

Monday, 14 April 2014

## Meeting of the Health and Wellbeing Board

Thursday, 24 April 2014

3.00 pm

Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

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### Members of the Board

Sam Barrell, South Devon and Torbay Clinical Commissioning Group  
Caroline Dimond, Interim Director of Public Health  
Pat Harris, Healthwatch Torbay  
Tony Hogg, Police & Crime Commissioner  
Graham Lockerbie, NHS England  
Caroline Taylor, Torbay Council  
Paula Vasco-Knight, South Devon Healthcare NHS Foundation Trust  
Richard Williams, Torbay Council  
Councillor Davies  
Councillor Morey  
Councillor Pritchard  
Councillor Scouler

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# HEALTH AND WELLBEING BOARD AGENDA

1. **Apologies**  
To receive any apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 1 - 4)  
To confirm as a correct record the Minutes of the Health and Wellbeing Board held on 12 February 2014.
3. **Declaration of interest**
- 3(a) **To receive declarations of non pecuniary interests in respect of items on this agenda**  
**For reference:** Having declared their non pecuniary interest Members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
- 3(b) **To receive declarations of disclosable pecuniary interests in respect of items on this agenda**  
**For reference:** Where a Member has a disclosable pecuniary 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 Governance Support or Legal Services prior to the meeting.)
4. **Urgent items**  
To consider any other items that the Chairman/woman decides are urgent.
5. **A Market Position Statement for Torbay** (Pages 5 - 34)  
To consider a report on the above.
6. **High Level Joint Commissioning Strategy for South Devon and New Devon Clinical Commission Groups, and Torbay, Plymouth and Devon Councils** (Pages 35 - 46)  
To consider a report on the above Strategy.
7. **Learning Disability Strategy Operational Strategy Commissioning Implementation Plan** (To Follow)  
To consider a report on the above.

8. **Future Operation of the Health and Wellbeing Board** (Pages 47 - 52)  
To consider the submitted report on the above.
9. **Devon and Torbay Pioneer** (Pages 53 - 60)  
To receive an update on Pioneer.
- The following items are for information only:**
10. **Torbay Safeguarding Children Board Update** (Pages 61 - 63)  
To receive an update on the above.
11. **Update Report - Adult Services** (Pages 64 - 73)  
To receive an update on adult services.
12. **Update Report - Police and Crime Commissioner** (Pages 74 - 77)  
To receive an update on the above.
13. **Update Report - South Devon and Torbay Clinical Commissioning Group** (Pages 78 - 81)  
To receive an update on the current position of the Clinical Commissioning Group.
14. **Update Report - Public Health**  
To receive a verbal update on the current position of Public Health.
15. **Update Report - Healthwatch Torbay** (Pages 82 - 84)  
To receive an update on the current position of Healthwatch.

## Minutes of the Health and Wellbeing Board

12 February 2014

**-: Present :-**

Ian Ansell, Councillor Bobbie Davies, Caroline Dimond, David Greenwell, Pat Harris, Councillor Chris Lewis (Chairman) Graham Lockerbie, Councillor Mike Morey, Caroline Taylor and Richard Williams

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### **56. Apologies**

Apologies for absence were received from Councillors Pritchard and Scouler, Paula Vasco-Knight and Sam Barrell who was represented by David Greenwell.

### **57. Minutes**

The minutes of the meeting of the Health and Wellbeing Board held on 3 December 2013 were confirmed a correct record and signed by the Chairman.

### **58. Update Report - Adult Social Services**

The Board noted the update on Adult Services and paid particular attention to patient participation groups and the potential for duplication with Healthwatch Torbay.

### **59. Update Report - Clinical Commissioning Group**

The Board noted the update from the Clinical Commissioning Group in particular the progress being made on Pioneer. Members were informed that the strategy for the Pioneer Community Hubs was progressing and being led by the locality groups. Members were advised that before a physical location of the Hubs could be determined the function and role needed to be established.

Members welcomed the update on Pioneer and requested updates be presented at all future meetings.

### **60. Update Report - Public Health**

Members noted the update on Public Health and Caroline Dimond, Interim Director for Public Health responded to Members questions. Members welcomed the reference to offender health in the draft Public Health Business Plan: 2014-2015.

**61. Update Report - Healthwatch Torbay**

Members noted the report and were advised of concerns that Healthwatch Torbay had regarding the lack of a clear information and advice strategy and a lack of 'point of contact' for the local authority. The Board were advised of various different organisations trying to co-ordinate information and advice in their field however the co-ordination of services did not cut across different sectors and was therefore leading to duplication. Richard Williams, Director of Children's Services, advised of an initiative with the Community Development Trust (CDT) and in order to cross the sector boundaries Richard agreed to establish a working group including the Joint Commissioning Group, Healthwatch Torbay and CDT.

**62. Update Report - Children's Services**

The Board noted the update on Children's Services and welcomed the news that the service was no longer judged as being in 'intervention'. Richard Williams advised the Board that future inspection regimes would be more intense with inspections taking four weeks with a quarter of Children's Services cases being examined. The inspection regime would also examine how the service took on the views of children and young people which it was hoped Healthwatch Torbay would be able to help with.

The Board praised Richard Williams and his staff for their hard work to improve the service.

**63. Update Report - Police & Crime Commissioner**

Members of the Board noted the update from the office of the Police & Crime Commissioner (PCC). Members were advised that following an inspection by Her Majesty's Inspectorate of Constabulary (HMIC) concerns were raised regarding the number custody suites that were used for detaining people under the 'Mental Health Act 1983 section 136 places of safety in exceptional circumstances'. The PCC and the constabulary has to address the situation as per the recommendation of the HMIC, in order to do so a peninsula wide steering group had been established and funds had been allocated to a triage initiative that would aid custody officers in dealing with people detained under section 136.

Members questioned who was representing Torbay's views at the peninsula wide steering group. Members were advised that Amanda Fisk, Director of Operations and Delivery (NHS England) was the local link for Torbay.

**64. Update Report - Integrated Care for South Devon and Torbay**

Members noted the update on the Integrated Care Organisation, the report set out the progress that had been made on the integration of the care model and care pathways.

**65. Joined Up Commissioning - Integrated Planning (Better Care Fund) and South Devon & Torbay Clinical Commissioning Group Strategic Plan 2014-2019**

Members considered a report that provided an update on the Better Care Fund that would deliver the priorities to achieve whole system change through the Integrated Care Organisation and progress the projects as set out in the Pioneer bid. The report also detailed the Clinical Commissioning Group Strategic Plan 2014-19 for comments from the Board.

Resolved:

That the Health and Wellbeing Board

- i) noted and supported the current return for the Better Care Fund, the Integration Next Steps summary and the ambition to have an amassed fund of £3.5 million;
- ii) noted and supported the preferred local metric as set out in the submitted report; and
- iii) noted and supported the South Devon and Torbay Clinical Commissioning Group Strategic Plan 2014-19.

**66. Winterbourne View Update**

Members considered and noted the update on Winterbourne View and welcomed the opportunity to consider the Learning Disability Strategy at a future meeting of the Board.

**67. Low Alcohol Drink Initiative**

The Board received a presentation from John Hamblin, Shekinah Mission, on a low alcohol initiative that was being launched in Plymouth and could be considered for Torbay. Members were advised that the initiative sought shops and off licences to introduce a voluntary ban on selling 'super' strength alcohol. Members were advised that in areas where the initiative had been launched a strong evidence base had been compiled highlighting that the consumption of super strength alcohol was contributing to a particular problem such as crime and anti-social behaviour or health and poverty.

Resolved:

That a steering group consisting of the Executive Head of Community Safety, John Hamblin of Shekinah Mission, an officer from the Public Health Team and an appropriate Officer from Devon and Cornwall Constabulary be established to lead the implementation of a low alcohol drink initiative.

**68. The Time to Change Pledge - challenging stigma and discrimination around mental health**

The Board considered a report that set out the Time to Change pledge. Members were advised that national guidance 'No Health without Mental Health' required the development and implementation of an action plan that aimed to:

- Reduce the stigma surrounding mental health problems in the workplace;
- Support the principle of the 'Five Ways to Wellbeing' in terms of all Torbay Council policies, processes and procedures;
- Support a positive model of mental health and wellbeing for Adult, Young People and Children's Services.

Resolved:

- i) that the Health and Wellbeing Board signs up to the Time to Change pledge and oversees the development of an Action Plan which will become a core part of a revised joint Torbay Health and Wellbeing Strategy and requires a change in culture; and
- ii) that the Health and Wellbeing Board support the current Mental Health Champion, to work with the Public Health Mental Health lead to develop a culture which challenges stigma and discrimination around mental health, and to develop an action plan to ensure that this is embedded in good governance, practice and behaviours.

**69. Council Budget and the Challenges to the Health and Social Care System**

Members were advised that as already witnessed the local authority is experiencing unprecedented budget pressures which have had a knock on effect for services in Torbay. Members were informed that further shrinkages in finances are likely therefore a debate was required to determine whether the notion of one health and social care system can 'shape up' quick enough to avoid a breakdown in the system.

The Board recognised that the different organisations represented at the Health and Wellbeing Board had common priorities but the budgetary pressures would require work that was radical, with fast implementation and strong leadership as there would be further budget issues in 12 months time. Members felt that the Health and Wellbeing Board should be consulted on future budget targets to enable debate about the potential impact upon services.

In light of the budget pressures and the Board having been in operation for 12 months during which time the Board had heard details of a range of different initiatives and responded to the changing government agenda for health and wellbeing boards, Members felt it appropriate to undertake a review of the Health and Wellbeing Board's priorities and evaluate the governance framework. In order to facilitate such a review Members were requested to complete the 'Ten questions every Health and Wellbeing Board should ask about its Joint Health and Wellbeing Strategy' and return their views to Gerry Cadogan by 28 February 2014.

Chairman/woman

**Title:** A Market Position Statement for Torbay

**Wards Affected:** All

**To:** Health & wellbeing Board **On:** 23<sup>rd</sup> April 2014

**Contact:** Frances Mason  
**Telephone:** 01803 208424 or 07917515976

**Email:** [frances.mason@torbay.gov.uk](mailto:frances.mason@torbay.gov.uk)

**1. Purpose**

**1.1** For the Health and wellbeing Board to adopt the Torbay Market Position Statement (MPS) as a joint statement for Torbay Council and South Devon and Torbay Clinical Commissioning Group. The purpose of the MPS is to stimulate a diverse and innovative market for services.

**2. Recommendation**

The Board agrees to:

**2.1** Adopt the statement and endorse its role in service transformation.

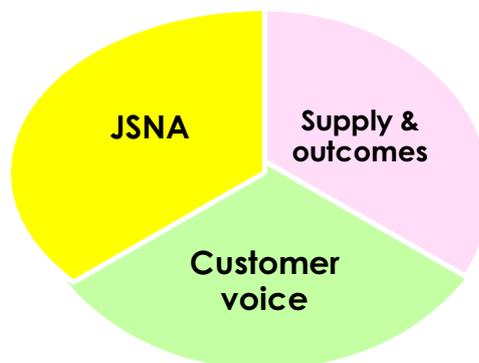
**3. Supporting Information**

**3.1** The MPS has a key role in influencing both the market for services and commissioning plans. It identifies opportunities for the market by:

- Describing current and future demand including, population trends and projections and the impact of changing policy and legislation.
- Analysing current supply of services, how well they meet needs and aspirations and what needs to change.
- Outlining future high level commissioning intentions.

**4. Relationship to Joint Strategic Needs Assessment (JSNA)**

**4.1** The JSNA is a key component in the MPS with information on population trends, projections and need. By combining this information with the analysis of supply and feedback from service users and carers it provides a picture of the current state and future commissioning vision for the market.

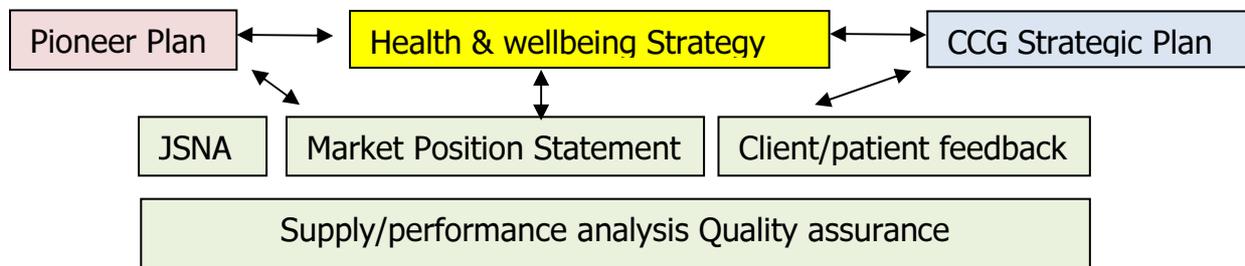


## 5. Relationship to Joint Health and Wellbeing Strategy

5.1 The MPS articulates the commissioning vision and intentions for the area as outlined in the health and wellbeing strategy. MPS data will inform future commissioning strategies as well as development of future health and wellbeing strategies. More detailed individual service or condition specific market position statements can be developed to inform specific service plans.

## 6. Role of MPS in service transformation

6.1 The requirement to produce an MPS coincides with the production of joint high level strategies such as, Dementia, mental health and learning disability across the two Devon CCGs and three local authority areas. These strategies underline a commitment to joint commissioning and alongside South Devon and Torbay's 'Pioneer' status, provide an opportunity to agree how strategies and boards should be aligned to deliver best results in a challenging financial environment. The diagram below captures some of the areas for consideration.



## Appendices

Market Position Statement

OUR  
SERVICES

OUR  
PLANS

OUR  
PLACE

# A Market Position Statement for Adult Social Care & Support in Torbay 2014+



# Executive Summary

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Torbay's Market Position statement (MPS) is designed to provide information and analysis of benefit to providers of care and support services in Torbay.

It is intended to help identify what the future demand for care and support might look like on the basis of what we know now about our local population and services. Torbay's purpose is to communicate to new and existing providers the things they need to know in line with local and national strategies for Adult Social Care. This will help with:

- Business planning
- Investment decisions
- Response to opportunities such as personal budgets and integration
- Reduce the risk of wasted resource on poor investments or poorly targeted initiatives

We work in close partnership with all agencies across the Torbay health and care economy. Our Health and Wellbeing Strategy ([www.torbay.gov.uk//Joint Health and Wellbeing Strategy.pdf](http://www.torbay.gov.uk//Joint%20Health%20and%20Wellbeing%20Strategy.pdf)) sets the broader context for our work over the next few years.

We need your help to shape and provide opportunities for an innovative and diverse market that can help people achieve independence and make personal choices for their care and support within a value for money context. The MPS is an important part of that process and although this focuses on Adult Social Care, in future years we wish to extend it into a broader health market and Children's Social Care.



*Working together for a healthier Torbay*

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*A market position statement sets out in a single place what we know about services in Torbay now; how they are used; how well they meet needs and aspirations and; the funding available. It also shows how demand for services, expectations and funding are expected to change in the future.*

# 1. Why produce a market position statement now?

Not just to meet a government requirement but most importantly to:

- stimulate and encourage a diverse market in Torbay capable of working in partnership to transform services for people and deliver outcomes for the area
- communicate an open and transparent strategic vision for the market, setting out commissioning intentions as a platform for strong partnership and participation
- build connections to transform the area by sharing information to support service design and improvement.

To make this a reality, development of the statement is underpinned by the three elements below:

Torbay's Market Position Statement provides information and analysis on:

- the population and place of Torbay including trends and future projections and the likely impact of changing national and local policy on the area
- the supply of accommodation-based, community, preventative and early help services in Torbay and how well they meet current demand
- how the council and partner organisations work together with service providers and the local community to plan, commission and deliver local services and how this will improve.

## *Inform*

Bring together demand information including, demographic profiles, trends, future projections & policy imperatives.

Describe current supply, how resources are currently allocated & future resource plans.

## *Influence*

Capture current experience & expectations for the future.

Shared analysis of demand, supply & changing landscape of health, care & support to shape the future together.

## *Innovate*

Use the information & ideas generated to stimulate new ways of working together.

Design & deliver outcomes by making best use of all available resources.

This statement sets out to:

- Create a better understanding of the needs and aspirations of Torbay's population, not just based on statistical analysis.
- Outline strategic priorities for integrated public sector commissioning and purchasing in Torbay.
- Support discussion with local providers, service users, patients and carers.
- Consider ways to promote creative solutions to meet changing and emerging need making best use of limited resources.
- Support planned transition from current provision to future Torbay provision.

## 1.1 Key Messages

Budgets for care and support are reducing and the demands of an ageing population will exceed available resources across health and social care unless traditional models of provision and funding change.

Torbay's community and acute health and social care services will become an integrated care organisation (see 1.4 below) with a pooled budget of just over £300M and an aspiration over the next 5 years to:

- provide 7 day a week services
- reduce bed based care
- focus services on prolonging independence
- help people to manage their conditions.

## 1.2 Opportunities for Market development

In facing up to the financial challenge and demand pressures we will work with service providers and the Community Voluntary Sector to use the strengths and assets of communities to change demand pressures into solutions for care and support. This statement provides information for both existing and new providers who are outcome driven, flexible and innovative. Successful providers will work collaboratively to deliver efficient, quality care and support closer

to home with a focus on individual needs and outcomes as part of an integrated system in the following areas:

### ***Reducing and avoiding reliance on bed based care through a more co-ordinated approach to accommodation based care through:***

- Continued reduction in long term placements into residential care
- Focus on short term re-enablement, rehabilitation, recovery, respite and crisis
- Development of extra care housing
- Later admission to long term nursing care

### ***Community services based on individual outcomes, or goals, to prolong independence and avoid or delay the need for more intensive or acute care by:***

- Supporting people to achieve personal outcomes that maximise their independence and choice
- Meeting needs of those with multiple and complex needs including poor mental health and substance misuse
- Making sure services include and respond to people whose behaviour may challenge
- Encompassing the needs of children as well as adults
- Forming part of a single point of entry to primary care and other community services
- Fully utilising the opportunities of community equipment, assistive technology, home improvement and minor adaptations
- Supporting and caring for people at the end of their lives

### ***Putting in place prevention and early help care and support to help people manage their own conditions and increasing community resilience by:***

- Helping people to stay healthy
- Supporting carers
- Reducing social isolation and loneliness

- Being proactive and identifying potential problems early
- Ensuring access to quality information, advice and assistance
- Making available expert advice for people to manage their finances including, those who pay for their own care.

## 1.3 Torbay Picture

People in Torbay have benefited from a history of integrated health and social care provision. This has reduced the need for local residents to be in hospital or to have to go into a care home. For instance, there are 11 fewer care homes in Torbay in 2013 than there were in 2011 and the average number of occupied hospital beds fell from 750 in 1998/99 to 502 in 2009/10. We have instead developed support that enables people to remain in the community such as the 107 units of extra care housing that are being developed between 2010 and 2015.

Torbay Council and the NHS, working with a variety of independent providers, wish to build on those strengths but there are nonetheless, some real challenges:

- We have a higher proportion of older people in Torbay. Our average age at 45.7 years is older than the national average. This difference is expected to grow to around 5 years by 2020<sup>1</sup>.
- Torbay was ranked 84th out of 150 in the worst category for premature deaths nationally by Public Health England in 2013. There is a gap in life expectancy of 6-8 years between the least and most deprived communities in the Bay.
- Estimates suggest around 7.5% people over 65 in Torbay (2,500) have dementia and this is expected to increase<sup>2</sup>.
- 6600 referrals were made to intensive community reablement services in 2012/13 (see Appendix 1: table 21).
- The cost of hospital treatment for those over 85 is expected to rise by about £1M in 2020

from 7.3M in 2012 to 8.5M in 2020<sup>3</sup>.

- 17,850 (14.6%) dependent children under 16 in Devon were living in poverty in 2011<sup>4</sup>.
- Average house prices are x8 national earnings-30% higher than national average. (Torbay Local Plan 2012).
- Torbay has the lowest Gross Value Added (GVA)<sup>5</sup> per head in England (Local Plan 2012) and wages are second lowest in country.

*Budgets for care and support are reducing and the demands of an ageing population will exceed available resources across health and social care unless traditional models of provision and funding change.*

## 1.4 An Integrated Care Organisation

South Devon and Torbay is a national Pioneer site. The aim of the Pioneer is to make health and social care services work together to provide better support at home and earlier treatment in the community to prevent people needing emergency care in hospital or being placed in care homes. Locally our plans include the development of community hubs (to improve access to all community care and support and health, including GP services) and the provision of seven-day services.

The creation of an integrated care organisation (ICO) locally, with the planned acquisition of Torbay and Southern Devon Health and Care NHS Trust by South Devon Healthcare NHS Foundation Trust, is central to our agreed model of care. This will be an entirely innovative new model, building on our

1 2012/13 JSNA for Torbay [www.torbay.gov.uk/jsna](http://www.torbay.gov.uk/jsna)

2 Torbay Health profile 2013, Public Health England, 24 September 2013 [www.healthprofiles.info](http://www.healthprofiles.info)

3 2012/13 JSNA for Torbay [www.torbay.gov.uk/jsna](http://www.torbay.gov.uk/jsna)

4 Child and Family Poverty in Devon - A Hidden Issue? 2011

5 GVA: value of goods or services produced in an area, industry or sector in an economy

history of seamless, integrated service which gives people greater control over their own care, looks to reduce obstacles and bureaucracy and focuses on community support and staying well.

[http://southdevonandtorbayccg.nhs.uk/images/Pioneer\\_Bid\\_final.pdf](http://southdevonandtorbayccg.nhs.uk/images/Pioneer_Bid_final.pdf)

NHS services are commissioned locally by the South Devon and Torbay Clinical Commissioning Group. Their vision of 'creating excellent joined-up care for everyone' drives commissioning priorities of:

- Promoting self-care, prevention and personal responsibility, resulting in less need for urgent care.
- Developing joined-up patient-centred community services (including mental health) closer to home.
- Leading a sustainable health and care system, encompassing workforce, estates and IT

South Devon and Torbay Clinical Commissioning Group has published its Integrated Plan for 2014-2019. This Integrated Plan sets out aims and priorities for the next three years and how the healthcare budget will be spent. The Plan can be viewed at: <http://southdevonandtorbayccg.nhs.uk/index.php/about-us/op/161-south-devon-and-torbay-integratedplan>

## 1.5 Government Priorities

The vision for a reformed care and support system is set out in the 'Caring for our Future' White Paper which includes the following priorities:

- Promoting people's wellbeing and Independence
- Supporting businesses to grow
- Reforming care & support funding

This vision acknowledges that change in the market for services is required so that choice and control can be exercised. The 'Open Public Services' white paper, published in July 2011, set out the government's vision for public services reform. These plans for modernising services are based on five principles:

- Choice and control
- Decentralisation
- Diversity Fairness
- Accountability

## 2. Inform – What we know

### 2.1 Demand

#### *Torbay Joint Strategic Needs Assessment (JSNA)*

*The JSNA uses a 'life course' framework to consider different population needs based on their collective journey through life in Torbay:*

*Starting well*

*Developing well*

*Living & working well*

*Ageing well*

[www.torbay.gov.uk/jsna](http://www.torbay.gov.uk/jsna)

The Joint Strategic Needs Assessment (JSNA) provides a picture of the population and place of Torbay, the outcomes for our population in relation to health and wellbeing and how the population and their needs are projected to change.

The ageing population in Torbay is increasing. Meeting the more complex health needs of those aged over 85 in 2020 is expected to cost Torbay about £1 Million more annually than it did in 2012. As the population ages the number of people living with dementia is also expected to increase. Much of the care provided in Torbay is unpaid in 2012/13 Torbay had the highest proportion of unpaid carers in England<sup>6</sup>.

#### 2.1.2 Health Inequalities

Life expectancy for a man born between 2008 and

<sup>6</sup> Census 2011

2010 in Churston-with-Galmpton is around 83.1 years compared to 75.4 for men born in Tormohun. There is a gap of 18 years in Torbay's more deprived communities between disability free life expectancy and life expectancy compared to a gap of 14 years in less deprived communities<sup>7</sup>.

#### 2.1.3 Accommodation-based care

While spend on residential and nursing care is the largest area of spend in the adult social care budget demand for traditional accommodation based care is in decline. Fewer people are entering residential care and those who do so tend to enter at an older age and stay for a shorter period. A national Bupa report in Jan 2011 found the average length of stay was 801 days<sup>8</sup>.

As shown in the table below, permanent admissions to residential and nursing care (for state funded older people in Torbay) increased by 12% for those aged over 84 and decreased by almost half (49 to 25) for those under 65 between 2010 and 2013<sup>9</sup>.

**Table 1: Permanent admissions to care homes**

Year of admission	1) <65	2) 65-74	3) 75-84	4) >84	Total
2010/11	49	17	62	125	253
2011/12	31	21	65	104	221
2012/13	25	24	64	142	255
<b>Grand Total</b>	<b>105</b>	<b>62</b>	<b>191</b>	<b>371</b>	<b>729</b>

#### 2.1.4 Self-directed support

More people in Torbay are purchasing their own

<sup>7</sup> Torbay JSNA 2012/2013

<sup>8</sup> Length of stay in Care Homes, Forder, J & Fernandez, J (Jan 2011) Bupa/PSSRU

<sup>9</sup> ASC CAR statutory returns (these figures exclude admissions to group homes, funded nursing care, continence care & continuing health care)

care through direct payments: 14% in Torbay compared to 12.8% in the South West as a whole in 2012/13. It is estimated by Torbay and Southern Devon Health and care Trust that 60% of people are using agencies and 40% are employing Personal Assistants. Community equipment, home improvements and adaptations are being used to support independent living and extra care housing (where people live in their own self-contained accommodation with care and support on site) is being developed as an alternative to residential care.

### 2.1.5 People who fund their own care and support

Estimating the number of people who fund their own care and support without any involvement from the public sector is more difficult. In certain circumstances Torbay is required to set up contracts on behalf of people who fund their own care if they do not have the capacity to do this for themselves, or someone available to do this on their behalf. In November 2013 Torbay was contracting on behalf of (about 130 people who fund their own care, also known as self-funders).

An IPC (Institute of Public Care) survey of providers for Torbay and Devon in August 2013 found ‘overall, out of the 358 people living in the care homes surveyed, 151 were self funders, which is 42% of the total. The homes specialising in care for older people all had at least a quarter of residents that were self funders.’ It is more difficult to estimate the number of self-funders in community services because of the diverse range of services and different providers involved. (See Appendix 3: IPC Torbay Market Position Survey Report, August 2013, page 14)

The Dilnot proposals on care funding reform outlined in the Government’s white paper, ‘Caring for our Futures’ will mean more people who fund their own care and support may be entitled to a social

care needs assessment and access to advice. This is likely to result in demand for additional social care assessments and good quality information and financial advice for self-funders.

### 2.1.6 Housing

In Torbay the majority of people live in their own homes or the private rented sector. According to Torbay’s Private Sector House Condition Survey in 2011 owner occupiers accounted for 70% of the local housing market, with the private rented sector at 22% being above the national average of 14% and social housing was just 8%. This is illustrated in Table 2 below. The House Condition Survey in 2008 estimated Torbay had a higher than average number of homes in multiple occupation.

**Table 2: Housing by tenure**

Tenure	Dwellings 2011	Percent 2011	Torbay 2009	Torbay 2008	Torbay 2006	EHCS 2008
Owner Occupied	44,870	70.1%	71.8%	71.8%	72.0%	68%
Privately rented	13,950	21.8%	19.6%	19.4%	19.7%	14%
Housing Association (RSL)	5,160	8.1%	8.6%	8.8%	8.3%	8%
Local Authority*	0	0.0%	0.0%	0.0%	0.0%	10%
<b>Total</b>	<b>63,980</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**Source: Torbay Private Sector House Condition Survey 2006/2008/2009/2011**

\*Local authority figures are shown here for comparative purposes. Torbay Council’s housing stock has been transferred and therefore forms part of the RSL figures.

Housing advice enquiries to the Council’s Housing Options Team increased substantially from 12,018 in 2009/10 to 19,721 in 2012/13, with 7225 in the first quarter of 2013/14 (April – June). If the pattern in quarter 1 of 2013/14 remains the same for the whole year, the total for 2013/14 could be over 28,000 advice and enquiries.

Last year (2012/13), 382 people applied to Torbay Council as homeless and 75 (20%) were accepted as being in priority need of accommodation. As on 6 November 2013, 3107 households who have

stated a wish to live in Torbay are on the waiting list for social housing.

### 2.1.7 Legal responsibilities, quality and performance requirements

Torbay is required to meet certain statutory obligations in relation to health, social care and support. They have a duty to assess need against eligibility criteria in accordance with social care and housing legislation and provide access to relevant services where eligibility criteria are met.

There are national outcomes frameworks for health, adult social care and public health. Performance against some of the measures attached to these outcomes is benchmarked against other areas. One example of this is performance reporting against the 'Towards Excellence in Adult Social Care' performance framework and the submission of quarterly housing performance information.

Registered Housing Providers (social housing landlords or housing associations) are required to make regular returns to the Homes and Communities Agency (HCA) and standards in hospitals, nursing and residential care homes are monitored by the Care Quality Commission (CQC) against national criteria.

Services commissioned by Torbay Council, Torbay and Southern Devon Health and Care NHS Trust and South Devon and Torbay Clinical Commissioning Group report against local performance and quality criteria.

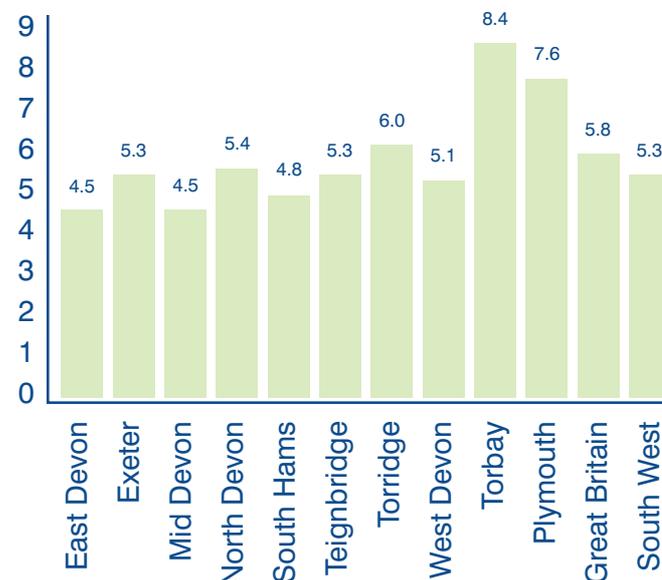
### 2.1.8 Welfare Reform

The local Government Association<sup>10</sup> calculates that average losses per working age household due to welfare reform range from £652 in South Hams to £1,030 in Torbay. The average losses suffered by claimant households themselves are distributed differently, with East Devon, Torbay, Teignbridge and North Devon experiencing amongst the 20% highest income drops in the country.

According to the Devon Joint Strategic Needs

overview<sup>11</sup> Torbay and Plymouth have the highest rate of claims of disability benefits (as % of working age population), followed by North Devon and Torrington, as illustrated in Table 3 below.

**Table 3: ESA/IB and/or DLA claims Nov 2012 (as % of working age population)**



## 2.2 Supply

Supply is described using the categories below. The next phase of the MPS will include other areas that form part of the total picture of health, care and support services in these areas including, Torbay general hospital, community hospitals and public health community and preventative services. Appendix 1 includes further detail of provision and activity within the service categories listed below.

### Accommodation based services

- Residential care nursing homes
- Private hospitals
- Supported living
- Host family carers
- Sheltered housing
- Extra care housing
- Homeless emergency accommodation
- Social rented housing

<sup>11</sup> Devon JSNA overview <http://www.devonhealthandwellbeing.org.uk/wp-content/uploads/2012/07/Joint-Strategic-Needs-Assessment-Devon-Overview-2012.pdf>

<sup>10</sup> The local impacts of welfare reform LGA August 2013

## Community based services

- Personal & non personal care & support
- Social care reablement
- Community Equipment & Assistive Technology
- Employment support
- Rapid response
- Day activities
- Meals services
- Night sitting
- Respite care services
- Personal assistants
- Self-directed support
- Intermediate care
- Community nursing

## Preventative & Early Help services

- Supporting people services
- User support groups
- Befriending services
- Information, advice, advocacy
- Community & voluntary sector networks
- Community based short breaks
- Care & repair services
- Carers groups

## 2.3 Accommodation-based services

### 2.3.1 Residential and Nursing Care Homes

Torbay has more care homes than average and a correspondingly higher number of care home beds. End of life care profiles<sup>12</sup> from Public Health England showed that in 2012 Torbay had 7.1 care homes per 1,000 population aged 75+ compared to 4.4 in England and 166.4 care home beds per 1,000 population aged 75+ compared to the England average of 114.1.

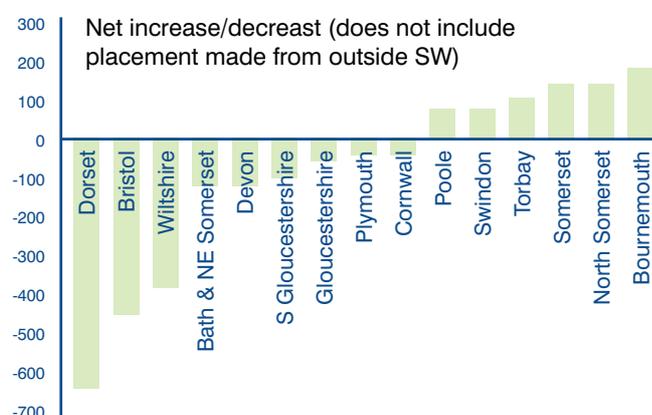
There is a notable difference between the balance of residential and nursing homes nationally and those in Torbay. In November 2013<sup>13</sup> CQC reported that on 31 March 2013 the national average split between residential and nursing care provision was 73% residential care and 27% nursing care. However, in Torbay the split was 83%:17% indicating there is an over-supply of residential care homes in Torbay (see appendix 1: tables 5-8).

In September 2013 there were 87 residential care homes with 1829 beds and 18 nursing homes with 648 beds registered with CQC. The majority of homes (72 at the time of writing) are registered to provide care for people over 65. Care homes in Torbay tend to be older and smaller compared to other parts of the country. 60% of homes in Torbay have less than 25 beds; 7% have between 26 and 50 beds and; less than 3% have over 50 beds. (See Appendix 1: Tables 3-4)

Torbay and Southern Devon Health and Care Trust (or the Trust) is not the only purchaser of care home placements in Torbay NHS Trust. In October 2013 a snapshot showed 825 of the total beds were purchased by the Trust; 189 were purchased by Health and 1427 (57%) were known to be self-funders. The remaining beds were either purchased by other local authorities or vacant.

A study of use of care beds across the South West taken on 31st March 2013 showed that Torbay had over 100 more people placed from other authorities than it had placed out of area.

**Table 4: Ordinary Residence South West Survey 2013**



<sup>12</sup> [http://www.endoflifecare-intelligence.org.uk/end\\_of\\_life\\_care\\_profiles/la\\_2012\\_pdfs](http://www.endoflifecare-intelligence.org.uk/end_of_life_care_profiles/la_2012_pdfs)

<sup>13</sup> The State of Health Care and Adult Social Care in England 2012-2013, CQC, November 2013

Whilst the Trust's use of the care home market is still slightly higher than average (718.4 permanent admissions for people aged 65 or over per 100,000 population in 2012/13 compared to 697 England average) there has been a 4% per annum reduction in the number of people supported in long term placements over the last three years. This is likely to be the result of people entering care at a later stage and, on average, staying for shorter periods of time. The number of social care clients supported in care homes at year end (excluding fully self-funded) as reported to the Trust's board over the last three years is shown in Table 5 below.

**Table 5: Clients supported in care homes**

Period	Clients
2010/2011	781
2011/2012	730
2012/2013	717

### 2.3.2 Private hospitals

In October 2013 there were 3 independent (non-NHS) hospitals registered by CQC in Torbay for people with poor mental health and learning disabilities and in August 2013 there were 21 patients, of which 17 were funded by South Devon and Torbay Clinical Commissioning Group. These 17 were not necessarily Torbay residents (See Appendix 1: Table 11) There are 32 bed spaces at these hospitals and one of the hospitals has a self contained flat within the grounds. There is no set budget for this type of service provision however based on current information the projected spend for clients with a learning disability in independent hospitals, for 2013/2014, is £654,178.

### 2.3.3 Supported living

On 4 November 2013 there were 17 providers of enhanced supported living for people with learning disabilities. 2013/14 budget preparation for adult social care estimated an annual figure of 41 people in supported living funded by Torbay. It is difficult to calculate the exact amount of supported living because providers do not have to register with CQC as residential care although care services are provided to individuals living

at the same address. Funding for supported living comes from individual contracts for care and excludes any requirements concerning the accommodation. Placements into supported living in Torbay may be made by other local authorities and this may result in the responsibility for funding transferring to Torbay which can result in unplanned budget pressure.

### 2.3.4 Host family carers

In 2012/13 there were 19 vulnerable adults, for whom placement into residential or nursing care was not appropriate, supported in this way. Currently a single provider is commissioned to arrange and support placements. People are cared for as a member of the household sharing accommodation and meals. They are provided with companionship and help with a range of daily living activities including, cleaning and laundry.

### 2.3.5 Sheltered housing

Historically sheltered housing has been available to people over 50 who are able to live independently in self-contained accommodation but require some reassurance and help. Traditional models of socially rented, sheltered housing are changing and while support may previously have included a warden on site it is now far more likely to be a peripatetic service providing 'enhanced' housing management support funded through the rent. According to the Homes and Communities Agency (HCA) at the end of March 2013 there were 8 Registered Social Housing Providers (formerly known as Housing Associations). At this time these providers owned 884 and managed 735 rented sheltered housing units in Torbay (some will be owned and managed by the same provider). Providers are registered with the Homes and Communities Agency (HCA) who set standards for social landlords and monitor their performance.<sup>14</sup>

### 2.3.6 Extra care housing

Extra care housing provides a popular alternative to residential care. Comprising self contained

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<sup>14</sup> Homes and Community Agency: <https://nroshplus.homesandcommunities.co.uk>

accommodation, commonly in fully accessible flats or bungalows, care and support are based on site.

Developments are sometimes referred to as 'Extra Care' or 'Retirement Villages.' They often include a mixture of sheltered and extra care housing units as well as a range of other facilities including medical treatment rooms, hairdressers, chiropodists and restaurants. 45 units of extra care housing have been developed since 2009 with a further 62 in the pipeline. An additional 85 units are under consideration.

Sheltered, or retirement, housing (sometimes including care) for older people is also provided by the private sector to buy or rent. As a popular retirement location people may move to Torbay when relatively healthy and need further support from the state as they age or as their income reduces. There are a number of existing schemes in Torbay and others in development. Private sector sheltered and extra care housing providers have a key role to play in meeting future demand for accommodation based care and support and this statement is intended to help facilitate increased partnership working between public and private sector housing providers and the Community Voluntary Sector.

### 2.3.7 Homeless emergency accommodation

Torbay Council has a responsibility to provide emergency accommodation for some people assessed under Section 193 and 195 of the Housing Act 1996 as homeless and in priority need. Those in priority need are normally households with dependent children, pregnant women and people who are vulnerable as a result of their age, illness or disability.

On 30 June 2013 there were 36 households in emergency accommodation. Emergency accommodation is provided in a number of different ways in Torbay including use of hostel accommodation for single people, supported accommodation for families, private sector accommodation and by spot purchasing rooms in bed and breakfast accommodation.

### 2.3.8 Social rented housing

This is housing managed by Registered Social Housing Providers (formerly known as Housing Associations). In March 2013 there were 7 registered providers supplying 3931 units of self-contained general needs housing.<sup>15</sup> While this is not supported, housing tenants are more likely to be vulnerable or living in poverty. Social landlords are not for profit organisations regulated by the HCA with wider social responsibility including, often providing an enhanced housing management service for vulnerable tenants. They also tend to play a greater role in community support and development than private landlords.

## 2.4 Community based services

### 2.4.1 Personal and non personal care & support

Personal and non personal care and support is often referred to as domiciliary care. In November 2013 there were 15 different providers in Torbay. While overall numbers of people in receipt of personal care and support remained fairly static between 2010 and 2013, numbers of older people with poor mental health increased slightly from 108 in 2010/11 to 169 in 2012/13 (see Appendix 1: Table 20). Despite increasing numbers of people receiving self-directed support personal care still tends to be measured in hours and tasks rather than outcomes. This will change and in October 2013 providers were invited to tender for the opportunity to provide a 'Living Well at Home' care and support service from 2014. The new service will be based on personal outcomes with a focus on re-enablement and recovery.

### 2.4.2 Social care re-enablement

Torbay 'Intensive Home Support Service' provides a brief, up to 6 weeks, intensive domiciliary care service to people being discharged from hospital to support them to live as independently as possible by learning, or relearning, skills necessary for daily living. 6,600 referrals were

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<sup>15</sup>Homes and Community Agency: <https://nroshplus.homesandcommunities.co.uk>

made to this service which is currently provided by Torbay and Southern Devon Health and Care NHS Trust in 2012/13. (See Appendix 1: Table 21)

### 2.4.3 Community Equipment and Assistive technology

This covers a range of aids for daily living to support independence at home, often following health events for example, a stroke, loss of mobility, or following orthopaedic surgery. Complex equipment includes items such as hoists or specialist mattresses. More simple aids for daily living include, seat raisers and walking aids. Home improvements and minor adaptations also fall under this heading.

The total number of people over 18 receiving equipment and adaptations fell slightly from 3266 in 2010/11 to 3109 in 2012/13. Over the same period there was an increase in the number of people over 65 with poor mental health receiving equipment and adaptations from 149 to 207 (See Appendix 1: Table 22). These services are provided under a single contract which was tendered in 2013. A revised service and new provider will be in place in April 2014.

Tele health and tele care items, such as bed sensors and ipads, form part of a range of assistive technology. A Community Alarm Service is provided by Torbay and Southern Devon Health and Care NHS Trust as well as other private sector providers in the Bay.

### 2.4.4 Employment support

In October 2013 there were 3 employment support services in Torbay provided by 2 different providers. One service is a partnership between Torbay Hospital, South Devon College and Torbay Council.

The other two contracts are provided by the same provider. One provides employment support to people with poor mental health and 77 people used the service in 2012/13. The other provides support to people with learning disabilities many of whom have Aspergers or Autistic Spectrum Condition.

### 2.4.5 Rapid response

Torbay has a 24 hour/ 7 days a week Crisis Response Team which made 5334 visits in 2012/13, an increase of almost a 1000 since 2010/11 (See Appendix 1: Table 26).

### 2.4.6 Day activities

In November 2013 there were 8 providers of day activities for people with a learning disability and 16 providers of day activities for older people. The Learning disability Commissioning Strategy at Appendix 4 provides further detail on commissioning priorities for people with learning disabilities. A wide range of activities are provided including art, socialisation, gardening, cooking and walking.

### 2.4.7 Meals services

The total number of people receiving a meals service has reduced from 315 in 2011/12 to 181 in 2012/13. (See Appendix 1: Table 28) There are 2 contracted providers. One is a voluntary organisation and the other one is in the independent sector. There are 6 known private meals providers.

### 2.4.8 Night sitting

In 2012/13, 32 people received night sitting services. This is more than twice as many as in 2010/11 (See Appendix 1: Table 29). This type of service is commonly provided when someone without a resident carer needs support following hospital discharge.

### 2.4.9 Respite care services

In 2012/13 442 adults received respite services funded, part funded by adult social care in Torbay (See Appendix 1: Table 30). Respite services enable relatives who provide full time care to have a break from carer duties for a short period of time.

### 2.4.10 Personal assistants

One voluntary sector service in Torbay runs payroll facilities for people who need help employing

personal assistants to help them manage their care and support. They were providing this service for 166 people on 19 August 2013.

### 2.4.11 Self-directed support

56.4% of people using social care services received self-directed support in 2012/13 and 14% of people received self-directed support through a direct payment.

### 2.4.12 Intermediate care

2294 people were referred to Intermediate care services in 2012/13. This figure has fallen over the past 3 years from 3074 in 2010/11 (See Appendix 1: Table 31). Intermediate care is used to care for people in a crisis or for a period of recovery following hospital admission.

### 2.4.13 Community nursing

An average of 107,000 visits were made by community nursing services including community matrons, community nurses, assistant practitioners and Support Workers for Intermediate Care (SWICs) between 2010 and 2013 (see Table 6 below). The table also shows the number and proportion of visits made to care homes.

**Table 6**

Period	Number of community nursing (excluding matron) visits to care homes in Torbay	Overall number of community nursing visits in the Torbay locality	Approximate proportion of community nursing visits to care homes in Torbay
2010/2011	25,042	105,644	23.7%
2011/2012	24,615	109,976	22.4%
2012/2013	22,662	105,039	21.6%

**Source: Torbay and Southern Devon Health and Care NHS Trust**

The proportion of visits to care homes is approximate because the first column showing visits to care homes excludes community matrons whereas the second column showing overall

number of visits includes matrons.

### 2.4.14 Self funders

The IPC (Institute of Public Care) survey in August 2013 (see 2.1.4 above) found that out of the 5 community based services who responded with full information, 59 out of 411 (14%) were self funders. This section of the survey covered both Devon and Torbay and included the following services: personal care and support, night sitting, day services/activities, respite, personal assistants, employment support, and housing related support. (See Appendix 3: IPC survey, page 26)

## 2.5 Preventative & Early Help Services

### 2.5.1 Supporting people services

Services are provided by 14 different providers who support people to become or remain independent in their own homes. 1244 people entered short term services in 2012/13. At 21 August 2013 accommodation based services included 606 units of sheltered housing, 45 extra care units and 273 units of accommodation for vulnerable adults, young people and families. At this time there were 505 units of outreach support. (See Appendix 1: Table 33-34)

### 2.5.2 User support groups

One user support group for people with poor mental health received funding of £6,291 pa from Torbay and Southern Devon Health and Care in 2013/14. Further user support groups including, an older persons' forum, a group for people with poor mental health and a peer support group for people with drug and alcohol issues also operate in Torbay.

### 2.5.3 Befriending services

One befriending service providing information and advice, a luncheon club and activities received £63,000 funding from Torbay and Southern Devon Health and Care Trust in 2012/13

## 2.5.4 Information, advice and advocacy

The number of people in Torbay referred to advocacy services has increased over the 3 year period from 196 in 2010/11 to 318 in 2012/13 (See Appendix 1: Table 35). The services included advocacy for people with a learning disability and/or communication difficulties, Independent Mental Capacity Advocacy, Independent Mental Health Advocacy, and Independent Health Complaints Advocacy. 3 advocacy services were funded by Torbay and Southern Devon Health and Care NHS Trust at a cost of £87,800 in 2012/13. One national advice agency received grant funding of £154,100 2013/14 from Torbay Council. A further advice agency received funding from central government of £35,800 for court representation and specific debt advice re mortgage repossession in Torbay in 2013/14.

## 2.5.5 Community and voluntary sector networks

The Torbay and Southern Devon Health and Care Trust contracts include 20 organisations classed as the 'third sector' (voluntary organisations) for older people, learning disability, primary care, mental health, social care, community care and carers with estimated total annual funding of £5,807,821.61 in 2012/13. This includes services that are covered in other sections of this report such as Community Equipment Service; Information, Advice and Advocacy services; and Carers services. Torbay Council has agreed to provide £300,000 funding over 3 years to support the Community Development Trust which was formed in 2012 with the objective of bringing together Torbay community voluntary sector organisations to co-ordinate planning and opportunities particularly in relation to funding, volunteering and advice and information.

### *Big Lottery Aging Well*

*Loneliness and isolation is a real issue for many older people in Torbay. In October 2013 local community voluntary sector organisations collaborated through the newly created Community Development Trust and passed the first stage of the bidding process.*

## 2.5.6 Community based short breaks

These are short term residential respite stays. The number of people receiving these services has reduced over the 3 year period 2010/11 to 2013/14 from 239 adults aged 18+ in 2010/11 to 191 people in 2012/13- 2 years later. Most of the clients had a physical disability and were aged over 65. Only 24 of 191 clients were aged under 65. (See Appendix 1: Table 36)

## 2.5.7 Care and repair services

The budget for the home Improvement Service which is commissioned from an external voluntary sector provider for 2013/14 is £48,000. In 2011/12 there were 134 enquiries to the Home Improvement Service.

## 2.5.8 Carers Groups

In 2012/13 the Older family carers initiative received £25,000 funding from Torbay Council; the Carer Enabling service pilot received £55,000; Home based breaks service for carers £97,000.

# 3. Current and future levels of resource

\* (directly attributable to Torbay and Southern Devon Health and Care Trust)

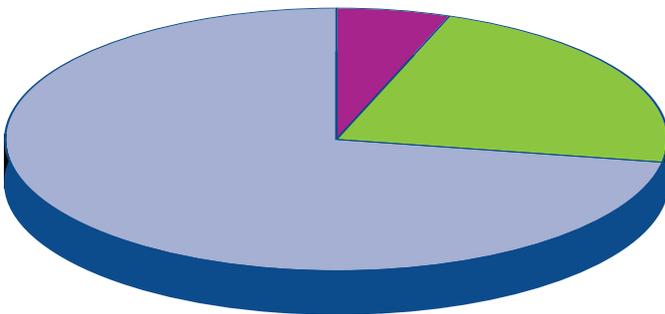
## 3.1 Financial position - 2013/14 budget allocation - Torbay Adult Social Care\*

This section provides an overview of the budget allocation for adult social services in the Torbay area for 2013-14.

In 2013-14 the budget for adult social care in Torbay is £43.3m, an increase of £500K from the 2012/13 budget figure of £42.8m. Total planned gross spending on adult social care is £52.9m. This is funded by £43.3m from Torbay Council and £9.6m income received from clients who contribute toward the cost of their care.

The chart below shows how the £43.3m budget has been allocated.

**Budget 2013-14 - £m's**



**Independent sector: £31.2m**

**Operations: £9.6m**

**In house learning disability: £2.5m**

## 3.2 Budget analysis 2013/14

The Trust has allocated £2.5m for its in-house Learning Disability Services in 2013-14, including costs of £1.1m for two residential homes and £1.4m on the provision of day care.

Operations have a budget of £9.6m for 2013-14. This is the funding to provide 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

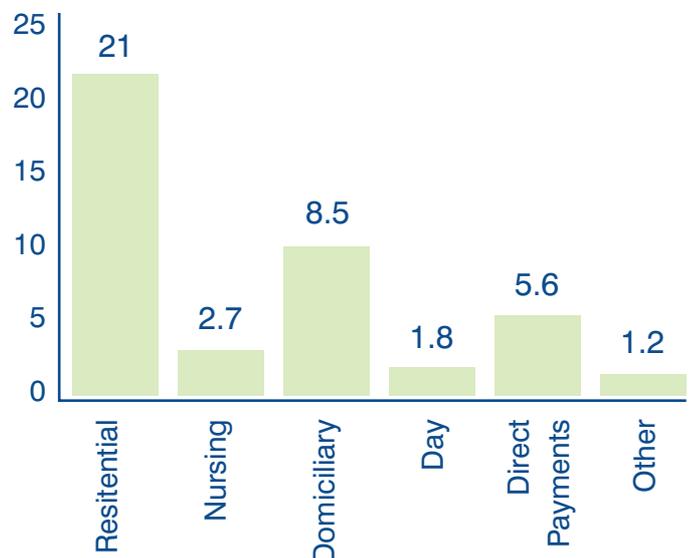
and commissioning and support service staff including, Business support, Finance, IT, Procurement, Performance and Human Resources.

Over 72 per cent of the adult social care budget is for the purchase of care (including, residential care, nursing, day and domiciliary care) from the independent sector (voluntary and private sector providers). The majority of this spend is with providers within Torbay but some specialist care is provided out of area. At any point in time it is forecast that there will be on average around 2,400 clients receiving a core service. The client's ages will range from 18 to 100+ and services will be provided to clients with learning disabilities, dementia, sensory and physical disabilities, vulnerable people, the frail and elderly.

In 2013/14 the net budget for the independent sector is £31.2m. Gross spend with the independent sector is forecast to be £40.8m with income expectations of £9.6m. The vast majority of income is from charges made to clients. Under national legislation, all social care clients receive an individual financial assessment and this can result in a client being asked to contribute towards the cost of their care provision.

The gross expenditure budgets within the Independent Sector are illustrated in the chart below.

**Independent Sector Gross Expenditure breakdown 2013/14 -£m's**



### 3.3 Financial outlook for 2014-15 and beyond

Funding arrangements for Adult Social Care (ASC) are under review at a national level. Therefore the financial arrangements for 2013-14 are based on what is known at present.

Torbay Council, in line with the comprehensive spending review (2011-2015), is required to make substantial budget reductions. The Trust and South Devon and Torbay Clinical Commissioning Group acknowledge the tight financial constraints over the period as well as the significant financial challenges that they face themselves as organisations, and will continue to deliver the best possible care and support within these constraints.

This will be done in consultation with the Council and where it is necessary to make changes to the way services are delivered consultation will take place with the people and carers who use the service.

Torbay Council's medium term financial plan can be found at: [www.torbay.gov.uk/mediumtermresourceplan1215.doc](http://www.torbay.gov.uk/mediumtermresourceplan1215.doc)

### 3.4 Budgets 2014-2016

Local government is facing unprecedented financial challenges with reduced funding from central government in the face of increasing demand for services. Torbay Council set the 2014/15 budget in February 2014, this included a savings programme totalling £22m to be found over 2 years (2014/15 and 2015/16). These savings included reductions in council financial support for social care and support.

From August 2014 the Integrated Care Organisation will combine Torbay and Southern Devon Health and Care Trust and South Devon Healthcare Trusts budgets into a pooled funding pot of over £300M to provide better care for the people of Torbay.

# 4. Influence – Transforming the future together

## Summary of demand and supply

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This section considers how well existing supply meets the current and future demand projections set out in this statement and what needs to change to achieve better care and support including, what people have told us about their services and their ideas for improvement.

### 4.1 Accommodation based services

Alongside changing demographics of people living longer with fewer disability free years and inequalities in life expectancy people's choices and expectations have changed. They want to remain independent in their own homes and with loved ones for as long as possible. Despite this the majority of adult social care financial investment is still in accommodation-based services. There are a number of different types of accommodation based-services from supported living, intermediate and respite care, through to residential and nursing care, community hospitals and hospices.

Many care homes in Torbay are in older properties. The design of these buildings can be hard to alter. While they may meet the needs of people who chose to enter care at an earlier age, fewer people are choosing to do so now and those reliant on public funding are unlikely to be eligible unless they have substantial or critical needs. It is possible that this has resulted in a division between those homes catering largely for self funders and those catering mainly for publicly funded residents. (See Appendix 2, Case Study 1: A Tale of 2 Care Homes)

Extra care housing provides a real alternative to residential care and can help support people to live as well as possible with increasing care and support needs and a variety of long term conditions.

#### Future commissioning intentions (accommodation)

- Continued reduction in long term placements into residential care
- Focus on short term reablement, rehabilitation, recovery, respite and crisis
- Development of extra care housing
- Later admission to long term nursing care

### 4.2 Community based services

Take up of self directed support has been slow and personal and domiciliary care is still based largely on tasks and hours. Advances in technology, equipment, community health services and palliative care can all support people to remain at home for longer including, receiving end of life care and support in at home rather than in hospital. Despite this while 75% of people say they would like to die at home in 2011 only 42% of people died at home<sup>16</sup>. Much more can be done to maximise the benefits of technology in providing care and support including, tele health and tele care to prolong independence and improve the quality of people's lives.

The current focus on tasks and hours rather than personal outcomes, coupled with the reputation and perception of care work, partly in response to well publicised failures in the media, and the low status of care affects the quality of care and the degree of choice and control people feel they are able to exercise over their care. Care staff can change frequently making it hard to build trusting relationships with those they care for and their relatives and friends to understand personal interests and preferences. Torbay is committed to

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<sup>16</sup> DOH Policy update on improving care for people at the end of their life, March 2013

changing this and a new outcomes-based 'Living Well at Home' care and support service will be launched in July 2014 and developed over the following year.

#### Future commissioning intentions (community):

- Supporting people to achieve personal outcomes that maximise their independence and choice
- Meeting needs of those with multiple and complex needs including poor mental health and substance misuse
- Making sure services include and respond to people whose behaviour may challenge
- Encompassing the needs of children as well as adults
- Forming part of a single 'wide front door' to primary care and other community services
- Fully utilising the opportunities of community equipment, assistive technology, home improvement and minor adaptations
- Supporting and caring for people at the end of their lives

### 4.3 Preventative and early help services

The social and economic benefits of prevention and early intervention are well-documented. Access to good quality, co-ordinated information, advice, advocacy and support makes the concepts of choice and control a reality. Helping people to make earlier choices about their future accommodation, care and support, as well how the cost of their care and support will be met is vital. Services need to become better at identifying care and support needs, including carers' needs, earlier in advance of a crisis. The Community Voluntary Sector has a key role here because often the most effective support comes from those with shared experience, or a common interest or community. More use can be made of good neighbour and befriending schemes, building on the assets and strengths of whole communities.

#### Future commissioning intentions (prevention & early help):

- Helping people to stay healthy
- Supporting carers
- Reducing social isolation and loneliness
- Being proactive and identifying potential problems early
- Providing, or co-ordinating, quality information, advice and assistance
- Making available expert advice for people to manage their finances including, those who pay for their own care

### 4.4 What people say about their services

*"It would be wonderful to have my bed changed and have my legs and my feet done,"*

*Sally Lubanov speaking about 15 minute care visits on BBC Radio 4's Today Programme, 7th October 2013*

Local engagement and surveys show that, while 86.5% of people say care and support services help them to have a better quality of life, only 43.6% say they have as much social contact as they want with people they like.<sup>17</sup> Responding to a questionnaire on domiciliary care services from Torbay LINKs (now Health watch) in 2012 people identified some improvement were needed including:

- Standard induction training
- Information on approved providers
- Support to access direct payments and personal budgets
- Access to the same carer most of the time
- Timing of visits to be appropriate to the service user not the provider and to allow enough time

<sup>17</sup>Adult Social Care and Carers Survey 2013

Many of these issues echo national concerns as well as those identified by Torbay & South Devon Health & Care NHS Trust in service reviews.

In the Council's August 2012 annual Viewpoint survey 89.5% of respondents either strongly agreed, or tended to agree, that the Council should concentrate on providing and developing services which make sure people receive the support they need to remain living in their own home. However, only 38% agreed the council should concentrate on keeping people at home if this meant the council had less money to spend on other services, such as residential care. Comments on current services included, people not being aware of services or worried about cost; that care homes are not always the best solution and; that patients and their carers aren't listened to. Ideas for improvement included more clubs and trips for the housebound, stimulating exercise in care homes to improve mobility and that social care should be available in doctor's surgeries.

The broad themes from The Clinical Commissioning Group's community services engagement sessions in November and December 2013 were:

**Need for better communication:** between providers and to patients, including a directory of services for patients, so people know who to contact for what & when.

**Ideally one person to coordinate care**, often GP but doesn't need to be

**Education, prevention & self-care:** people want to know more about their condition: what it is and how to manage it. Include the younger generation. Self help groups in the community - community hubs, single point of contact, somewhere for people to go and meet up.

**Accessibility of services** is important – opening hours 7 days, public transport, buildings that are fit for purpose. Include access to information that is in a variety of formats suitable for every individual. Language to suit the person not the professional

**Reliability of services, consistency** – Knowing who will come to see them and when.

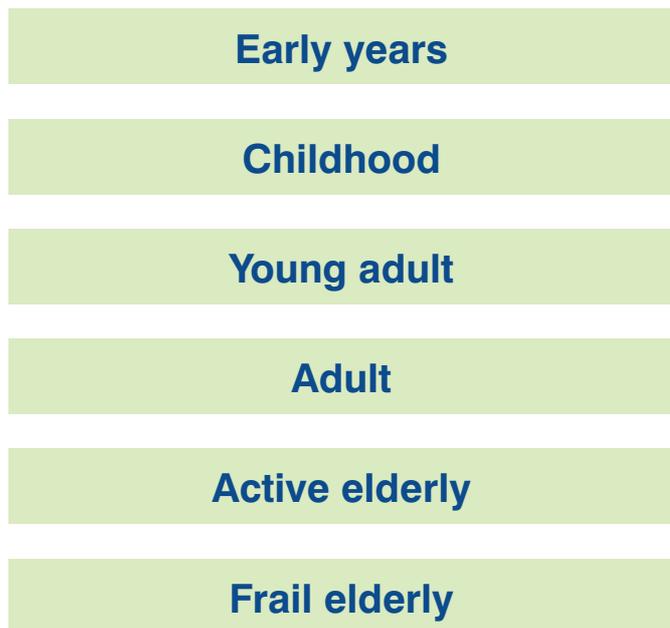
**Continuity of care, responsiveness** - Relationship building with carers is important to make people feel safe. Quality should be same wherever and whenever it is delivered, every setting, every time of day or day of week

**Make more use of voluntary services** - To help people live at home, using support already in community, "neighbourliness" & "community spirit"

**Support for carers** - Don't just focus on the recipient of care

# 5. Innovate!

Better care will be achieved across the life course



Future commissioning will support an integrated care pathway (see Table 6 below) to deliver transformed health, social care and support services:

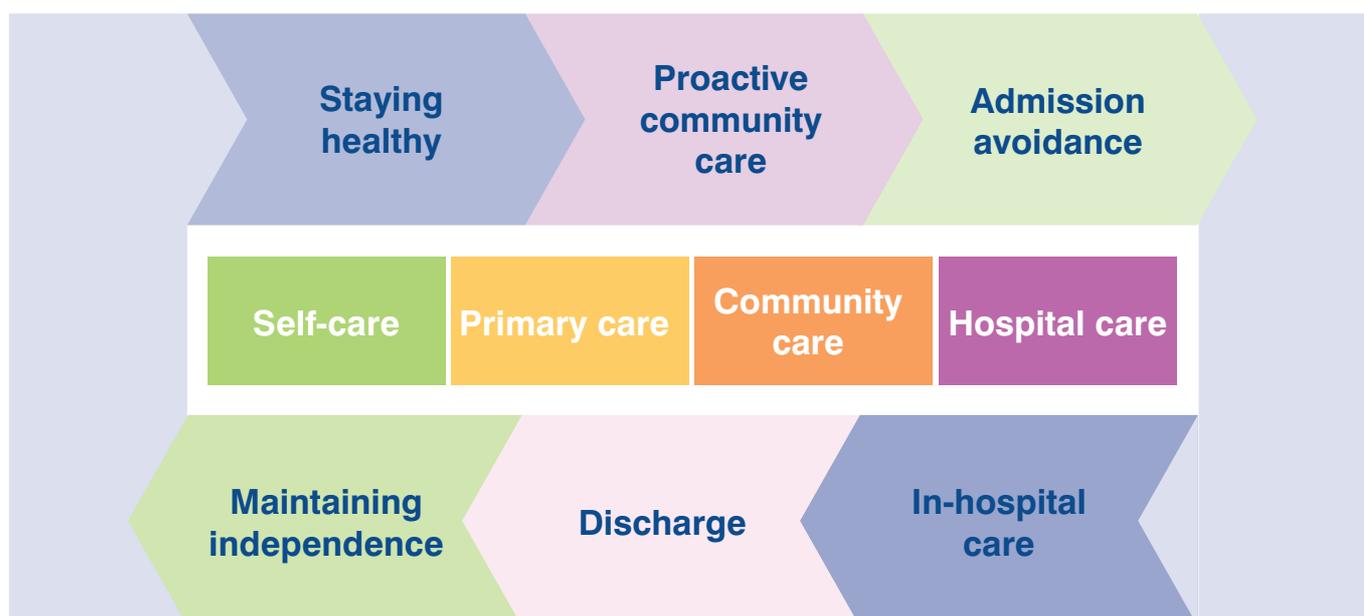
- Providing 7 day a week services
- Reducing bed based care
- Focus services on prolonging independence
- Helping people to manage their conditions.

## 5.1 Areas for Market Development

The future will be about providers and commissioners working together with communities in new ways, involving people and organisations who have not always had their voices heard. Person centred care allows extraordinary ideas and plans from people themselves to improve the quality of their lives and ensure when services intervene they do so at the right time and in the right way to support independence and recovery.

Torbay is working with the Community Voluntary Sector (CVS) to make sure commissioning and procurement processes are proportionate. We will involve the CVS, as well as service users and carers, early in the commissioning process to co-produce service solutions resulting in the best outcomes for communities and families as well as individuals.

**Table 6: The Integrated Care Pathway**



## 5.2 Personalised Care and Support

The earlier sections of this statement set out the key messages for the market on plans for an even more integrated future across all aspects of health and social care in Torbay and South Devon. Services will focus on prevention, independence, recovery and re-enablement; supporting people to stay well and manage their own conditions; treating people in the community wherever possible and; reducing the need for bed based care in hospital and other residential settings.

Some incidents will happen irrespective of early help and prevention so a focus on re-enablement and recovery is vital. The role of accommodation-based care and support needs be clearer and focused on managing crisis, supporting re-enablement and rehabilitation in community settings and returning people home wherever possible. (See Appendix 2, case study 2: Juno)

## 5.3 Making more sense of a range of accommodation based options

People's needs and expectations are changing along with changing demographics. People want to stay independent in their own homes for as long as possible. For older people and those with disabilities extra care housing provides an alternative to residential care. Supported living and better packages of community care and support have seen numbers of people under 65 in residential care decline.

Older people are entering residential and nursing care at a later stage, often for shorter periods. This trend is likely to continue especially as advances in assistive technology and equipment allow even those with more pervasive dementias to remain in their own homes. Similarly research shows the majority of people would prefer to end their days at home and improvements in community care and support and developments in hospice care mean end of life care can be provided to people in their own homes. (See Appendix 2, case study 3:

Jane and Suffiah)

Accommodation-based care and support needs to form part of a continuum of care and support both as an alternative to acute bed-based care and to support recovery, re-enablement and rehabilitation in community settings, including crisis support for people with poor mental health. Increasing partnership with private sector developers of retirement villages and housing with care will increase choice and the range of accommodation options available to meet changing needs and aspirations. (See Appendix 2, case study 4, The Extra Care Village).

## 5.4 Community care and support

There is potential to extend the use of technology to promote independence by demonstrating the possibilities and increasing the confidence, not only of those who will use it to improve the quality of their lives, but also of professionals and clinicians to maximise the benefits.

Lack of resources as well as a tendency towards top down control has led to a preoccupation with tasks and hours and 'doing to, or for' rather than 'with' Reviews of care and support can be infrequent or too rigid in their scope, perhaps missing important voices because of lack of time, training, awareness of more complex needs or advocacy support. (See Appendix 2, case study 5: Penelope).

## 5.5 Prevention and early help

People want to be involved in shaping their services and have ideas on how services can be improved. A single route to primary care and vital community services such as health information, mental health, family support and housing will simplify pathways and make sure interventions are targeted at the whole person, or whole family, their environment and specific circumstances rather than on a single issue or condition. Access to advice and information is a vital component of early help. (See Appendix 2, case study 6: Chablis).

## 6. Setting the future direction for services through integrated multi-agency commissioning

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Commissioning for all ages (children and adults) will be joined-up at a strategic level across Torbay Council (including public health) with scope to join up further with South Devon and Torbay Clinical Commissioning Group. Strategic commissioning will be confined to setting strategic direction for health, social care and support incorporating other commissioning for people such as, housing, leisure, education and community safety. Governance will be through the Health and Wellbeing Board with strategic commissioners taking into account the wider strategic direction for the area including, economic development and welfare.

Budgets will be pooled within the Integrated care Organisation by August 2014 and day to day operational commissioning responsibility will sit with the provider organisation including, financial monitoring, contract management and quality assurance. This will enable issues to be addressed quickly and ensure people are supported to commission their own services wherever possible. Where this is not possible their GP, social worker, other professional or carer will commission on their behalf. Strategic commissioners will set up frameworks for service

purchase, develop partnership relationships with providers including, working with providers and other stakeholders to develop and facilitate markets and ensure compliance, quality and efficiency at a strategic level.

### 6.1 An integrated outcomes framework for Torbay

An integrated outcomes framework is in development bringing together outcomes for adult social care, public health, children's and the NHS. Outcomes are clustered under the following domains:

- Helping children & young people have the best start in life
- Supporting & prolonging independence
- Improving mental health & wellbeing
- Reducing reliance on acute bed based care
- Promoting prevention, reducing inequalities & the gap in life expectancy
- Relentlessly improving the quality of care provided

# 7. Aspirations for future market position statements

The purpose of Torbay's market position statement is to:

- Stimulate and encourage a diverse market in Torbay capable of working in partnership to transform services for people and deliver outcomes for the area.
- Communicate an open and transparent strategic vision for the market setting out commissioning intentions as a platform for strong partnership and participation.
- Build connections to transform the area by sharing information to support service design and improvement.

Torbay and South Devon have ambitious plans over the next 5 years to transform the health, care and support system. To support this goal the market position statement could be expanded over the next 3 years to include a greater range of services targeted at health, care, support and wellbeing across adults and children. This may help to increase understanding of the full picture of services and how the nature of traditional services and the way in which they work together across geographic areas and the public, independent and community voluntary sector can be transformed to improve outcomes for both individuals and communities.

The usefulness of this first phase of the market position statement in meeting the purpose will be assessed through consultation with service users, providers and commissioners in 2014. Many other services form part of a total system of health, care and support, so while focus of future statements will be informed by consultation, there are a number of themes that could be included over the next few years including:

- Additional analysis of self-funders
- Implementing care funding reform
- Safeguarding
- Public health

- Children's services
- New ways of working
- Involving people in measuring success and quality
- Benchmarking performance data
- A joint Torbay & South Devon MPS
- Greater use of social media, Interactive web based information

Some of the following services could be included:

## Accommodation based services

- Children's homes
- Adoption & foster care services
- District general hospital
- Community hospitals
- Private sheltered, extra care or retirement housing
- Hospice

## Community based services

- Child & adult social work services
- Drug treatment services
- Community Psychiatric nursing
- Approved mental health practitioners
- Child & adult social work services
- GP & primary care services
- Health Visiting
- Midwifery

## Preventative & Early Help services

- Lifestyles advice & support
- 'Virtual ward' & 'hospital at home' services
- Independent domestic abuse advocacy & advice
- Street wardens
- 'Troubled family' interventions





This document can be made available in other languages and formats. For more information telephone 01803 208424

**Title:** High Level Joint Commissioning Strategy for South Devon and New Devon Clinical Commission Groups, and Torbay, Plymouth and Devon Councils

**Wards Affected:** All

**To:** Torbay Health and Wellbeing Board      **On:** 26<sup>th</sup> April 2014

**Contact:** Shona Charlton

**Telephone:** 01803 652516

**Email:** Shona.charlton@nhs.net

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## 1. Purpose

- 1.1 To request that the Health and Wellbeing Board endorses the approach taken with an overarching strategy that has been prepared by Torbay, Plymouth and NEW Devon CCGs.

## 2. Recommendation

- 2.1 That the Health and Wellbeing Board endorses the high level joint commissioning strategy for South Devon and New Devon Clinical Commissioning Groups and Plymouth, Torbay and Devon Councils set out at Appendix 1 to the submitted report.
- 2.2 That the Health and Wellbeing Board agrees to a cohesive approach to the development of a more detailed improvement plan.

## 3. Supporting Information

- 3.1 This document describes the first stage of the development of a high level joint commissioning strategy for South Devon and NEW Devon CCGs and Plymouth, Torbay and Devon Councils, for people with Learning Disabilities.

A core principle underpinning this strategy is a commitment to improve the health outcomes of people with a learning disability

Extensive and on-going engagement from service users, their carers and supporters has contributed towards the content of the strategy. The high level joint commissioning strategy has been signed off by both Torbay and Devon Learning Disability Partnership Boards. Next steps is to produce a cohesive, integrated improvement plan that will produce economies of scale, consistency and improve the health and wellbeing of people with a learning disability.

#### **4. Relationship to Joint Strategic Needs Assessment**

- 4.1 The strategy incorporates a number of priorities outlined in the JSNA including but not exclusively, reducing health inequalities, increasing life expectancy, improving the uptake to screening (Bowel, Cervical and Breast).

#### **5. Relationship to Joint Health and Wellbeing Strategy**

- 5.1 This plan incorporates the broad outcomes and principles of the Health and Wellbeing Strategy and sets out how they will influence improved services for people with learning disabilities

#### **6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy**

N/A

#### **Appendices**

Appendix 1 - Living well with a learning disability in Devon – making progress (DRAFT)

#### **Background Papers:**

The following documents/files were used to compile this report:

Draft Learning Disability Services Joint Commissioning Strategy 2013-2016

Improving Health and Lives, Self-Assessment Framework 2013

2013 - 2016

**Living well with a learning disability in  
Devon - making progress (DRAFT)**

Joint Commissioning

2013 - 2016

## The Joint Commissioning Strategy for Services for Adults with a Learning Disability

This paper describes our high level strategy, which will be underpinned by local action plans. It covers the key areas of work we will undertake in order to improve the lives and wellbeing of adults who have a learning disability, although some of our work starts earlier than the age of 18 for young people who are in transition from children's services.

A learning disability is a reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life.

This strategy will encompass the geographical area of Devon, including Plymouth and Torbay. It spans the work undertaken by the two Clinical Commissioning groups and three local authority areas.

This document provides a summary of key values, outcomes, and actions that we will undertake in the coming three years.

Since the publication of "Valuing People" in 2001 there have been some significant improvements in the lives of people who

have a learning disability, but there is still more work that we need to do.

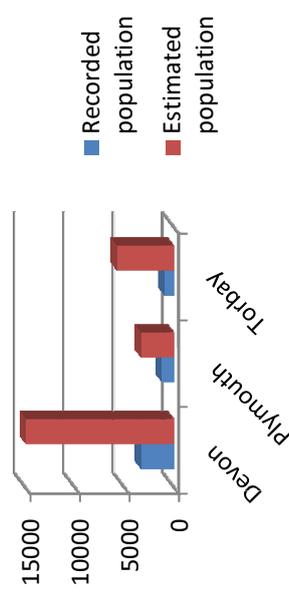
We will respond to the views of the local population as expressed through the Heath & Wellbeing Board in this refreshed joint commissioning strategy, reviewing our progress and reaffirming our approach and commitment to the needs and preferences of people with learning disabilities and their carers.

## Population

The graph below shows how many adults are probably known to services that have a learning disability. The likely true number is much higher. We need to constantly be aware that not all people who have a learning disability are in contact with specialist services.

This means that we need to let people know about specialist services that they may be able to access. We also need to ensure that universal services are able to meet the needs of our whole population.

The recorded and estimated number of adults with a learning disability in Devon, Plymouth and Torbay



## Our commitment

We have set out our commitment to improving outcomes for people who have a learning disability and their carers, recognising the imperative of working together to achieve this.

It is very important that the values underpinning this strategy are upheld in our local communities and also within the services we all use in our lives such as employment support, transport, leisure and accommodation.

This means that a wide range of services need to be easy to use for people who have a learning disability

We want people to experience care and support that is personalised and coordinated. It should be delivered in the right place at the right time, and we will continue to work in partnership to achieve this.

We will also set out how we aim to measure and report our progress on delivering better outcomes and will oversee our planning and activity through a clear governance structure.

We will respond to the new duties for Local Authorities laid out in The Care Bill, recognising its importance in reforming care and support and prioritising wellbeing.

## Values underpinning this strategy.

- People with learning disabilities should have the same rights and choices as everyone else.
- People with learning disabilities have the right to choice and control and to be treated with dignity and respect.
- People with learning disabilities should have the same chances and responsibilities as everyone else.
- Family carers and families of people with learning disabilities have the right to the same hopes and choices as other families.



## Reviewing our progress

We will review our progress in respect of the outcomes we expect to achieve, using the measures that sit beneath each outcome to review or progress.

We will describe what we have achieved so far and what still needs to be done.

We will use our understanding of the needs of the population now and in the future, our understanding of the current market and the way services are designed and delivered, and our understanding of people's experience to shape and inform our plans, measuring these against our outcomes.

## Outcomes

There are seven key outcomes that this joint strategy supports, they are expressed as "I" statements:-

- I have an improved quality of life because any health and/or support needs I have are identified quickly and addressed.
- I have information and advice that I can understand.
- I receive early help and in the community, to help me look after myself as much as possible. This means that any need for care in a

hospital or care setting is delayed or avoided.

- I have a positive experience of care and support.
- I feel safe, and I am protecting from avoidable harm. I will have the correct care and support so that I do not die prematurely. Services will make reasonable adjustments to make sure that I get the help I need.
- I am helped to recover from episodes of ill health or injury, in services that are as close to home as possible.

Each of these outcomes is supported through the Outcomes frameworks for Health and Social Care.

There are a series of measures that sit beneath each outcome to help us see how we are meeting them.

### Policy and Evidence

There are a number of key reports steering the policy development for services affecting people with a learning disability. The key priorities in the following documents have influenced our strategy,

population there are often problems getting quick diagnosis and treatment.

We know that there is more that needs to be done in acute and primary care in establishing good care by offering expertise around learning disabilities to staff working in these services.

In 2013 when people who have a learning disability and their carers were asked about annual health checks, many people said that they had one, but not everyone had a health action plan as a result.

Reducing health inequalities requires closer working between universal services and specialist learning disability services.

### Living Well.

In Devon and Torbay, despite improvements in recent years, there is a higher than average number of people who have a learning disability living in accommodation that does not give them longer term, settled accommodation protected through a tenancy agreement.

This means that we need to focus on people living full and independent lives, where secure homes and fulfilling lives are a priority.

- The Care Bill (2013) and Children and Families Bill (2013)
- The Winterbourne View Final Report (2012).
- Adult Social Care Outcomes Framework 2013-14 (ASCOF)
- Think Local, Act Personal?
- Public Health Outcomes Framework 2013-2016 (PHOF)
- National Health Service Outcomes Framework 2013-14 (NHSOF)
- Health Equalities Framework.

### Health inequalities

Public concerns about access to health care have been raised through Mencap's *Death by indifference* in 2007.

More recently *The Confidential inquiry into the premature deaths of people who have learning disabilities* in 2013 showed that on average "women with a learning disability were dying 20 years before women in the general population and men on average, 13 years earlier".

Even though people are getting to their GP at the same rate as the general

Our local Joint Health and Social Care Self-Assessment work has identified where community services need to improve the access of their services to people who have a learning disability.

In 2013 when people who have a learning disability were asked what service could be improved the key areas identified across Devon Plymouth and Torbay related to employment and housing.

### **Families and relationships.**

Service identified areas of work include greater focus on supporting people who have a learning disability with understanding relationships, sexual health and also in parenting effectively.

A growing number of people who have learning disabilities are also carers themselves often for older relatives.

### **Working with people who have complex needs:**

The reports stemming from the scandal of Winterbourne View highlight that *“nationally there are still too many people placed in hospitals far away from home because their needs have not been met by local services”*.

In Torbay there are six people with a Learning disability who are currently in a Hospital environment. Four out of the six

are currently in out of area placements which, is entirely appropriate at this moment in time due to their complex needs. Regular monitoring of these people takes place and every effort is being made to bring people back into the area however for some it may not be possible due to the complexity of need.

Improvements in care, medicine and assistive technology also mean that people can live more independently with the right support; therefore we have to make sure that we offer innovative support fairly across our community.

### **End of Life Care.**

There is a need to ensure that people who have a learning disability, and their carers are supported with the end of life care that they need.

There is evidence to suggest that people are using some services that are there to help but this needs to be planned well including the person and their family members.

The health sub group will make sure that the Learning Disability Partnership Board (LDPB) is made fully aware of issues affecting the health of people with learning disabilities who live in Torbay. It will make the LDPB aware of what needs to be done and what might happen if it isn't. The LDPB can ask the Health Sub-Group to look into and report back on any area of health that it is worried about.

The Health Sub-Group will produce a work plan that will include –  
Monitoring

- The way people are offered health action plans and how they are being empowered to take control of their own health needs
  - The quality, provision, and customer satisfaction regarding Annual Health Checks for people with learning disabilities
- Supporting
- To review and improve the quality of easy read material available both in a community and Hospital setting
  - Training needs for professionals and health promotion for people with learning disabilities
  - Using Health Care for All, Valuing People Now, and the Self-Assessment Framework as a tool to plan future services.

## Our achievements so far.

The numbers of people who have a learning disability who are known to their GP's are significantly higher than the rest of England in Devon Plymouth and Torbay.

We have exceptionally high numbers of people having an annual health check in our three local authority areas:-Our performance is some of the best in the country.

Our coordination and local planning performance is also significantly higher in Devon and Torbay demonstrating effective joint working with increasing work across the three local authorities.

All three local authorities are working with Clinical Commissioning groups that have signed up to the "Getting it Right" charter for commissioning health services for people who have a learning disability.

We have successfully supported the use of apprenticeships for people who have a learning disability with Project Search in the majority of our acute hospitals. This has led to people achieving paid employment in the longer term.

### Torbay

Torbay is piloting improvements in primary care, with a learning disability nurse based in a GP practice. They will support people to attend health checks, help people access diagnostic and treatment services

Torbay is improving standards of care for people by reviewing the quality of health checks, using an audit.

The refreshed Health Sub-Group. Key aims to check the quality and provision, of the Annual Health Check for people with learning disabilities, and support the reduction of 'out of area placements' and the development of local services.

### Plymouth

Plymouth City Council has achieved very high numbers of people using community Services, with less people using day care services. This demonstrates high levels of community participation.

Acute hospital services in Plymouth are excellent at identifying people who have a learning disability using their service and in making reasonable adjustments to support effective care.

Plymouth has excellent advocacy support services with good involvement of people who have a learning disability in the improvement and evaluation of universal services.

### Devon

The Department of Health Review of learning disability services 2011 noted: *"There is effective integrated and innovative working between health and social care with some examples of excellent practice."*

The "Move On" team is helping people develop skills of daily living in Devon.

The support to enable people who have a learning disability find and retain work has been increasingly effective in recent years.

In 2009 the spend on Direct Payments was £1.2m, in 2013 it is over £5.5m, showing that people are having more choice and achieving better value.

## Commissioning Intentions

- We will support people to be independent and self-reliant. We need to take a long term view of care by supporting individuals by using good prevention approaches. We will ensure that people are supported in their communities and through a range of services that are least restrictive and maximise the independence of each person according to their needs.
- We will develop effective local housing and care and support responses to people with complex needs.
- We will work with Job Centre Plus to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.
- We will improve the experience of Young people and their carers as they move between Children and adult services. This work will span health and social care services.
- We will address the health inequalities of people who have a learning disability by ensuring that reasonable adjustments are made in services to enable faster diagnosis and treatment. In addition we note that access to disease prevention needs to be improved in relation to Obesity, Diabetes, Cardio vascular disease, and Epilepsy.
- We will provide fast and targeted help for people in times of crisis, with the aim of supporting each person as close to home as possible.
- We will review the provision of therapies for people who have a learning disability concentrating on access and equity across Devon.
- We will ensure that people are supported to have healthy relationships of their choosing.
- We will safely support parents who have a learning disability.
- We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life.

individuals. This will mean some new procurement around services that can support people with very complex needs.

2. To make sure that we have access to the right housing to support people, and improve the ways that make getting housing easier for people who have a learning disability to use. This will mean improving our data gathering and planning so we understand the amount, location and type of housing required.

3. Undertake some targeted project work in relation to people who have a learning disability who are parents, establishing clear support and advice mechanisms.

4. Our Care management processes and specialist health services need to be equipped to manage and plan care for individuals returning from out of area and to stop any more people from being placed out of the County.

5. We will reconfigure our health care services in Devon to support primary and acute services in

order to reduce health inequalities, through the use of expert learning disability liaison roles.

6. We will review learning disability inpatient care, and will help universal mental health delivery to meet the needs of people who have a learning disability for the short term use for which they are designed.

7. Ensure that universal providers of services reasonably adjust services to fit the needs of each person, and that the needs of people who have a learning disability are reflected in each commissioning strategy prepared by Health and Social Care.

8. Improve the involvement of people who use services and their carers in service redesign - with expectations set and monitored.

9. To commission services that support citizenship and independence with less reliance on non-settled accommodation, through the support and accommodation strategies.

#### **Key actions:-**

1. To develop a care market that can meet the complex needs of

10. Support people to access universal employment support.

11. Support the use of a cohesive advocacy framework across Devon, and also for those people who may live elsewhere but require advocacy.



### **Making Progress**

The improvements in care and support within this strategy will be monitored locally by each local authority and CCG with regular reports to Health and Wellbeing Boards in each Council area. Learning Disability Partnerships Boards will also have an important role in the monitoring of any local action plans ensuring full involvement of people who have a learning disability and their family carers.

### **Getting Involved**

Annually each Local Authority in Devon undertakes a self assessment to check up on how well we are doing.

This process involves a number of events where people can give direct feedback about the services that they use in their local authority area.

The results of the self assessment are available on the Improving Health and Lives website. It is useful to compare how well we are doing compared to other local authorities across the country. This is the link:-

<http://www.improvinghealthandlives.org.uk/>

Devon , Plymouth and Torbay still operate effective Partnership Boards which include a range of service providers, carer representatives,

commissioners and people who have a learning disability.

All local authority areas have a Health Sub group that focuses on health care as a part of the Learning Disability Partnership Board. There are a number of events we hold throughout the year to monitor our progress and to hear directly from carers and people using services what needs to be improved upon.

### **USEFUL LINKS**

#### **DEVON**

*Devon County Council*

<http://www.devon.gov.uk/learning-disability.htm>

*Northern, Eastern and Western Devon CCG*

<http://www.newdevonccg.nhs.uk/partnerships/learning-disabilities/100085>

*Devon Partnership Trust*

<http://www.devonpartnership.nhs.uk/Learning-Disabilities.68.0.html>

#### **PLYMOUTH**

*Plymouth Council*

<http://www.plymouth.gov.uk/learningdisabilities.htm>

**Plymouth Community Healthcare**

<http://www.plymouthcommunityhealthcare.co.uk/services/community-learning-disabilities>

**TORBAY**

[http://www.tsdhc.nhs.uk/yourlife/adult\\_social\\_care/pages/learningdisabilityservices.aspx](http://www.tsdhc.nhs.uk/yourlife/adult_social_care/pages/learningdisabilityservices.aspx)

**Torbay and Southern Devon Clinical Commissioning Group**

<http://southdevonandtorbayccg.nhs.uk/>

**Torbay Council**

<http://www.torbay.gov.uk/index/adults/adult-health/learningdisability>

**Torbay and Southern Devon Health and Care Trust**

**Title:** Future Operation of the Health and Wellbeing Board

**Wards Affected:** All

**To:** Health and Wellbeing Board      **On:** 24 April 2014

**Contact:** Caroline Dimond  
**Telephone:** 01803 207336  
**Email:** [caroline.dimond@torbay.gov.uk](mailto:caroline.dimond@torbay.gov.uk)

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## 1. Purpose

1.1 To review how the Health and Wellbeing Board operates in the future.

## 2. Recommendation

2.1 That the shared priorities for 2014/2015 (as set out in paragraph 3.4) be agreed and the Joint Health and Wellbeing Strategy refreshed as necessary.

2.2 That the Work Programme set out in Appendix 1 be agreed.

2.3 That the Board give its views on the suggestions in paragraphs 3.6-3.9.

2.4 That the proposed relationship between the Health and Wellbeing Board and the Joined Up Board (as set out in Appendix 2) be noted.

## 3. Supporting Information

3.1 At the last meeting of the Board it was agreed that:

In light of the budget pressures and the Board having been in operation for 12 months during which time the Board had heard details of a range of different initiatives and responded to the changing government agenda for health and wellbeing boards, Members felt it appropriate to undertake a review of the Health and Wellbeing Board's priorities and evaluate the governance framework. In order to facilitate such a review Members were requested to complete the 'Ten questions every Health and Wellbeing Board should ask about its Joint Health and Wellbeing Strategy' and return their views to Gerry Cadogan by 28 February 2014.

3.2 Whilst not all members of the Board responded to the questionnaire, the views expressed have been considered during a desk top exercise which has also:

- considered the role of the Health and Wellbeing Board as defined in legislation and articulated by organisations such as the Local Government Association and the Kings Fund;
- considered the barriers to success and the success factors of Boards around the Country and how Torbay's Board compares; and
- identified how the Board may need to change given the evolving landscape of the health and social care system within Torbay.

3.3 It is suggested that, in order to fulfil its roles, the Health and Wellbeing Board needs to:

- Ensure there is a common and persuasive vision with a shared story and goals.
- Ensure there is agreed and strong governance
- Develop annual priorities based on the Joint Health and Wellbeing Strategy
- Ensure all commissioning plans are informed by Joint Strategic Needs Assessment and the national and local context including providing strategic oversight and democratic, public accountability for Joined Up/Pioneer in Torbay. (A separate paper outlining the inter-relationship between the Health and Wellbeing Board and Joined Up Board is included on the agenda.)
- Oversee the work on integrating health and social care with children's and public health commissioning to ensure a whole systems approach
- Agree an outcome framework for the above
- Ensure that resources are allocated to best effect
- Oversee delivery against outcomes
- Provide strong leadership across the health, social care and well-being community

All of the above should also be encompassed by the Joined Up Programme of work. (The relationship proposed between the Health and Wellbeing Board and the Joined Up Board is articulated in Appendix 2.)

- 3.4 Priorities for 2014/2015 were suggested at the meeting of the Health and Wellbeing Board held in February 2014. These were drawn from a review of priorities within the Joint Health and Wellbeing Strategy and key partners' plans. The suggested priorities are:
- Children and Young People (with a focus on prevention and early intervention)
  - Frail elderly
  - Supportive and resilient communities
  - Mental health including dementia and mental health promotion
  - Risk taking behaviours with an initial focus on alcohol
- 3.5 A programme of work for the Board has now been prepared (Appendix 1) which seeks to address these priority areas and statutory requirements and to ensure these fit in with an annual planning cycle. The Joint Health and Wellbeing Strategy would need to be refreshed to reflect this programme of work.
- 3.6 Consideration needs to be given to whether the membership of the Health and Wellbeing Board should be extended to include providers such as South Devon Healthcare NHS Foundation Trust, Torbay and Southern Devon Health and Care NHS Trust, Devon Partnership Trust, Rowcroft Hospice, Devon and Cornwall Police and the Community Development Trust.
- 3.7 Further, should representatives from housing, community safety, planning and transportation be included within the membership of the Board in order that wider determinants of health and wellbeing are considered.
- 3.8 However, engagement with providers could be ensured through engagement with sub-groups such as delivery boards, strategic reference groups, provider forum and/or partnership groups. Also, representatives could be invited to meetings of the Board for specific items or workshops could be held on specific workstreams/priorities.
- 3.9 In addition, consideration should be given to whether holding all discussions at a public Health and Wellbeing Board is the most appropriate method for critical challenge. There is an option of holding separate private meetings – the views of the Board are sought on this suggestion.
- 4. Relationship to Joint Strategic Needs Assessment**
- 4.1 The work of the Board needs to reflect the Joint Strategic Needs Assessment.
- 5. Relationship to Joint Health and Wellbeing Strategy**
- 5.1 The work of the Board is to ensure that the priorities in the Joint Health and Wellbeing Strategy are delivered.

**6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy**

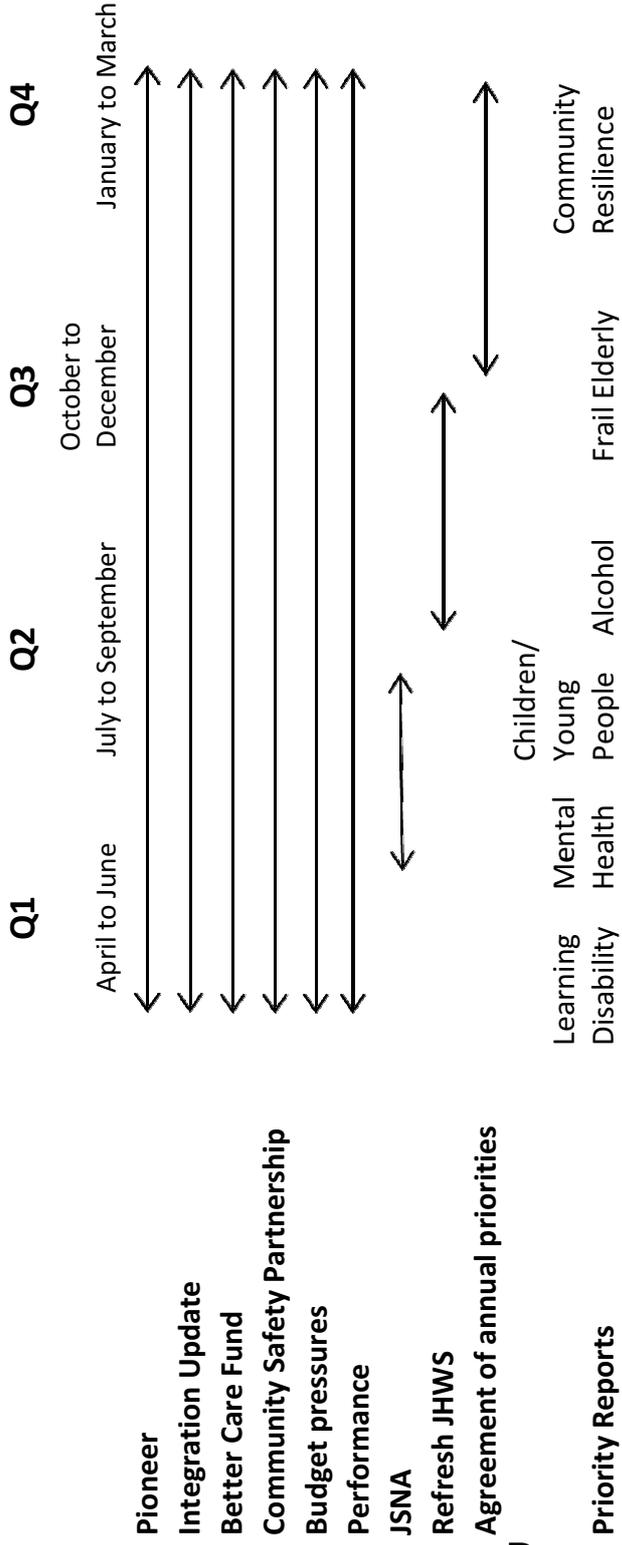
- 6.1 The Joint Health and Wellbeing Strategy may need to be refreshed to reflect the changes suggested within this report.

**Appendices**

Proposed Work Programme and Questions

# Agenda Item 8

## Appendix 1



The questions that the Board needs to ask are:

1. Is the plan feasible?
2. Is there budget available?
3. Does the plan address priorities in Joint Health and Wellbeing Strategy?
4. Do plans address inequalities proactively?
5. Do plans address needs in the Joint Strategic Needs Assessment?
6. Do plans promote a joined-up approach?
7. Do plans promote services closer to home?
8. Do plans promote community resilience?
9. Do plans align financial and human resources across partners?
10. Do plans shift to prevention and self care?

### Proposed Relationship between Torbay Health and Wellbeing Board and Joined Up Board

- The Health and Wellbeing Board (HWB) needs to **endorse the overarching objectives** of the Joined Up Board.

[The role of the HWB is challenge around the questions of: Do the objectives address the needs in the JSNA? And fit with the objectives of the Joint Health and Wellbeing Strategy?]

- The HWB needs to **endorse the mechanism** by which the objectives will be delivered (i.e. through the community hub model).

[Again, the role of the HWB is challenge – does this mechanism promote a joined up approach? Does it promote services closer to home? Does it promote community resilience? Does it align financial and human resources across partners? Does it promote a shift towards prevention and self care?]

- In order to get democratic, public buy-in, the **Joined Up Programme** to achieve the objectives should also be presented to the HWB.

[HWB having the same challenge role as in the bullet point above]

- The HWB then receives an **update and exception report** at each meeting.

[The role of the HWB is then oversight and challenge: Is the Joined Up Programme delivering what it said it would do? What are the blockages? What influence can the HWB bring to ensure that integration works? Is the budget available to deliver the Programme?]

- Any **fundamental changes to service** which need to be made to implement the “Pioneer Plan” would come to the HWB for discussion, debate, challenge with the appropriate body (be it NHS Trust, CCG or Council) making the final decision on whether to change the service with appropriate consultation (if necessary including consultation with the Health Scrutiny Board).

**Title:** Devon and Torbay Pioneer

**Wards Affected:** All Wards

**To:** Health and Wellbeing Board      **On:** 24 April 2014

**Contact:** Louise Hardy, Director of Organisation Development for Pioneer

**Telephone:**

**Email:** [Louise.hardy@nhs.net](mailto:Louise.hardy@nhs.net)

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## 1. Purpose

- 1.1 This paper presents an update and overview of the Pioneer and JoinedUp (as it is branded locally) plans to date. Certain elements (strategic and operational) are presented for endorsement.

## 2. Recommendation

- 2.1 That the Torbay Health and Wellbeing Board accepts the progress to date in respect of Pioneer and JoinedUp and endorses the method proposed for future reporting, as outlined in the submitted paper.

## 3. Supporting Information

- 3.1 None

## 4. Relationship to Joint Strategic Needs Assessment

- 4.1 JoinedUp strategic objectives and indicative work plans are predicated on information from the JSNA.

## 5. Relationship to Joint Health and Wellbeing Strategy

- 5.1 Strategic objectives are aligned across the H&WB Strategy and the JoinedUp Strategy (as outlined at the start of the paper at Appendix 1).

## 6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

- 6.1 See above – this paper seeks to assure the H&WB Board that the strategic direction of Pioneer is fully aligned with the H&WB Strategy.

## JOINEDUP – STRATEGIC OVERVIEW FOR TORBAY HEALTH & WELLBEING BOARD

Date of paper – April 2014

Author: Director of Organisation Development for JoinedUp

### PURPOSE OF PAPER

This paper outlines the work to date of the JoinedUp (Pioneer) project in South Devon & Torbay. Five overarching objectives are presented, along with detail of the emerging workplans and a possible governance structure. It is important that the work of JoinedUp aligns to the objectives of the Health & Wellbeing strategies for both Torbay and Devon. For Torbay, the vision for a 'Healthier Torbay: where we work together to enable everyone to enjoy a healthy, safe and fulfilling life' is underpinned by three priority work areas:

1. Children have the best start in life
2. A healthy life with a reduced gap in life expectancy
3. Improved mental health and wellbeing

These objectives are reflected in the five, over-arching strategic objectives for JoinedUp, outlined below.

The Health and Wellbeing Board is asked to endorse the proposed method for managing the work of JoinedUp through milestone reporting and full consultation where major service change is proposed.

A method of defining the relationship between the JoinedUp programme and the Health & Wellbeing Board is outlined at the section entitled 'Governance' and the Health and Wellbeing Board is asked to endorse this definition and approach.

### INTRODUCTION

The bid to become one of only 14 national Pioneer Integration sites was submitted to NHS England and the Minister of State for Health and Care, Norman Lamb MP, in June of last year. In October, it was announced that South Devon and Torbay had been awarded Pioneer status. Locally, we have agreed to brand ourselves as 'JoinedUp', since this is recognisable and distinctive.

Being a Pioneer site affords us national support in our aim to become a fully integrated care and health system by 2020. We already have a history of integration through Torbay Care Trust, formed in 2005. Mrs Smith was an effective figurehead for many years, but what we need to achieve now is altogether more ambitious and transformational.

We envisage a single point of access for anyone who needs care (whether social or health) across South Devon and Torbay; for it to be delivered equally and equitably across seven days, and for communications about care to be seamless and simple. The JoinedUp Board has set five, overarching objectives against which they intend to make visible and discernible change by 2020. They are:

- Inequalities across children and young people's care will be reduced

# JoinedUp

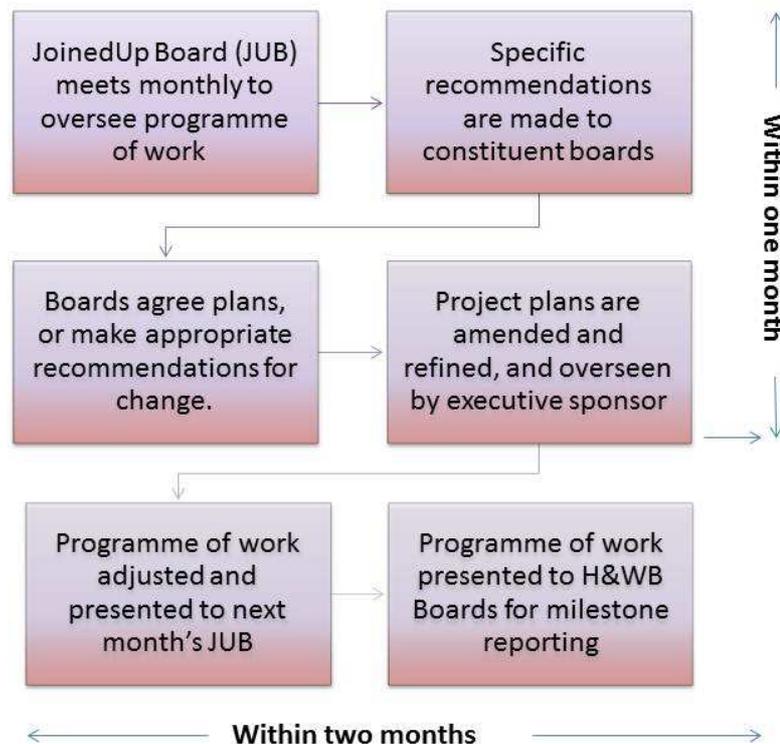
- Mental health will be 'mainstreamed' as part of overall wellbeing and health
- Frail older people – structural pathway problems and patient experience improved
- Seven-day services equally available for all, through a 'broad front door'
- Community resilience and enhanced social fabric will form the basis for health and wellbeing

The Minister remains openly supportive of our emerging plans (which were presented to him in February), and we are fortunate that our national senior sponsor is Jon Rouse (Director General for Social Care, Local Government and Care Partnerships at the Department of Health). Having such support will allow us to directly seek help at the highest levels for specific initiatives (for example, risk-sharing, pooled budgets and workforce changes) which might otherwise be subject to cumbersome systems of bureaucracy.

***The Health and Wellbeing board is asked to endorse these objectives.***

## GOVERNANCE OF JOINEDUP BOARD

A range of options for governance of JoinedUp within the system have been explored. These include statutory delegation of powers from constituent boards to JoinedUp Board (JUB), right through to an informal model which depends upon good communications. The former would require lengthy constitutional and legal change, and the latter may not afford us the rigour to ensure that strategic plans are fully embedded and agreed throughout our agencies. For now, we propose a model of governance which looks like this:



Whilst the JoinedUp Board has no statutory powers of change within the current system, it creates the prime focus for the system leadership required to integrate care across our community.

***Therefore the Health & Wellbeing Board is asked to endorse the above approach, which does not give formal powers of delegation to the JoinedUp Board. It requires the JoinedUp Board to provide regular (two-monthly) milestone reports to the Health & Wellbeing Board. Fundamental proposed changes to services will be a matter of full consultation through appropriate channels (Scrutiny Committee, public consultation).***

## BRANDING AND COMMUNICATIONS

The success of JoinedUp will depend to a very great extent on our ability to blend community engagement, bring about workforce and behavioural change (of all stakeholders) and continuous agreement across a very complex landscape of interested people. We are therefore seeking financial support from NHS England to strengthen engagement and communication.

## EVALUATION AND METRICS

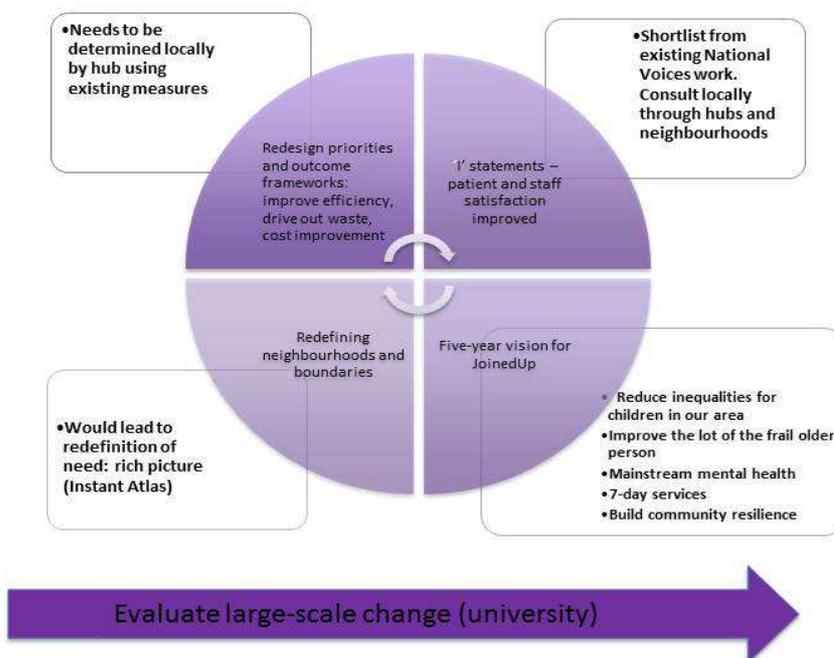
Pioneer sites will be required to set a baseline for their work, showing metrics and measures which will lead to the outcomes which they have set mutually with their communities. The JoinedUp Board recognises that a range of measures already exists within the system (for example – the National Outcomes Frameworks) and there is no plan to either duplicate or conflict with these.

We want to measure patient and staff experience. The Picker Institute is working up a range of suggested qualitative statements (based on the work done by National Voices to formulate ‘I’ statements) from which Pioneer sites may choose their own, ‘best-fit’ list. Again, this should and will be done in cooperation with our stakeholders and communities. We are fortunate to have been offered (through our national Pioneer status) direct support and help from National Voices to develop our engagement around the ‘I’ statements.

The Academic Health Science Network South West (AHSN SW) has granted us resource to work with an academic partner to enable us to consider longitudinal measurement of both our change model for transformation, and to assist us with specific methodologies which set adequate baselines and engage communities.

Therefore we have developed the following ‘balanced scorecard’ approach to measuring Pioneer in the longer term. The detail of this will follow the emergent work plans. ***The Health and Wellbeing Board is asked to endorse this ‘scorecard’ which aligns to the objectives of its own strategy and will utilise the information provided by the Joint Strategic Needs Analysis (JSNA):***

# JoinedUp



## JOINEDUP WORK PLAN – COMMUNITY HUBS

Within the five overarching objectives for JoinedUp (see Introduction) as aligned with those of the Health & Wellbeing Board, we recognise that specific work plans need to be rapidly in place to help us describe our changes and gain agreement from all parts of our system. However, this must be balanced with the need to ensure that plans neither bypass good engagement, nor are subject to pressure points which will not support long-term transformational change.

Care will be systematically devolved from centralised silo-based models of care to communities. This will be realised through the creation of community ‘hubs’, which will offer a blend of community, voluntary, statutory (health and social) and individual care to people when and where they require it. Hubs will be created around existing integrated services (in other words, using what already works) as well as through targeted management of new hubs where localities determine. Initially, we will work across the five footprint localities as outlined in the JSNA (Newton Abbot, Torquay, Paignton & Brixham, Coastal and Moor-to-Sea).

The exact shape and type of hubs will be a matter of local determination, based on need and consultation. Hubs can be buildings, or virtual networks. They will focus alternately on communities (building local assets, using neighbourhoods) and on joining up agencies. The central premise will remain the same: centralisation to localisation. Detailed work plans for the first two hubs – in Torquay (covering children’s services) and Newton Abbot (covering services for frail and older

# JoinedUp

people) will be available by the end of 2014 and senior project managers have been appointed to lead this work.

The CCG will be responsible for producing a programme of work for Pioneer, which covers its existing integrated commissioning plan. This will be available towards the middle of 2014, once the locality plans are approved and following further consultation with the public.

## JOINEDUP WORKFORCE

Achieving a fully integrated workforce will be complex and long-term. Early intervention is required in terms of changing existing working practice. Reshaping the existing workforce must have its roots in influencing professional education. The cultural and structural seeds for future ways of working are set very early on in medical, nurse, social work and other care training and there is evidence to suggest that unless the elements of flexibility for the future are incorporated right from the start, the job to change practice later on becomes much harder. We are brokering this regionally through work with Health Education England South West (HEE SW), but joining up with similar partnerships nationally would be helpful.

We must recognise the greater role which patients themselves, and their carers, are going to have to play in managing their own conditions in the future. In other words – flexibility is not just about professionals and we need a paradigm shift in attitude in this regard.

Improving capacity around workforce modeling has always been weak in the public sector. We need greater skills of horizon-scanning, understanding of policy levers and policy analysis, plus influence at the highest levels to improve this. Blurring the boundaries between registered and non-registered professions, across health and social care and across professional and voluntary sectors acknowledges the difficulty in predicting the needs of a workforce into the future. It will be extremely difficult to predict on typical models of workforce numbers/costs as has been done in the past. At best, this will yield successful outcomes by chance. At worst, it will deflect us from the vital task of influencing the behaviours and future practice of our workforce.

A highly targeted and professional communications strategy will cover the need to engage workforce at a very early stage of planning in order to achieve the behavioural changes required for flexible and integrated working.

Finally – there is also evidence to suggest that values-based recruitment (as opposed to skills-based recruitment) is helpful to ensuring that a workforce has the understanding and commitment to flexible, patient-centred work. HEE SW is doing some great work on this. It needs to be followed through in the individual organisation development strategies in order to ensure continuity of approach.

We enjoy a good relationship with HEE SW, which is working with us as a Pioneer to consider the major workforce changes needed for integration. We have also established a link nationally with the

Centre for Workforce Intelligence which is working with all Pioneers to consider integrated workforce development.

## Known challenges:

- Ageing workforce locally, particularly in primary care amongst GPs
- Very little succession planning, either tactical or strategic
- Variations in workforce planning, which tends to lead to an imbalance between education provision and subsequent employability/post requirements
- Over-provision (currently) of some specialisms, for example community pharmacists
- Under-provision (currently) of some specialisms, such as mid-grade nurses in mental health (although see comments under workforce planning)
- Lack of consistency around regulation and training for some sectors – eg, domiciliary care, care home workers, voluntary sector and so on
- HR challenges around cost containment, planning for redundancies, much better recruitment practice, contracts, Ts&Cs etc. How can we align traditional personnel practices to integration? Also need some very robust thinking around reshaping the workforce, generally, in the context of shrinking budgets
- National education policy changes, such as ‘Broadening the Foundation Programme’ and ‘The Shape of Training’, a professionalised social care workforce and so on. These also provide opportunities, but getting the headroom to really think through implementation in the context of whole workforce will be crucial

## JOINEDUP INFORMATION TECHNOLOGY (IT)

Our IT JoinedUp strategy is a central pillar to our plans. Using highly innovative methods of procurement, future-proofing and design, our IT strategy is already being hailed as an exemplar in its field. We intend to maximise this strategy in the enabling of any changes we make in bringing together existing systems of care. An example of how this is already yielding results is in the synthesis of clinical systems across Newton Abbot Hospital and local GP surgeries, who have agreed to collaborate using SystemOn software. We recognise that the use of IT to support innovation in research comes with a cost: for example, use of SMART technology to gauge patient and user experience and to aggregate and analyse results as accurately as possible. The invention of Hiblio (already with an international patent) will enable people to view film and graphics specifically designed and approved to self-manage their existing conditions, to prevent ill-health and to communicate virtually with health and care workers.

Our progress on e-prescribing (through a nationally-funded initiative) will enable electronic prescribing and the sharing of information where relevant between agencies. This will achieve savings, quality outcomes and (best of all) a much more seamless experience for people who need care across different parts of the system.

# JoinedUp

The development of the IT strategy is based upon interoperability, which does not limit us to any system but rather enables existing and future systems to 'speak' to each other. This will include social care, emergency care and possibly even the voluntary sector in the future.

## CONCLUSION

This paper describes not only the ambition of a five-year plan, but the emerging detail of a year-one (2014) plan for JoinedUp. It requires full support of the system, not just at board level but ensuring that the detail of project plans are realised throughout and across the system.

***The Torbay Health & Wellbeing Board is asked to endorse the overarching objectives, the method for delivery (community hubs) and the proposed method for ensuring governance is achieved across the system.***

The following have agreed to be the point of contact for essential organisational communications:

- Caroline Taylor (Torbay Council and Torbay Health & Wellbeing Board)
- Tim Golby (Devon County Council and Devon Health & Wellbeing Board)
- Dr John Lowes (SDHFT)
- Dr Sam Barrell (SD&T CCG)
- Mandy Seymour (T&SDH&CT)
- Dr David Somerfield (DPT)
- Giles Charnaud (Rowcroft Hospice)
- Simon Sherbersky (representing Torbay CDT)
- Sue Wroe (for South Hams Council for Voluntary Services)
- Jill Davies (for Teignbridge Council for Voluntary Services)

# Agenda Item 10



**Title:** Torbay Safeguarding Children Board Update

**Wards Affected:** All

**To:** Torbay Health and Wellbeing Board      **On:** 24<sup>th</sup> April 2014

**Contact:** David Taylor, TSCB Independent Chair

**Telephone:** 01803 207176

**Email:** tscb@torbay.gov.uk

## 1. Purpose

- 1.1 This report updates the Health and Wellbeing Board with the work of the Torbay Safeguarding Board (TSCB) for children and young people. In addition it raises particular issues that it would like the assistance of the HWBB with.

## 2. Recommendation

- 2.1 For the Torbay Health and Wellbeing Board to note the content of the report and to consider the request for support from the TSCB.

## 3. Supporting Information

- 3.1 The role of the TSCB is to oversee the Multi agency working to protect children and young people on Torbay and provide effective scrutiny and challenge to all agencies involved in this work.
- 3.2 The current Chair of the TSCB has been in place since September 2013. During this six month period Torbay Council has come out of intervention. It is anticipated there may be another OFSTED inspection within twelve months. The cessation of the Safeguarding Improvement Board puts more onus on the TSCB to effectively monitor and challenge the Local Authority
- 3.3 A self evaluation of the Board has been undertaken following a joint event with Devon Safeguarding Board in October 2013. This is coming to the TSCB executive Group in May and will inform the business plan. Particular Issues that have arisen from this have been:

- The need for a more robust and embedded approach to Multi Agency Auditing

- Collecting and using performance information that really reflects the reality of multi agency working
  - Follow through and implementation of SCR case review recommendations
  - Gathering the views of children and young people and parents involved with agencies
  - Ensuring better join up and information sharing between Adult and Children's Services
  - Fully implementing the Child Sexual Exploitation recommendations from Operation Mansfield and the peninsula strategy
  - Building a robust Early help system in which all partners are fully engaged
  - Ensuring that all partner agencies are able to demonstrate how they are supporting staff and quality assure their involvement in multi-agency working in respect to safeguarding
- 3.4 The Board has amended its model of operation and created an executive that meets regularly to deal with the more detailed business and a wider Board that has the opportunity to really drill down and look at specific areas of Safeguarding Activity. A new Education Safeguarding sub group is being set up and it is hoped to established a health sub group covering the peninsula.
- 3.5 The board is currently completing a serious case review which it will publish later in the year.
- 3.6 The focus of the next Board will be on Mental Health and the current multi agency case audit (MACA) is looking at this. The previous MACA looked at work with unborn babies and their parents where there were concerns and the findings from this are being disseminated to staff via the lunchtime learning forums. In addition there is a piece of work looking at roles and responsibilities in respect to core groups which we have reshaped working with practitioners to make these more robust and less dependent solely on the social worker.
- 4. Relationship to Joint Strategic Needs Assessment**
- 4.1 The HWBB has produced a JSNA which outlines the demography of people in the Bay and some of the key indicators in respect to children and young people. Some of the data this is based on has been recently refreshed (March 2014) and so it would be useful to understand what this new data says in terms of trends and outcomes. In addition the Board would like some triangulation of data in respect to safeguarding and early help intervention and how this relates to perceived levels of need.

4.2 There are particular areas such as self harm and also incidence of mental health amongst young people that would be helpful to have more information on. The Child death overview group for the region has produced a study in respect suicide for children and young people and it will be important to understand what this means for Torbay. (*Appendix 1*)

4.3 In addition the government and children's commissioner have suggested that through the JSNA Boards and Local Authorities should try and look at indicators which might estimate the likely level of child sexual exploitation ( ['if only they had listened'](#) Office of the Children's commissioner November 2013)

## **5. Relationship to Joint Health and Wellbeing Strategy**

5.1 Specifically in commissioning terms there are concerns ( which are echoed in the early findings from MACAS and also SCRs ) about the way that Children's Social Care and Adult Mental Health services work together in respect safeguarding vulnerable children where the parent has a Mental Health or substance misuse problem. This being addressed by the relevant managers but needs to be more firmly embedded in any commissioning arrangement.

5.2 In respect Children and young people, the CAMHS service feels too remote from other services in respect children and young people and there appears to be a real gap in service. In addition the lack of an out of hours assessment service and the placing of children with overt mental health problems on acute children's ward is a matter of considerable concern. Discussions are happening about this both locally and regionally but the TSCB would welcome the support of the HWBB in ensuring these issues are addressed.

## **6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy**

6.1 As detailed above

### **Appendices**

**None**

### **Background Papers:**

The following documents/files were used to compile this report:

- ['if only they had listened'](#) Office of the Children's commissioner November 2013
- Peninsula Child Death Overview Panel Report, Suicide in Young People up to the Age of 18 Years, C Holme, November 2013

**Title:** Update Report - Adult Services

**Wards Affected:** All

**To:** HWBB **On:** April 2014

**Contact:** Caroline Taylor - DASS

**Telephone:** 01803 207116

**Email:** Caroline.taylor@torbay.gov.uk

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## 1. Achievements since last meeting

- 1.1 The year end has indicated that the commissioning of adults services from TSDHCT has been progressing in line with the ASA, with some performance concerns regarding personal budgets, safeguarding and employment. There continues to be a positive achievement on most indicators given the demand pressures on the services for adults, and adults have delivered with a budget underspend.
- 1.2 A decision has been made and communicated to providers on fees and there is a supplier event planned in May to discuss a range of issues.
- 1.3 The tender process for Domiciliary Care ( Living Well At Home) is progressing according to schedule with competitive dialogue taking place.
- 1.4 The process of acquisition of TSDHCT has been delayed- completion and the start of the ICO now expected October 2014.
- 1.5 Progress continues to be made on lottery support to combat social isolation by working with voluntary sector.
- 1.6 Detailed proposals for decommissioning services have been consulted on as part of the Mayoral system and consultation with CCG and providers has taken place to mitigate risk where this is possible and is elsewhere on this agenda. Decommissioning is progressing and impacts are being monitored.
- 1.7 The £3.8 billion pooled budget for health and adult social care is being developed in more detail. The money has been renamed the Better Care Fund' (BCF). This has been submitted as required. Dialogue continues regarding a total pool and risk share for the commencement of the ICO>

- 1.8 The Peer review of adult social care is delayed as the Cllr representative of the peer team had other priorities to attend to. It is being re-scheduled for June 14.
- 1.9 The Commissioning Strategy for People with a Learning Disability has been completed and is elsewhere on the agenda.

## **2. Challenges for the next three months**

- 2.1 The need to focus on delivery whilst the delay in the acquisition is accepted and managing the continued risk to our local system.
- 2.2 The future reductions to services are being consulted on for 15/16
- 2.3 The number of Safeguarding Adults referrals have continued to increase considerably and performance is under pressure but has levelled off recently- 34% increase in the year overall.
- 2.4 Carers strategy needs refreshing in the light of the Care Bill-see appendix for outcomes to date.

## **3. Action required by partners**

- 3.1 Work to develop the pioneer bid as a programme to report to HWBB and to encompass system wide changes is underway.
- 3.2 Participate in the refresh of the carers strategy-consultation commencing now and HWBB to consider in light of Care Bill and needs of population and ambitions to transform our health and care system.
- 3.3 Continued engagement of role of voluntary and community sector for joined up role of health and care in financially sustainable way. Specific work on lottery bid to combat social isolation as well as engagement in broader solutions
- 3.4 Develop joint plans with CCG for commissioning. Support providers in the development of the ICO.

# Measure Up Action Plan 2012 – 2014

## Identification of Carers

Priority	Timescale	Responsible	Target/Service Standard	Result
Early identification of Carers of people with Dementia/memory problems	September 2012  October 2012	7 GP Practices/ TCT Carers Services Team	25% increase in number of carers identified per practice.(baseline September 11)  Complete Early Identification project in 7 GP Practice populations and evaluate impact. Publish report	Target exceeded - 40% average increase  Report published September 2012
Publicity and Promotion to identify Carers	April 2013  By 31/3 each year	GPs/ Carers Services  TCT Carers Services Team	Achieve the agreed ASA target to increase number of Carers on GP Registers  Minimum of 2 publicity campaigns per annum in partnership with local businesses and carers (e.g. Sainsburys)	Achieved target April 2013 – 4303 Carers  2013 – 14 campaigns: Torbay Hospital Gallery (Nov/Dec) Fair Play Day (August) Hele Watcombe Partnership
Adult Services Teams to	December 2014	TCT Zone Teams	400 Young Carers known to	On track

effectively identify young carers involved in care of adults			operational Adult Services Teams (recorded cases)	1/9/13 - 230 Young Carers 1/4/14 - 293 Young Carers
Effective systems for identification of people taking on caring as a result of hospital admission and their involvement in discharge planning	April 2013	TCT / SDHCT	Develop and implement specific protocols with SDHCT for effective identification and involvement of carers at Torbay Hospital	Joint CQUINs with SDHCT at Torbay Hospital in 2012 – 13 and 2013 – 14 achieved:  Torbay Hospital Carers Policy and Action Plan endorsed ; Carers Information Cards in all discharge packs; Carers Awareness Training for all Community Nursing staff and e learning for community hospital-based staff
Target support for carers living in the most deprived wards in Torbay	April 2014	TCT / Torbay Council	A project for local carer support in the Hele community will be established with NHS Carers Health trainers as a pilot for local intervention and community engagement.	Project involved with local community partnership. Drop in sessions in place at Hele's Angels; training on identification of carers for key staff groups

## Information advice and support services available to all Carers

Priority	Timescale	Responsible	Target/Service Standard	Result
Carers Support Workers in all GP Surgeries	April 2014	GP Practices / TCT	Maintain minimum 1 day per week per practice. Repeat formal evaluation of impact of CSW posts during 2013 - 14	CSW posts funded 2014 – 15 Evaluation of all GP practices Carers support completed
Signpost Carers Information Service	Monthly returns on activity	Disability Information Services	Telephone / face to face service available Mon – Friday responding to 300 enquiries per month. Review need for weekend / evening service.	240 carers per month provided with service  Review to be completed as part of Care Bill implementation and Information and Advice strategy
Torbay Carers Register, Carers Emergency Card and Carers Discount Scheme	April 2013	TCT/Community Alarms	Minimum 15% increase per annum in carers benefitting from Register services = 375 new applications p.a. (Baseline 1/4/11)	Exceeded; 2012 - 13 589 new Carers 2013 – 14 524 new Carers
Effective Carers information and advice in Hospital settings and linking carers into community support	June 2012	TCT/SDHCT	<ul style="list-style-type: none"> <li>Implement evaluation of Carer support at Torbay General Hospital and apply learning.</li> </ul>	Evaluation completed and actions implemented from CQUIn 2012 – 13; Carers Support Worker post in Hospital Discharge Team (permanent 2013); Evaluation of Carer involvement in Emergency

	Ongoing	Signposts Information Service	Admission Unit	Service in place
Co-ordinated distribution of information – leaflets, booklets and newsletters	Quarterly	TCT	<ul style="list-style-type: none"> <li>Carer Advice Service in Community Hospitals Paignton and Brixham (1 session per week per Hospital)</li> </ul>	3,700 distributed. From 4/14 500+ will be sent electronically
	Ongoing	Disability Information Services	<ul style="list-style-type: none"> <li>Quarterly Signposts Carers Newsletter (3500 print run)</li> <li>Maintain standard Carers leaflet racks in GP surgeries, Connections offices and clinics etc</li> </ul>	Increased the number of information points
	Annual updates	TCT / Disability Information Service	<ul style="list-style-type: none"> <li>Availability of updated core Carers Information booklets: Carers in Torbay, Dementia Carer Pathways with annual review of content</li> </ul>	Completed
Maintain existing Carer Education Programmes and develop new courses in response to identified learning needs	April 2013	TCT	<ul style="list-style-type: none"> <li>6 monthly programme published and delivered</li> <li>Review delivery of programmes with key partners</li> </ul>	Achieved. Ongoing Value for money review completed

## Involvement of Carers in service delivery, evaluation and commissioning

Priority	Timescale	Responsible	Target/Service Standard	Result
Develop a resource of Carers and former Carers involved in volunteering and sessional work	March 2013	TCT / Crossroads Care SW	100 Carers / former carers providing volunteering support	82 regular volunteers  DH have funded a partnership project with Slivers of Time / Red Cross / Torbay Hospital to increase volunteering to support Carers in hospital discharge (2013 – 15)
Maintain development of Torbay Carers Forum <a href="http://www.torbaycarersforum.co.uk">www.torbaycarersforum.co.uk</a>	12/2012 - 500 members 12/2013 - 750 members	Torbay Carers Forum	250 new Carers join the Forum per year	440 registered members. Site redesigned in light of experience January 2014
Maintain a pool of trained Carer Evaluators to participate in service evaluations – train replacement evaluators	Review annually	TCT	Minimum 15 Carer Evaluators trained in Evaluation and survey techniques and involved in at least 2 evaluations per year	Achieved Evaluators involved in 4 service evaluations 2013 – 14: NHS Health Trainers; Carers Support in Substance Misuse services, Young Carers services; ERM
Systematically evaluate outcome of support services for Carers including value for money	Annual Strategic Agreement target 2012 – 14  Publication of evaluations April 2013	TCT	Minimum of 2 carers services per year evaluated using approved research methods. Results published: 2012-13 <ul style="list-style-type: none"> <li>• Early identification and support of carers of people with dementia / memory problems</li> <li>• Young Adult Carers Service</li> </ul>	Completed July 2012,  Completed July 13

	Publication of evaluations April 2014		2013-14	<ul style="list-style-type: none"> <li>Carers support in substance misuse services</li> <li>Carers Support Workers in GP surgeries</li> </ul> <p>Where there is a national benchmark available, the Torbay service will be within the top quartile</p>	Completed April 14 Interim evaluation Oct 13
Increase the local networks of support for Carers through support groups, befriending schemes and self help.	June 2013		Complete a review of existing networks of carer support and identify gaps, and opportunities for development	Completed	
All zones teams in Adult Services will have to publish a local carers strategy, including effective mechanisms for carer involvement	Publication by April 2013	Zone Team Managers / General managers OPMH and Learning Disability	Zone plan consulted on with local carers / carers organisations and published for period April 2013 - 14		Brixham and Paignton zones have strategy

### Availability of effective Carers Assessment and individual packages of support

Priority	Timescale	Responsible	Target/Service Standard	Result
Develop Carers Self Assessment for all carers	April 2012	TCT	<ul style="list-style-type: none"> <li>Ensure availability of carer friendly self assessment tool to voluntary sector</li> </ul>	Self assessment offered to all Crossroads Care users

including self- funders	Review April 2013 and annually		organisations working with carers. Use of tool by 150 carers evaluated <ul style="list-style-type: none"> <li>Promote use of "Me and My Life Book" (hard copy and digital version) 40 books completed per annum</li> </ul>	Me and My Life books available via Mencap, but insufficient staffing to support completion
Provide independent enabling and brokerage service for all Carers (including self-funders)	November 2012	Commissioned by TCT	Service in place from 'Third sector' organisation through competitive tender	Crossroads Care SW contracted for period Nov 2012 - 15
Develop an integrated Carers Assessment that incorporates the physical and mental health of Carers	April 2013 April 2014	Carers Services Team	<ul style="list-style-type: none"> <li>Evaluate dementia pilot in GP surgeries</li> <li>Project plan to 'test' model of enhanced Carer Assessment and apply across adult services</li> </ul>	Published Sept 2012  Enhanced Carers Assessment format developed. Pilot 2014 – 15 in GP surgeries
Maintain performance for completing statutory Carers Assessment (ASA)	Annual	Zone Teams	Agreed annual target with Torbay Council	Exceeded 2013 – 14 target 31% Achieved 32.4%
Review effectiveness of Carers Assessments for working carers	April 2013	TCT	Identify specific areas for improvement e.g. access, and implement a plan	Part of overall development of Integrated Carers Assessments

Extend use of 'one off' direct payments for Carers to purchase individual 'breaks'	Annual target	TCT	500 carers will receive support annually from 2013	Off track -
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### Developing a 'whole family' approach to supporting Carers

Priority	Timescale	Responsible	Target/Service Standard	Result
Implement Memorandum of Understanding for Young Carers Action Plan	June 2012	TCT/Childrens Board	Publish Inter-agency Young Carers Strategy	MOU implemented 2012 Torbay Strategy for Young Carers Under 25 and Action Plan endorsed and published July 2013
Develop the Young Adult Carers Service (16 – 25)	April 2013	TCT/Childrens Board	140 YAC's receiving a service	1/14 182 YACs had received service
Develop a Carers Support service for substance misuse	October 2013	DAT/TCT Carers Services/COOL Recovery	Implement a pilot for service delivery and evaluate.	Service commissioned and interim evaluation completed April 14. Pilot extended until 9/14
Evaluate the effectiveness of support to BME carers and their families and develop an implementation plan.	April 2013	TCT / Childrens Board	To commission an external review of the needs of this group of Torbay carers and publish report	Not achieved. Hoping for development with Interfaith Forum 2014 - 15

**Title:** Update Report – Police and Crime Commissioner

**Wards Affected:** All Wards

**To:** Health and Wellbeing Board      **On:** 24 April 2014

**Contact:** Lisa Vango

**Telephone:** 01392 225538

**Email:** lisa.vango@devonandcornwall.pnn.police.uk

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## 1. Achievements since last meeting

### 1.1 *Police and Crime Plan 2014-2017 published*

The Police and Crime Commissioner (the Commissioner) has been reviewing the Police and Crime Plan published last year to take account of experience gained in the first year and to reflect emerging threats and issues. A brief consultation was conducted in February included formal presentation to the Police and Crime Panel. The finalised Plan was published earlier this month.

The Police and Crime Plan sets out the Commissioner's six priorities and the identified actions that he proposes to take to deliver against them. It also sets out clearly what the Commissioner expects of the Chief Constable and the activities he will be looking to take forward with partners.

The overall vision that underpins the revised Police and Crime Plan is to ensure that Devon and Cornwall and the Isles of Scilly continues to be a safe place to live, work and visit. To keep crime levels low; to improve confidence in policing; to support the economy; and to encourage people to work together to make our communities safer.

Six priority areas of activity have been identified.

**To make our area a safer place to live, work and visit – reducing the likelihood that people will become victims of crime.** The overriding objective is to keep crime levels low. The Plan reinforces the Commissioner's commitment to neighbourhood policing and his pledge to keep police officer numbers above 3000 for the duration of this Plan. Specific actions are identified in the Plan to address particular crimes, such as violent crime, sexual assault and domestic abuse – in addition to the wider policing mission.

**To reduce alcohol related crime and the harm it causes.** Alcohol related crime and harm is a significant concern within our area. It places significant costs on our public

services and affects our communities and individuals in many different ways. We need to create an environment where consumption of alcohol is undertaken responsibly and with recognition of the impact that alcohol can have on others and the community at large and where tolerance is low for those who engage in crime as a result of excessive drinking. The actions and activities set out in the Plan are focused on achieving this. The police, local authorities, partner agencies, businesses, communities and the third sector all have a role to play in reducing the harm that alcohol related crime has on our society and we will be looking to work closely with them to deliver this Plan.

**To make every penny count in protecting policing for the long term. To drive for further efficiency, work to secure more central funding and actively explore all avenues to deliver the significant savings we require to sustain our services.** The funding landscape for policing over the coming years is challenging. Significant efficiency savings have already been made in our area but further action is needed to ensure that over the longer term we are able to deliver a high quality police service for our communities. Alongside ongoing work to explore the scope for a possible Strategic Alliance between Devon and Cornwall and Dorset, a comprehensive project has been launched to identify how we can avoid a structural deficit from 2017/18. It will explore the scope for collaboration and partnership, how we might increase policing income as well as the capacity for further efficiency savings. All options will be considered and inevitably we could face some tough choices but it is right that this work is progressed to protect policing over the longer term.

**To promote an effective criminal justice system that delivers high quality services for victims, witnesses and society.** It is essential that all stages of the criminal justice system function well and that each of the key agencies work together in an efficient and effective way. It must support the successful prosecution of offences, with robust and well run cases. It must provide an appropriate range of mechanisms for dealing with offences – including the use of out of court settlements, asset recovery mechanisms and restorative justice where appropriate. Finally it must deliver a reduction in reoffending through the provision of high quality and robust rehabilitation services. The Commissioner has a statutory duty to work with criminal justice bodies to provide an efficient and effective criminal justice system for the police area and the Plan identifies a range of actions that will be taken forward by the Commissioner and the police service, working closely with partners. The most significant issue on the horizon for the coming year is the planned reform of rehabilitation services and we will need to work closely with all partners to ensure that the new arrangements being put in place meet our local needs.

**To deliver a high quality victim support service across our area.** It is vital that timely information, support and care is delivered to all victims of crime and that the services provided meet their needs and that the new Victims Code is effectively implemented within our area. From April 2015, the Commissioner will take direct responsibility for the commissioning of victims services across the peninsula and we will be working closely with partners to ensure that we have a coherent and comprehensive approach that meets the needs of victims.

**To encourage and enable citizens and communities to play their part in fighting crime and keeping their communities safe.** A stronger emphasis is placed in the Plan on the need to stop crime from occurring and on the role that

citizens, businesses and communities can play in helping us to achieve this. We will be working closely with the police service and partners to engage these groups more closely in work to prevent crime and to improve community safety. A review of the role of volunteering within the wider policing family will be carried out to support delivery of this priority.

## *1.2 Mental Health*

In the week following publication of the national Mental Health Concordat on 18 February 2014, a Call to Action Conference was arranged by the South West Strategic Clinical Network was held at St Mellion, Cornwall. This event was attended by service commissioners, providers and users from across the peninsula and there was a clear consensus that a local mental health crisis care version of the Concordat was needed for Devon and Cornwall.

A peninsula mental health steering group has been established, jointly chaired by Amanda Fisk, Director of Operations for NHS England (Devon, Cornwall and the Isles of Scilly) and Ian Ansell, Mental Health lead for the OPCC. A Task and Finish group has commenced work to draft the local concordat and another to examine policy and practice around place of safety arrangements under Section 136. In particular, there is an urgent need to ensure that suitable places of safety are available for children and young people to avoid detention in police stations. The Mental Health Act states that police stations should only be used as a place of safety in exceptional circumstances. Devon and Cornwall has recently been criticised in a report by Her Majesties Inspectorate of Constabularies (HMIC) for having one of the highest national rates of detentions in police stations under Section 136. A range of options are being progressed to significantly reduce these numbers by examining the circumstances leading to any detention, including the street triage pilot.

On 6 March 2014, street triage pilot scheme started enabling operational police staff to seek advice from a qualified mental health practitioner when coming into contact with someone who could have a mental health issue. The practitioner has access to medical records enabling them to discuss the situation with the police officer and to help an informed decision to be taken about possible risks to the individual and others. The pilot covers Devon, Plymouth and Torbay and the initial outcomes suggest a substantially reduced number of detentions in police stations (out of 75 referrals to the end of March only two detentions for assessment were deemed necessary of which only one led to a detention at a police station).

## **2. Challenges for the next three months**

- 2.1 Key challenges for the next three months include the commencement of key projects to support that Plan: including work on the development of a Financial Roadmap to ensure a balanced budget from 2017/18 and driving forward work on alcohol.
- 2.2 The final adjustments are being made to a new mechanism to support the delivery of the Police and Crime Plan. This includes establishing Strategic Delivery Boards, comprising OPCC, police and independent observers, tasked with taking forward the actions identified through each of the Plan priorities and reporting jointly to the PCC and Chief Constable. These Boards will begin to

meet next month and public update reports will be posted on the OPCC website and provided to the Police and Crime Panel.

**3. Action required by partners**

- 3.1 We would also ask partners to consider how we can work together in delivering against this Plan and the specific 'asks' identified in the Plan that are relevant to you. We seek your assistance in driving forward progress against the Plan and in helping us to identify and remove any barriers to effective delivery.
- 3.2 Finally, we would be grateful for Health and Wellbeing Board members to inform colleagues of the Police and Crime Plan and draw attention to the six priorities.



**Title:** Update Report –South Devon and Torbay Clinical Commissioning Group (SDTCCG)  
**Wards Affected:** All  
**To:** Health and Wellbeing Board **On:** 24 April 2014  
**Contact:** Dr Sam Barrell, Chief Clinical Officer  
**Telephone:** 01803 652 451  
**Email:** mollybishop@nhs.net (PA)

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## 1. Achievements since last meeting

### 1.1 Strategic Plan

The SDTCCG Strategic Plan 2014-19 is now being finalised for sign-off at the SDTCCG Governing Body meeting in April. It will then be submitted to NHS England by 31 May. The plan sets out the high level priorities for our organisation and our partners, and commissioning managers are currently finalising work plans for the next two years which will ensure the first stage of our five year plan is achieved.

In conjunction with submitting our five year plan, the CCG are also required to submit improvement trajectories for the indicators within the Quality Premium. ***The Health & Wellbeing Board are asked to review the list (at appendix A)***, giving particular attention to the 'local determination' indicators, to ensure themselves they are content with the responses.

### 1.2 Mental Health Strategy

The development of a Mental Health Strategy is underway although at present, the SDTCCG is awaiting the related public engagement arrangements from NEW Devon CCG and Devon County Council. This is because we agreed a more strategic approach to strategy development across Devon, still allowing for local reflection, context and implementation, but reducing the resource in producing them. The strategy will be finalised this year although the date will be subject to the on-going consultation.

### 1.3 Winterbourne View Review

Following on from the Winterbourne View review, the Concordat Programme of Action committed to a programme of work to transform health and care services to improve the quality and outcomes of care offered to people with:-

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- Learning disabilities
- Autism
- Mental health conditions
- Behavioural challenges

These actions are expected to lead to a reduction in hospital placements for this group of people by 1 June 2014.

The presumption should always be that services are local and that people remain in their communities. However, care must be appropriate to the needs of the individual with the individual's best interest at the heart. There will, at times be instances where the most appropriate placement might be with an out of area provider.

The table attached provides an update on the 6 Torbay patients currently in in-patient units. All placements are appropriate and though the Placed People Governance Group, regular updates are provided on future transition / step-down plans.

Patient No.	Current placement	Likely placement 1 <sup>st</sup> June 2014	Reason for remaining Out of Area
1.	Torbay	Torbay	
2.	Torbay	Torbay	
3.	Wales	Wales - Possibly Torbay in future	Repatriation not appropriate at present, but will be part of long term plan.
4.	Somerset	Somerset	Subject Home Office restrictions. Not in patients best interests to be in Torbay.
5.	Devon	Likely to be Out of Area	Very complex health needs, repatriation to Torbay unlikely. Individual tendering process has commenced
6.	Cornwall	Cornwall	No local provision despite lengthy approaches to In-area providers. Patient moved from Torbay to Cornwall on 17/3/2014.

#### 1.4 Safeguarding Children

We are pleased to confirm that Cathy Hooper, Designated Nurse for Safeguarding Children will be sitting with the Management Team at Tor Hill House one day a week. This not only underpins the partnership working model, enabling prompt and timely discussions regarding both strategic and case issues, but also facilitates an understanding of how roles and responsibilities across agencies can dovetail together to improve services for the population we work with.

#### 1.5 Children and Young People's Services

The CCG has begun to look at services available to children, young people and their families, to understand how best to deliver improved health and social care outcomes, improving both quality and overall length of life. There will be a focus on prevention and early intervention where required, and we will be working with a range of local organisations, including Public Health, Torbay Council, the police, schools and Torbay Hospital. With the help of the Joined-Up Board, we hope to develop new models of interaction and care which will enable us to deliver some of

our CCG objectives for the next year, with a view to expanding the services across the CCG footprint in the future.

## **1.6 Reviewing Children's Community Nursing**

The South West Strategic Clinical Network and Senate have announced that our joint bid with NEW Devon and Bristol CCG to the Children and Maternity Strategic Clinical Network has been successful. The bid was to appoint a project officer to review children's community nursing systems across the area, including:-

- Examining palliative care
- Examining community paediatric nursing services with a particular focus on evaluating their impact on avoiding hospital admissions, reducing the length of stay, and improving the quality of service to children and young people with long-term conditions
- Identifying existing good practice and initiatives that are already in existence
- Sharing learning across the South West
- Reviewing the Guidance Base to agree core criteria for effective service provision
- Identifying bench-marking data against the agreed criteria. This will initially be undertaken in the two pilot areas, to allow for the level of detail required, but the learning will be made available regionally
- Ensuring that there are clear safeguarding process and procedures
- The encouragement of integration

We hope to have the work completed by September, in time to inform the joint review we are doing with NEW Devon to develop a shared specification for children's community nursing services.

## **1.7 Annual Report**

To note, a copy of our draft Annual Report has been sent to the Chair of the Health and Well-being Board for comment in advance of the meeting due to the submission timescales.



**Title:** Update Report - Healthwatch Torbay

**Wards Affected:** All

**To:** Health and Wellbeing Board **On:** 3 April 2014

**Contact:** Pat Harris

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www.healthwatchtorbay.org.uk

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## 1. Achievements since last meeting

- 1.1 **Patient experience platform (PEP) feedback centre** - Our new rate and review system, along with a brand new website, is in the development phase and should be ready to go live w/c 28th April. We are currently sending out letters to all publicly funded providers to advise them of the launch of the new system and are working with potential partners to purchase the 'widget' – which will help to support the sustainability of this system. We are working with the Social Media Partnership (SMP) at the moment to populate the provider database and work on the design and content of the new website that comes with it.

We are also working with SMP, the South West Academic Health Science Network (SWAHSN) and NHS England following their interest in the system to roll it out across the South West peninsula with other local Healthwatches. Meetings have been taking place to discuss moving this forward with Healthwatch Torbay being the project lead. There is opportunity, therefore, that this project will be funded by the SWAHSN.

- 1.2 **Meetings** - In order to strengthen communication between key partners, regular meetings have now been set up with the CCG and Healthwatch Devon on a monthly basis to discuss Healthwatch activities across Southern Devon and work that the CCG are involved with that may impact the general public. We have also been invited to go to the Torbay and Southern Devon Healthcare Trust Board of Directors pre-meeting on Monday 7th April to discuss working with Healthwatch Torbay.
- 1.3 **New Healthwatch Torbay Children and Young People's Steering Committee** - A meeting took place on 18th March at Paignton Library to recruit a panel of individuals to develop a steering committee for Healthwatch Torbay. Pam Teague

has been appointed as Chair of the Committee. The next meeting is scheduled for the 7th April.

- 1.4 **Volunteer Recruitment Campaign** - We have been actively campaigning for the recruitment of local volunteers to join us, particularly as community researchers. Articles have been published in local newspapers and online via our e-news, website and social media. We are also still searching for an additional member to join our Board. A number of applications have been received.
- 1.5 **PLACE Assessments** - Following statutory requirements for hospitals to undertake PLACE assessments within their area, Healthwatch Torbay have been contacted by all partners to assist with the process. We have already been part of the assessment process at Mount Stuart Hospital in Torquay and Paignton Hospital. Torbay Hospice and Torbay Hospital have also approached us to be part of this process.
- 1.6 **Mock Assessments for Community Hospitals** - In February one of our volunteers took part in a pilot to carry out a mock assessment in Teignmouth Hospital as part of the Government's initiative to "walk in my shoes" visit. We are currently awaiting feedback as to how this pilot worked before it's rolled out across the other community hospitals in Torbay and South Devon.
- 1.7 **Consultation on Measure Up** - Following a discussion with James Drummond from the Carers Service, a review is needed on the next 2 year plan to provide Carers services. It has been requested for Healthwatch Torbay to undertake a survey involving carers on how existing services have measured up and to form the next strategy for 2015-17 for carers. A request has been put forward for James Drummond to attend the next HWBB meeting to discuss the proposals for the next measure up strategy.
- 1.8 **Information and Advice Strategy** - Following several attempts to get the information and advice strategy off the ground, it has now been decided that all statutory partners will look at jointly commissioning this service. Julie Sharland from Torbay Council is the lead in pulling this together and we are working as part of the steering group to undertake a scoping exercise to identify what the needs are for an effective information and advice service jointly-commissioned will be able to deliver and how this can be achieved.
- 1.9 **Cost of Wasted Medication** - Our completed Cost of Wasted Medication Report was very well received locally, and appeared as the front page lead story in the Torbay Times. The report was also welcomed by the CCG, who are taking it to their next Board Meeting to discuss joint-working opportunities and how to achieve its recommendations, which included providing patients with more options during the repeat prescription process (e.g. a bi-monthly prescription) and conducting a wasted medication awareness campaign targeted at patients.

- 1.10 **Dementia Project** - Our Dementia Guide Booklet for Care Homes has been produced and distributed to Torbay care homes, with a covering letter encouraging their staff to read the information and answer a short questionnaire to receive a Purple Angel Award. Volunteers have been making follow up calls to Care Homes that haven't responded.

We have also worked with the TDAA to approach businesses in the Brixham with a view to explain why it is important to have an understanding of dementia and to encourage many businesses to sign up to the purple angel award scheme in the Brixham area. 152 business signed up on the day. The final report for the Dementia project should be completed by the end of May 2014, with reports and findings being forwarded to the senior leadership team at Public Health England.

- 1.11 **Current Surveys** - We are currently running two online surveys to gather public opinion on two current issues with health and social care in Torbay, the Out of Hours GP Service and experiences with making a complaint. The GP Out of Hours Service is about to go out to tender and people's experiences of making a complaint about a Health or Social Care Service will be fed directly to the Parliamentary Health Select Committee. This should be complete by the end of April.

## 2. **Challenges for the next three months**

- 2.1 **Steering Groups** – The new Information and Advice Strategy steering Group (1.8) and our own Children and Young People's Steering Committee (1.3) will require support to ensure they are a success and achieve their goals.
- 2.2 **Collaborative working** – As discussed in 1.1 above, we are launching our new PEP feedback Centre at the end of April. Working together with partners to create a pioneering, innovative new way of monitoring patient and public feedback to ultimately improve service quality is paramount.

## 3. **Action required by partners**

- 3.1 **PEP feedback centre** – We believe 100% that our new rate and review feedback centre (1.1) will help Torbay achieve improved service quality, whilst definitely also ensuring that the public are listened to and engaged with. Working together with partners to ensure the success of this ground-breaking tool is – we believe - of the utmost importance to the Torbay community. Any support you could provide; from signposting patients/public to the new feedback centre online; to looking into purchasing a 'widget' for your own sites, will be very much appreciated. The necessary significant behavioural shift to ensure success will prove difficult for us all, but will be ultimately extremely rewarding.