement services to help them regain independence compared to 1,356 in 2018/19

1,219

- 2,434 People did not go on to receive a service for a variety of reasons (pay themselves, not eligible etc) compared to 2,492 in 2018/19

2,434

- 667 People started to receive an ongoing support service including community activities compared to 604 in 2018/19

667

- 88% of service users received community based social care services through self-directed support

88%

- 2,063 People were directed to other types of help and support including community activities compared to 2,294 in 2018/19

2,063

- A total of 553 service users received direct payments compared to 532 in 2018/19

553

- 753 safeguarding concerns were raised. This represents a 31% decrease in the 1,089 safeguarding concerns raised in 2018/19

753

- 3,047 Adults received long term support services last year. 39% are aged between 18-64. 61% are aged 65+

3,047

- 1,541 people received home care support to enable them to stay in their own home compared to 1,479 in 2018/19

1,541

- 940 people were in permanent residential placements during 2019/20 compared to 906 in 2018/19

940

- 4,176 carers on Torbay's carers register. We assessed and reviewed 1,277 carers in 2019/20 and provided 609 carers with Direct Payments

4,176

- 315 people with mental health issues were supported by services compared to 301 in 2018/19

315

- 110 people aged 18-64 with learning disabilities living in residential or nursing accommodation compared to 117 in 2018/19

110

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?

Working with partners in 2019/20 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.

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 giving people the freedom to arrange to buy their own care instead of social care services, where people meet thresholds for financial assistance.

Focus on Mental Health

The Mental Health Social Care Team assess, develop support plans and review residents of Torbay who are open to Secondary Mental Health Services and need care and support. The team seek to understand the wishes and views of eligible clients and develop packages of support that promote their wellbeing.

The under 65 Mental Health Service aims to build and improve links with the community to ensure that support is available to all residents of Torbay that require assistance to improve their mental health and wellbeing. The Service wishes to ensure that community led preventative services are available. This will include the development of mental health carers support services.

The under 65 Mental Health Service aims to work with commissioners and providers to ensure there is adequate provision of supported accommodation to help Service Users live as independently as possible whilst maintaining safe and secure accommodation.

The under 65 Mental Health Service aims to build on positive developments with regards to transitions work for young people receiving support with their mental health so that their care and support needs can be assessed and support plans developed ready for when they become adults.

Focus on Learning Disability

Summer of 2019 saw the co-design of the terms of reference and membership for the new Torbay Learning Disability Partnership Board, and it was launched in December 2019. There are going to be 8 Learning Disability self-advocates (ambassadors) to ensure that people with learning disabilities are involved in decisions about all new services, strategies and policies.

The Ambassadors are supported by Devon Link-up, to talk to others and share any news from the LDPB, and also gather common issues to raise at the LDPB. The issues closest to people's hearts were housing, support services and health. People wanted greater choice about where they lived and whilst supported living framework has improved the quality of delivery, people want more self-contained supported living accommodation and more person-centred care. The views of people with learning disability are being fed into our market development plan which will bring the STP Housing Strategy for people with LD, Autism and Mental Health issues to life.

Focus on Autistic Spectrum Conditions

During 2019, in recognition of a lack of post-diagnostic support in Torbay for people with ASC, a multi-stranded ASC post-diagnostic project was launched, which included the following:

- A new accessible information and advice service, to help improve access to employment, education and welfare benefits.
- The development of Peer Support for people with ASC through seed funding of small groups (one for adolescents and one for adults)
- Employment of a 0.4FTE specialist ASC Social Worker
- Autism awareness training for social care staff to ensure compliance with the Core Capabilities Framework commissioned by Health Education England, and which is a key objective for workforce development in delivering the Autism Strategy.
- Free training for local providers of supported living on ASC awareness, Positive Behaviour Support, Crisis Planning and community treatment reviews

It is hoped that these measures will contribute towards the reduction in people admitted to hospital under the mental Health Act by improving understanding, skills, knowledge and support in community services.

There are also plans to develop and sustain an ASC Programme Board (during 2020) – which is a mandatory requirement.

Torbay Council has been a key partner in the development and delivery of the STPs Joint Learning Disability and Autism Strategy and action plan, and a member of the Transforming Care Partnership.

Focus on Dementia

In 2017/18 we started a new, innovative, multi-disciplined team collaboration between Torbay and South Devon NHS Foundation Trust (TSDFT) and Devon Partnership Trust (DPT) that focused on improving the quality of life for people with Dementia in Care Homes. The case study 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) continues to build effective working relationships with Residential and Nursing Homes within the Torbay area. This model was so successful that a collaboration between DPT and Devon County Council (DCC) was trialled in South Devon and remains operational today. Our last survey highlighted that 62.5% of Care Homes said the CHES team had a positive impact on the person's quality of life. 85% Of Care Homes surveyed responded that there was a positive impact on their knowledge of working with residents with Dementia. A new survey will be commissioned shortly with providers to assess the impact of Covid-19 on the service and how the offer could be further developed under the ASC Redesign process.

In 2018/19 the service was further expanded and the CHES team commenced working with people in their own homes supporting families and carers to maintain their loved one in an environment that is familiar to them. In 2020, the team suspend all usual business as a result of the Covid-19 epidemic and formed part of the overall Crisis Response to the Torbay community.

Focus on Homelessness

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, the demographics of our population, complexity of presentation across all age groups, and resultant social care activity, and Covid-19 challenges, 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

Space

Hi. My name is J. Over the last year Space (Support Planning) have helped me to move on in my life. Last year my Support Planner helped me to get voluntary work. I've been doing gardening and even helping at the Christmas Grotto with the Rotary Club. Last year I became homeless after my relationship ended. Space worked to find me my own flat. This was great because I know lots of people in the area. I've been able to help other people to do their gardens. I get support from Summon Bonum to help me to plan meals and manage my money.

Late last year my daughter came to live with me full-time. My one-bedroom flat wasn't big enough. I've just moved again. Space worked with my social housing landlord to get a two- bedroom flat. My daughter has her own bedroom for the first time ever. I had help to decorate the new flat. Staff from a day centre, Summon Bonum and Space did loads. It looks fantastic. I'm really proud to have my daughter living with me.

Because people all worked as a team around me and my daughters support, things are looking great for our future. I want to thank my Social Worker and my daughter's Social Worker, Summon Bonum, Mayfield School, Hollacombe CRC and Space. This year I want to get a paid job and make sure that me and my daughter have a happy home. I'm also an Ambassador for the Torbay Learning Disability Partnership Board. I hope that I can help other people to be more independent, learn new skills and get jobs.

Partnership working to achieve a desired based outcome

G found living independently without support challenging and after experiencing a period of mental health crisis, she ended up having a lengthy psychiatric inpatient stay in hospital. Following this admission, G was discharged into a Residential Care home. G reported to be happy in Residential Care and remained in the setting for a significant period of time.

The Under 65 Mental Health Social Care Team reviewed G's needs and sought her views, she spoke of her desire to have more independence whilst also receiving support with certain tasks. The team worked with G and local providers to identify supported accommodation where G could experience a greater degree of independence whilst benefitting from support that ensured her needs were met and further periods of mental health crisis could be avoided. G has flourished in this environment and has been able to start new hobbies and build local connections

Focus Strength-Based Outcomes through Technology

The Trust has developed, with NRS Healthcare and Cascade3d, a solution which allows patients with complex/high risk needs to manage their own health at home using health monitoring devices which Bluetooth results to a dashboard and video device to link in directly with their community nurse for scheduled visits and/or when an exasperation occurs.

The first patient trailed this solution in November 2019 after over 100 days of non-elective hospital admissions that year, including 8 non-elective admissions (NEAs) within a 12-week period. This patient has complex conditions including brittle asthma so a certain level of hospital admissions should be expected however the focus was to reduce the frequency and length of stay in hospital settings and the other clinical and primary care consultations. During the 7 months since the system was installed the patient has only had 1 NEA requiring only 3 nights in the hospital. This demonstrates that she is managing her health better, only going to hospital when required, but going at the right time so the recovery time in hospital is less. She has reported feeling less anxious and pleased with the solution.

This solution was expedited during the Covid-19 season to around 40 patients. Positive feedback from both staff and patients who report use of music, audiobooks, games & links with family as well as the health devices. The project is now being progressed with Sarah Bradley for clinical and locality management to formalise processes, ensure efficiencies through changing workforce practice and establish clear inclusion/exclusion to ensure after 6 months we have a clear analysis of the whole group.

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.

Supported living provision

Torbay's Supported Living framework has been in place since April 2018, during 2019 the tender was re-opened with additional providers joining the framework. Together we have been working to promote the delivery of an outcomes-based service with reportable quality measures; providing an enabling environment in promoting greater independence and improved health, wellbeing and quality of life. Whilst we are now better placed with regard to our Supported Living services in Torbay we do recognise this is as an area of potential growth as we move away from more institutionalised care. There is on-going work to identify gaps in the market and for which client groups there is a lack of provision. We have seen some movement of people out of Supported Living into more independent accommodation as their confidence and skills have increased / improved and also people moving out of their family homes on their journey to increasing independence.

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 more people to remain living in their own community. Unfortunately, due to COVID19 these discussions have stalled creating a delay in further development at this time with these expected to continue into 2020/21.

Enhanced Intermediate Care

We have 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. Intermediate Care also is a key requirement in facilitating early discharges from the hospital. 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 also have a dietician in the Torquay locality

We have developed stronger links with the ambulance service and the acute hospital which means that patients experience a more seamless service between settings. We work with the Joint Emergency Team in the Emergency Department (ED)to prevent an unnecessary admission into the hospital when they present in ED.

We have recently started doing a virtual multi-disciplinary team meeting with the Care Home Visiting Service, Older Mental Health Services, dietician, pharmacist and Health Care for the Older Person Consultants. This happens weekly and we refer any patients in our Intermediate Care service who we feel would benefit from this specialised group of clinicians. This results in the patients receiving suggested care by the consultants without having to attend an appointment

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’.

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

During 19/20 the Voluntary Sector Friends Centre (H&WBC for Brixham) became operational and have focused upon getting activity up and running to consolidate for the future. The later part of the year the centre has to closed due to COVID-19 and Brixham Does Care refocus on supporting local people by providing a helpline service and supporting isolated people in their own homes.

The planned Health and Well Being Centre at the Paignton Library site did not proceed as envisaged last year as the scheme was not affordable. The H&WBC continues to operate effectively at the former Paignton Hospital site whilst the Trust re-evaluate service and estates options. A full range of services continue to operate from the H&WBC, however longer term the estate is not sustainable as the facility is more than 100 years old. The Paignton and Brixham Stakeholder group has been briefed with regard to the current state of play”

Voluntary and Community Sector

Close working relationships between Voluntary and Statutory sector partners continue to develop in Torbay and have been enhanced by a strong community response to the COVID-19 challenges.

The Trust continues to fund and support a range of core contracts. During COVID-19 the Voluntary sector set up a highly effective phone help and referrals line to support local people including recruitment of volunteers and support to the newly established Torbay Food Alliance. The Trust’s Volunteers Service works ever more closely with the Voluntary Sector, sharing resources and setting up ‘passporting’ of volunteers between various organisations.

Since March 2020 a Steering group including 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 who led the helpline, Citizens Advice, Age UK, local faith groups and many others.

The group has worked with an excellent sense of common purposes and meets on a regular basis. Looking ahead we are keen to capture the ethos of this period by always working on a co-design basis with the voluntary sector and endeavouring to incorporate the helpline function into ongoing arrangements are part of developing a community-based offer as part of the Adult Social Care three-year plan. We will continue to show leadership when engaging with supporting stakeholders and work in a transparent fashion in our engagement and partnership working

Community Led Support

In January 2019, we embarked upon the Community Led Support change programme in Adult Social Care. The programme 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, in which we made good progress through 19/20:

- Shifting our culture towards one which empowers individuals to take ownership of their own wellbeing, helps them to identify their own strengths and assets, and connects them to resources in the community that can assist them in staying well and living a fuller life.
- 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. In 19/20 we worked with staff to redesign these tools, which are being implemented in 2020.
- 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. Between January and October 2019, we established 10 Talking Points in a Bay-wide pilot, and supported 365 people this way.

Technology Enabled Care Services (TECS)

In Torbay the Trust commissioned a 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.

2019/20 was the first full financial year for this service. A large investment was given in training staff and managing the impact of culture change. The service had a slow initial uptake however referrals increased significantly which led to substantial avoidance of cost and capacity to other formal care. There was a 20% increase in private clients accessing the service which demonstrates people sourcing their own solutions to remain independent at home.

For 2020/21 the TEC provider is putting together a 2-year delivery plan to extend the reach of technology to the private sector with more 'upstream' preventative, delay technology solutions and to consider how to meet the technology challenges in the community following Covid-19. A full restructure of the referral service including an online ordering system and online training for equipment is being implemented. With a marketing strategy, technology solution refresh and revised training and simpler access we expect to see more activity for the service which will be logged on the benefits realisation tracker which records the impact to the wider system.

In summary

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

CASE STUDIES

Technology Enabled Care Services (TECS)

Insight to how people manage when they are on their own is difficult to obtain however it is required in order to make good and proportionate decisions with clear evidence.

An elderly client and his family strongly believed he was not coping and should move into a residential care home. A set of passive monitors were installed to establish nutrition, hydration, night time activity and independence levels. These monitors are intuitive, learning patterns and raise alerts when people deviate from those regular behaviours. For this gentleman the social worker reviewed the dashboard of data which confirmed the level of day time care required, but also gave her full confidence that he did not have significant night time needs and did not require residential care, so he could remain safely in his own home.

Young Adult Carers

I have been registered with Young Adult Carers for just over 4 years for support in my caring role for a parent and one of my siblings. The last few years have been particularly tough on my own emotional and physical well-being.

Through ongoing support from the Young Adult Carers Team I was able to go on a sailing experience with the Tallships Trust, this was life changing for me – I learned to address some of my own 'nightmares' head on and learn new skills and grow in confidence. I was also able to access a variety of sailing trips with the help of Young Adult Carers; all these experiences have had a direct impact on my emotional wellbeing – they have helped me to grow as a person and improve my self-esteem and confidence along the way. Through Young Adult Carers I was referred to the Healthy Lifestyles Team (exercise referral) and was able to access a gym where I did weekly circuit training. Yes one of the workers came with me for my initial viewing of the gym but thereafter I was able to go on my own, the benefits of going to the gym meant I felt healthier in mind and body. What was also really helpful is that the young adult carer team were readily available Monday to Friday for a chat, coffee and to give some reassurance.

Through Young Adult Carers these positive experiences have led me into employment with TSDFT, applying for university and being able to form a group of friends with a mutual love of cars. I have done things I wouldn't have thought possible – gone fishing with friends, attended car shows and much more.

Talking Points

A gentleman in his 50s began to attend Eat That Frog CIC; which hosts one of the weekly social care Talking Points. He has learning difficulties and Diabetes, which at the time he was struggling to manage with insulin; despite frequent GP visits. He had always lived with his mother until she passed away, so was not used to living alone and managing a household. He visited the community fridge at Eat That Frog a few times, as he was struggling with money and needed food. Staff there also noticed that he was not taking good care of himself; he had lost a lot of weight and was withdrawn. After building trust, staff at Eat That Frog persuaded him to meet with our social worker, at the weekly Talking Point.

Through talking together, the gentleman admitted that he was struggling and felt ashamed. He wanted support to connect with others, gain some life skills such as budgeting and cooking, manage his diabetes better, and have a sense of purpose again. He also wanted to see his brother in Dover, who was terminally ill.

Working in partnership with a number of groups and with the gentleman we were able to secure some free community courses for him. These have built his capability around cooking, nutrition, budgeting, self-care and household management. We also found him a volunteering placement with Food in Community, and together were able to fund his bus fares to his placement through the charity. Through these opportunities, he has built confidence and made friends; his health and wellbeing continue to flourish. We also secured funding from the Lions Club charity for the gentleman to visit his brother before he passed away. M is now volunteering at another community food charity. No paid services were required at all

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?

More than 1400 Carers of Adults received an assessment / health and wellbeing check this year, which is 40% of people receiving Adult Social Care services against a target of 36%. Significant work was done to improve Carers experience when supporting someone in hospital, with measures such as the Carers' Hospital Passport, orange lanyard and Family / Carer Supporters on wards to improve the identification of and support to Carers. We also worked with partners across the whole of Devon to ensure their 'Commitment to Carers' to improve the identification and support for Carers. We started work on the GP Carers Quality Markers, which contributed to a 14% increase in Carers identified in Doctors' practices, and there was a 24% increase in people joining the Carers Register which links them into additional support.

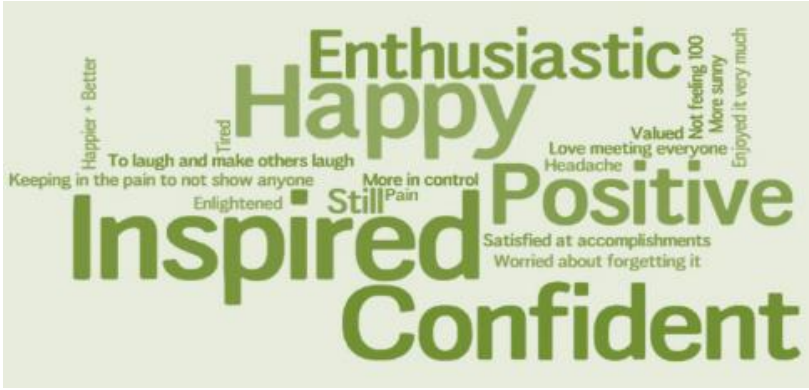
Focus on experience of care and support

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 (Help Overcoming Problems Effectively) Programme

In previous editions we described how we commenced developing and growing our holistic 6 week supported self-management programme HOPE, which is now so successful that we are supporting its role out across Devon. Follow this link if you want to know more, or participant in a programme for yourself – you'd be very welcome.

https://www.torbayandsouthdevon.nhs.uk/services/hope-programme/



By April 2020 we had over 106 trained and active facilitators who between them ran over 50 courses. At the time of writing, over 1,000 people have participated in a locally coordinated HOPE programme.

Our facilitators hail from a wide variety of partner organisations with around 18% being people with lived-experience who have previously attended a programme as a participant in their own right, we believe that this is a testament to the value it brings to people's lives.

A recent independent evaluation of our local HOPE programme indicates that "attending the Hope Programme resulted in significant and meaningful improvement in participants' knowledge, skills and confidence to self-manage (patient activation) and mental wellbeing" that are sustained over a 12 month period. This programme has been embraced locally and is a fabulous example of collaborative partnerships.

Read for yourself what one of our participants said:

So I started a hope course 3 weeks ago
I was in a mess and couldn't seem to find a way out since attending hope my outlook had changed i have met some wonderful people and got this little tattoo to remind myself of the bad times I have had but also the fact their is always hope
For me hope stands for hold on pain ends

Focus on information and advice

During 2019/20, Torbay Council, along with its partners in the NHS, voluntary and private sectors, continued to provide information and advice on health and care to the people within our community. Torbay Council and Torbay and South Devon NHS Foundation Trust have a long-standing commitment, and track record, to ensure that people who use both health and social care services have integrated care – services that work together to give best care based on a person's personal circumstances.

The Care Act 2014 further develops this principle by the shift from the local authority's duty to provide services to meeting needs. We offer information and advice to help everyone understand what support they will need to help them better plan for the future. We are closely working with others, such as voluntary and community sector organisations to co-produce changes, and to communicate with service users and residents, to involve them in the implementation of the Care Act. An example is the FAIR (Financial Advice, Information & Resilience) project, making advice and financial information services more accessible for people over 50.

Towards the end of 2019/20, the emergence of the COVID-19 pandemic has meant that partner agencies have had to significantly shift their focus with regards to the provision of information and advice, to support the people in our community with dealing with this crisis.

Examples include: the joint NHS and local authority Shielding Hub team supporting vulnerable people needing extra help while following advice to 'shield' at home; and the Torbay Helpline (for people in need because of illness or isolation and also for those that are prepared to offer help) a group of organisations from the charity and voluntary sector in the Bay including the Torbay Community Development Trust, Brixham Does Care, Age UK Torbay, Healthwatch Torbay, Ageing Well Torbay, Citizens Advice Torbay, the Torbay Advice Network, Homemaker Southwest and What's Your Problem, all working alongside Torbay Council and the Torbay and South Devon NHS Trust

During 2020/21, Torbay Council, along with its partners in the NHS, voluntary and private sectors, will be undertaking a strategic review of information, advice and guidance related to adult social care, to build on our existing approaches so that people are better informed when making decisions about their health and care needs.

Carers Support

The Trust will continue to deliver their legal requirements for Carers of Adults in Torbay and the priorities agreed in the Carers' Strategy 2018-21. Progress against Strategy Action Plan attached at Appendix 1, but includes Carers' Assessments / Health and Wellbeing Checks for Carers of Adults. 2019-20 targets have been met, but 2020-21 will undoubtedly have been affected by the coronavirus pandemic, to:

- Support to maintain Carers' health and wellbeing
- Carers' advocacy
- Promoting identification and support of Carers across the wider health/social care community, with national recognition of our work in our local hospitals
- Support to commissioners about market development to meet the needs of Carers and those of the people they care for, particularly around replacement Care
- Ensuring Carers' performance indicators are met
- Implementing NICE 'Supporting Adult Carers' guidance

We are working with our STP partner organisations to embed the 'Commitment to Carers', where each organisation commits to having an action plan to address the following seven principles.

1. Identifying Carers and supporting them
2. Effective Support for Carers
3. Enabling Carers to make informed choices about their caring role
4. Staff awareness
5. Information-sharing
6. Respecting Carers as expert partners in care
7. Awareness of Carers whose roles are changing or who are more vulnerable

In late 2020, consultation will take place with all registered Carers in Torbay about the priorities for the multi-agency Carers' Strategy 2021-24.

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 people's 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

HOPE Programme

Written by S to new HOPE participants.

To, A very special person,

You won't realise it yet but yes you are a very special person indeed!

Right now you are going to be feeling so many conflicting emotions, probably all negative. Fear of the group, the programme, yourself and your illness as well as feeling that the programme will not work for you. I can't urge you enough to stick with it because you can and will change!!!

On day 1 and first attendance to the programme I was scared, hated the fact that it was a group and instantly closed myself to any 'new' ideas, you have already tried everything right? Wrong, I have spent many years seeing varying professionals for depression anxiety and stress with new and some rather interesting techniques but nothing really worked.

HOPE turned out to be a new and enlightening experience for me and without trying to over exaggerate, it really has started a new and more positive chapter in my life, give it some time and embrace everything and I promise you it will make a change to you.

Take a look around the table, all these strange faces with people who have totally different problems to you right? Again wrong, you will soon become more emotionally intelligent and realise that these people are very similar to you, similar problems, similar issues, similar hopes and the wish to be happier.

Support each other open up and embrace, just go for it, you really can be happier and change your life. Just remember to take small steps and you will soon discover you have actually taken giant leaps forward.

You have now become part of a very special and very exclusive band of brothers and sisters, who will always be there for each other, good luck to you on this very special journey ☺

Community outreach coordination

Working as a community outreach coordinator for plus sized housebound individuals living in Torbay involves a 1:1 goal focused approach using health coaching conversational skills to support and empower individuals to achieve what matters most to them. We work with some of the most vulnerable individuals of society with a multitude of complex needs who have often experienced traumatic pasts, so empathy is essential to allow good therapeutic relationships to form with our clients.

We use Patient Activation Measures (PAM) questionnaire, at the start and end of engagement, as an outcome measure with the view that after 6-12 weeks engagement, their knowledge, understanding and confidence (their activation) of their health condition, is improved and thus they are more likely to make better choices and management strategies.

Challenges and Progress of 2019/2020

Upon commencing the post in June 2019, it was daunting and a challenge to become known as a service with the community teams that we sit. With this role being new to healthcare and the NHS, even when the role was explained to former community colleagues, the full understanding of this role was still lacking. Pitches were made to teams but in order to feel more prepared and be consistent, I produced a PowerPoint presentation to outline in more detail what we do in our role, some case examples, referral process and extra things that we can offer in partnership with the fire service and links with the HOPE programme. By presenting this to community teams improved awareness and increased referrals from community colleagues, allowing a more collaborative approach. In the past 12 months, the community outreach coordinator post for plus sized, housebound individuals has progressed and developed having expanded our role awareness across community teams, gaining a partnership with Torbay fire service for free home safety fire assessments for our clients, working with the HOPE programme for our clients and developing a virtual delivery means for this programme allowing positive peer support to be established, working well with other teams to meet client's needs and goals, e.g. healthy lifestyles team, physio, OT, nurses, GP, Age, Wellbeing Coordinators and other community support groups.

Barriers still faced within this role are the lack of inclusion with some key professional roles with our housebound clients, this being said with COVID-19's changes to how people work, virtual contact may be possible with this service and our clients going forward.

Success stories and what our service means to our clients

V

One lady, V, had been restricted to the inside grounds of her residential nursing home setting, spending most days in her flat with low self-esteem and found it hard focusing on future goals. V has complex health needs and when I first met her she voiced to be feeling isolated and missed having social occasions. From this she decided that she would like to have a tea party in her flat with a select number of close friends/residents because having social occasions meant a lot to her. To begin organising this event, V, with support was encouraged to create her own invitations, something she never thought she could do, she commented “I feel like I have achieved something for once” “I never realised how rewarding crafts could be” “I never thought my hands would be any good at being creative, I’ve surprised myself” “I feel so happy”. Following this V decided to join the residential home crafting team where she was able to achieve making things and get enjoyment from socialising with others who shared similar interests to her. On discussion V said that she would have remained in her flat rather than join this group as she never thought it would be something she would enjoy. (unfortunately, due to COVID-19 the tea party is on hold)

During our sessions V would often use it as a safe space to share things with me and from that we would discuss what support she would find useful and I would then signpost or support accordingly. V shared “I now feel I have someone I can talk to who will help me” “I feel safer since your input”. At the end of a visit with V, she decided to come outside with me where she enjoyed some sunshine, V mentioned that she had not been outside for over 6 months.

Additional involvement with V, was to increase her confidence to re-gain some independence as her current wheelchair was deemed unsafe. With OT involvement V was able to get a safer, better fitting chair which enabled her to access the community again with her partner, in confidence allowing her to feel “wonderful” and “finally have her freedom back”. Since involvement V summarised “the input from people like you has completely changed my life and I am very grateful for that. Thank you”. “I feel organised and able to focus on things that are important to me, which I didn’t used to do”. “I feel great”. “life is rosy but it will only get rosier”. “I am more assertive now and learning to enjoy life”.

J

I was first introduced to J through Physio but he was also on our high risk identified list, he was one of my first clients. J has been housebound as a result of his plus size for many years. He has a diagnosis of depression and can find his mood a challenge when wanting to achieve things, in hand with lack of sleep it often made him “put off things”. J has made improvements over the years and no longer has alcohol, recognising that this exasperated his situation. As a therapeutic relationship began to form, J felt more comfortable opening up about his past and his current daily struggles and stresses, one of which was his finances. By supporting J with the correct contact details of appropriate companies and being a second ear for the calls, J was able to sort out some troubling debts which he commented to now “feel calmer with his finances”. Jon also said “I have got my mind back where it should be to function properly because of your intervention and assisting with energy refund”.

J also had a goal of wanting to organise and sort through his garage which is where he housed his tools and workshop but had been unable to access it for a number of years. After providing some suitable contacts, J independently organised a skip and together with help from a friend of his we managed to de-clutter and organise his garage so that he was able to access his workshop to sort through his tools in time. Having achieved this Jon commented that he “is in the best mental state he has been in for years and feels a 100lb weight has been lifted off his shoulders”. With partnership of Torbay fire service, J had a home safety fire assessment completed to provide advice, reassurance and they fitted a new smoke alarm to increase safety precautions.

Through engagement with J his actions of managing his health and situation became noticeably more positive as time went on. J began to take control of his goals and would often have achieved it and more in between our sessions. Prior to COVID, J had started engagement with healthy lifestyles team to focus on healthy eating and had been granted online slimming world membership. On discussion with J he commented “now the only way is up, I can see light at the end of the tunnel” “I am in the happiest place, brain wise I have been all my life”.

How the community outreach coordinator role can develop in the future?

Ideally a specialist multi-disciplinary team whose primary goal is to support and empower housebound plus sized individuals to accomplish what they wish for their lives would be beneficial.

As we acknowledge, our clients have often experienced traumatic pasts, and for some to have specialist support with this, could help them on their journey of leading the life they wish to live therefore to have a psychologist/counsellor on the team would be of great benefit. Including a specialist weight management dietician would be ideal to support our clients when they wish to have this as their personal goal. Having the team based at the same location would enable better sense of team support and drive. Secondary to this, having the community care coordinators based together and having an allocated specialist within each area e.g. physio, OT, Dietician, psychologist etc would enable consistency and a true holistic understanding of our team goal to support and empower our clients to achieve what matters most to them.

Going forward, if we had psychology as part of our service package, then expanding out to clients who are housebound for a variety of reasons, not just plus sized would widen our scope of practice and be beneficial for more of our population. From experience we have had to decline a number of referrals who are housebound due to other means e.g. mental health issues.

Continuing the links and delivery of the HOPE programme to clients through virtual means to allow accessibility to housebound individuals, use of health coaching skills and partnership with the fire service would remain as part of the service offers. To expand further and allow better inclusion, widening out to South Devon area would be ideal practice.

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?

99% of concerns are triaged within 48 hours with high risk recorded as 100%. Repeat referrals have decreased to 6.9% 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.

In 2019-2020 in excess of 2000 contacts were made to the Safeguarding Adult Single Point of Contact. 752 of these were triaged as adult abuse concerns with 148 proceeding to safeguarding enquiries.

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, Devon Partnership Trust 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 a Business Plan to reflect key priorities identified by members.

Learning from Safeguarding Adult Reviews

Torbay Safeguarding Adults Board (TSAB) must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult.

TSAB must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. Boards may also arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

Following the publication of a safeguarding adults review executive summary in March 2019, an action plan was created and agreed in October 2019. A task and finish group is overseeing the completion of the action plan. In addition, practice learning briefings, screensavers and learning review posters were widely distributed. The group have also considered two more SAR referrals during this period, but to date, no new reviews have been commissioned. We have also worked to ensure that our response processes align with colleagues in Devon County Council for consistency of approach.

Advocacy for people unable to make decisions for themselves

We continue to use advocacy services across the three legal frameworks: Mental Health/IMHA, Mental Capacity/IMCA and Care act this is via a contract with Devon Advocacy consortium. We have not been using the Care Act advocacy service to the same level as we use the IMCA service. A recent promotion of this (Care Act) advocacy service has been undertaken, and a rigorous monitoring will be undertaken to ensure people who use are services are appropriately supported at all times. The IMCA service is really well used, and we regularly refer people through. Advocacy continues to take place to ensure the human rights of people lacking capacity are upheld during the Covid -19 pandemic. It is done via remote contact taking into consideration relevant caselaw and Court guidance to inform practice.

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 2019/2020 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 has demonstrated some successes and its future provision is being reviewed.

In summary

Whilst our performance is good, we must constantly strive to understand emerging issues for Safeguarding Adults in Torbay and act proactively to keep our performance good. A key message is that safeguarding is everyone's business and we are all part of our local safeguarding adult team. 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 2019/20 this contribution was £41.9m.

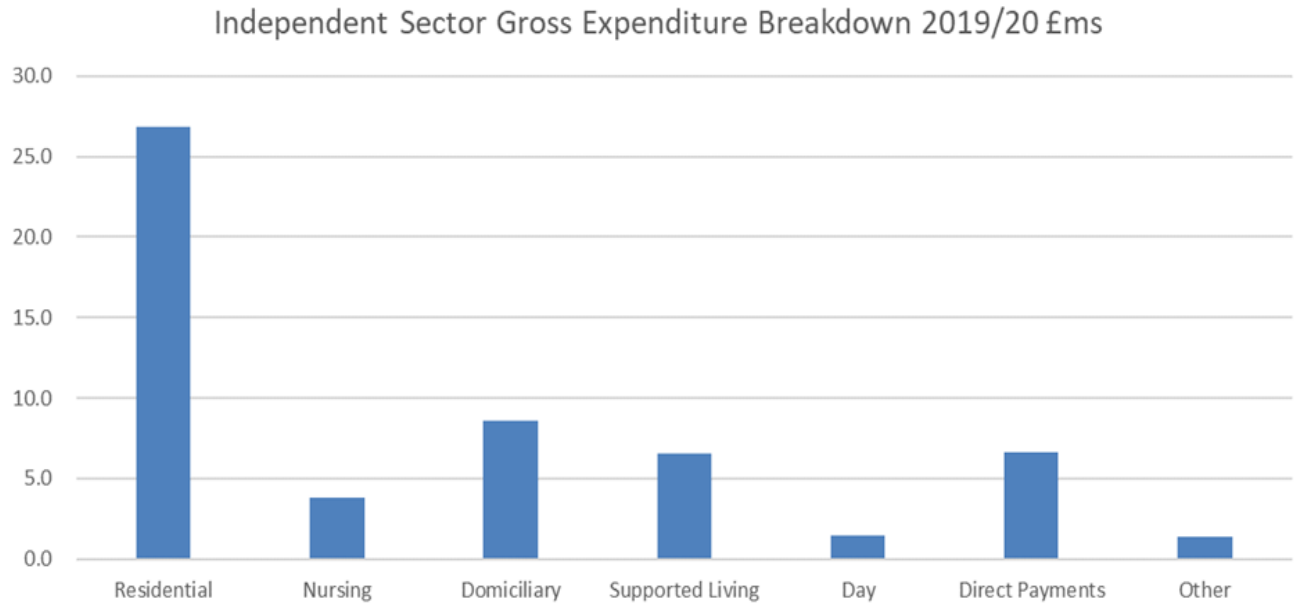
The ICO provides a diverse range of service, of which ASC is a part. The ASC aspect specifically comprises of care management and social care support across Torbay and includes the cost of social workers, community care workers, occupational therapists, physiotherapists, finance and benefit assessors 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 2,300 people receiving a service of some type.

Net expenditure on Adult Social Care totalled £44.0m in 2019-20. 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 contribute towards the cost of any care that the Council then puts in place. The income collected from these client contributions in 2019/20 amounted to £11.4m. The total (gross) expenditure on services was therefore £55.3m and the allocation of this gross expenditure across different types of services is illustrated in the chart on the next page.

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 2020-21 and beyond

The main challenge will link to the impact COVID-19 has on this area, the full ramifications of which may not be known until later in the year. Such issues will likely be centred around the financial viability of independent providers, whether that is due to reductions in the number of placements or through changes necessitated through social distancing. The ICO is committed to working with its providers over this time to ensure support is available and that any relevant funding is passed on in a timely manner.

Even with this issue aside, there continues to be significant operational and financial pressures facing Health and Social Care across the Country. 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.

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

Domain & KPI	2018/19 Outturn	2019/20 Outturn draft	2018/19 Target	2019/20 Target	2018/19 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	19.8	19.7	19.7	19.1
ASC 1B: The proportion of people who use services who have control over their daily life	80.2%	83.6%	81.5%	82.0%	77.6%
ASC 1C part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support)	92.6%	88.2%	94.0%	94.0%	89.0%
ASC 1C part 1B: The proportion of people using social care who receive self-directed support (carers receiving self-directed support)	88.5%	92.5%	85.0%	85.0%	83.3%
ASC 1C part 2A: The proportion of people using social care who receive direct payments (adults receiving direct payments)	26.6%	25.1%	28.0%	28.0%	28.3%
ASC 1C part 2B: The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to carer)	88.5%	92.5%	85.0%	85.0%	73.4%
ASC 1D: Carer-reported quality of life	7.5	n/a	9.0	n/a	7.5
ASC 1E: Proportion of adults with a learning disability in paid employment	7.0%	8.3%	6.4%	7.0%	5.9%
ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment (commissioned outside ICO)	4.0%	1.7%	6.4%	6.4%	8.0%
ASC 1G: Proportion of adults with a learning disability who live in their own home or with their family	76.6%	78.6%	76.0%	80.0%	77.4%
ASC 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support (commissioned outside ICO)	55.0%	49.2%	68.0%	60.0%	58.0%
ASC 1I part 1: Proportion of people who use services who reported that they had as much social contact as they would like	51.8%	50.8%	50.0%	50.0%	45.9%
ASC 1I part 2: Proportion of carers who reported that they had as much social contact as they would like	32.4%	n/a	41.5%	n/a	32.5%
ASC 1J: Adjusted Social care-related quality of life – impact of Adult Social Care services	0.386	0.399	no tgt	no tgt	0.403
D40b: % clients receiving a review within 18 months	88.7%	80.3%	93.0%	93.0%	n/a
SC-007b: Number of OOA placements reviews overdue by more than 3 months (snap shot)	3	0	0	0	n/a
D39: % clients receiving a Statement of Needs	84.3%	80.9%	90.0%	90.0%	n/a
NI132: Timeliness of social care assessment	76.1%	70.7%	80.0%	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	18.8	24.2	14.0	14.0	13.9
ASC 2A p2: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 2 - older people	490.2	526.4	450.0	450.0	579.4
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	76.7%	80.3%	76.5%	76.5%	82.4%
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	6.2%	6.3%	5.0%	5.0%	2.8%
ASC 2C p1: Delayed transfers of care from hospital per 100,000 population. Part 1 - total delayed transfers	8.1	10.1	8.4 (TBC)	TBC	10.3
ASC 2C p2: Delayed transfers of care from hospital per 100,000 population. Part 2 - attributable to social care	2.6	4.5	2.6 (TBC)	no tgt	3.1
ASC 2C p3: Delayed transfers of care from hospital per 100,000 population. Part 3 - jointly attributable to NHS and social care	0.3	0.4	no tgt	no tgt	0.8
ASC 2D: The outcomes of short-term support % reablement episodes not followed by long term SC support	87.5%	85.9%	83.0%	83.0%	79.6%
LI-404: No. of permanent care home placements at end of period	605	632	600	600	n/a
BCF-01: Non-elective hospital admissions (general and acute)	15,267	TBC	no tgt	no tgt	n/a
LI-451: % of social care service users receiving 5 hours or less of dom care per week only	10.1%	10.3%	8.0%	10.0%	n/a
% of people (65+) given reablement prior to a social care package of care	58.0%	52.9%	70.0%	no tgt	n/a
LI-452: % Intermediate Care placements not resulting in short or long term placement	85.3%	83.6%	75.0%	85.0%	n/a
LI-453: Number of people discharged from hospital into permanent residential care (social care funded)	8	13	no tgt	no tgt	n/a

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	69.7%	68.5%	70.0%	70.0%	64.3%
ASC 3B: Overall satisfaction of carers with social services	41.2%	n/a	46.4%	n/a	38.6%
ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for	70.4%	n/a	75.7%	n/a	69.7%
ASC 3D part 1: The proportion of people who use services who find it easy to find information about services	72.2%	72.5%	80.0%	80.0%	69..7%
ASC 3D part 2: The proportion of carers who find it easy to find information about services	72.2%	n/a	75.0%	n/a	62.3%
NI135: Carers receiving needs assessment, review, information, advice, etc.	29.3%	39.6%	36.0%	36.0%	n/a
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	68.0%	70.8%	72.3%	72.3%	70.0%
ASC 4B: The proportion of people who use services who say that those services have made them feel safe and secure	83.1%	84.0%	85.0%	85.0%	86.9%
QL-018: Proportion of high risk Adult Safeguarding Concerns where immediate action was taken to safeguard the individual	100%	100%	100%	100.0%	n/a
TCT14b: % repeat safeguarding referrals in last 12 months	8.3%	7.8%	8.0%	8.0%	n/a

The notes are described on the following page.

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 2019-20

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

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

The Local Account report gives an opportunity for the public to gain a better understanding of what the service offers, how well it is performing now and what the future holds. Torbay NHS and Adult Social Care is well known for its commitment to working together with an aspiration for wrapping the service around the person. The real-life stories described in the report explain how this is making a difference. They also explain how the system works, something which remains a mystery to most people until they are, themselves, the story. The report also highlights the introduction of new ways of working, including implementation of Community-Led Support, the new Domiciliary Care contract, re-establishing the Learning Disability Partnership Board and forming a combined Voluntary and Statutory Partnership Steering Group. Healthwatch Torbay welcomed the opportunity to be involved with each of the new developments and has provided strong representation to ensure the voice of the individual remains central.

As part of our role in engaging with the public we have worked with Torbay Adult Safeguarding Board to gather feedback from individuals (through our Healthwatch Volunteer Quality Checkers) around Making Safeguarding Personal. The anonymised report was shared with Torbay Adult Safeguarding Board and used to inform local safeguarding systems and practices.

The health and social care system is rapidly changing at all levels and, along with added financial pressures, faces increasing demands to deliver high quality services to our communities. As from 1st April 2020, under a new Healthwatch Partnership contract, we welcome the opportunity to build on the existing good work of the current three separate local Healthwatch services in Torbay, Plymouth and wider Devon and to strengthen the community voice across the wider Devon area to help our stakeholders maintain and shape future services to meet these demands.

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

Dr Kevin Dixon
Chair of the Board of Trustees, Healthwatch Torbay

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