

OVERVIEW AND SCRUTINY BOARD (REVISED AGENDA)

A meeting of **Overview and Scrutiny Board** will be held on

Tuesday, 17 January 2012

commencing at **9.30 am**

The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus,
Torquay, TQ1 3DR

Members of the Committee

Councillor Thomas (J) (Chairman)

Councillor Barnby	Councillor Kingscote
Councillor Bent	Councillor Parrott
Councillor Butt	Councillor Pentney
Councillor Darling (Vice-Chair)	Councillor Pountney

Co-opted Members of the Board

Penny Burnside, Diocese of Exeter

Our vision is working for a healthy, prosperous and happy Bay

For information relating to this meeting or to request a copy in another format or language please contact:

James Dearling, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207035

Email: scrutiny@torbay.gov.uk

OVERVIEW AND SCRUTINY BOARD REVISED AGENDA

1. **Apologies**

To receive apologies for absence, including notifications of any changes to the membership of the Committee.

2. **Declarations of Interest**

(a) To receive declarations of personal interests in respect of items on this agenda.

For reference: Having declared their personal interest members and officers may remain in the meeting and speak (and, in the case of Members, vote on the matter in question). If the Member's interest only arises because they have been appointed to an outside body by the Council (or if the interest is as a member of another public body) then the interest need only be declared if the Member wishes to speak and/or vote on the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(b) To receive declarations of personal prejudicial interests in respect of items on this agenda.

For reference: A Member with a personal interest also has a prejudicial interest in that matter if a member of the public (with knowledge of the relevant facts) would reasonably regard the interest as so significant that it is likely to influence their judgement of the public interest. Where a Member has a personal prejudicial interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Democratic Services or Legal Services prior to the meeting.)

3. **Urgent Items**

To consider any other items that the Chairman decides are urgent.

4. **Exclusion of press and public**

To consider passing a resolution to exclude the press and public from the meeting prior to consideration of the following item on the agenda on the grounds that exempt information (as defined in Schedule 12A of the Local Government Act 1972 (as amended)) is likely to be disclosed.

5. **Adult Social Care**

To discuss the Revenue Budget 2012/13 Provisional Spending Targets for Adult Social Care

(Pages 1 - 20)

6. **Supporting People** (Pages 21 - 26)
To discuss the Revenue Budget 2012/13 Provisional Spending Targets for Supporting People
7. **Harbours** (To Follow)
To discuss the Revenue Budget 2012/13 Provisional Spending Targets for Harbours

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Social Care Commissioned Services

Proposed savings

Proposals	12/13 Savings (Includes FYE of 11/12)	Risks/Impact of Proposals
(1) Residential & Nursing Home Placements	430	
Reduction in residential placements 2011/12	50	This is part of the way care is now delivered but increases fragility of care home market which is currently under huge pressure. Need to consider impact of demographics in these figures.
Attrition of Preserved Rights Clients (2012/13)	200	Occurs naturally
Reduction in residential placements (2012/13)	150	The reality of achieving these numbers will be challenging. Also impacts on the fragility of the care home market.
Reduction in nursing placements (2012/13)	30	
(2) Domiciliary Care	1,125	
Renegotiation of contracts and hourly rates for Tier 1 - four main providers (2011/12)	60	Allows Trust to negotiate a better rate which is in line with neighbouring local authorities. Clients may prefer to accept a direct payment should their current provider not achieve AWP status. Looking to work with providers to lower their unit costs so as not to compromise the quality of care. (Excludes LD as those reductions captured elsewhere.)
Any Willing Provider (AWP) process for Tier 2 - lower hourly rates (2011/12)	65	

Proposals	12/13 Savings (Includes FYE of 11/12)	Risks/Impact of Proposals
Actively review and intensively reable clients - equates to potentially a 10% reduction in client numbers with average size packages of care (i.e. 7.5 hrs) (2011/12)	500	Dom care providers experiencing financial pressures - risk of destabilising the market. (Review of clients through resource allocation system (RAS). Need to take into accounts an individual's carer/family support mechanisms and work with providers to review care packages more frequently to reduce services once outcomes achieved.)
Actively review and intensively reable clients - equates to potentially a 10% reduction in client numbers with average size packages of care (i.e. 7.5 hrs) (2012/13)	500	Over and above 11/12 savings - basically working towards 1/3rd less dom care from strict adherence to FACS/RAS etc.
(3) Other Reductions in Volume/Service Levels	840	
Respite/Short Term Placements - reduce frequency of respite care and/or tighten threshold for when given	75	Likely to be resisted by existing clients/carers/families.
Robust Adherence to Cost, Risk & Choice Policy - policy enables people to remain in their own homes. (Currently allows a 20% 'top up' over and above the cost of a care home placement.)	100	May impact on the number of clients admitted to a care home if this policy is strictly adhered to. Impact more likely to be felt on long standing clients. (Transitional arrangements required for those clients affected the most?) Currently 132 clients fall into this category with the exception of LD clients. Need to liaise with each client on a case by case basis. Must ensure we fulfil our statutory obligations. Need to understand impact of families and carers. (Not all of the 132 will be affected.)

Proposals	12/13 Savings (Includes FYE of 11/12)	Risks/Impact of Proposals
Fairer Charging Policy	50	Some clients will be required to contribute more. Follows national charging mechanisms.
LD high cost clients (In 2011/12 mainly concentrates on reduction in high cost packages of care, i.e. adherence to RAS and Choice, Cost and Risk Policy which are not incorporated into above figures.)	250	Risk that safeguarding issues may not be picked up as easily. Impact on individual's quality of life. May lead to closure of in-house services and rationalisation of private sector.
Reduced day services for older people	105	Seeking to offer clients alternatives which hopefully reduce their social isolation and increase their independence at the same time. It's therefore about market development and allowing clients to use their personal budget in different ways which better meet their outcomes.
Reduced reliance on day services for older people	50	Through market development find cheaper alternatives which meet outcomes for clients.
Reduce Choice, Cost & Risk Policy threshold to 10% or zero.	100	Greater financial benefits is uplift is zero. Transition arrangements for current clients may be required. Further work required to fully understand extent of savings.
Reduce services to LD clients at risk of offending where contribution not related to social care, due to their high risk behaviour (estimated)	?	Impact on other partner agencies. LD clients more vulnerable to offending thus leaving people in the community at greater risk. Savings dependent upon implementation date.

Proposals	12/13 Savings (Includes FYE of 11/12)	Risks/Impact of Proposals
LD clients with multiple services	110	Risk that safeguarding issues may not be picked up as easily. Impact on individuals quality of life. May lead to closure of in-house services and/or rationalisation of private sector. (Assumes half of savings would require reinvestment into residential care in order for them to staff daytimes accordingly.)
Social Care Commissioned Savings	2,395	
(4) Operations Staff & In-House Services		
Changes to community alarms	50	Restrict alarms to 3 months paid for by TCT.
Implementation of CES Retail Model	60	Relies on use of prescriptions for issuing equipment rather than staff/PLUS collecting and delivering.
In-House Services & Staffing Savings @ 4%	368	Year on year 4% savings become increasingly difficult with the potential impact on safety and quality.
Back office efficiencies	500	Fewer staff in post to manage change process. Lack of knowledge in remaining staff.
Close some in-house LD units (Current cost approx. £3m p/a - Estimated savings value only)	200	Suggestion is to close 1 of the 3 day centres.
Operations and In-House Savings	1,178	
	3,573	
Reduction in Original £1.45m Gap	1,450	
Children's Service contribution	-200	As per E Raikes email of 14/11/11

Proposals	12/13 Savings (Includes FYE of 11/12)	Risks/Impact of Proposals
Inclusion of 2% inflation for care homes	335	In line with Care Home paper to PDG meeting on 22/11/11 nursing and EMI residential homes to receive a higher uplift than residential homes.
Less inflation for res/nursing	-335	CT outlined proposal in meeting with TC on 30/11/11.
Removal of 3% inflation for care homes - ASC Budget being uplifted by 2% see above	-555	Original £1.45m shortfall included 3% inflation to care homes which needs removing in light of above
Revised Gap	695	
Schemes to Meet the Revised £695k Savings Requirement		
Reduce reliance on care homes placements for mental health under 65 clients	200	Similar to increased reliance on home based services being provided for LD and older people
Further reconfiguration of LD services including adherence to the Choice, Cost and Risk Policy	235	Links with above LD schemes around dual services and high cost clients
Reduction in Council Retained Overheads	260	Equates to c£260k and is in line with the 20% reduction in back office efficiencies being sought by TCT
Removed from Plan	695	
Total savings	4,268	

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**Annual Strategic Agreement between Torbay Council and Torbay
NHS Care Trust for the delivery of Adult Social Care 2012-14**

Contents

1. Introduction

2. Performance Outcomes

- **Domain 1: Enhancing quality of life for people with care and support needs**
- **Domain 2: Delaying and reducing the need for care and support**
- **Domain 3: Ensuring people have a positive experience of care and support**
- **Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm**

3. Spending Decisions and Key Decisions

4. Revenue Budget 2012-14

5. Chargeable Services – Rates 2012-14

6. Roles and Responsibilities

***Please Note:
The Performance Indicator Table shall be populated and added at Appendix 1***

1. Introduction

1.1 Overall strategy

The Care Trust will continue to pursue a strategic direction that is designed to maximise choice and independence for those requiring adult social care support and care. As far as possible, within FACS and the constraints of resources, the Care Trust will seek to promote active and healthy lifestyles. In particular the DASS will play a lead role in developing a refreshed Active Ageing Strategy and in contributing to its implementation. The Care Trust acknowledge the tight financial constraints over the period and will continue to deliver the best possible care and support within these constraints and in consultation with the Council through the DASS, making any changes to service delivery with appropriate service user consultation.

1.2 Financial context

At a national level the funding arrangements for Adult Social Care (ASC) are under review. The Dilnot Report has now been published but there is no immediate prospect of this review reporting in a timescale that would propose changes in 2012-14. Therefore the financial arrangements for 2012-14 are based on what is known at present.

The ability of the Care Trust to absorb financial risk from ASC spending has been reduced owing to the loss of NHS Commissioning responsibilities from the Care Trust with effect from April 2011. The Care Trust and the Council will work to secure the engagement and support of NHS Commissioners (in practice the support of Baywide GP Consortium) however due to the extremely challenging financial conditions currently it is not possible to secure a joint risk share for the forthcoming period 2012-14. The Care Trust and the Council will continue to engage with NHS Commissioners as the NHS changes and Council budgets move forward during the period of this Agreement.

1.3 NHS Reforms

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

The Council has supported in principle the development of a South Devon provider unit as an interim position for up to 2 years while the Council, the Torbay Care Trust and other partners continue to work on a longer term solution. The Council remains committed to the frontline integration of health and social care and support the ongoing development of these arrangements. However the review of the current arrangements in light of system and financial changes have resulted in some changes to the formal arrangements and from the 1st April 2012 the DASS role will be

undertaken by a Director of Torbay Council. The structures within the Council and Torbay Care Trust will be adjusted to reflect this change with the provision of frontline services remaining in the Care Trust, the establishment of a joint commissioning team for Adult Social Care and Supporting People and the extension of the SP Commissioning Body to incorporate Adult Social Care as the main decision making body for commissioning matters. The latter will be chaired by the DASS and have representation from both the Council and the Care Trust.

1.4 Health and Wellbeing Board

The Care Trust will play a full and active role in supporting Torbay Council with the design and development of this Board.

1.5 Public Health

The Care Trust will play a full and active role in preparing for the changes heralded in the Public Health White Paper. The Trust and the Council will support the five outcomes for public health specified in “healthy lives/healthy people” and work to support the new statutory duties including the JSNA which accrue to local government over the next 24 months. This includes exploring the role of the South Devon provider in locality working in the Bay. Under the new arrangements the Director of Public Health will report to the Chief Executive of Torbay Council in addition to Public Health England and will play a full role within the authority providing leadership and advice to the HWBB on all public health matters.

1.6 CQC Assessment Regime

This agreement is structured on the 4 Domains outlined within the Adult Social Care Outcomes Framework:

- Domain 1: Enhancing quality of life for people with care and support needs
- Domain 2: Delaying and reducing the need for care and support
- Domain 3: Ensuring people have a positive experience of care and support
- Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

The majority of performance indicators associated with each domain will be measured monthly though as several rely on national annual bi-annual surveys they will be reported as national results become available.

2 Adult Social Care Performance Outcomes

2.1 ASC Outcomes Framework

Performance indicators previously set out in the Annual Strategic Agreement have followed the requirement of the CQC inspection regime. These have been updated to reflect the development of the ASC Outcomes Framework and a summary of the new indicators is attached at Appendix 1

The new measures place greater emphasis on quality and the inter-related impact between health and social care. They fall into the four domains outlined in Section 1.6 above. The indicators are drawn from NHS and other non-Council data, rather than just local government sources and this helps make measures more meaningful.

The proposed indicators, set out below, support further joint working and provide a set of outcome-focused measures to help the Council and people who use our services to have an objective and consistent basis for benchmarking and comparison. Thus, the measures provide the overall picture of care for vulnerable adults which goes beyond that solely delivered by the arrangement currently in place for health and social care. This properly reflects the interrelationship with the acute sector and provides a much more rounded picture of care than the previous, mainly numeric, indicators.

It is acknowledged that work on the ASC Outcomes Framework, and the NHS Outcomes Framework, is still in its infancy. Consequently, work will continue (both nationally and locally) on the development of the domains. The Director of Adult Services (designate) will consult with the Clinical Commissioning Consortia, Torbay and South Devon Foundation Health Care Trust, the Director of Public Health as well as Torbay and South Devon NHS Care Trust in taking these proposals forward.

2.2 Domain 1: Enhancing quality of life for people with care and support need

This reflects the personal outcomes which can be achieved for individuals through the services they receive. In particular it is focused on the services provided by adult social care and the effect they have on users and carers. It covers issues of personalisation, choice and control, independence and participation.

What success will look like

- Individuals can live their lives to the full and maintain their independence by accessing and receiving high quality support when they need it.
- Carers can balance their caring roles and maintain their desired quality of life
- Individuals can control and manage their own support so that they can design what, how and when support is delivered to match their needs
- Individuals can socialise as much as they wish to avoid being lonely or isolated.

Proposed Measurements:

Overarching measure (No. 1A) – social care-related quality of life which is a composite measure from the ASC Survey and takes account of questions relating to

control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation.

- (i) The proportion of people who use services who have control over their daily life (No. 1B)
- (ii) Proportion of people using social care who receive self-directed support, and those receiving direct payments (No. 1C)
- (iii) Carer reported quality of life (No. 1D)
- (iv) Proportion of adults with learning disabilities in employment (No. 1E)
- (v) Proportion of adults in contact with secondary mental health services in employment (No. 1F)
- (vi) Proportion of adults with learning disabilities who live in their own home or with their family (No.1G)
- (vii) Proportion of adults in contact with secondary mental health services living independently, with or without support (No. 1H)

In addition to the ASC Outcomes Framework, the following additional measures will be monitored:

- (viii) Timeliness of social care assessment – percentage of assessments taking place within 28 days of referral (NI 132) - no longer deemed a national indicator
- (ix) Timeliness of social care packages following assessment (NI 133) - no longer deemed a national indicator
- (x) People receiving a statement of needs/support plan (PAF D39) - no longer deemed a national indicator
- (xi) Clients receiving a review (PAF D40) - no longer deemed a national indicator
- (xii) Emergency bed days associated with multiple (2+ per year) acute hospital admissions for over 75s
- (xiii) Proportion of council's spend on residential care

2.3 Domain 2: Delaying and reducing the need for care and support

The purpose of this is to achieve better health and wellbeing by preventing needs from increasing where individuals have developed, or are at risk of developing, social care needs. It is aimed at early intervention to prevent or delay needs from arising, and supporting recovery, rehabilitation and re-ablement where a need is already established or after a particular event.

Many of the outcomes around prevention are achieved in partnership with other services. The measures reinforce partnership working and there is a strong focus on efficiency since one of the outcomes of prevention will be delaying or avoiding clinical intervention or inappropriate care placements. Social care has a key role in avoiding inappropriate care placements which impact negatively on recovery and can be more costly.

What success will look like:

- Everyone has the opportunity to enjoy the best health possible throughout their life and be able to manage their own health and care needs with support and information.
- Earlier diagnosis and intervention will reduce dependency on intensive services.
- When individuals are recovering from being ill, that recovery happens in the most appropriate place to enable individuals to regain their health, wellbeing and independence as quickly as possible.

Proposed Measurements:

Overarching measure (No. 2A) – delaying the need for care and support: avoiding permanent placements in residential and nursing care homes is a good indicator of delaying dependency, and local health and social care services will work together to reduce avoidable admissions. Research suggests, where possible, people prefer to stay in their own home rather than move into residential care.

- (i) Proportion of older people (65+) who are still at home 91 days after discharge from hospital into re-ablement/rehabilitation services (No. 2B)
- (ii) Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population (No. 2C)

In addition to the ASC Outcomes Framework, the following additional measures will be monitored:

- (iii) Emergency readmissions within 28 days of discharge from hospital
- (iv) Actual number of permanent residential and nursing care home placements – for under 65's and over 65's
- (v) Emergency bed days associated with multiple (2+ per year) acute hospital admissions for over 75s
- (vi) Proportion of council's spend on residential care

2.4 Domain 3: Ensuring people have a positive experience of care and support

The quality of outcomes for individuals is directly influenced by the care and support they receive. A key element of this is how easy it is to find and contact services and how individuals are treated when they receive services. Specific quality data is difficult to come by for this domain but there will be data available from local surveys and complaints.

What success will look like:

- Individual service users and their carers are satisfied with their experience of care and support services.
- Carers feel they are respected as equal partners throughout the care process
- Individual services users and carers know what services are available to them, what they are entitled to, and who to contact when they need help.
- Individuals who receive care and their carers feel that their dignity is respected and the support they receive is sensitive to their circumstances.

Proposed Measurements:

Overarching measure (No. 3A) – overall satisfaction of people who use service with their care and support: People who use social care and their carers are satisfied with their experience of care and support services. (All three indicators are taken from answers given in the Adult Social Care or Carers Surveys and consequently will be reported only once per year.)

- (i) Overall satisfaction of carer with social services (No. 3B) – based on Carers Survey
- (ii) The proportion of carers who report that they have been included or consulted in discussion about the person they care for (No. 3C)
- (iii) The proportion of people who use services and carers who find it easy to find information about services (No. 3D) – please note this measure will not be assessed until the 12/13 ASC Survey

In addition to the ASC Outcomes Framework, the following additional measures will be monitored:

- (iv) Carers receiving needs assessment or a review and a specific carer's service or advice and information (NI 135) - no longer deemed a national indicator
- (v) The number of people registering on the Carer's Register
- (vi) The number of carer's receiving a direct payment

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

This domain covers the fundamentals of the social care system – keeping vulnerable people safe. Although there is a safety net within the registration and inspection system there is a wider aspiration of protecting from avoidable harm and caring for individuals in a safe and sensitive environment that respects their needs and choices. In terms of safety, other than numeric measurements, it is difficult to qualitatively or quantitatively measure events that have not happened. It is recognised more work will need to be done on considering measures for this domain. As with Children's services, safeguarding is in issue for all partners.

Measures of success:

- Vulnerable individuals enjoy physical safety and feel secure.
- Vulnerable individuals are free from physical and emotional abuse, harassment, neglect and self-harm
- Individuals are protected from avoidable death, disease and injuries

Proposed Measurements:

Overarching measure (No. 4A) – the proportion of people who use services who feel safe: Safety is fundamental to the wellbeing and independence of people using social care. There are legal requirement about safety in the context of service quality,

including CQC's essential standards for registered services. There is also a vital role of being safe in the quality of the individual's experience.

- (i) The proportion of people who use services who say that those services have made them feel safe and secure (No. 4B) – taken from the annual ASC Survey

In addition to the ASC Outcomes Framework, the following additional measures will be monitored:

- (ii) Proportion on safeguarding calls triaged in less than 48 hours
- (iii) Proportion of safeguarding strategy meetings held within 5 working days
- (iv) Proportion of safeguarding conferences held within 20 working days
- (v) Number of repeat safeguarding referrals in last 12 months

Many of the timeliness measures referred to above fall outside of the ASC Outcomes Framework. As they remain a key operational indicator and a building block of performance, they will continue to be measured on a monthly basis.

2.6 Partnership Arrangements and Essential Areas of Work

There are many areas of work, many which are joint initiatives, which contribute towards the success of the outcome measures. These include:

- To work in partnership to close the gap in health inequalities through the development of a neighbourhood management pathfinder and assist with its development in other deprived areas subject to successful evaluation of improved outcomes in the pathfinder area
- Review and re-commission a range of services that facilitate the delivery of client focused, outcome based home care as well seeking to develop lower level preventative and self-care support in conjunction with the Supporting People team
- Introduce an outcomes-based accountability approach to transforming social care to ensure the intended positive effects are realised. To do this via the mechanism of goal setting and review in personal care plans.
- To ensure that adult social care issues are included in the development of wider integrated care opportunities.
- Develop an integrated prevention strategy to safeguard vulnerable adults in partnership with the Crime Reduction Partnership
- To implement the Dementia Strategy and ensure carers receive appropriate support in line with the 2012/13 NHS Operating Framework
- To foster the broad agenda symbolised by the Government's "Big Society" intentions. Specifically to direct activity towards self care and towards fostering voluntary and community activity
- To review and re-commission appropriate models of Information, Advice and Advocacy to support the preventative and independence agenda including further website development through the Open Objects system.

- To successfully complete the review of Learning Disabilities Services and begin implementation of subsequently approved recommendations
- To take forward, in partnership, the development of extra-care housing in Torbay with an associated wide range of enablement services and commence operational planning arrangements for the development of the Hayes Road site.
- To continue to improve partnership working with Children's Services to improve transitions from children's to adult services.
- To ensure the development of a thriving third sector through better joint commissioning that adopts the principles outlined by the Office of the Third Sector
- To ensure that people from black and minority ethnic groups and other equality groups have appropriate access to assessment
- To work with the Council and other employers to improve access to employment for the disabled and other vulnerable groups by reviewing recruitment policies and procedures and agreeing mutual targets for supported work placements.
- To work with the Council and other partners to foster the development of community and social enterprises and the use of apprentices. In particular to support opportunities for older people to remain active, retain economic independence, in care and support and for the intrinsic health benefits of this.
- To work in partnership to develop reablement schemes which optimise the health and well-being of Torbay's residents
- To seek ways to continue to raise the standards to meet the Dignity in Care agenda

2.7 Commissioning and Use of Resources

- The Care Trust, through the ASC and SP Commissioning Body and joint commissioning team, will undertake robust monitoring of its contracts to ensure safe and effective service delivery, as appropriate. Links with Commissioning Strategy, and links with the regional commissioning consortia, Provider Development in Devon will be developed thereby ensuring the benefits of joint commissioning team are maximised and consolidated, where possible.
- Deliver a balanced budget, whilst seeking to deliver the outcomes articulated in Putting People First – a shared vision and commitment to the transformation of Adult Social Care, pertaining to safeguarding, personalisation and preventative services and managing the current performance of the organisation in this challenging environment.
- Use the Care Trust's commissioning leverage through the ASC and SP Commissioning Body and joint commissioning team to manage and develop the local provider market to ensure a supply of high quality local services, which provide value for money. In particular to further develop alternatives to long term residential care, focussing on the development a commissioning strategy for housing, support and care, with practical support to providers to reconfigure the current market.

- Seek further integration opportunities between the partners to the agreement to obtain seamless service delivery and maximise efficient use of combined resources
- Work in partnership with Torbay Council to make the most effective use of capital assets to enable improved outcomes for service users.
- Finalise plans for the redevelopment of St Kilda's on the Brixham Hospital site which takes account of the mayoral pledge to the long-stay residents

2.8 Financial Risk Share and Efficiency

Both Torbay Council and Torbay Care Trust remain committed to establishing a risk sharing arrangement with NHS Commissioners. However they recognise that the current financial constraints on the ASC budget as part of the wider Torbay Council budget envelope prevent this from currently being in place for 2012-14. The parties concerned will continue to work at establishing a risk sharing arrangement if it is deemed an appropriate approach to managing the financial envelope.

On the more volatile and demand led commissioning of social care, the normal monthly financial monitoring will be supplemented by a quarterly review and re-profiling of commissioned spend to retain both financial control, performance and statutory responsibility. This will be reviewed through the ASC and SP Commissioning Body and through monthly monitoring meetings with the DASS.

An outline of the proposed schemes identified to meet the budget reductions are attached at Appendix 2. The detailed reconciliation of the 2012/13 budget is attached at Appendix 3.

3 Decision Making

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

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

4. Social Care Budget 2012/13 and 2013//14

	2011/12	2012/13	2013/14
Base Budget	39,089	39,300	39,300
Children's Transition		200	200
Central Govt Funding*	2,322	1,100	Tbc
Inflationary Pressures		336	Tbc
Reduction in Retained Overheads		260	Tbc
TOTAL	41,411	41,196	

The 2012/13 NHS Operating Framework confirms the continuation of the non-recurrent central government allocation (£256 monies) until 2014/15. 50% of the grant is incorporated within the 2012/13 Council baseline and the remaining 50% included within the 2012/13 NHS Community Contract. Further discussions for the remaining two years funding will take place in due course.

4.1. Service Development & Cost Improvement Plans

The agreed £3.6m service development and cost improvement plans are attached at Appendix 1. Additional savings schemes identified to meet the identified £1.45m gap are attached at Appendix 2. These include:

- An additional £336k contribution from Torbay Council to cover the 2% inflationary uplift for care homes (as detailed in the Care Home paper discussed with PDG members on 22nd November 2011)
- Reduction of £219k in estimated inflationary cost pressures – the net difference from offering 2% as opposed to the original 3% incorporated into the Care Trust's original planning assumptions
- A £200k reduction in long-stay placements for mental health under 65 clients
- A £235k reduction by stricter adherence to the Cost, Choice and Risk Policy for all client groups
- An additional £200k identified by Torbay Council as detailed on 18th November
- In line with the 20% back office efficiency savings, a circa 20% reduction in retained overheads equating to £260k within Torbay Council

4.2. Risk Share Arrangements

Appendix 2 differentiates the social care budget against 3 specific areas: (1) Operations, (2) In-House LD and (3) Commissioned Social Care expenditure. In view of the financial settlement this year a revised arrangement is in place which sees Torbay Council pick up 100% of the risk for both in-house LD and commissioned social care expenditure. TCT assumes the risk for operations only.

The figures quoted in 4.1 above exclude any pressures associated with ordinary residency clients.

4.3. Monitoring Arrangements

Do we wish to state how the budget will be monitored, i.e. through Finance meeting, at Commissioning Body??

5. Charges for Services 2011/12

a) Non-residential Services:

	Rates 2010/11	2011/2012	2012/13*
	£	£	£
Domiciliary care P/H	15.00	15.50	
Day Care charge	26.00	28.00	
Night Care rate (per night)	50.00	50.00	
Maximum Rate (Day & Dom Care)	No Maximum	No Maximum	
Transport	Nil	Nil	
Community Meals	4.00	4.25	

**Above table to be completed in line with Fairer Contributions Policy.*

As part of the personalisation agenda the Care Trust like all other Local Authorities has to formulate and implement a policy on calculating an individual's contribution to their personal budget. This is the Fairer Contributions Policy and sits alongside the Choice, Cost and Risk Policy which seeks to ensure equality of service provision across all client groups.

b) Residential Services:

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

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

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

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

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

6 Roles and Responsibilities

Torbay Council

- **Role of Torbay Council Chief Executive** – has delegated her authority for provision of frontline services to the Care Trust for the provision of Adult Social Services. The Chief Executive has line management responsibility for the DASS as Director of the Council and will monitor performance of the DASS in line with the contract. To hold the DASS to account.
- **Role of the Director of Adult Social Services** – to provide strategic leadership of adult social care services for Torbay fulfilling the statutory responsibilities of the DASS role. They will specifically lead on strategy, policy, management of the ASC and SP Commissioning Body and lead the political interface with the member executive and Overview and Scrutiny. The DASS will be accountable for all seven statutory responsibilities of the role but will delegate Professional Practice and Safeguarding and Operational Management responsibilities to the Care Trust. They will delegate aspects of the financial management elements of the role to the Finance Director of TCT and the Executive Head of Finance at Torbay Council, but will retain overall accountability for the ASC budget.
- **Role of Adult Social Care Executive Lead Member** - to provide political steer to the Trust and the Council in adult social care. To challenge/monitor and drive performance.
- **Executive Head Finance** – to take a lead responsibility on behalf of the Council in relation to the delegated budget.

Torbay Care Trust

- **Role of Torbay Care Trust Chief Executive** – To provide leadership of the Care Trust as the Council's main provider of services to Adults in Torbay and continue to lead and develop the organisation as a provider of services, ensuring that the requirements of this agreement are delivered.
- **Role of Torbay Care Trust Chief Operating Officer** – to fulfil the role as the Trust's Nominated Director and to take lead responsibility for the provision of adult social services and to lead responsibility for the relationship with the Council and for managing performance.
- **Role of Director of Finance** – to take a lead responsibility on behalf of the Trust for managing the budget.
- **Role of Company Secretary** – to lead on the self assessment process and performance management of adult social care with the Care Quality Commission.????? DASS?
- **Role of Assistant Director – Planning & Performance (Commissioning?)** - to be responsible for the quality of all the performance data contained in this Annual Strategic Agreement and to be the lead for target setting within the Trust. To lead the joint commissioning team for ASC and SP??

Supporting People

Vulnerable people are supported in the community to become, or remain independent, safe and well because services intervene early and crises are prevented.

Services that will continue to be delivered:

Commissioning support and strategy development including:

- Assessing need
- Robust contract management
- Procurement and market development
- Setting outcomes and standards, performance management, quality assurance and evaluation
- Driving service improvement and better value for money through payment by results, negotiating cashable savings and smarter ways of working
- Increasing joint commissioning and potential for shared services through working with Devon, Plymouth and local partner organisations. In this way reducing bureaucracy for provider organisations and increasing opportunities for streamlining back office functions
- Continue to work with in partnership with and support service users and carers to assess the quality and safety of commissioned services as well as influencing service design.

Improvements agreed and budgeted for

Integrate supporting people and adult social care commissioning

All service specifications to be outcomes based

Increase numbers entering, or ready to enter, sustainable employment

Encourage and support people to self-manage conditions

Expect commissioned providers to build capacity in the community to deliver informal support

Evaluate service outcomes and identify the cost benefit of prevention to more intensive crisis, residential & acute services

Key Performance Indicators

Outcomes (to be achieved through procurement)*

The independence of vulnerable & disadvantaged people is promoted

The health, emotional and economic wellbeing, as well as the abilities and achievements, of vulnerable people in Torbay are maximised

People have maximum choice & control over their services

Service providers deliver value for money

Service providers work collaboratively to support a multi-agency approach to commissioning

Services match individual & community needs & aspirations & play a role in building & sustaining successful communities in Torbay

* updated measures of success for 2012-2013 for these outcomes are in development

Proposed Savings

*Type of Decision

- **Internal** - i.e. efficiency / internal re-structure - Decision by Head of Paid Service
- **Minor** – Low community impact – Ratified by Mayor following consultation
- **Major** - High Community interest / scale impact / key political issue / risk of legal challenge – Mayoral consideration following 3 months consultation

Supporting people planned savings								
Proposals Outline details= PIP Implementation of procurement framework: Procurement of new services and re-negotiation of existing contracts	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 If earlier or later state date	Risks / impact of proposals	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
		563		Start Oct 2011	<ul style="list-style-type: none"> • Potential risks • Impact on community • Knock on impact to other agencies 			
					<ul style="list-style-type: none"> • Impact: Service improvement, promoting independence through outcomes based community support • 1,893 service users affected. • Contingency & transition plans in development (incl. impact assessment & communication planning in each case) • Risk: Accommodation base may not be available • Contingency: Early negotiation with providers, details on managing agent arrangements in tender packs • Engagement in re-modelling of sheltered housing • Risk: Ability of market to provide tenders in line with savings targets. • Contingencies: Benchmarking costs, involvement of providers in specification writing, clarity with providers on budget 			✓

Supporting people planned savings							
Proposals Outline details=	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 If earlier or later state date	Risks / impact of proposals	Type of decision*	
	Income £ 000's	Budget reduction £ 000's				Internal	Minor
					<ul style="list-style-type: none"> Potential risks Impact on community Knock on impact to other agencies 		
					<p>challenge and support to achieve savings & improved VFM in current contracts.</p> <ul style="list-style-type: none"> Increase in floating support, decrease in accommodation based services Evaluation of first extra care scheme & rapid deployment of lessons learnt incl. including cost modelling to ensure maximum spend to save potential. Possible impact on TCT/DPT budget, eg accommodation based contracts (value approx £450k) are used extensively by TCT and DPT for care managed clients. Discussions ongoing regarding extension of contract to minimise impact on service users who wish to remain in service and avoid cost shunting to TCT. May result in decreased savings to SP budget or delayed savings. 		
Payment by results pilots			Staff resource	Start July 2011	<ul style="list-style-type: none"> Government pilot are due to end 2013. Proposal to pay 10% of total contract value annually based on outcomes achieved. Initially up to 4 contracts will be let on this basis either through renegotiation of existing contract or procurement of new service. 	√	

Summary Costs and Savings		£ 000's
Implementation Cost 2011/12		317
Implementation Cost 2012/13		320
		SP admin budget
		SP admin budget

Overall Saving - 2012/13	563	PIP target
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Name: Frances Mason	Position: Supporting People Manager
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