



Friday, 25 January 2019

**POLICY DEVELOPMENT AND DECISION GROUP (JOINT  
COMMISSIONING TEAM)**

A meeting of **Policy Development and Decision Group  
(Joint Commissioning Team)** will be held on

**Monday, 4 February 2019**

commencing at **2.00 pm**

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

**Members of the Committee**

Councillor Mills (Chairman)

Councillor Amil

Mayor Oliver

Councillor Ellery

Councillor Parrott

Councillor Excell

Councillor Stockman

Councillor Haddock

Councillor Stocks

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**A prosperous and healthy Torbay**

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# **POLICY DEVELOPMENT AND DECISION GROUP (JOINT COMMISSIONING TEAM) AGENDA**

1. **Apologies**  
To receive apologies for absence.
2. **Disclosure of Interests**
  - (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.
  - (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.)
3. **Minutes** (Pages 4 - 5)  
To confirm as a correct record the Minutes of the meeting of the Policy Development and Decision Group (Joint Commissioning Team) held on 5 November 2018.
4. **Urgent Items**  
To consider any other items the Chairman decides are urgent.
5. **Education Strategy** (Pages 6 - 44)  
To consider the submitted report setting out a mid-term review of Torbay's Strategy for Achieving Education Excellence Everywhere: Vision and Priorities 2016 – 2020.
6. **Torbay Adult Mental Health Memorandum of Understanding** (Pages 45 - 55)  
To note the submitted report.
7. **Fostering Service Annual Report 2017/2018** (Pages 56 - 62)  
To note the submitted report which summaries the performance of the Torbay Fostering Service during 2017/18.

8. **Annual Strategic Agreement between Torbay Council, South Devon and Torbay Clinical Commissioning Group and Torbay and South Devon NHS Foundation Trust and Better Care Fund**  
To consider the submitted report and make a recommendation to Council.

(Pages 63 - 144)



## Policy Development and Decision Group (Joint Commissioning Team)

5 November 2018

-: Present :-

Councillor Mills (Chairman)

Elected Mayor Oliver and Councillors Amil, Ellery, Excell, Haddock, Parrott, Stockman and Stocks

(Also in attendance: Councillors Bye, Darling (S), Morey and Thomas (D))

### 56. Minutes

The Minutes of the meeting of the Policy Development and Decision Group (Joint Commissioning Team) held on 1 October 2018 were confirmed as a correct record and signed by the Chairman.

### 57. Early Years Sufficiency Annual Report

Members considered the submitted report on the Early Years Sufficiency Annual Report which provided an update on the sufficiency of places for childcare for working parents, or parents who are studying or training for employment, for children aged 0 – 14 years (or up to 18 years for disabled children). The report demonstrated that overall there were sufficient childcare places, although there was a need to increase capacity in some areas such as school holidays and longer daytime hours.

Resolved:

- (i) that the Elected Mayor be recommended to approve the Torbay Childcare Sufficiency Report (September 2018) set out at Appendix 1 to the submitted report enabling its publication; and
- (ii) that the Policy Development Decision Group (Joint Commissioning Team) receive an update on progress of implementing the actions in the Torbay Childcare Sufficiency Report at a future meeting.

The Elected Mayor considered the recommendation set out in (i) above at the meeting and the record of decision, together with further information is attached to these Minutes.

### 58. Annual Adoption Report

Members considered a report which provided an update on adoption social care activity between 1 April 2017 and 31 March 2018. It was noted that there

continues to be a sustained government focus upon adoption as part of permanence planning in order to secure better outcomes for children by increasing the choice of adopter, avoiding drift and delay and improving post adoption support.

Torbay has continued as an active member of Adopt South West (AdoptSW) with the focus of the last year being meeting the timescale of the transition to the Regional Adoption Agency, Adopt SW, for the 'go live' of 1 October 2018. Members noted that Alison Botham, Director of Children's Services, was a member of the Adopt South West Board and therefore provides a direct link to the Board from the Council.

Resolved:

- (i) that the Annual Adoption Report 2017/2018 set out at Appendix 1 to the submitted report be noted; and
- (ii) that the Policy Development and Decision Group (Joint Commissioning Team) receive updates on progress at a future meeting as part of Member oversight of the establishment of the Regional Adoption Agency.

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Chairman



**Meeting:** Policy Development and Decision Group    **Date:** 4/2/19

**Wards Affected:** All

**Report Title:** Education Strategy

**Is the decision a key decision?** No

**When does the decision need to be implemented?** February 2019

**Executive Lead Contact Details:** Councillor Stocks, Executive Lead for Children and Housing, [cindy.stocks@torbay.gov.uk](mailto:cindy.stocks@torbay.gov.uk)

**Supporting Officer Contact Details:** Rachael Williams, Assistant Director, Education, Learning and Skills 01803 208743 [rachael.williams@torbay.gov.uk](mailto:rachael.williams@torbay.gov.uk)

## 1. Proposal and Introduction

This is a mid-term review of Torbay's Strategy for Achieving Education Excellence Everywhere: Vision and Priorities 2016 – 2020.

This strategy for achieving education excellence everywhere is a key element of the framework to deliver our vision for the children and young people in Torbay. Our ambition is to ensure that through greater collaboration, we can ensure children and young people are given the best start in life and can grow and prosper within safe families and communities that give them the best start for the future.

In a diverse educational landscape the local authority must exercise a range of roles and responsibilities within a growing mix of education providers. Torbay positively works with maintained faith and community schools, alternative provision, early year's settings, special schools, academies, independent schools and further and adult education providers who comprise a part of the mixed economy of local education provision.

The following report provides an overview of what has been achieved from the introduction of the strategy and sets out the future direction through a new action plan.

## 2. Reason for Proposal and associated financial commitments

To deliver its statutory duties, the Local Authority has exercised its role as champion by influencing and where possible generating consensus. Over the past two years officers in partnership with schools have created a narrative that describes a shared commitment to high aspirations and achievements, whilst also promoting equality of opportunity and access to education. To ensure maximum outcomes have been achieved the four priority areas agreed as part of the original strategy have acted as the guiding principles.

The following paragraphs set out what has been achieved against each priority area.

## **Priority Area One – Ensure every child has a place to be educated**

- pupil projections are now accurate
- an annual sufficiency report for all phases has been created
- local need is communicated to elected members, local education providers and external bodies.
- an annual conference is held related to school place planning and wider capital assets management.

The methodology for pupil projections continues to be refined and reviewed. The Department for Education has confirmed that Torbay provides accurate SCAP data and subsequently Torbay has received the basic need allocation to support capital investment for new school places. The outcomes of this analysis are now communicated through member briefings, headteacher/trust briefings and published on an annual basis.

Since the introduction of the strategy the Council has completed work at Torquay Academy providing new classroom accommodation, secured agreements with The Spires College, Kings Ash School and Roselands to admit additional pupils and developed additional capacity at White Rock Primary School and Ellacombe School to provide additional early years places.

In addition the Local Authority has demonstrated sufficient need for two additional primary schools in the Paignton area. This demand data, coupled with two high quality free schools bids from the Learning Academy Partnership and Coast Academies will result in the local area benefiting from two primary schools under the free schools programme.

## **Priority Area Two – Ensure the needs of vulnerable pupils are met**

- a comprehensive Special Educational Needs and Disability Strategy has been developed
- needs assessment of alternative provision undertaken to ensure the generation of sufficient alternative placements
- intelligence gathered on the number of children receiving part time packages, fixed term exclusions and permanent exclusions
- this intelligence is used to both support and challenge schools to ensure that pupils are re-integrated and their school place retained
- A range of local policies and protocols to ensure that there is clarity in how to safeguard children in education has been developed
- a shared raising attainment plan to enhance the outcomes of Children Looked After and hold ourselves and schools to account for the money received through pupil premium plus has been developed

The Local Authority has developed a comprehensive Special Educational Needs and Disability Strategy, this was developed by health, social care and education with parents, children and young people. This strategy has been approved by Members. The strategy is being actively delivered and will be subject to an interim review in March 2019.

Immediate success to be noted is the progress made on the conversion of Statements to Education Health and Care Plans, with 99% being completed by the DfE deadline. This conversion has ensured that children and young people's needs have been reviewed resulting in further focused plans. The parental confidence in these plans placed Torbay Local Authority in 6<sup>th</sup> place out of a national DfE survey.

The Local Authority has established a Higher Needs Recovery Group, this group of system leaders from across education, health and social care have worked relentlessly to try and understand and address demand pressures within the Higher Needs block of the Dedicated Schools Grant. The actions of the group have included generating new alternative provision. This includes additional Autistic Spectrum Provision at The Spires College and provision for Anxious Learners at Paignton Community Academy.

In partnership with all Schools the Local Authority has re-established a live data link enabling individual pupil level information to be accessed by officers. This information is used to identify trends in relation to attendance, the use of part time packages and exclusions. Using this intelligence the Local Authority has been able to intervene and provide support and challenge to schools with negative trends. These interventions lead by the Head of Vulnerable Pupils have on many occasions resulted in co-ordinated plans for children and young people with social care involvement. In addition the information gathered by the LA has been shared at the Local Education Board and School Forum resulting in direct challenge to schools with varying trends from system leaders in education.

The Torbay Safeguarding Children's Board (TSCB) Education Sub Group has effectively developed its membership to include health, social care alongside system leaders in education. This group has proactively developed policies and procedures on behalf of the local area, this includes a new approach to Section 157/175 safeguarding audits, a new transition process for children and young people moving between education at all phases, a comprehensive best practice guide to supporting transgender pupils and the development of tools for education practitioners to use the Signs of Safety social work model.

In addition to the work of the TSCB group the Local Authority has also secured a three year commitment to the Torbay Education Safeguarding Service (TESS). This service working within the MASH and Schools provides a comprehensive programme of support to improve partners understanding of thresholds and training for Dedicated Safeguarding Leads. The work of TESS was praised in an Ofsted monitoring visit and their contribution to the MASH is highly valued.

The Virtual School and its Governing Body has maintained its focus on improving outcomes for Looked After Children. Individual packages of support continue to be well directed through the appropriate allocation of Pupil Premium Plus, effective monitoring is in place via the Electronic PEP system. Ofsted confirmed that the targeting of resources was effective. The work of the virtual school team has been targeted to provide interventions to individual pupils, with a particular focus on improving attainment in English and

Mathematics. The virtual school team recognise the importance of considering the child's needs in a holistic manner. Alongside academic support the team have provided an number of enrichment activities to support children and young people, this has included Get Gritty Events, Surf Days, VS Choir, Celebration Events, STEM days and University Taster Days,

In addition to maintaining a focus on attainment the virtual school team have worked with designated teachers to support the development of inclusive cultures. This has resulted in the vast majority of schools accessing Attachment accredited training. This successful approach has also been expanded to include training for social workers and health practitioners.

### **Priority Area Three – Act as a champion for all parents and families**

- specific guidance and advice for parents to enable them to raise concerns and have their questions answered has been developed
- an online space where information can be accessed has been developed
- information is available to help parents, children and young people to make informed choices.

The Local Authority has developed comprehensive guidance that is available to all parents to support them in raising concerns regarding schools. This includes how they can navigate a schools complaint system and where necessary raise concerns directly with Ofsted, the Regional Schools Commissioner or the Local Authority.

The School Improvement Officer has proactively worked with parents to ensure that matters are fully investigated and concerns are answered, this has also included linking with the Local Authority Designated Officer (LADO) when required.

The Local Authority has updated the education pages of the council website and developed a comprehensive Local Offer of services that can be accessed by young people, parents and professionals. New processes using IT systems have been developed with schools to share information and help to protect vulnerable groups.

Admissions information has been updated and additional digital capacity created to ensure parents can use technology to make requests and applications.

### **Priority Area Four – Act as a champion for high standards**

- implement a new and transparent performance monitoring system that is shared with schools and used by systems leaders at the School to School Board
- system leadership and collaborative capacity developed, engaging with regional partners, local leaders and accountable bodies to share local priorities and gaps.
- centrally commission services targeted at local need

- consideration given to how the LA can facilitate a forum beyond 2019 for collective financial decision making.

The Local Authority has developed a comprehensive data package using the expertise of a current Ofsted inspectors. This data is used to drive forward the key priorities including the identification of schools with positive practice and where challenge/support is required. The Local Education Board has received this information and are proactively working to try and reduce the gaps that exist for priority groups and between providers.

Working with the Regional Schools Commissioner Office, Teaching School Council and our local National Leaders of Education we have developed a School to School commissioning board to ensure that resources are being co-ordinated to schools. In addition the local area has also grown the Specialist Leader in Education (SLE) capacity across the area, appointing new SLE's. These are being directly commissioned by schools and the local authority are utilising their skills to drive forward task and finish groups.

The Local Authority has proactively worked with Public Health to realign the commissioning of services for children and young people from 0 – 19 years. This joined up commissioning approach will enable the removal of duplication, better integration and a stronger offer to children, young people and professionals.

The national implementation of a central funding system for schools has been delayed. The Local Authority continues to retain a duty to operate a School Forum and agree the mechanism for devolving the Dedicated Schools Grant. The Forum have proactively worked with officers to ensure that the decisions being taken are in the context of meeting both universal and higher needs pupils. The work of the School Forum has been proactive and engaging of the education sector and is a credit to Torbay. The School Forum will continue to meet and address the pertinent issues that are being experienced.

From a position of influencing a wide range of partner agencies there are many achievements to note. The Education Strategy continues to be given attention to ensure the actions and priorities are at the forefront of delivery. In addition the work of the strategy is also being complemented by the Children and Young People's Strategic Partnership.

Officers have reviewed the associated action plan and updated to ensure that future work progresses the key priorities.

### **3. Recommendation(s) / Proposed Decision**

- 3.1 That members note the progress made on the Education Strategy and agree the revised action plan.

#### **Appendices**

- 1 - Original Education Strategy
- 2 - Rag rated action plan
- 3- Updated action plan



# Torbay's Strategy for Achieving Educational Excellence Everywhere: Vision and Priorities 2016 to 2020

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## **Foreword**

I am delighted to introduce the Torbay's revised strategy for educational excellence.

The pace of change within Education over recent years has been breathtaking. The academisation programme, creation of free schools, changes to the schools' funding formula and to qualifications and curricula have all taken place whilst schools grapple with meeting the day to day needs of their learners. On the whole Torbay has embraced the reform programme with most of its schools now academies and performance in most respects comparing favourably with national averages. This reflects the strength of local leadership and collaborative working that the revised strategy aims to sustain and develop.

The local authority continues to have a meaningful role within a school led system primarily as the champion for all learners in Torbay. I recognise that the role of the local authority has changed towards one of collaboration and brokerage across the whole system. This strategy exemplifies that approach and as the Lead Member for Children's Services I look forward to working with providers, stakeholders, parents and children to ensure it helps to realise our ambitions for the best educational outcomes for local children.

Thank you for your ongoing commitment and support.

**Julien Parrott, Executive Lead for Children's and Adult's Services**

## Section 1

### Our Vision and Strategic Aims

Torbay is delivering an ambitious Children and Young People plan for 2014 to 2019. This plan aims to give all children and young people the best start in life so they are safe, happy and healthy to reach their full potential.

This strategy for achieving education excellence everywhere is a key element of the framework to deliver our vision for the children and young people in Torbay. Our ambition is to ensure that through greater collaboration, we can ensure children and young people are given the best start in life and can grow and prosper within safe families and communities that give them the best start for the future.

In a diverse educational landscape the local authority must exercise a range of roles and responsibilities within a growing mix of education providers. Torbay positively works with maintained faith and community schools, alternative provision, early years settings, special schools, academies, independent schools and further and adult education providers who comprise a part of the mixed economy of local education provision.

The vast majority of Torbay schools have actively chosen to retain their close working relationship with the Local Authority. Most schools work within the context of Torbay Teaching School Alliance and maintain close links with each other and the Local Authority. Torbay has two Teaching Schools and a number of National Leaders in Education and Specialist Leaders in Education that take a strong role in sharing accountability for outcomes for all children.

We are about to enter a new phase of reform in which a significant shift in roles and responsibilities will be of profound importance. The White Paper, Education Excellence Everywhere published in March 2016 by the Department for Education has begun to provide greater clarity about the Governments plan for education reform. Whilst the majority of the White Paper represents a continuation of reforms put in place during the last two Parliaments, the White Paper envisages a further period of significant change and transformation in the education system. There are four key pillars that make up this vision:-

1. Workforce – Reforms of teacher recruitment, qualifications and development
2. System Leadership – More teaching school alliances and system leaders, such as national leaders in education
3. Funding – The introduction of a national funding formula for schools.
4. School – Autonomy and partnerships. The aim that all schools will become academies by 2022, with further support for the development of multi academy trusts and a changing role for local authorities.

## **Legislative Framework**

Despite a period of national transformation it is important to work within the current legislative framework, whilst being aware of the future.

Torbay has a statutory duty to promote high standards and the fulfilment of children and young people's potential. Under section 13A of the Education Act 1996 Local Authorities must:

- Promote high standards in schools and other providers
- Ensure fair access to opportunity for education and training
- Promote the fulfilment of learning potential

Additionally the Children Act 2004 established a statutory chief officer post (Director of Children's Services) and Lead Member for Children in every upper tier, with responsibilities for education as well as social care services. In respect of education the DCS must ensure:

- Fair access to schools for every child
- Provision of suitable home to school transport
- Promote a diverse supply of strong schools
- Promote high quality early years provision
- Access to sufficient educational and recreational leisure time activities
- Children and young people participate in decision making
- Participation of children and young people in education and training

To deliver our statutory duties, our vision and strategic aims it is vital that the Local Authority defines its role in the future landscape. We consider the role of the Local Authority to be that of a 'champion'. We consider the role to be crucial to ensure a direct and positive impact on learners and their families. Championing is fundamentally about local leadership through influencing and generating consensus: "It is about Councils exercising their unique, democratically mandated leadership role to create, in partnership with schools, settings and the communities they serve, a compelling narrative that describes a shared commitment to high aspiration and achievement, equality of opportunity and access to education, and expectation of lifelong learning." (SOLACE – 2010).

### **We consider the LA champion roles to be defined as:**

#### **1. Ensuring every child has a place to be educated:**

This means ensuring there are sufficient school, special school and alternative provision places to meet demand. We will build on our strong relationships with local schools to deliver the places needed, including planning ahead to support applications through the central free school programme or to seek proposals for presumption free schools. We will also champion the availability of education for 2, 3 and 4 year olds, working with our existing providers and schools to grow places and managing the

market to attract new provision. We will continue to work with schools, colleges and parents in developing local school transport policies enabling an accessible offer.

**2. Ensuring the needs of vulnerable pupils are met:**

This means identifying, assessing and making provision for children with special educational needs and disability. Ensuring that alternative provision is available for headteachers to commission for children and young people excluded from school and or unable to attend mainstream school. We will champion vulnerable pupils acting as the 'corporate parent' for looked after children, using the Statutory Virtual Head role to work with schools and other agencies on promoting their educational achievement and progress and deciding how to spend the Pupil Premium Plus. We will continue to promote school attendance and tackle persistence absence working in partnership with schools to build effective packages of support. We will track pupil movement outside of the normal admission round, to ensure all children are accessing provision. We will lead on safeguarding responsibilities for all children, including those in unregulated settings, educated at home and children missing education, as well as children at risk of radicalisation, working with education providers to ensure that they understand and discharge their safeguarding duties.

**3. Act as champions for all parents and families:**

This means encouraging and enabling parents, carers and corporate parents to participate in and have a significant impact on their children's education. We will involve parents, children and the local community in debate about how well their aspirations for children are met and work alongside elected members, system leaders and providers to bring about improvements. In doing this we will support parents in navigating the system through a continuing role in admissions, supporting children, young people and parents to understand local SEND arrangements and engage them in designing and co-producing local SEND policies, service commissioning and delivery. We will raise awareness of how to support and challenge their child's school or provider to continuously raise standards and help them to navigate the system regarding appropriate channels for complaints.

**4. Act as a champion for high standards :**

This means working as a partner in a school led system to empower providers to create the conditions and environments to provide educational excellence. In doing this we will both contribute to and facilitate regional and local networks bringing together system leaders from across agencies and organisations to work in partnership on shared priorities. In doing this we will share local intelligence to build area wide accountability and tackle all forms of underperformance through our teaching alliance, national leaders of education, multi academy trusts or calling for action from the Regional Schools Commissioner and Ofsted.

**To deliver this champion role within the system of the future we will:-**

- Seek to align schools and other providers with a shared vision and values for education in Torbay
- Engage with providers and schools in an influencing role that respects their autonomy and expertise, intervening decisively in schools or contacting the Regional Schools Commissioner or Ofsted where there are serious concerns.
- Retain a comprehensive overview of performance of all Torbay learners and ensure a dialogue with providers.
- Create and nurture strategic partnerships with and between providers, schools and others.
- Ensure we meet our statutory functions for all children and young people regardless of the type of setting they attend.
- Work with schools to ensure every child has fair access to all schools and other provision, and is included and helped to participate in education which is appropriate for their needs.
- Promote and support a smooth and effective transition for every child and young person, from any one educational stage and provision to another.
- Act as a broker to maximise resources and talent as an independent mediator.
- Deliver improved multi agency support for children and families who have additional needs by developing our early help and preventative offer in an integrated way, including co-production with parents, communities and providers to achieve better outcomes.
- Continue to develop the opportunities and pathways for all 14 – 19 year olds to participate and succeed so that they can access higher levels of learning or employment with training to age 25.
- Support our remaining maintained schools to become an academy within a strong multi academy trust.

### **What will success look like by 2020?**

- Every family should be able to send their child to a good or outstanding local school, FE provider, early years setting or college.
- Every young person leaves school with a recognised qualification and a clear destination, apprenticeship, further study or employment.
- Sufficient inclusive education places of the right quality, both mainstream and special are available to meet the full range of needs and provide best value.
- Performance for all national attainment indicators to be met and exceeded.

- A high percentage of children and young people with a Education Health and Care Plan (EHCP) are educated in mainstream schools and a high percentage of children are educated in local special provision rather than out of area specialist education.
- Our Children Looked After (CLA) achieve good or outstanding progress from their starting points.
- No primary or secondary school below the national standard in attainment or progress to keep pace with government policy and equip our young people for the next stage of their education.
- An overall raising of expectations by the end of primary, secondary, tertiary and adult education with an increasing number of students progressing both to apprenticeships and universities and into work.
- A narrowing of the gap between disadvantaged pupils and the attainment of all pupils.
- A cross phase commitment to raise the proportion of young people achieving the highest levels at all key stages.
- Appropriate pathways and provision for all young people, including high quality alternative provision to be in place so that all are supported to remain in education, gain a recognised qualification and to make at least expected progress.
- Reduction of young people not in education, employment or training (NEET) and not known in line with the Raising of the Participation Age requirements of full participation of young people to the age of 18 in learning, apprenticeships or work with outcomes to be in line with statistical neighbours.
- Achieve better than national average for overall attendance in primary and secondary schools.
- Reduction of the number of permanent exclusions.
- All education providers contribute to the local partnership working on early intervention and entrance to social care system is reduced.

## Section Two

### Current Performance

#### Early Years

Torbay is experiencing a growth in pupil numbers as a result of an increase in birth rates and significant housing development, this is noticeable in the population of 0 – 4 year old in all wards. This growth has a direct effect on the number of services required for the age range.

In the last year we have grown the offer available to our youngest residents. Approximately 700 eligible two year olds are accessing high quality education as a result of the Two Year Scheme and take up of the funded Fifteen Hour Scheme for all three and four year olds demonstrates 100% take up. We have worked with both providers and schools to generate new childcare places and invested in seven expansion projects. Current data demonstrates that there is sufficient childcare places across Torbay to accommodate demand for funded places, however ward level data continues to identify areas where new childcare places need to be generated. The expansion to provide 30 hours of free childcare for eligible three and four years old will also result in the need for additional provision.

The quality early years education remains high, Torbay has the highest percentage of outstanding early years provision and the vast majority of children are able to access their entitlement in establishment judged as good or better. The impact of this quality has led to raised attainment year on year.

#### Attainment in 2015 - 2016

EYFS Profile	GLD	CL	PSED	PD	Lit	Maths	UTW	EAD
National	66.3%	80%	84%	87%	70%	76%	82%	85%
Torbay	64%	77.0%	80%	84%	69%	72%	81%	82%
Academy	61%	74%	76%	83%	66%	69%	79%	77%
Maintained	70%	82%	86%	85%	74%	78%	85%	87%

#### Attainment in 2017/18

EYFS Profile	GLD	CL	PSED	PD	Lit	Maths	UTW	EAD
National								
Torbay								
Academy								
Maintained								

#### Key:

CL – Communication and Language

PSED – Personal, social and emotional development

PD - Physical development

LIT – Literacy  
 MATHS – Mathematics  
 UTW – Understanding the world  
 EAD – Expressive arts and design

- At a local level, 64.3% of children achieved a good level of development, this is an increase of 3.1% on 2014 and shows an upward trend across Torbay.
- Maintained schools achieved higher results at the end of the Foundation Stage across all areas of learning.
- 9 out 18 academies were above Torbay Average and 7 out 18 academies were above the national average. 10 out of 13 maintained schools were above both Torbay and National average.
- There continues to be a difference in performance between children eligible for free school meals and non free school meals across Torbay. There was a 19.7% gap in 2015 (68.5% non fsm / 48.8% fsm), this was in line with the gap in 2014 signifying that the gap is not narrowing across Torbay.

### Primary Phase

Since 2010, birth rate have been rising steadily and the LA has responded by expanding a number of primary schools. Since 2012, 854 additional primary school places have been created to meet demand. This programme of expansion has ensured there is sufficient capacity for the immediate future but pupil number continue to rise. In 2016 there is only 3% spare capacity, this is outside the surplus of 5 to 10% recommended to allow for unexpected growth, in year applications and parental preferences.

Torbay Association of Primary Schools (TAPS) have taken a lead role in developing services and ways of working on behalf of primary aged children. In partnership with the local authority and two teaching schools the sector have taken action to address areas of concern and instruct support. The consequence of which has resulted in maintenance of key stage 1 and key stage 2 standards against the national average.

### Attainment

#### KS1 in 2015 - 2016

Expected Standard	Reading	Writing	Maths
National	74	65	73
Torbay	73	66	70
Academy	10/22 achieved 74+	11/22 achieved 65+	9/22 achieved 70+
Maintained	5/8 achieved	5/8 achieved	5/8 achieved

#### KS1 in 2017-2018

Expected Standard	Reading	Writing	Maths
National	76	70	76
Torbay	73	68	74
Academy	16/24 achieved 76+	16/24 achieved 70+	16/24 achieved 76+
Maintained	3/6 achieved	3/6 achieved	3/6 achieved

### KS2 in 2015/16

Expected Standard	GPS	Reading	Writing	Maths	Combined
National	71	66	74	70	51
Torbay	71	68	68	68	51
Academy	10/22 achieved 71+	16/22 achieved 66+	9/22 achieved 74+	10/22 achieved 70+	8/22 achieved 51+
Maintained	4/8 achieved 71+	7/8 achieved 66+	4/8 achieved 74+	5/8 achieved 70+	6/8 achieved 51+

### KS2 in 2017/18

Expected Standard	GPS	Reading	Writing	Maths	Combined
National	77	75	78	75	64
Torbay	73	74	75	74	63
Academy	13/24 achieved 77+	16/24 achieved 75+	15/24 achieved 78+	14/24 achieved 75+	15/24 achieved 64+
Maintained	2/6 achieved 77+	3/6 achieved 75+	1/6 achieved 78+	4/6 achieved 75+	4/6achieved 64+

### Secondary Phase

Over recent years the demand for secondary places has been fairly stable with demand being met by existing capacity. However, as the larger primary age cohorts move through the education system, the LA has been planning how to accommodate all pupils. The latest projections show that demand will exceed capacity from 2018 onwards. Options are being developed to ensure that the LA meets demand until 2020 with bulge years being admitted to one secondary school.

Inspections data demonstrates that no all pupils are able to be taught in a provision that is judged to be good or better. However leaders within provisions judged to be less than good have taken decisive action to bring about change and this has resulted in an upward trajectory for pupil outcomes.

### Attainment 2014 – 2015

GCSE	5 A*-C including Eng/Maths	% achieving EBACC
National	57.3	22.9
Torbay	57.4	25.9
Academy	3 out of 7 achieved 57>	3 out of 7 achieved 23>
Maintained	0 out of 2 achieved 57>	0 out of 2 achieved 23>

- Torbay is 0.6% below the South West region for % GCSE 5A\*-C including Eng/Maths
- Torbay ranks 108<sup>th</sup> nationally and 4 out 11 when compared to statistical neighbours.
- Torbay out performs the national figure 22.8% and the statistical neighbour figure 20.2% with 25.2% achieving the English baccalaureate. It positions the authority 2<sup>nd</sup> out of 11 in statistical neighbour rankings.

### Attainment 2017 – 2018

GCSE	grade 9-5 Eng/Maths	% achieving EBACC
National	40	20
Torbay	45	19
Academy	3 out of 7 achieved 40 +	3 out of 7 achieved 20+
Maintained	0 out of 2 achieved 40+	0 out of 2 achieved 20+

### Special Educational Needs and Disabilities (SEND)

Torbay has a high proportion of children and young people with Statements or Education Health and Care Plans (EHCP). This equates to 4.4% of the pupil population compared to 2.9% nationally. The highest primary need identified is Social, Emotional and Mental Health (SEMH), whilst there is a significantly lower identification of children and young people with Moderate Learning Difficulties (MLD).

The Local Authority has taken proactive steps to implement the new framework for SEND. The impact of effective screening and identification has resulted in help being co-ordinated and provided at the earliest stage. Strategic Leads across the local area have ensured that all school, health and social care professionals understand and consistently implement the local area's graduated approach to identify needs and plan appropriate provision.

Children with special educational needs support and education health and care plans perform better than the national group. At Key Stage 1 and 2 across all subject areas children make good progress and achieve well against their peers.

Young people with SEND achieved well in their GCSE's in 2014 – 2015. In Torbay 34% of children with SEN achieved 5+ A\*- C including English and Maths, against a national picture of 23%.

However young adults with SEND are not progressing to paid employment. In Torbay 3.8% of the cohort entered employment, significantly below the national figure of 7%.

### **Attendance**

National data shows that Torbay's overall absence for 2014 – 2015 was slightly higher than England across all settings. The percentage of sessions missed for state funded primary schools was 4.4% (England 4%) and Secondary 6.3% (England 5.3%). The percentage of persistent absentees is also higher than national figures at 5% (England 3.7%). However unauthorised absence in primary and secondary schools is slightly lower than England.

### **Admissions**

Torbay school admissions service have allocated 1293 reception places for September in Torbay schools and a further 44 reception places have been allocated outside of Torbay. 1539 pupils have been allocated secondary schools with Torbay (including a significant number from bordering authorities) to start in September and a further 88 students will be starting in year 7 at schools outside of Torbay. The Local Authority has a Fair Access Protocol and this is working effectively. In year applications have also increased with 1127 pupils moving into Torbay or transferring schools.

The Local Authority has also considered 163 students at the Pupil Referral Panel with a view to accessing alternative provision or finding a school place than cannot be allocated by normal means.

## **Section Three**

### **The Challenges for the Future**

The challenge facing leaders within local education systems are complex.

Securing excellence and accountability in a landscape of overlapping partnerships, networks and alliances will be essential. We will need to work with both local, regional and national multi academy trusts that span beyond our geographical area.

The critical challenges to overcome are:-

#### **Defining the Accountability System**

It is widely recognised that there is a lack of clarity and differentiation between the various organisations operating within the system. The respective roles of Ofsted, Regional School Commissioners (RSCs) and Local Authorities have common characteristics and will inevitably overlap in some functions. This lack of clarity impacts on partners, stakeholders and parents, not knowing who you are accountable to or where to broker support.

In a time when we are aligning schools to the potential of creating a “bottom up” approach to accountability, with schools and school groups being open to support and challenge from one another, we need to take action to define the roles and responsibilities of external oversight bodies.

To overcome this challenge we will:-

- Share intelligence with schools, system leaders, Ofsted and the Regional Schools Commissioner for the benefit of improving pupil outcomes.
- Take action to host meetings with the Regional Schools Commissioner and Ofsted on shared priorities.
- Contribute to the work of the Regional Schools Commissioner Board.
- Chair the Torbay School to School Board, allocating resources using a fair and transparent criteria.

#### **School Funding Reform**

The Department for Education consulted in March 2016 on a reform that will change the current system for distributing school funding. The government has started a process of introducing a national funding formula from 2018 to 2019, the plans would remove the role of the local authority in determining how much funding schools are allocated. The Local Authority will continue to receive an allocation of funding for children and young people with high level special educational needs and early years children, however the funding level has not been determined.

Current practice allows the School Forum to maximise the use of funds across the three allocated blocks, the dedicated schools grant (DSG), higher needs block and early years block. The transfer of resources between blocks has enabled an investment in the development of quality early years practice and subsidised the additional support for pupils with complex needs. Proposed changes will lead to a significant pressure on the higher needs block and a subsequent decline in opportunities for our children and young people.

The plans would also dissolve the duty for the Local Authority to have a Schools Forum. Currently the Forum collectively invests in local area priorities.

To overcome this challenge we will:-

- Facilitate an equivalent body to School Forum.
- Apply tight thresholds to the allocation of higher needs funding.
- Work with our early years providers to plan for the impact of reduced funding.

### **School Place Planning**

The Local Authority is one of many stakeholders who contribute to the development of creating new school placements. New policy means that the Local Authority no longer retains the power to open new schools and any expansion work for academies is by approval from the Regional Schools Commissioner, this makes the creation of additional places challenging and beyond the control of the Local Authority.

Current Free School policy (a term used for all new schools post May 2015) can be brought forward by two main routes. The presumption route or the direct route. The presumption route enables the local authority to run a competitive process to select a sponsor whilst the direct route is conducted by the Department for Education. Both routes remove the Local Authorities ability to select the provider and site/asset for accommodation . The policy could result in the generation of additional spaces in areas of least need or a lack of parental choice, with one multi academy trust delivering a large number of schools. The ability of the EFA to purchase land/assets within the authority could also lead to both negative and positive impacts for Torbay as a place.

In addition to the generation of school placements, the Local Authority will also need to balance the delivery of sufficient early years and childcare spaces. The increase in the offer to provide 30 hours of funded childcare for eligible parents will create capacity demands that will have to be balanced against the need to provide 2 year old spaces.

To overcome this challenge we will:-

- Complete an accurate School Capacity Survey (SCAP).
- Publish a needs assessment and share widely with key stakeholders for all phases of education.
- Identify sites and existing assets, inform the EFA and encourage early purchase.

- Maintain and utilise relationships with key personnel within Multi Academy Trusts, Regional School Commissioners office, Department for Education and Education Funding Agency.
- Bid to deliver new school projects on behalf of the Education Funding Agency
- Identify risks, bring forward solutions and make decision in a timely manner.

### **System Leadership Capacity**

Government policy in the last six years has led to a major expansion of the opportunities for system leadership – the work of school leaders, governors and staff who take responsibility for improvement not only within their own school, but working with other schools to drive improvement across a wider area.

The Local Authority has welcomed the development of two teaching schools, Torbay Teaching School Alliance and All Saints Teaching School. Both Teaching Schools have worked to build and share leadership capacity, deploying the work of Specialist Leaders in Education (SLE). National Leaders in Education and Multi Academy Trusts have also developed models and capacity to impact upon school improvement.

The relatively autonomous manner in which the provider capacity has evolved, creates the potential for duplication and gaps in the nature and availability of support. It should be acknowledged that current national policy has developed a provider market with schools competing to sustain and grow pupil numbers and become a preferred supplier of improvement services.

In a full academy system, the role of the local authority in monitoring performance will change. Recent announcements and actions by both the Department for Education and Ofsted confirms that they view the Local Authority as an active player with an explicit remit to provide expertise and intelligence to enable the development and deployment of resources, in line with local need.

To overcome this challenge we will:-

- Chair the School to School Board, ensuring all system leaders can contribute resources to the school improvement process.
- Actively contribute to the strategic boards of both teaching schools.
- Help to identify gaps in leadership capacity and share these with organisations.
- Be transparent in the information we provide relating to growth opportunities.
- Maintain and strength links with Ofsted and Department for Education

## **Section Four**

### **Priority areas for action**

As there is much to do our planned actions are ambitious and challenging. We are determined to pursue them relentlessly and we believe we have the ways to achieve them. As part of our on-going discussions and partnership with headteachers, governors and other stakeholders there is a good level of shared ambition to achieve improvements in the period leading up to 2020.

This strategy will be supported by an action plan, created in partnership with all stakeholders, which recognises not only the need for pace and mutual challenge but also the need for ensuring that improvements are embedded. We will focus on working smarter together, with the sum being greater than the individual parts.

#### **PRIORITY ONE – Ensuring every child has a place to be educated**

- We will develop accurate pupil projections, creating an annual sufficiency report for all phases of education.
- We will actively promote and communicate the local need to elected members, local education providers and external bodies. We will do this by producing high quality documents that can be used in new school applications and as evidence to reduce or expand capacity within existing schools.
- We will host an annual conference, keeping people apprised of both local and national policy.
- We will publish an overview of potential sites and existing assets and keep these updated to support applications for new schools or possible school expansions.

#### **PRIORITY TWO – Ensuring the needs of vulnerable pupils are met**

- We will develop a comprehensive Special Education Needs and Disability Strategy.
- We will undertake a needs assessment of alternative provision and ensure the generation of sufficient alternative placements.
- We will gather intelligence on the number of children receiving part time packages, fixed term exclusions and permanent exclusions. We will both challenge and support schools to ensure that pupils are re-integrated and their school place retained.
- We will develop our local policies and protocols to ensure you are supported to safeguard children in education.
- We will develop a shared raising attainment plan to enhance the outcomes of Children Looked After and hold ourselves and schools to account for the money received through pupil premium plus.

### **PRIORITY THREE – Act as champions for all parents and families**

Parents have a central role in supporting and encouraging aspiration. The majority of parents want their children to do well; the education systems need to ensure that parents are supported to achieve their ambition.

- We will create specific guidance and advice for parents to enable them to raise concerns and have their questions answered.
- We will develop an online space where information can be accessed.
- We will make available information to help parents, children and young people to make informed choices.
- We will develop our approach to co-production of key strategies and decision making.

### **PRIORITY FOUR – Act as a champion for high standards**

- We will implement a new and transparent performance and monitoring system that is shared with schools and used by school leaders at the School to School Board.
- We will develop system leadership and collaborative capacity, engaging with regional partners, local leaders and accountable bodies to share local priorities and gaps.
- We will centrally commission services targeted at local need
- We will facilitate a forum after the removal of the school forum in 2018.

## **In Conclusion**

Torbay Council and all education providers are committed to our role as champions for children and young people and to discharging our statutory responsibilities to the highest standard. We see education as a high priority in times of austerity, since the future employability and wellbeing of Torbay's citizens depend on it. We are proud of the strong education system across the area. We will be energetic in the delivery of our strategy and rigorous in our actions.

We look forward to an exciting future, secure in the knowledge that the Council and all education settings have at their heart, strong shared values and a commitment to ensuring that our learners' life chances are the very best possible.

## EDUCATION STRATEGY ACTION PLAN

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
<b>Priority Area One – Ensure every child has a place to be educated</b>					
To develop accurate pupil projections.	TDA – School Place Planning Team	The identification and development of proposals for suitable projects to meet the need of school places and/or other elements of the Schools' Asset Management Plan, the preparation/ submission of bids to the Department for Education and other bodies and the management and allocation of Devolved Formula Capital and other sources of capital funding.	Pupil projections will be accurate and the local authority will meet its duty to have sufficient school places with a surplus need between 5 – 10 %.	<ul style="list-style-type: none"> <li>Annual SCAP return December</li> </ul>	
To create an annual sufficiency report for all phases.	TDA – School Place Planning Team	An annual sufficiency report will be written detailing need across all phases. This will set out the immediate need and the potential growth areas.	<p>Sufficiency report and action plan agreed by the Policy Development and Decision Group (PDDG).</p> <p>Action plan completed on an annual basis.</p>	<p>Early years sufficiency report – annual update (May)</p> <p>School Place Planning report – annual update (Dec)</p>	
To communicate local need to elected members, local education providers and external bodies.	Head of Education and School Place Planning Officer	<p>An annual report of sufficiency and school place planning will be presented in July.</p> <p>A members briefing and training event will be arranged to keep members updated on policy.</p>	<p>Sufficiency and school place planning understood by Members and external bodies.</p> <p>Capital plan completed and being delivered.</p>	<p>First report July 2017</p> <p>School place planning report delivered in PDDG meetings (July)</p>	

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
To host an annual conference related to school place planning and wider capital assets management.	Head of Education and School Place Planning Team	An annual conference led by the TDA in relation to capital assets will be delivered for all schools/providers.	All schools are aware of pupil projections and have an understanding of current policy in relation to growth. Presumption applications to Free School programme are aligned to local need.	December conference annually.	
<b>Priority Area Two – Ensure the needs of vulnerable pupils are met</b>					
To develop a comprehensive Special Educational Needs and Disability Strategy.	Head of Education, SEND team and wider stakeholder consultation	A comprehensive strategy will be developed in consultation with partners. This strategy will set out the vision for the local area, the current performance of the area in meeting need and set out the key priority areas for delivery until 2020.	The strategy will be underpinned by a comprehensive action plan. The plan will have measured targets and success criteria which will be monitored by the SEND operational group.	Adoption of SEND Strategy by Policy Development and Decision Group (PDDG) in February 2017	
To undertake needs assessment of alternative provision and ensure the generation of sufficient alternative placements.	Head of Vulnerable Pupils	Working with the placement team (social care) and SEND team the post holder will develop a comprehensive overview of the types of provision that are available within the local area and the gaps in provision.  This will be articulated into a overview document and will be used to encourage the expansion of the provider market. Including the generation of special free school applications and the support for the registration of unregistered providers.  The work will also identify areas where capacity is out of line with statistical neighbours and drive	There will be sufficient places available to meet the educational needs of pupils within the local community for the majority of pupils.  Higher needs placement costs will demonstrate value for money. The Local Authority will be deliver the provision within the financial allocation provided through the higher needs allocation.  SEN officers able to place children in both mainstream and specialist provisions	Data report and sufficiency assessment produced annually.	

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
		forward priority projects in relation to mainstream inclusion.			
<p>To gather intelligence on the number of children receiving part time packages, fixed term exclusions and permanent exclusions.</p> <p>To use this intelligence to both support and challenge schools to ensure that pupils are re-integrated and their school place retained.</p>	<p>School Improvement and Performance Officer</p> <p>Head of Education, Head of Virtual School, Head of Vulnerable Pupils, Head of SEND</p>	<p>B2B will be introduced to provide a live data feed between schools and the LA.</p> <p>Pupils coming on and off roll will be tracked and intelligence linked across departments creating a holistic picture on both a pupil and school level.</p> <p>A written report will be given to the Steering Group for Improving Outcomes for Vulnerable Pupils (SGIOVP) on a termly basis.</p> <p>School to school board and school review group will receive an annual report and the intelligence will form part of school improvement development work, strengthening the culture of a school led improvement process.</p> <p>Individual interventions will be taken for pupils that are identified where due process has not been followed, this will include escalation to OFSTED and the Regional Schools Commissioner (RSC) were mitigating actions are not taken,</p>	<p>The numbers of permanent exclusions will remain or be below the national averages</p> <p>The number of fixed term exclusions will decline in line with national averages.</p> <p>The number of part time packages will decline in line with national averages.</p> <p>No pupils in a Torbay school will be on a part time package that has not been approved by the Local Authority.</p> <p>The authorised and unauthorised absence rate of pupils across all phases.</p>	<p>Termly reporting of permanent exclusions.</p> <p>Termly reporting of permanent exclusions.</p> <p>Termly reporting of part time packages</p> <p>Termly reporting in place.</p> <p>Termly reporting in place.</p>	

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
To develop the range of local policies and protocols to ensure that there is clarity in how to safeguard children in education.	TSCB Education Safeguarding and the Torbay Education Safeguarding Service (TESS)	The section 157/175 audit will be implemented on annual basis and a work plan created. This will result in the commissioning of training, policy development and individual school based conversations which the group will oversee and develop.  The group will update education safeguarding policies and secure multi agency ratification through the TSCB executive board. This will be developed in line with the TESS workers.	All providers will be compliant with the statutory regulations and will deliver “keeping children safe in education”.  OFSTED inspection outcomes will demonstrate that schools are performing at a good or better standard for safeguarding.  The quality of referrals into social care pathways (at a statutory and non-statutory level) will be fit for purpose.	Bi- annual safeguarding audit  On-going inspection framework  Quartely performance information from Social Care.	
To develop a shared raising attainment plan to enhance the outcomes of Children Looked After and hold ourselves and schools to account for the money received through pupil premium plus.	Virtual School Governing Body (VSGB)	VSGB will hold to account the Virtual School Headteacher on the Pupil Premium Plus allocated as part of the PEP process.  The PEP process will be scrutinised to ensure that funds are allocated appropriately and impact measured.	The pupil premium plus investment will demonstrate improved outcomes as a direct consequence to the interventions provided. Children and Young People’s outcomes have improved.	Annual report to VSGB	
<b>Priority Area Three – Act as a champion for all parents and families</b>					
To create specific guidance and advice for parents to enable them to raise concerns and have their questions answered	School Improvement and Performance Officer  Education Heads of Service	All Local Authority education department pages will have a link to the corporate complaints system.  The website will be updated to ensure parents know how to raise concerns. This will include how parents can use the school	Parents have the correct information to raise their concerns. Concerns are dealt with at the lowest level and less escalation is needed.  Local Authority works in partnership with parents and schools to facilitate complaints.	Website update September 2017  Individual complaints are dealt with in a timely manner.	Links not yet on website.

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
	Corporate Complaints Team  Individual Education Providers	complaints process, Ofsted and the Local Authority.  Where a complaint is received by the Local Authority, the Local Authority will meet with the parent and help to ensure the complaint goes through due process, including feeding back to Ofsted.			
To develop an online space where information can be accessed.	FIS Manager/ SEND Officer/ Stakeholders	Local Offer and Family Information Service to be maintained and developed. Stake holders to update information regularly.	Parental feedback demonstrates that the online space provides relevant advice.  Professionals use the online space as a mechanism to support families and update information frequently.	September 2018	
To make information available to help parents, children and young people to make informed choices.		Ensure Local Offer is linked to Ofsted pages and reports.  Ensure media/communication is celebrating success and significant achievements.  Ensure newsletter for specific groups include good quality practice examples.  Ensure school websites are compliant and have information to parents available i.e. Performance results, pupil premium reports, SEND reports	Parents are well informed and this is evidenced in the choices that are made for children.  Parents and young people report that information can be obtained and that it is helpful in making an informed choice.	Annual review in place, continuation of embedding and improving practice.	
<b>Priority Area Four – Act as a champion for high standards</b>					
To implement a new and transparent performance monitoring system that is shared	Head of Education, School Improvement	Ensure the Local Authority has an agreed data sharing protocol across all schools.	Local Authority has a data set from EYFS to key stage 5 that sets out attainment and progress for all groups.	Annually – July/ August each year	

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
with schools and used by systems leaders at the School to School Board.	and Performance Officer and Data Analyst	Centrally commission data collection systems for all phases.  Provide opportunities collectively and in each phase to review all data.	School leaders know how their own school is performing against Local Schools, regional neighbours and national data.  Schools have a collective view on what needs to improve across the system and have an agreed set of priority actions that are taken forward.	September – Primary  January – Secondary  Spring meeting of the Local Education Board	
To develop system leadership and collaborative capacity, engaging with regional partners, local leaders and accountable bodies to share local priorities and gaps.	Head of Education, Teaching Schools, Regional Schools Commissioner	Establish a local education board of system leaders to enable transparent conversation and the creation of agreed actions.	Local Education Board effectively commissioning support for system wide issues and school to school based support.	Spring 2018	
To centrally commission services targeted at local need.	Head of Education, Teaching Schools, Regional Schools Commissioner	The agreed priorities will be used to target resources into individual schools or in the whole system activity.  Capacity is expanded in areas of development.	Commissioning is aligned to the agreed priorities and evidence of impact is being noted in improved standards within individual schools or collectively.	Annual process following the data in Spring.	
To facilitate a forum beyond 2019 for collective financial decision making.	Head of Education, Chair of School Forum, School Forum Members	As national policy is developed ensure discussions take place at School Forum to consider the impact of removal of the forum and any actions that can be put in place to mitigate.	The Local Area will continue to have a mechanism for collective decision making and investment for the benefit of all pupils.	September 2019	



What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
<b>Priority Area One – Ensure every child has a place to be educated</b>					
To continue to develop accurate pupil projections.	TDA – School Place Planning Team	The identification and development of proposals for suitable projects to meet the need of school places ( including Early Years places) and/or other elements of the Schools’ Asset Management Plan, the preparation/submission of bids to the Department for Education and other bodies and the management and allocation of Devolved Formula Capital and other sources of capital funding.	To ensure sufficient school places are planned and the Local Authority receives an accurate basic need allocation.	<ul style="list-style-type: none"> <li>Annual SCAP return December</li> </ul>	
To create an annual sufficiency report for all phases.	TDA – School Place Planning Team  Early Years Service	An annual sufficiency report will be written detailing need across all phases. This will set out the immediate need and the potential growth areas.	Sufficiency report and action plan agreed by the Policy Development and Decision Group (PDDG).  Action plan completed on an annual basis.	Early years sufficiency report – annual update (Autumn)  School Place Planning report – annual update (Dec)	
To communicate local need to elected members, local education providers and external bodies.	Head of Education and School Place Planning Officer	An annual report of sufficiency and school place planning will be presented in July.  A members briefing and training event will be arranged to keep members updated on policy.	Sufficiency and school place planning understood by Members and external bodies.  Capital plan completed and being delivered.	School place planning report delivered in PDDG meetings	

Appendix 3

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
<b>Priority Area Two – Ensure the needs of vulnerable pupils are met</b>					
To deliver, embed and monitor the comprehensive Special Educational Needs and Disability Strategy.	Head of Education, SEND team and wider stakeholder consultation	Published on line, shared with local area partners and consulted upon.	The plans measured targets and success criteria are monitored by the SEND operational group every 6 weeks	Review in 2020	
Develop and embed an audit process for EHCP to improve the quality of plans	SEND team	Communication within team to ensure all learning is captured to develop EHCP to provide best outcomes for pupils.  Evidence from Audits are communicated to social care, health and education.	LA can demonstrate good progress for pupils with an EHCP.  Audit cycles demonstrate progress in practice,  EHCP quality is raised and is aligned to the code of practice.	2020	
To use the ALFEY process to allocate additional funding to meet the needs of SEND and Vulnerable Children	EY Service	Half termly panel meeting	Appropriate referrals and reduction in number of referrals	Termly – ongoing panels	
To deliver the SEND strategic work plans with all partner agencies	Head of SEND	SEND operational leads to deliver the key project plans within the agreed milestones.	The strategy is being effective and RSA's are completed in a timely manner with increased quality.	Six weekly review though SEND operational leads groups	
To undertake needs assessment of alternative provision and ensure the generation of sufficient alternative placements.	Head of Vulnerable Pupils	The HoS will be mapping the provision accessed by and/or with the Authority are using the following criteria. This will then be compared to projected need to inform the commissioning of appropriate services.  a. Purpose	There will be sufficient places available to meet the educational needs of pupils within the local community for the majority of pupils.  Higher needs placement costs will demonstrate value for money. The Local Authority will be deliver the provision within the financial allocation	Data report and sufficiency assessment produced annually.	

Appendix 3

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
		<ul style="list-style-type: none"> <li>b. Intake</li> <li>c. Transition/ Reintegration Outcomes</li> <li>d. Qualifications</li> </ul>	<p>provided through the higher needs allocation.</p> <p>SEN officers able to place children in both mainstream and specialist provisions</p>		
<p>To continue to gather intelligence on the number of children receiving part time packages, <b>fixed</b> term exclusions and permanent exclusions.</p> <p>To use this intelligence to both support and challenge schools to ensure that pupils are re-integrated and their school place retained.</p>	<p>Head of Education, Head of Virtual School, Head of Vulnerable Pupils, Head of SEND</p>	<p>Establishing common identifiers for children and securing information from Social Care. The service now has a weekly workbook of live data allowing identification of pupils with multiple risk factors and who may not have been identified by any one element as a concern.</p> <p>Next steps in this work include:</p> <p>Moving to One Child – One Record as a basis for work within and beyond the team.</p> <p>Working with colleagues across Children’s Services to achieve this as a standard/</p> <p>Identify ways in which Social Care information can reliably inform Vulnerable Pupils Team decisions and reviews.</p> <p>Starting to create a historical dataset that allows year on year analysis and trend identification.</p>	<p>The numbers of permanent exclusions will remain or be below the national averages</p> <p>The number of fixed term exclusions will decline in line with national averages.</p> <p>The number of part time packages will decline in line with national averages.</p> <p>No pupils in a Torbay school will be on a part time package that has not been approved by the Local Authority.</p> <p>The authorised and unauthorised absence rate of pupils across all phases.</p>	<p>Termly reporting of permanent exclusions.</p> <p>Termly reporting of permanent exclusions.</p> <p>Termly reporting of part time packages</p> <p>Termly reporting in place.</p> <p>Termly reporting in place.</p>	

Appendix 3

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
		Looking at what the data held by Public Health and others can tell us.			
To develop the range of local policies and protocols to ensure that there is clarity in how to safeguard children in education.	TSCB Education Safeguarding and the Torbay Education Safeguarding Service (TESS)	The section 157/175 audit provides feedback to settings and a follow up audit is completed.	All providers will be compliant with the statutory regulations and will deliver “keeping children safe in education”.  OFSTED inspection outcomes will demonstrate that schools are performing at a good or better standard for safeguarding.  The quality of referrals into social care pathways (at a statutory and non-statutory level) will be fit for purpose.	Bi- annual safeguarding audit  On-going inspection framework  Quarterly performance information from Social Care.	
To provide early years support through termly forums:	Early Years Service	SEND and VC forum  Designated Safeguarding Lead forum	100% attendance	Ongoing	
To develop a shared raising attainment plan to enhance the outcomes of Children Looked After and hold ourselves and schools to account for the money received through pupil premium plus.	Virtual School Governing Body (VSGB)	VSGB will hold to account the Virtual School Headteacher on the Pupil Premium Plus allocated as part of the PEP process.  The PEP process will be scrutinised to ensure that funds are allocated appropriately and impact measured.	The pupil premium plus investment will demonstrate improved outcomes as a direct consequence to the interventions provided. Children and Young People’s outcomes have improved.	Annual report to VSGB	

Appendix 3

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
To Develop a Quality Assurance Framework for Alternative provision	Head of Vulnerable Pupils	The LA is confident that all Torbay pupils are in high quality provision.	The LA is assured that all alternative provisions produce the best outcomes for pupils.		
<b>Priority Area Three – Act as a champion for all parents and families</b>					
To create specific guidance and advice for parents to enable them to raise concerns and have their questions answered	Education Heads of Service Corporate Complaints Team Individual Education Providers	All Local Authority education department pages will have a link to the corporate complaints system.  The website will be updated to ensure parents know how to raise concerns. This will include how parents can use the school complaints process, Ofsted and the Local Authority.  Where a complaint is received by the Local Authority, the Local Authority meet with the parent and help to ensure the complaint goes through due process, including feeding back to Ofsted.	Parents have the correct information to raise their concerns. Concerns are dealt with at the lowest level and less escalation is needed.  Local Authority works in partnership with parents and schools to facilitate complaints.	Website update January 2019  Individual complaints are dealt with in a timely manner.	
To keep an online space where information can be accessed up to date	FIS Manager/ SEND Officer/ Stakeholders Early Years	Local Offer and Family Information Service to be maintained and developed. Stake holders to update information regularly.	Parental feedback demonstrates that the online space provides relevant advice.  Professionals use the online space as a mechanism to support families and update information frequently.	September 2019	
To make information available to help parents, children and young people to make informed choices.	Early Years	Ensure media/communication is celebrating success and significant achievements.	Parents are well informed and this is evidenced in the choices that are made for children.  Parents and young people report that information can be obtained and that it	Annual review in place, continuation of embedding and improving practice.	

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
		<p>Ensure newsletter for specific groups include good quality practice examples.</p> <p>Ensure school websites are compliant and have information to parents available i.e. Performance results, pupil premium reports, SEND reports</p>	is helpful in making an informed choice.		
<b>Priority Area Four – Act as a champion for high standards</b>					
To manage a performance monitoring system that is shared with schools and used by systems leaders at the Local Education Board.	Head of Education, School Improvement and Performance Officer and Data Analyst	<p>Centrally commission data collection systems for all phases.</p> <p>Provide opportunities collectively and in each phase to review all data.</p>	<p>Local Authority has a data set from EYFS to key stage 5 that sets out attainment and progress for all groups.</p> <p>School leaders know how their own school is performing against Local Schools, regional neighbours and national data.</p> <p>Schools have a collective view on what needs to improve across the system and have an agreed set of priority actions that are taken forward.</p>	<p>Annually – July/ August each year</p> <p>September – Primary</p> <p>January – Secondary</p> <p>Spring meeting of the Local Education Board</p>	
To maintain system leadership and collaborative capacity, engaging with regional partners, local leaders and accountable bodies to share local priorities and gaps.	Head of Education, Teaching Schools, Regional Schools Commissioner	Continue to chair a local education board of system leaders to enable transparent conversation and the creation of agreed actions.	Local Education Board effectively commissioning support for system wide issues and school to school based support.	Spring 2019	
To centrally commission services targeted at local need.	Head of Education, Teaching Schools,	The agreed priorities will be used to target resources into individual	Commissioning is aligned to the agreed priorities and evidence of impact is being noted in improved standards	Annual process following the data in Spring.	

Appendix 3

What?	Who?	How?	Success measures	Target/ date	Outcome – (report for Q1, Q2, Q3, Q4)
	Regional Schools Commissioner	schools or in the whole system activity.  Capacity is expanded in areas of development.	within individual schools or collectively.		
To ensure that the Schools Forum continue to action to meet the challenges at both a universal and specialist level.	Schools Forum	Schools Forum meet five times per year.  The Forum has also set up a Higher Needs Recovery Group which meets between forum meetings.	The School Forum and Local Authority officers are implementing the Higher Needs Recovery Plan. The School Forum continue to take decisions on behalf of the whole sector needs.	Termly meetings	



**Meeting:**

**Date: 4 February 2019**

**Wards Affected: All**

**Report Title: Torbay Adult Mental Health Memorandum of Understanding**

**Is the decision a key decision?** ~~Yes~~/No (delete as appropriate)

**When does the decision need to be implemented?**

**Executive Lead Contact Details:** Cllr Julien Parrott, Executive Lead for Adult Services, julien.parrott@torbay.gov.uk

**Supporting Officer Contact Details:** Justin Wiggin, Strategic Commissioning Officer, 01803 208792, justin.wiggin@torbay.gov.uk

## **1. Proposal and Introduction**

- 1.1 Delivery of Torbay under 65's Adult Mental Health (Adult Social Care) is undertaken by Devon Partnership Trust. Torbay and South Devon NHS Foundation Trust contract with Devon Partnership Trust via the section 75 agreement between Torbay Council and Torbay and South Devon NHS Foundation Trust.
- 1.2 The Adult Mental Health Memorandum of Understanding (MOU) has been developed by the three parties to update the existing contract between TSDFT and DPT. The MOU defines roles and responsibilities of:
  - Torbay Council
  - Torbay and South Devon NHS Foundation Trust
  - Devon Partnership Trust.

## **2. Reason for Proposal and associated financial commitments**

- 2.1 The services commissioned are delivered by a range of Social Care staff including, Social Workers, Approved Mental Health Professional's (AMHP's) and administrative staff who are employed by Torbay Council or Torbay and South Devon NHS Foundation Trust. Employees are "assigned" to Devon Partnership Trust.
- 2.2 The Adult Mental Health Memorandum of Understanding (appendix 1) clarifies responsibilities of the three partner organisations involved in the delivery and / or governance arrangements. The areas covered by this Memorandum of Understanding are:

- Introduction, including statutory responsibilities and delegation of functions.
- Provision of Legal Advice
- Governance Arrangements
- Finance, including budget setting
- Contract Performance
- Assigned staff, including HR responsibilities, staff training and recruitment.
- Staff structure

2.2 The proposals contained in this report do not commit the Council to any additional financial cost. The 2018/19 contract value in respect of £2,535 million forms part of the agreed s.75 financial arrangements between Torbay Council and Torbay and South Devon NHS Foundation Trust.

### **3. Recommendation(s) / Proposed Decision**

3.1 PDDG is to note and agree the proposed arrangements set out in the Adult Mental Health Memorandum of Understanding.

## **Appendices**

### **Appendix 1 Adult Mental Health Memorandum of Understanding**

### **Appendix 2 Proposed Staffing Structure**

## Adult Mental Health Memorandum of Understanding

### 1. Introduction

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- 1.1 The commissioning arrangements for Adult Mental Health Services in Torbay are complex. This memorandum of understanding (MOU) sets out the agreed expectations of each partner involved in the delivery of the Torbay Adult Social Care under 65 mental health agreement. The partners included in the MOU are:
- Torbay Council
  - Torbay and South Devon NHS Foundation Trust
  - Devon Partnership NHS Trust
- 1.2 Torbay Council (“the Council”) has statutory responsibilities for providing services to eligible people with poor mental health and social care needs under the Mental Health Act 1983, the Care Act 2014 and other relevant legislation, which are delegated to the Torbay and South Devon NHS Foundation Trust (“TSDFT”) via s.75 National Health Services Act 2006 (as amended). Notwithstanding these integrated commissioning arrangements, residual responsibility is retained by the Council. In respect of mental health services these include:
- approval and provision of ‘sufficient’ numbers of Approved Mental Health Professionals (‘AMHP’s);
  - guardianship under section 7 and
  - financial and budgetary responsibilities for the whole mental health budget, including activity below assigned to DPT.
- 1.3 Devon Partnership NHS Trust (“DPT”) is directly commissioned under a Service Level Agreement by TSDFT as part of the section 75 agreement between TSDFT and the Council. Devon Partnership NHS Trust is commissioned to operationally deliver these under 65 social care mental health services in Torbay. This is in compliance with Torbay Council’s statutory duties including:
- aftercare under section 117;
  - care management services, including operational brokerage of social care packages duties under the Care Act and S117 responsibilities
- 1.4 The agreement of Devon Partnership NHS Trust is undertaken by Torbay Council, strategic commissioning support for this arrangement is provided by Torbay Council’s Joint Commissioning Team. This memorandum of understanding is intended to clarify the roles and responsibilities of the Council, TSDFT and DPT and to set out expectations around early joint working, support for practitioners across organisations, the provision of legal advice and support.
- 1.5 Devon Partnership NHS Trust, currently receive no remuneration for the work that they undertake as part of this agreement. DPT will for the remainder of 2018/19 use best

endeavours to fulfil the functions set out below. During the remainder of 2018/19 DPT, Torbay Council and Torbay and South Devon NHS Foundation Trust will work collaboratively to identify appropriate resources required to fund this function going forward.

- 1.6 This MOU will commence on 1 April 2018 and will terminate on 31 March 2019 unless extended by mutual consent of the partners listed in section 1.1.

## 2. Legal Advice

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- 2.1 In the event that legal advice is required in respect of an area which remains the residual responsibility of Torbay Council initial contact should be made to the Senior Solicitor, Social Care, Torbay Council legal services. Legal Services will review the information provided and confirm any approach / response required to the contacting practitioner.

## 3 Governance

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- 3.1 Governance of the Adult Mental Health contract will be undertaken via the following meetings:
- Performance and Review meeting (monthly)
  - Torbay Strategic Partnership meeting (every 6 weeks)
  - Torbay Social Care Programme Board (SCPB - bi-monthly)

Performance and Review meeting Terms of Reference



Performance and Review Meeting TOR.

Torbay Strategic Partnership Meeting Terms of Reference



Torbay Strategic Partnership Meeting 1

- 3.2 Torbay Council and Torbay, South Devon NHS Foundation Trust and Devon Partnership Trust will make every effort to ensure appropriate attendance at all meetings. DPT will be invited to attend Social Care Programme Board with prior agreement when papers relating to adult mental health are presented. Torbay Council and TSDFT attend all SCPB meetings. All parties will make every effort to ensure appropriate attendance at all meetings.
- 3.3 In addition to the above governance structure it is to be expected that attendance will be required at Torbay Council governance structures which includes Locally Elected Members.

Examples of these are; Overview and Scrutiny Committee, Mayor’s Executive Group, Adult Commissioning Policy and Decision Group.

#### 4 Finance

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- 4.1 The total finance package associated with the adult mental health contract 2018/19 is £2.54million. A breakdown of finances is included in the table below.

By Service	Budget 2018/19
	£000
Residential Long Stay	1,182
Residential Short Stay	69
Supported Living	177
Day Care	8
Voluntary Block Contracts	48
Domiciliary Care	227
Direct Payments	208
Staffing	615
Total	2,535

#### 4.2 Setting future budgets

- 4.3 The setting of budgets for the provision of Adult Mental health will include TSDFT, DPT and Torbay Council.

#### 4.4 Budget management responsibility

- 4.5 Within the arrangements for 2018/19 no monies for packages of care or for assigned staff will be transferred to DPT (i.e. the assigned budget). DPT identify expenditure based on assessed need within individual care packages. DPT will arrange and manage panel processes to ensure that the options presented meet both mental health and social care needs and to determine (if there is more than one option that meets needs) which option is best value and will be pursued along with the associated financial packages. DPT will form part of the Torbay High Cost Panel for adult mental health packages over £1000 per week. DPT will monitor the quality of services which adult mental health clients access following

their assessment of need and related support planning. All clients with whom the adult mental health contract, engage must be assessed being eligible pursuant to Care Act 2014/Mental Health Act 1983 (as amended) eligibility. Torbay Council expects its staff, TSDFT and DPT practitioners to work across all relevant eligibility criteria and to seek supervision support and legal advice as required.

- 4.6 TSDFT is responsible for holding the budget, paying providers, managing and maintaining financial systems to ensure staff, providers and direct payments are made in a timely manner. TSDFT will provide monthly finance reports at DPT performance and contract review meetings.
- 4.7 For the avoidance of doubt the funding for this service is given by Torbay Council to TSDFT via a formal Section 75 Agreement which has been in operation since 2006 when this was previously Torbay Care Trust. It is recognised that DPT's execution of delegated statutory duties is dependent upon the provision of sufficient suitable qualified and trained staff from the Council and Torbay and South Devon NHS Foundation Trust.
- 4.8 DPT is expected to make best endeavours to manage the Service within the budgetary value.
- 4.9 £0 to be transferred by Torbay and South Devon NHS Foundation Trust to Devon Partnership NHS Trust in 2018/19.

## 5 Contract Performance

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- 5.1 Performance of the adult mental health contract will be monitored via the above mentioned governance arrangements. Performance relating to agreed key performance indicators will be reported by DPT on a monthly basis.
- 5.2 DPT and TSDFT will work in partnership to ensure KPI's are reported accurately on a monthly basis, without exception. Minimum data requirements will be linked to Adult Social Care Outcomes Framework (ASCOF). Demand management data and service access data will also form part of performance monitoring arrangements.

Key Performance Indicators to be monitored are embedded below.



Adult Mental Health Performance Metrics :

- 5.3 Torbay Delayed Transfers of Care (DToC) will be monitored weekly. Weekly data will be submitted by DPT to Torbay Council and TSDFT. Monitoring calls will be held between DPT Managing Partner for Social Care and Torbay Council, Head of Partnerships, People and Housing where required.
- 5.4 DPT, Torbay Council and TSDFT will over the course of the 2018/19 financial year work together to develop a single, robust mechanism for performance monitoring purposes.

## 6 Assigned staff

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- 6.1 Torbay Council and TSDFT recognise the benefits that the assignment of staff within a host organisation can provide, both to the originating authority, the assigned organisation, but also to individual employees.
- 6.2 Assignment applies to all Torbay Council and TSDFT employees assigned to DPT to support the delivery of the Adult Mental Health contract. These roles include:
- AMHP's
  - social workers and
  - administrative staff
- 6.3 The assigning of staff provides departments and organisations the opportunity to acquire specialist skills and knowledge for short term project from a wider pool of talent, including permanently established employees, who otherwise may not transfer to a temporary, short term contract.

### 6.4 Employment Checks

- 6.4.1 The Employing Organisation and recruiting manager is responsible for ensuring satisfactory checks are in place and for providing Human Resources with the following:
- Evidence of eligibility to work in the UK
  - Evidence of criminal record check (if appropriate)
  - Interview questions
  - Application form/expression of interest
  - Health and Care Professions Council registration (if appropriate) HCPC
  - Evidence of qualifications
  - References
  - Driving licence/insurance/MOT (where applicable).
- 6.4.2 The Employing Organisation must verify that a criminal record check is current. Where it is not, a check must be carried out and the cost borne by the employing organisation - Torbay Council or TSDFT.
- 6.4.3 Staff should not commence their assigned role until all these checks have been verified.
- 6.4.4 An external assignment agreement must be completed and authorised by Human Resources and held on file.
- 6.4.5 External assigned staff must sign and return a Confidentiality Agreement and Privacy Notice to Human Resources.
- 6.4.6 Host Managers should advise assigned staff that they will be expected to adhere to their employing organisations policies relating to:
- health & Safety
  - IT Usage
  - Code of Conduct

- Equalities
- Safeguarding

## **6.5 Recruitment of assigned staff**

- 6.5.1 In circumstances where an assigned position becomes vacant, responsibility for the recruitment of staff is the responsibility of the employing organisation.
- 6.5.2 The Host Manager must notify the employing organisation immediately upon staff tendering their resignation. The Host Manager and Employing Organisation will agree the recruitment of replacement staff. Replacement staff will be employed on the terms and conditions of the employing organisation. Any recruitment of staff to be assigned in to Devon Partnership NHS Trust will as a minimum include Devon Partnership NHS Trust and the employing organisation in the recruitment and selection process.
- 6.5.3 In cases where a staff position becomes available, all three partners (Torbay Council, TSDFT and DPT) shall be engaged in redesigning and agreeing vacant posts to ensure newly created posts meet the strategic direction of adult mental health in Torbay.
- 6.5.4 In cases where an exiting member of staff is employed by Torbay Council. Torbay Council shall discuss with TSDFT the option of new staff being employed by TSDFT in line with all operational Adult Social Care staff being employed directly by TSDFT.

## **6.6 Assigned staff conditions of employment**

- 6.6.1 Pay, including pay reviews and other terms and conditions of employment, would normally remain unchanged, except where the assigned opportunity is for a position on a different salary scale (where there is an increase in responsibility or accountability for instance), or other arrangements such as car allowances, have been agreed. In which case, pay, terms and conditions will need to be negotiated, and form part of the agreement. Any pay for a newly created opportunity should be properly assessed and in line with other grades for equivalent posts. The Host Business Unit/Organisation would be responsible for the payment of any additional sums as a result of enhanced terms and conditions.

## **6.7 Staff Performance Management**

- 6.7.1 Performance management processes should continue in the normal manner taking account of performance in meeting the objectives of the assigned role. The Host (line) Manager within DPT is responsible for co-ordinating performance management reviews also known as appraisals. DPT will engage the employing organisation in the process for HR purposes.
- 6.7.2 The employee will continue to be eligible for any promotion opportunities or salary reviews that they would normally be entitled to, where appropriate.
- 6.7.3 A Host Manager should be identified for the duration of the assigned period. The Host Manager, for the duration of the assignment, will be responsible for giving instruction and for the day-to-day management of the assigned employee and procedures and rules of the Host Organisation/Business Unit must be adhered to. However, in the case of addressing

attendance, disciplinary, grievance and performance issues, the employing organisation retains responsibility and will be advised/informed by the Host Manager.

6.7.4 The Host Manager will be required to authorise sickness, absence, annual leave and timesheets using the employing organisations online portals. For Torbay Council employees Host Manager's will be provided access to My View. For TSDFT employees Host Manager's will be provided access to Employee Staff Record (ESR)

6.7.5 Qualified social workers assigned to Devon Partnership NHS Trust shall benefit from the professional leadership of the Managing Partner for Social Care and Social Work, Devon Partnership NHS Trust for their profession.

6.7.6 Qualified AMHP's shall benefit from the professional leadership of the Lead AMHP, Torbay.

## **6.8 Terms and Conditions of employment specific to externally assigned staff**

6.8.1 The employee, whilst assigned, remains an employee of the originating employer and retains his/her conditions of service. The Host Organisation must be briefed on the originating organisations policies and procedures as they will continue to apply. e.g. grievance and disciplinary procedures. The Host Organisation should also be informed of the employee's terms and conditions of employment, including salary and allowances, and should be notified of any changes as appropriate.

## **6.9 Training**

6.9.1 The Seconding Organisation/Business Unit may require the employee to attend training courses during the period of assignment. If this occurs, the Host Organisation/Business Unit should reasonably allow the employee to attend appropriate training courses.

6.9.2 Torbay Council externally assigned staff are expected to undertake mandatory iLearn training and if assigned to a Manager's position attend a Manager's HR Induction. For further advice contact Torbay Council Human Resources.

6.9.3 TSDFT externally assigned staff are expected to undertake mandatory training and if assigned to a Manager's position attend a Manager's HR Induction. For further advice contact TSDFT Human Resources.

6.9.4 TSDFT will provide funding and access to training and development opportunities including any statutory professional training/qualification requirements for all staff assigned to DPT relating to their professional roles as Social Worker and / or Approved Mental Health Professional in order to ensure a sufficient and competent assigned workforce. An annual overview of training planned and attendance will be provided by TSDFT.

6.9.5 DPT will provide opportunities to access training and development opportunities for assigned staff which is relevant to the roles undertaken but in addition to mandatory training or professional training as outlined above. The aim of which is to ensure assigned staff have a sufficient and competent knowledge and understanding of mental ill health and related services to operate well in their role.

- 6.9.6 Learning and development needs may be met in a variety of ways and Host Organisation Managers will wish to consult with Parent Organisation Managers to discuss the options for meeting learning needs. Where this results in the need to provide a training course, consideration will need to be given to the appropriate agency or combination of agencies to deliver the training.
- 6.9.7 For audit purposes, requests for training and development opportunities will in the first instance be presented at the monthly Performance and Contract monitoring meetings. Where appropriate and required these requests will be escalated to the Torbay Strategic Partnership meeting.

**Signatures**

**Torbay Council**

Signed:

Date:

Print Name

**Torbay and South Devon NHS Foundation Trust**

Signed:

Date:

Print Name:

**Devon Partnership NHS Trust**

Signed:

Date:

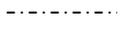
Print Name:

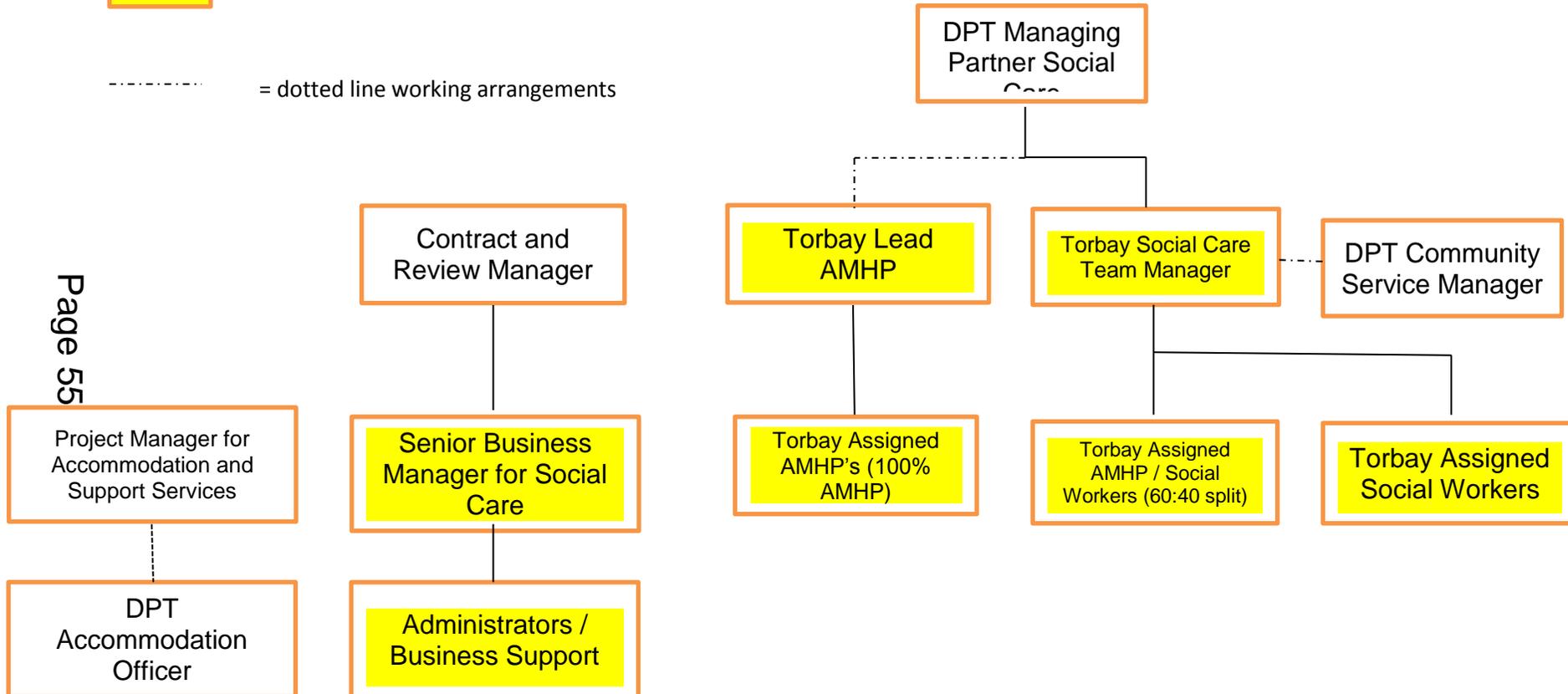
## Appendix 2

### Proposed Torbay Social Care Staff Structure

Key:

 = assigned staff

 = dotted line working arrangements





Title: **Fostering Service Annual Report 2017/2018**

Meeting: **Policy Development and Decision Group**

Wards Affected: **All Wards in Torbay**

On: **4<sup>th</sup> February 2019**

Contact Officer: **Adrian Wells**  
☎ Telephone: **01803 207195**  
✉ E.mail: **adrian.wells@torbay.gov.uk**

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## **1. Key points and Summary**

- 1.1 This report summarises the performance of the Torbay Fostering Service during 2017/18 and includes information on the;
- Structure;
  - Numbers of Children Looked After (CLA);
  - Foster Carer recruitment.
- 1.2 The report also notes the outcome of the June 2018 Ofsted Inspection which made specific comments about the service.

## **2. Introduction**

- 2.1 This is the Annual Report of the Torbay Fostering Service and covers the period of April 2017 – March 2018. The report that predates this was submitted in 2017 prior to the latest Ofsted Inspection and it had been the intention from that report that all succeeding reports would be published to meet the annual reporting framework. The delay in submission of this report has been due to the need for further reflection following the inspection. From April 2019 it is the intention to publish an annual report in line with other reporting frameworks.

## **3. Role of the Fostering Service**

- 3.1 The Fostering Service is responsible for meeting the needs of Children Looked After in Torbay in line with the requirements of national guidance and fostering standards.

It is responsible for;

- Recruitment and assessment of foster carers;

- Support, supervision and training of foster carers including family and friend carers (connected carers) and family to family carers (specific to disabled children and their families);
- Ensuring provision of safe and supportive foster placements which are local for children looked after, providing opportunity to keep siblings together where assessed as being in their best interests;
- Promoting placement stability and permanence planning;
- Private Fostering.

3.2 The Fostering Service provides a range of placements with foster carers with a varied skill and experience base. There are a range of placements offered including respite and short term breaks which includes Family to Family households specialising in offering support to children with disabilities and their families; placements with foster carers who have particular experience and skills in transition to permanence through adoption, return home or placement with family; placements providing permanence through long term fostering, providing a family based model of care to support children and young people through to independence and beyond.

There are also family and friends who are presenting for assessment as connected carers to look after children in their extended family or social network. All foster carers are supervised and supported by social workers within the fostering team and this includes all connected carers mentioned above to enable them to engage in training and support alongside other foster carers.

3.3 The overall aim of the Fostering Service is to provide a range of high quality, safe and aspirational foster placements that meet the needs of Torbay children looked after. It is also the aim of the service to develop a more focused approach to offering support and training moving forward in response to feedback from connected carers.

3.4 The priorities of the Fostering Service are to ensure that;

- All children who come into care have an experience of safe, secure and consistent care
- All children experience a safe place within which they can play, grow and thrive, being supported to reach their full potential.
- Ensure the holistic needs of any child are addressed and supported through health, education and social development enhancing opportunity to develop resilience and achieve.
- Support early Permanence for children in care and ensure that children who cannot safely remain at home are offered a permanent family base without delay

3.5 The Fostering Service includes responsibility for Privately Fostered Children and young people in Torbay in line with The Children (Private Arrangements for Fostering) Regulations 2015 and National Minimum Standards.

#### **4. Service Structure**

4.1 During 2017/2018 Torbay's Fostering Service was managed under the Head of Service for Specialist Services with responsibility as the Ofsted registered

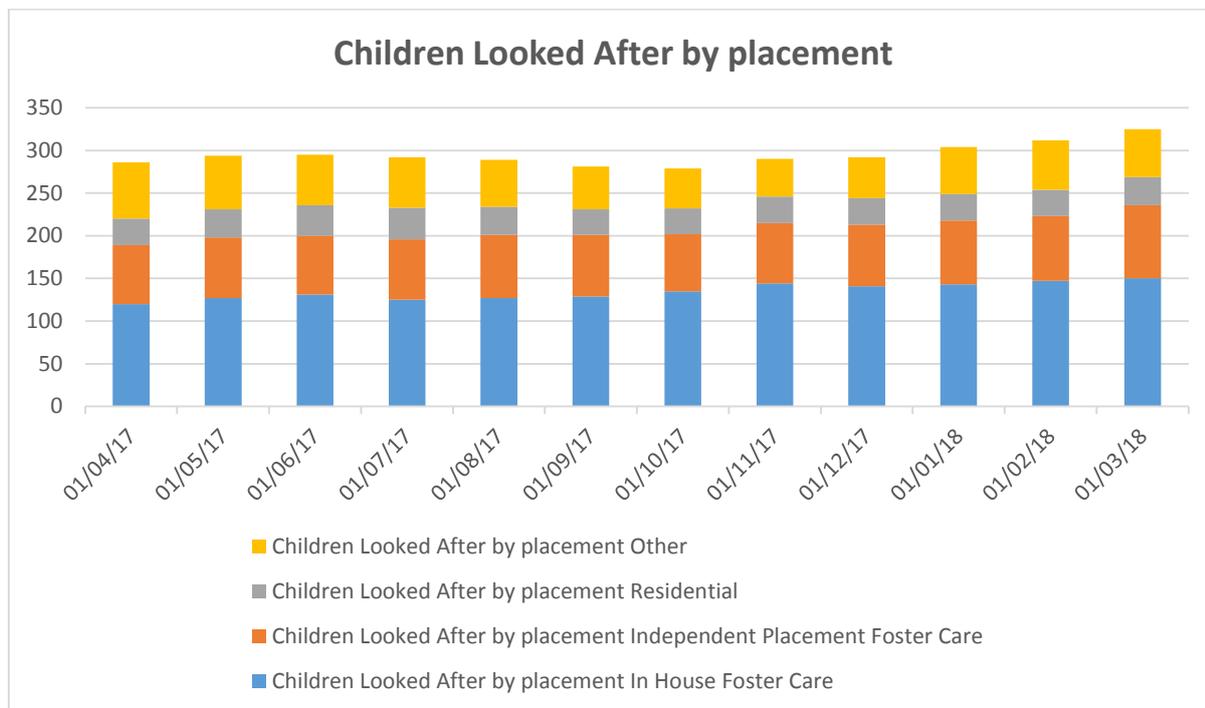
fostering manager. There was also an operational Interim Team Manager with responsibility for this service.



4.2 The Interim Team Manager was responsible for the overall service, including the quality assurance of reports to the fostering panel linking with the agency advisor. Further members of staff included two Assistant Team managers with defined areas of responsibility and who offer supervision and line management to staff within the team. The team of social workers and CCW's have roles and responsibilities within the service focusing upon recruitment and assessment, and/or supervising and supporting foster carers.

**5. Children Looked After**

5.1 The number of children looked after at the end of March 2018 was 325 equating to a rate of 129 children and young people per 10,000 population. As a comparison at the end of March 2017 the number of children looked after was 284, this equated to a rate of 114 per 10,000 population.



### Children Looked After by Placement

Month ending	Total Fostered		Residential		Other <sup>1</sup>		Total Residential and Other		Total
	Number	% CLA	Number	% CLA	Number	% CLA	Number	% CLA	
30/04/17	189	66.08	31	10.84	66	23.08	97	33.92	286
31/05/17	198	67.35	33	11.22	63	21.43	96	32.65	294
30/06/17	200	67.80	36	12.2	59	20.00	95	32.20	295
31/07/17	196	67.12	37	12.67	59	20.21	96	32.88	292
31/08/17	201	69.55	33	11.42	55	19.03	88	30.45	289
30/09/17	201	71.53	30	10.68	50	17.79	80	28.47	281
31/10/17	202	72.40	30	10.75	47	16.85	77	27.60	279
30/11/17	215	74.14	31	10.69	44	15.17	75	25.86	290
31/12/17	213	72.95	31	10.62	48	16.44	79	27.05	292
31/01/18	218	71.71	31	10.20	55	18.09	86	28.29	304
28/02/18	223	71.47	31	9.94	58	18.59	89	28.53	312
31/03/18	236	72.62	33	10.15	56	17.23	89	27.38	325

5.2 As can be seen the number of CLA has risen over the year by a total of 39 or by 14%, the detailed data for fostering is included below;

### In house and Independent Foster Placements

Month ending	In House Foster Care		Independent Foster Care		Total Fostered
	Number	%	Number	%	
30/04/2017	120	63.49	69	36.51	189
31/05/2017	127	64.14	71	35.86	198
30/06/2017	131	65.50	69	34.50	200
31/07/2017	125	63.78	71	36.22	196
31/08/2017	127	63.18	74	36.82	201
30/09/2017	129	64.18	72	35.82	201
31/10/2017	135	66.83	67	33.17	202
30/11/2017	144	66.98	71	33.02	215
31/12/2017	141	66.20	72	33.80	213
31/01/2018	143	65.60	75	34.40	218

<sup>1</sup>Key: Other =Secure units, children's homes and semi-independent living accommodation

28/02/2018	147	65.92	76	34.08	223
31/03/2018	150	63.56	86	36.44	236

5.3 The proportion of children fostered within in house placements has remained relatively steady throughout the year at 65% +/- 2. The number of children fostered has however risen by a total of 47 or by 24.9%, this has resulted in an additional 30 in house placements in March 2018 compared to April 2017 and an additional 17 placements in Independent Sector provision over the same period.

## 6. Recruitment Performance

6.1 The number of enquiries received for fostering in the period 2017-2018 is lower than required, this combined with the reduction in approvals is creating challenges in matching, choice and availability for in house placements.

Years	Number of enquiries	Approvals	Conversion % of enquiries to approvals
2014 - 2015	118	29	24
2015 - 2016	65	10	15
2016 - 2017	42	3	7
2017 - 2018	56	5	9

## 7. Numbers of Foster Carers

7.1 The numbers of carers has been declining year on year since 2014 - 2015. The marketing strategy introduced at that time to address this was the implementation of one pay rate of £400 per child, this proved successful with a high increase of carers moving across from Independent Fostering Agencies.

7.2 Following this the recruitment strategy and marketing was focused on recruiting carers for much older children and decisions were made to defer any assessments for carers who wished to support younger children. Whilst this was sustainable and appropriate for a short period it is recognised that delay in a review of the marketing strategy resulted in continued decline in interest for Torbay Fostering service.

7.3 As noted in the report of December 2016, following a review of sufficiency Torbay adopted a new skills based fostering allowance in May 2016. The period following this was a difficult time with a loss of confidence by our existing foster carers. It was recognised that part of this was the result of concerns relating to the revised Foster Carer Agreement. Work was undertaken to resolve all issues and amendments made to assure foster carers their voice had been heard.

## 8. Recruitment and Marketing Strategy and Campaign:

8.1 A review of the recruitment and marketing strategy was undertaken in January 2017. The service, with the support of the foster carers, ran a competition for our children to produce the revised banner for our Fostering Service. This is now used on all Torbay Fostering communications and marketing materials.

8.2 The key change to the recruitment strategy was to ensure the promotion of interest in fostering in general and not a focused age or specific target group for the first stage of the campaign. The important message was to reflect within the campaign that we were looking for prospective carers who would offer a child a home

throughout their childhood recognising the need for stability in placements as a priority for all children in care.

- 8.3 The launch for our revised marketing campaign was planned to coincide with Foster Care Fortnight in May 2017. In mid-March 2017 we promoted Torbay fostering Service through a radio advert actors Torbay, highlighting the message from a new campaign strap line of “Be the Best Carer”. The campaign was supported by current foster carers with their presence being planned at the information events which were scheduled throughout the Foster Care Fortnight dates in May 2017.

## **9. Review of progress since the December 2017 report**

- 9.1 During this period there was continued focus upon practice improvement. However in June 2018 an Ofsted Inspection found significant regulatory weaknesses within the Fostering Service. Whilst the Inspection is out of timescale for this report it is important to acknowledge the main findings below as they provide an external analysis of performance in preceding months;

- Performance data is not fully developed for all service areas. Only recently, has performance data for the fostering service been collated that shows significant concerns around practice. A third of carers have not had an annual review, a large number have not had an updated medical check and half of the carers have not completed their training, support and development standards. This demonstrates failure to understand a significant service area, poor management grip to ensure regulatory compliance and lack of attention on how foster carers can best meet the needs of children;
- Although foster carers provide stable homes for children where their needs are well met, there are serious weaknesses in the fostering service. There are a significant number of foster carers with no up-to-date annual review, health assessment or completion of training, support and development standards. The local authority cannot be fully assured of the quality of care being provided, although inspectors did not see any detriment to children;
- Most children who are looked after in Torbay enjoy supportive and stable placements with foster families. Where appropriate, children live with their brothers and sisters and do not move placement unless it is in their interests to do so;
- There are insufficient local foster carers to meet rising demand, and more children looked after are having to live too far away from their families. In May 2018, 27% of children looked after were placed more than 20 miles from home. The local authority is not meeting its target to recruit 10 additional fostering households each year. However, most children looked after at a distance from home are in appropriate placements where their identified needs are being met. All children are visited and have regular reviews, PEPs and health assessments.
- The fostering service in Torbay is failing to meet its regulatory requirements. Until very recently, there has been no performance information available to the team manager to assist her tracking of the team’s work. An action plan is now in place to address the relevant shortcomings, and a new permanent manager

has been appointed to oversee its implementation. However, at present there are a significant number of carers for whom there is no up-to-date annual review or health assessment, and half have not completed all their training, support and development standards. The local authority cannot be fully assured of the quality of care being provided to its children. However, inspectors did not see any evidence of detriment to children placed. (Recommendation)

- Some parts of the fostering service are working well. Foster carers appreciate the support, communication and advice offered by their fostering social workers. Carers benefit from a wide range of support groups and training activities, in particular the CAMHS support group offering valuable help in supporting the care of children who have complex emotional and behavioural needs. Groups are arranged at various times to facilitate carers' involvement and peer support. Recent training in therapeutic fostering and 'Fostering Changes' behavioural management have been highly valued by carers.

## **10. Conclusion**

- 10.1 The Ofsted Inspection Report of June 2018 provides a clear analysis of the weaknesses within the Fostering Service. These are being addressed and the Fostering Service Annual Report for 2018 – 2019 will provide in detail the service response to address the practice issues identified, this report will be published to meet the annual report cycle in May 2019. Supporting this will be a revised Fostering Sufficiency Strategy and a supporting Recruitment Strategy, both of these documents will be published in February 2019 with a view to addressing the capacity issues within the in house service.

**Anne Osborne**  
**Assistant Director Children's Safeguarding**

### **Appendices**

None

### **Documents available in members' rooms**

None

### **Background Papers:**

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

- Ofsted Inspection June 2018
- Childrens Service Performance Information



**Meeting:** Policy Development and Decision Group (Joint Commissioning) **Date:** 4 February 2019

**Wards Affected:** All

**Report Title:** Annual Strategic Agreement between Torbay Council, South Devon and Torbay Clinical Commissioning Group and Torbay and South Devon NHS Foundation Trust and Better Care Fund

**Is the decision a key decision?** Yes

**When does the decision need to be implemented?** 1 April 2019

**Executive Lead Contact Details:** Councillor Parrott, Executive Lead for Children's and Adults Services, 01803 293217, [julien.parrott@torbay.gov.uk](mailto:julien.parrott@torbay.gov.uk)

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## 1. Proposal and Introduction

- 1.1 This is the Annual Strategic Agreement (ASA) which sets out the way in which Torbay Council and South Devon and Torbay Clinical Commissioning Group (the CCG) will commission services from Torbay and South Devon NHS Foundation Trust (the Trust). The present agreement covers the period to March 2020 and the appendix provides the annual update to that agreement.
- 1.2 The performance commitments will be set on the basis of month 11 (Feb 2019) figures and confirmed on the production of full-year out-turn figures with any adjustments being by exception.
- 1.3 The in-situ agreement is supported by an addendum of updates ensuring that the base document previously agreed by the council remains in its approved format.

## 2. Reason for Proposal

- 2.1 The Annual Strategic Agreement sets out the strategic direction for services which is designed to maximise choice and independence for those requiring adult social care and support. It sets out the objectives which the Council and the CCG require the Trust to meet and forms the basis on which performance can be monitored and managed.

2.2 The Adult Services and Public Health Monitoring Working Party continues its oversight role ensuring that there is an opportunity for members to gain an understanding of the issues around adult social care and public health, to review and discuss performance and financial monitoring data and to have oversight of the development of future arrangements such as Local Care Partnerships and the associated governance of the Annual Strategic Agreement.

**3. Recommendation(s) / Proposed Decision**

3.1 That the Elected Mayor recommend Council to approve the Annual Strategic Agreement between Torbay Council, South Devon and Torbay Clinical Commissioning Group and Torbay and South Devon NHS Foundation Trust, as set out at Appendix 1 to the submitted report.

**4. Supporting Information**

4.1 The Adult Services and Public Health Monitoring Working Party have considered and are supportive of the approach to the Annual Strategic Agreement

**Appendices**

Appendix 1: Annual Strategic Agreement



# Annual Strategic Agreement

Between:

**Torbay Council and  
Torbay and South Devon NHS Foundation  
Trust**

For the delivery of:

**Adult Social Care April 2018 to March 2020**

**Draft 3.1 09/02/2018**

**DRAFTING NOTE:**

- THIS DOCUMENT REMAINS DRAFT AND IS BEING CONSIDERED BY BOTH THE TRUST AND THE COUNCIL
- PERFORMANCE INDICATORS ARE TO BE CONFIRMED POST M9 OUT-TURN
- SOME APPENDICES TO FOLLOW ONCE AGREED/APPROVED THROUGH THE ADULT SOCIAL CARE PROGRAMME BOARD

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## **1 Introduction**

The Annual Strategic Agreement (ASA) is refreshed and agreed annually between Torbay Council (the Council) and Torbay and South Devon NHS Foundation Trust (the Trust). The ASA is aligned with the Council's Corporate Plan and the Trust's Operational Plan.

The ASA is set in the context of the Risk Share Agreement established between the Council, the Trust and South Devon and Torbay Clinical Commissioning Group (the CCG).

It should also be noted and considered within the context that the Council and the Trust and CCG are working as part of the Devon wide Sustainability and Transformation Partnership (STP). The organisations continue to evidence their strong partnership role in working on both local and Devon solutions to use resources to best effect.

There is an aspiration for the Trust to become a Local Care Partnership during 2018/19 as part of the governance of an Accountable Care System for Devon.

### **1.1 Scope of the Agreement**

The scope of this agreement is Adult Social Care (ASC) services provided for the population for which Torbay Council is accountable. This will include the statutory duties and obligations in respect of the delivery of ASC services for people who are resident in Torbay but will also include people placed in accommodation in other areas of the country where national policy dictates that the Council remains the accountable authority.

In addition to the services described in this Agreement, the Trust provides other services, including those commissioned by the CCG, NHS England specialist, dental, and screening teams.

Torbay Council also commissions additional services from the Trust including, the Drug and Alcohol Service and the Lifestyles, Health Visiting, and School Nursing service which are commissioned by the Council's Public Health team.

Within the integrated approach of the Torbay care system the parties work jointly to ensure effective and efficient delivery of services. The Trust hold the budget for areas such as Autism, Learning Disabilities and Mental Health. Aspects of these are delivered through other organisations such as Devon Partnership Trust. The system partners will collaborate to ensure a continuous improvement approach to the delivery of care. Roles and responsibilities will be part of iterative work within 2018/19

### **1.2 Summary of services to be provided**

The services provided under this agreement will include:

- Provision of information and advice to people enquiring about ASC services;
- Assessment of need for social care services, including the provision of rehabilitation and reablement services, and an Emergency Duty Service;

- Commissioning and monitoring individual packages of care, including case management assessments under the Mental Capacity Act, Deprivation of Liberty safeguarding and engagement in Court proceedings;
- Monitoring of the quality, performance, and cost of services provided by Trust staff and other providers;
- Safeguarding the needs of adults and older people living in Torbay. This includes delivery of Torbay Council's operational safeguarding responsibilities, servicing the Torbay Adult Safeguarding Board, investigations of individual safeguarding concerns and whole homes investigations;
- Voluntary and Community Sector development and coordination in support of independence, self-care, enablement and improved quality of life;
- Ensuring that services are provided in a cost effective way whilst still offering the choice to which people are entitled;
- Collection of income for chargeable services, including and assessment of an individuals' financial circumstances and ensuring that people are receiving any welfare benefits to which they are entitled;
- The collection, collation and submission of activity information and performance returns as required operationally, by the Council and to meet local, regional and national statistical returns;
- The collection, collation and submission of financial returns and budget reports as required operationally, by the Council and to meet local, regional and national statistical returns;
- Benchmarking Torbay Council's performance and cost against similar Local Authority areas, England and the South West;
- Input to JSNA and housing needs assessment as required to ensure strategic commissioning plans and market management is based on relevant, accurate, quality and timely data;
- Procurement and monitoring and management of the local market, within the strategic approach set by the Council/CCG Joint Commissioning Team and Market Management Group, to ensure sustainable, good quality services;
- Delivery of agreed plans including Trust Wide Improvement Projects and those agreed through the BCF including the commitments to optimise the application of the Disabled Facilities Grant.

## **2 ASC Commissioning Priorities**

The Council's Corporate Plan (2015-2019) includes the following commissioning priorities for 2018-2020. It is the Trust's responsibility to ensure these are underpinned by timely and accurate data collection and information provision including, finance and performance management information on independent and community voluntary sector contracts and Service Level Agreements held by the Trust:

### **2.1 New Model of Care**

- Wellbeing Co-ordination in place, offering strengths based conversations and signposting to support people to maximize resilience and self-care
- introduction of a new model of support planning, using a partner to deliver person centered support plans developed with people by planners with lived

experience

- Living Well@Home development programme being a market wide programme in support of the new model of care;
- Implementation of the NHS Standard contract for Care Homes and development of outcomes based contracting options;
- Accommodation-based, care and support strategy;
- Outcomes based specification for extra care housing and procurement of supported living, to maximize independence ;
- Support the development of a vibrant voluntary and community sector within the context set by commissioners
- Reducing demand through prevention and innovation
- New approaches to assessment and the introduction of Individual Service Funds in order to maximize choice and reduce costs in care packages.

These will be supported by the development of a detailed approach to Information and Advice provision (in relation to ASC services), a strategic plan for the support of enablement of individuals by the use assistive technology alongside a refreshed strategy for the development of the Voluntary and Community Sector.

## 2.2 Autism

- Provide Autism awareness training for Trust staff who come into contact with people with autism;
- Ensure that staff of organisations and agencies commissioned by the Trust who come into contact with people with autism have appropriate training;
- Provide specialist training for key staff in the trust who come into contact with people with autism;
- Undertake assessments under the Care Act for adults;
- Key partner and in the development and delivery of the Joint Learning Disability and Autism Strategy and action plan, following the ADASS Peer Review.
- a sustainable supported living market for people with Autistic Spectrum Disorder diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract

## 2.3 Learning Disabilities

- Focus on people living full and independent lives, where secure homes and fulfilling lives are a priority;
- Help people and let them know what options they have to help them achieve their goals;
- Improved accessibility to community services for those people who have a learning disability;
- Improve access to employment and housing;
- Key partner and in the development and delivery of the Joint Learning Disability and Autism Strategy and action plan, following the ADASS Peer Review.
- secure a sustainable supported living market for people with a Learning Disability diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract

Mental Health The Council has statutory responsibilities for providing services to eligible people with poor mental health under the Mental Health Act 1983 and NHS and Community Act 1990, which are delegated to the Trust. These include:

- Approval and provision of 'sufficient' numbers of Approved Mental Health Practitioners (AMHP);
- guardianship under section 7;
- Financial and Budgetary responsibilities for the whole Mental Health budget, including activity below assigned to DPT.

Devon Partnership Trust will be directly commissioned under a Service Level Agreement by Torbay and South Devon NHS Foundation Trust as part of the section 75 agreement between TSDFT and the Council. Devon Partnership Trust will be commissioned to operationally deliver these under 65 social care mental health services in Torbay. This is in compliance with Torbay Council's statutory duties under the Care Act, Mental Health Act and other relevant legislation, including:

- Aftercare under section 117;
- Care management services, including operational brokerage of social care packages.

Contract management of Devon Partnership Trust will be undertaken by Torbay Council, Strategic Commissioning Support for this arrangement will be provided by Torbay Council's Joint Commissioning Team.

Professional Practice oversight of AMHP needs to be defined and agreed. This arrangement will be governed by this ASA and a contract between DPT and the Trust.

The priorities for the commissioned service in 2017 to 2018 extend into 2018 / 19 and are outlined in the Adult Mental Health, Joint Delivery Plan between the Council, TSDFT and DPT. Close working with other commissioners such as the CCG will see this developed and monitored through Social Care Programme Board Quarterly performance and finance reports will be submitted to the ASCPB. A governance structure is in place with the Council, the Trust and DPT. Greater alignment of this work will be required during the 2018/19 financial year through the development of the Mental Health ACS. It is envisaged greater alignment of governance and strategic approach will be agreed through this structure. It is expected that during this period employment of the Approved Mental Health Practitioners will transfer from the Council to DPT.

- Trust finance team support for improvement plan and development and implementation of cost improvement projects. Torbay Council Commissioners to agree improvement plan and development of cost improvement projects with DPT
- Support for integrated personal care planning and brokerage including implementing and embedding systems plans.
- Review and redesign of all current assigned staff roles within the Adult Mental Health contract to ensure value for money and focused approach to delivering better outcomes for people with mental ill health.
- a sustainable supported living market for people with a Mental Health diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract

## 2.4 Social Care Workforce

- Ensure sufficient professional leadership and support to changes to the workforce and implementation of new ways of working;
- Develop capacity within the workforce to deliver the services and provide contingency working and engagement in co-producing new approaches to care work e.g. Trusted Assessor models.

## 2.5 Enhanced working between the commissioning functions

- Continued development of working arrangements for clarity of roles and responsibilities with the growing independent and voluntary sector;
- Supporting engagement with independent and voluntary sector providers through the multi-provider forum and associated groups.

## 2.6 Housing and Care

This commissioning function in support of the new model of care will be led by the Council in support of its system partners Implement the homelessness prevention plan:

- Re-commissioning of accommodation based and outreach support for single homeless and young peoples' homelessness support services and young parents service;
- Implement the Devon protocol to support joint action on improving health through housing;
- Accommodation-based care and support plan;
- Better use of equipment, home improvements, grants and technology including, disabled facilities grant in line with BCF planning;
- Homelessness strategy delivery including, prevention and early intervention and alternatives to temporary accommodation and improved hospital discharge.

## 2.7 Safeguarding Adults

The Trust will deliver operational safeguarding duty on behalf of Torbay to:

- Prevent abuse and neglect wherever possible, understand the causes of abuse and neglect, and learn from experience;
- Ensure all organisations embed learning from incidents and case reviews;
- Improve multi-agency practice and processes to improve individual safety planning as part of care and support plans and safeguard adults in a way that supports choice and control and improves their lives;
- Provide information and promote public awareness to enable people in the community to be informed so that they know when, and how, to report suspected abuse;
- Work with strategic commissioners and in partnerships with independent and community voluntary sector organizations to identify and address issues early preventing escalation through focused service improvement planning to reduce and streamline the number of current safeguarding processes.

## 2.8 Carers

**In line with the priorities established through the redesign of Carers services** the Trust will deliver operational duties to support carers on behalf of Torbay to:

- Provide Carers Assessments / Health and Wellbeing Checks for Carers of Adults
- Provide support to maintain Carers' health and wellbeing
- Provide Carers' advocacy;
- Promote identification and support of Carers across the wider health/social care community;
- Provide support to commissioners about market development to meet the needs of Carers and those of the people they care for
- Ensure Carers performance indicators are met.
- Take steps to address reduced performance in the Personal Social Services Survey of Adult Carers in England 2016-17;
- Implement the Carers Strategy (Appendix 1)

In 2018/19 a review of Carers Services will be undertaken, this will include a period of consultation with the public. Any decisions on changes to services will be made following this consultation and be managed through the Adult Social care Programme Board.

### 3 Current Services

#### 3.1 Activity Baseline and Planning Assumptions

The Trust will be providing, under the terms of this agreement, long term packages of care to adults and older people with social needs. In the table below this activity is broken down across localities / teams and by value of the packages of care (initial business planning baseline).

Table 1: Activity Baseline Assumptions for 1<sup>st</sup> April 2018

	Mental Health Under 65	Mental Health Over 65	Learning Disability	Adults & Older People		Total
				Torquay	Paignton & Brixham	
Type of Care and Support Plans						
Packages of Care Under £120 per week (at home)	54	19	47	236	186	<b>542</b>
Care Under between £121 & £999 per week (at home)	41	24	244	245	251	<b>805</b>
Care Under £1,000 per week (Residential based)	36	130	82	174	165	<b>587</b>
Care over £1,000 per week (at home & residential based)	3	5	79	4	5	<b>96</b>
Full Cost Care (Residential based)	-	21	1	14	18	<b>54</b>
Full Cost Care (at home)	-	12	2	49	49	<b>112</b>
<b>Total</b>	<b>134</b>	<b>211</b>	<b>455</b>	<b>722</b>	<b>674</b>	<b>2,196</b>

### **3.2 Projected activity**

As part of the Trusts' business planning process the Trust's Community Service Delivery Unit (Community SDU) will formulate plans to deliver the capacity required in 2018/19 within the parameters of the Trust's business planning process and the associated savings requirements.

The service development and saving plan work streams developed through this processes by the Community SDU will report to the Adult Social Care Programme Board (ASCPB) with governance, assurance and approval being provided through this board as appropriate and applicable.

### **3.3 Operational Delivery, Monitoring & Oversight**

Delivery will be monitored through local operational meetings, the Community SDU Board, the Trust Board and the ASCPB against financial run rates and performance targets.

The Trust will operate autonomously to take any management action is necessary to correct performance which can be taken within the parameters of this Agreement. However, should exceptional circumstances arise, through excess demand or other external factors not taken into account when the budget allocations underpinning this agreement were made, the impact and any corrective actions will be discussed through the ASCPB

The indicators are to be agreed in the light of the December 2017 out-turn figures and the relevant service and business planning processes. Performance indicators for the service will be those set nationally, under the ASC Outcomes Framework (ASCOF), or agreed locally. A description of the ASCOF indicators is set out in Appendix 2 and includes details of the performance and benchmarking information against each Key Performance Indicator along with performance measures produced following the review of work with Professor John Bolton.

### **3.4 Impact on quality, activity and cost including cost improvement**

A programme of improvement and savings plans will be developed by the Trust for approval through the Adult Social Care Programme Board and attached as Appendix 3

### **3.5 Adult Social Care Workforce**

The provision of integrated health and social care services through local multidisciplinary teams has proved to be an effective model for delivery, able to respond to customer needs swiftly, facilitate rehabilitation, and avoid admissions to residential care and hospital where ever possible. However, the existing model relies on a level of staff resources which will not be sustainable in future given the additional demands. An alternative model is being designed which will have an impact on how staff are deployed.

The new care model will be built on a strengths based approach, aligning entirely to the model in use within the voluntary sector and Integrated Personal Commissioning. Adopting this approach across social care, health services, and the private, voluntary and independent sectors will bring a synergy of approach not previously seen. For social care this is building upon the previous 'Personalisation Strategy'. This is being developed with initiatives e.g. Strengths Based Working and Making Every Contact Count (MECC) and will underpin a more from time based and care based provision to outcomes based commissioning.

### 3.6 Safeguarding

The Trust will continue to deliver the delegated responsibilities of Torbay Council regarding Safeguarding Adults. The Care Act 2014 put Safeguarding Adults into a statutory framework for the first time from April 2015. This placed a range of responsibilities and duties on the Local Authority with which the Trust will need to comply. This includes requirements in the following areas:

- Duty to carry out enquiries;
- Co-operation with key partner agencies;
- Safeguarding Adults Boards;
- Safeguarding Adult Reviews;
- Information Sharing;
- Supervision and training for staff.

Accountability for this will sit with the Torbay Safeguarding Adults Board (TSAB). This is a well-established group that will provide a sound basis for delivering the new legislative requirements. The Board will incorporate the requirements into its Terms of Reference and Business Plan for 2017/18, ensuring that all relevant operational and policy changes are in place for April implementation.

Regular performance analysis from all partner agencies will be reported to the TSAB to give a clear picture of performance across the agencies. The Council will ensure high level representation on the Board by the Director of Adult Social Services and Executive Lead for Adult Social Care.

In order to maximise capacity Torbay SAB will work closely with the Devon SAB with an increased number of joint sub-committees and shared business support. In addition to this, to provide internal assurance that the Trust is fulfilling its Safeguarding Adult requirements, the Board will have a sub-committee which will oversee performance. This will have a particular focus on training and performance activity.

The Council has signed up to the national initiative of 'Making Safeguarding Personal'. This is an exciting initiative designed to measure Safeguarding Adult performance by outcomes for the individual, rather than the current reliance on quantitative measurement of timescales for strategy meetings and case conferences. This is now in place.

The Trust also has delegated responsibility as a provider of ASC services to ensure that it participates as a full partner in the TSAB and meet all regulatory requirements in safeguarding adults and children.

### 3.7 Delivery and Performance Management: Adult Social Care Services

The present arrangements for ASC delivery through an integrated health arrangement delivered by the ICO have been benchmarked against similar authorities in its family group (comparator group). The results show in 2016/17 Torbay spends around £363 per head of adult population, compared to an average of £348 for our comparator group (this is the net current expenditure from 2016/17 Adult Social Care Finance Return (ASC-FR) - per head of adult population).

It is to be noted that the integrated nature of the Torbay's system whilst delivering better outcomes for people does mean that direct comparisons do not always provide an unambiguous picture. The work and benchmarking as provided by Professor John Bolton illustrates the benefit of the additional analysis and benchmarking. With this in mind a series of additional measures reflecting the challenges put forwards by Professor Bolton are included within the performance indicators and will be attached as Appendix 2.

Torbay performs very well in the following area:

<b>Excellent</b>
<ul style="list-style-type: none"><li>• Service user reported quality of life</li><li>• Service user reported social contact</li><li>• Service user reported control over daily life</li><li>• Carer reported ease of finding information</li></ul>

And well in these areas:

<b>Good</b>
<ul style="list-style-type: none"><li>• Service user reported ease of finding information</li><li>• Service user reported satisfaction with care &amp; support</li><li>• Coverage of reablement service</li><li>• Reablement not followed by long term social care support</li><li>• Delayed transfers of care from hospital</li></ul>

<b>Opportunities for improvement are as follows</b>
<ul style="list-style-type: none"><li>• Permanent admissions to residential and nursing care for 18-64 years olds</li><li>• Adults with a learning disability in paid employment</li></ul>

Audit South West's January 2017 audit report looking at the Trust's care assessment process has confirmed that "the Trust's arrangements for the assessment of the care needs of referred individuals, and determination of eligibility to receive publicly funded care and support is in line with the Care Act 2014 and are appropriate. Staff are able to access a range of training and operational support mechanisms to help them discharge these key responsibilities."

Appendix 4 provides further detail in respect of the areas above – Summary of Adult Social Care Outcomes Framework for Torbay (Jan 2017)

<sup>1</sup> Torbay's family group of comparator authorities are groups of authorities that central government consider have similar patterns of deprivation and age profiles etc.

N.B. It should be noted that the ASA applies to the delegation of authority and activity in respect of ASC and does not include Children's services. The ICO's use of funds to deliver these services should therefore focus on ASC when comparisons are made with other authorities.

[Torbay and South Devon NHS Foundation Trust Final Internal Audit Report: Care Assessment Process Report Reference: TSD08/17 January 2017

Source Page 34 CIPFA Local Authority budget comparator profile Torbay Comparator Report November 2016

Source ASCOF and Personal Social Services: Expenditure and Unit Costs, England - 2015-16: <http://www.content.digital.nhs.uk/catalogue/PUB22240> ]

## **4 Service developments**

Key developments in the way ASC services are provided, and any changes in what services will be provided, are outlined in the following paragraphs. Where appropriate the planning and implementation of these changes will involve internal and external consultation with key stakeholders as set out in the Decision Tracker which is managed through the ASCPB. Where appropriate the Decision Tracker will also clarify accountability for decision making in these developments.

The new care model will target resources to those in greatest need and provide a universal service to allow people to be as independent as possible and be connected with their local community. The new care model will require significant change and we will need to ensure that we support staff and managers through complex change.

To support the resilience and sustainability of services, we will work closely with the independent and voluntary sector in relation to co-production of solutions that provide solutions for 'what matters to me'.

The Ageing Well Programme has piloted a number of initiatives and the evaluation of these will offer additional input for the further development of services that provide alternatives to traditional social cares services, increase the independence of people and encourage preventative measures and behaviours. Areas that will be addressed include Information and Advice, Assistive Technology and community building.

The development of the new model of care, the on-going focus on enablement and support for a strengths based approach with clients is further underpinned by a revised Eligibility Criteria which will be attached as Appendix 5 once formally agreed by the Adult Social Care Programme Board.

### **4.1 Social Care Workforce Plan**

Delivery of Care Act compliance is a key deliverable for our social care staff and in 2018/19 we will develop and implement a workforce plan for social care services which focuses on:

- Working in partnership with our community, addressing the issues faced by our most vulnerable members;
- Revisiting our approach to ensure we are inclusive with users, carers and community organisations – using strengths based approaches as our principal theoretical approach and operating model;

- Promoting the reputation of social work in Torbay through engagement with users and the co-design of our approach;
- Supporting staff to reach their potential using a capability framework; responding to the Social Work health check and by providing support to improve resilience;
- Delivering a high quality, safe and well respected service through use of quality, safety and governance processes.

In 2016/17 TSDFT undertook the Social Work Health Check. The health check indicated that there are arrangements in place for structures such as flexible working, staff welfare services and exit interviews. Despite increasing allocation lists, Social Workers did not report unmanageable caseloads or sickness due to stress. However, stress is a constant issue for Social Work. Although Social Workers do find time to attend training, and they find it useful, they feel it needs improvement in terms of specialist areas and opportunities for professional development.

These key areas were identified as performance and improvement priorities:

- Reducing the amount of process and computer inputting
- Improving training & CPD
- Clarifying arrangements for supervision
- Focusing on wellbeing and resilience

These areas have been addressed via an action plan in 2017/18. In 2018/19 a strategic approach is sought to the supporting infrastructure and the legacy system that is PARIS.

#### 4.2 **Strengths Based Approach**

The Care Act 2014 requires local authorities to consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help in considering what else other or alongside the provision of care and support might assist the person in meeting the outcomes they want to achieve. In practice, this means operationalising strengths based approaches into the care model.

A strengths based approach is being embedded and scaled up within the new Health and Wellbeing Teams. It will become the golden thread which runs through all our interactions with people, both in terms of how we approach care and support in our teams and how our teams in turn approach care and support with the people they serve. To support the deployment of a strengths based approach we have developed the following principles for the implementation:

- We will empower staff to use their skills and experience;
- We will let go of care management approaches;
- We will focus on community involvement;
- We will concentrate on the assets and strengths of the people who use our services, our staff and our partners.

#### 4.3 **New Approaches to Person Centred support Planning**

During the course of 2018/19 the Trust will continue to explore new approaches to undertaking support planning. This will include furthering existing schemes for people

with learning disabilities and undertaking wider proof of concept work in partnership with independent, voluntary and third sector organisations.

#### **4.4 Wellbeing Coordinators**

The Wellbeing Coordination service has been in place since July 2016 and is now well embedded as part of the Health and Wellbeing Teams across Torbay. The Trust is working with partners to look at the evaluation of this program in relation to outcomes which reduce reliance on statutory services. This is an evolving project which is being co-designed and developed between statutory and voluntary sector providers and is funded from the Ageing Well Lottery Fund.

#### **4.5 Self-Directed support – including direct payments**

Self-directed support using initiatives such as Individual Service Funds alongside Direct Payments will be encouraged. An infrastructure will be developed to support this, enabling people to identify their options, make informed decisions and have mechanisms that make the right thing to do the easy thing to do.

An example of this is the implementation of Direct Payment cards that took place in 2016/17.

The personal assistant market was a focus of development in 2017/18 and is now well established. The priority for 2018/19 is a refresh of the Direct Payment policy, in order to fully embed a flexible and personalised approach. This refresh will be managed through the Adult Social care Programme Board.

#### **4.6 Care Model Implementation**

Health and wellbeing teams referred to in the Operational Plan will be providing a range of functions details of which are below:

- Encourage self-care, healthy lifestyles and maintain independence
- Help to grow community assets/develop resilience;
- Assessment, support planning and professional social work support;
- Provide rehabilitation;
- Provide nursing care;
- Integrated medical management of people with complex co-morbidities;
- Reactive care coordination of people with deteriorating complex health issues and frail elderly;
- Continue to imbed and mainstream Learning Disabilities and working with the voluntary sector to support the delivery of this
- Proactive care co-ordination of people with complex needs and frail elderly;
- Proactive integrated long term conditions support;
- High quality discharge support from hospital to home, integrated planning and seamless handover of care;
- Development of a fully integrated out of hospital care system for Torbay and South Devon, providing onward care which is focused on improving independence.
- Provide falls prevention services;
- Provide palliative care as part of end of life care pathway.

In addition to the Trust's internal governance structures the impact of these changes on community based care roll-out will be monitored and assured through the ASCPB in respect of the community activity

#### **4.7 Services for people with learning disabilities including Autism**

On the 12<sup>th</sup> and 13<sup>th</sup> of October 2017, Torbay Council and the Trust took part in a Learning Disability Peer Challenge Review; which was an opportunity for all partners to understand what we do well, areas for improvement and will support us together in setting our strategic aims and delivery for Learning Disability services for the next three years.

As part of the next stage of this process, an action plan has been developed, with the participation of key partners and will focus on the 5 key areas that have emerged from the Peer Review Team visit:

- Information and Needs Assessment
- Training and Employment User
- Engagement and Partnership Board
- Commissioning and Market for the Future
- Working in Partnership

The Trust will be a key partner in the delivery of this plan.

#### **4.8 Residential and Day Services for Older People**

Market management strategy to support and shape the local market for ASC will be produced and led by council commissioners.

#### **4.9 Reviews**

In 2017/18 the Quality Assessment and Improvement Team was formed by The Trust. This team focusses on all residential and nursing reviews, offering support to homes on key improvement issues. The feedback from homes has been very positive and in 2018/19 a review will be undertaken to ensure that the team has sufficient clinical leadership and can meet review targets.

#### **4.10 Key Milestones**

These are to be agreed, in line with the performance indicators and Trust Wide Improvement initiatives, through the ASCPB and then monitored and assured by the ASCPB throughout the year.

### **5 Quality Assurance**

#### **5.1 National: CQC (Care Quality Commission)**

The Commission will make sure health and social care services provide people with safe, effective, and compassionate high-quality care and encourage care services to improve. They monitor, inspect, and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.

## **5.2 Local: Torbay and South Devon NHS FT**

The Trust will provide quality assurance of both its own integrated business activity and the services it commissions on behalf of the community. A quality and safety report reports all social care quality, safety, and performance metrics quarterly. Interim performance monitoring is via the ASCPB; which receives performance reports and updates on ad hoc issues.

A Quality Assurance Framework has been developed and is now in use with independent and voluntary sector providers to provide assurance in regard to the quality of care provided to people in their own homes and in care homes

## **6 Finance and Risks**

### **6.1 Financial Risk Share**

The Risk Share Agreement (RSA) (Appendix 9) was developed as part of the transaction creating the ICO, and took effect from its inception on 1<sup>st</sup> October 2015. A revised Risk Share Agreement was agreed October 2017.

The share of financial risk going forward is a function of the wider performance of the Trust, rather than specifically in relation to Adult Social Care. The financial baseline from the Council and the CCG, the commissioning funders of the ICO, are set out in the revised Risk Share Agreement, known as RSA2.

### **6.2 Care Home Fees Judicial Review Appeal**

The Council has agreed to fund any additional settlement agreed or instructed in the part two decision on the judicial review appeal.

### **6.3 Better Care Fund**

The Better Care Fund is dealt with within the Section 75 agreement. The Improved Better Care Fund (iBCF) and Disabled Facilities Grant are hosted by the Council and have governance structures which reflect this and the allocation of spend. The focus of the iBCF will continue to be on those initiatives that encourage the development of the new model of care and transformation of adult social care provision. Appendix 10 provides a list of schemes within the Improved Better Care Fund that have been approved

### **6.4 Efficiency Risks**

- Delivery of the Trust-wide Improvement programme
- Levels of agency and temporary staff costs
- Increasing costs of medical technologies
- Rate of expenditure in both ASC and Place People
- Delayed delivery of financial benefits arising from the implementation of the revised care model

### **6.5 Risks pertinent to Adult Social Care expenditure include**

- Scale of required savings
- (insufficient) Capacity and quality in the domiciliary care market
- Sufficiency and pricing in the care home market
- Community support for change
- Impact of case law re Deprivation of Liberty Safeguards
- Pressures in out-of-hours Emergency Duty service
- Increasing complexity of needs
- Increasing referral rates due to the increasing age of the population

## **7 Client Charges**

### **7.1 Power to Charge**

With the introduction of the Care Act, the Council now has a 'power to charge for services' whereas previously, there was a 'duty to charge' for long term residential/nursing care and a 'power to charge' for non-residential care.

The Council has made the decision to utilise the 'power to charge' for both residential and non-residential services. The Trust will discharge this power on behalf of the Council and in doing so will apply sections 14 and 17 of the Care Act and the Care and Support (charging and assessment of resources) regulations 2014.

### **7.2 Residential and Non Residential Charges**

Charges for residential services will be amended each April as directed by the Department of Health new rates. In addition to this, charges can also be amended in light of increases to the cost of care.

Charges per unit of care for non-residential care services will be set in accordance with the Council's charging policy.

Client contributions are based on the level of care a person requires and an assessment of their financial circumstances, including capital and income. The Trust will ensure that individual financial assessments are updated at least annually (but more frequently where the financial circumstances of an individual service user are known to have changed during the course of the year).

Consequently the charges made to an individual may change in the course of a year if there are changes in their financial circumstance or the level of care they require.

The Trust will ensure that all clients in receipt of a chargeable service receive a full welfare benefit check from the Finance and Benefits team and an individual financial assessment in person for new assessments where possible.

There is no charge for Intermediate Care or Continuing Health Care services.

### **7.3 Carers**

Services provided specifically to carers will, in principle, not be subject to a charge but this will remain under review dependent upon resource allocation. These are services provided directly to the carer (rather than the person that they care for) which include open access services such as Carers Emergency Card and Carers Education Courses, and simple services provided as a result of an assessment including emotional support or one-off direct payments for a carer's break.

The Carers Strategy will be subject to consultation in the final quarter of 2017/18 and implemented during 2018/19 and attached as Appendix 1.

#### **7.4 Universal Deferred Payments**

The Care Act 2014 established a requirement for a universal deferred payments scheme which means that people should not be forced to sell their homes in their lifetime to pay for the cost of their care.

A deferred payment is, in effect, a loan against the value of the property which has to be repaid either from disposal of the property at some point in the future or from other sources. The scheme has now been running since April 2015 as all councils in England are required to provide a deferred payment scheme for local residents who move to live in residential or nursing care, own a property and have other assets with a value below a pre-determined amount (currently £23,250). They must also have assessed care needs for residential or nursing care.

The Council's deferred payments policy is now fully implemented as part of the policy the Trust has the ability to recover any reasonable costs it may incur in setting up and reviewing a Deferred Payment Arrangement in addition to the cost of any services provided. These management costs may be included in the deferred payment total or be paid as and when they are incurred.

The interest rate payable on deferred payments is advised by the Department of Health and changed every six months. Interest will be added to the balance outstanding on the deferred arrangement on a compound daily basis, in accordance with the regulations.

### **8 Governance**

#### **8.1 Adult Social Care Programme Board (ASCPB)**

The text of this section remains current however the Terms of Reference and membership of the ASCPB will be revised and agreed to ensure the ASCPB continues as an effective governance board within the developing system structures.

The ASCPB remains the contract management Board for this Agreement. The ASCPB will drive ASC and improvement plans. Its Terms of Reference cover the following areas:

- To assist the development of the strategic direction of ASC services supporting the new context faced by the Council and Trust in terms of public sector reform, reducing public resources and potential devolution;
- To receive regular reports and review progress against transformation and cost improvement plans differentiating between those areas incorporated within the budget settlement and any cost pressures over and above this;
- To receive reports and review performance against indicators and outcomes

- included in the ASA providing and/or participating in regular benchmarking activities;
- To monitor action plans against any in-year areas of concern, raising awareness to a wider audience, as appropriate;
  - To discuss and determine the impact of national directives translating requirements into commissioning decisions for further discussion and approval within the appropriate forums. This will include the initial list of service improvement areas planned for 2017-19 and onwards;
  - To discuss and develop future ASAs; co-ordinate the production of the Local Account.
  - To receive and review the progress of the Trust Wide Improvement Plans impacting on ASC
  - To escalate issues of concern or delivery to the Contract Review meeting and the RSOG as appropriate

The ASCPB governance framework is under review. In the interim the ASCPB will report and escalate issues which cannot be resolved within the ASCPB, to the Joint Executive Group; additionally the ASCPB reports to the Adults and Public Health Monitoring Group for oversight by elected Members.

## **8.2 Consultation, engagement and involvement process**

As the Accountable Authority the Council will lead consultation processes where the need for change is being driven by the needs and requirements of the Council beyond those of delegated activities to the Trust. The Trust is committed to supporting the consultation and engagement processes the Council undertakes in relation to service changes recognising the Council's statutory duty and good practice.

As a provider the Trust will engage all stakeholders in service redesign and quality assurance including, playing an active role with Torbay Council Health Overview and Scrutiny Committee. Additionally the Trust will be engaged with the CCG Locality Teams where the primary focus will be on consultation in regard to NHS services.

Where service changes will result in variation in the level or type of service received by individual service users, the Trust will comply with statutory guidance on the review/reassessment of care needs and ensure that those service users affected are given appropriate notice of any changes.

The Council, the Trust, and the CCG will continue to support the role of Healthwatch and the community voluntary sector in involving people who use services in key decisions as well as service improvement and design. The Council also expects the Trust to engage actively with service users and the voluntary sector in Torbay in developing new service solutions. This will apply irrespective of whether the service changes are driven by the necessities of the current financial environment or the need to ensure the continual evolution and development of services.

## **8.3 Programme Management**

Oversight of delivery and programme management for the programmes of work set out in this Agreement will be provided through the Trust's Programme Management Office. Delivery will be monitored through standing internal meetings (such as the Community SDU Board), and reported for assurance to the ASCPB.

## **8.4 Key Decisions**

Whilst this agreement places accountabilities on the Trust for the delivery and development of ASC Services, the Trust may not act unilaterally to make or enact decisions if they meet the criteria of a 'key decision' as described in the standing orders of the Council or are included in a list of 'Reserved Items' shared between the parties as part of the agreement.

This requirement reiterates section 22.3 of the Partnership Agreement under which services were originally transferred from the Council to Torbay Care Trust. Key decisions must be made by the Council in accordance with its constitution. In Schedule 8 of the Partnership Agreement a key decision is defined as a decision in relation to the exercise of council functions, which is likely to:

- Result in incurring additional expenditure or making of savings which are more than £250,000;
- Result in an existing service being reduced by more than 10% or may cease altogether;
- Affect a service which is currently provided in-house which may be outsourced or vice versa and other criteria stated within schedule 8 of the Partnership Agreement.

In addition when determining what constitutes a key decision consideration should be given to the possible level of public interest in the decision. The higher the level of interest the more appropriate it is that the decision should be considered to be a 'key decision'.

## **8.5 Governance of other decisions**

Governance of other decisions will vary according to the scope and sensitivity of the decision being made. To ensure clarity about whether decisions are to be taken by the Trust, Council, or CCG and at what level the decision should be taken a 'Decision Tracker' has been developed and will be managed through the ASCPB.

The Council will take the lead in reviewing, managing and updating the Decision Tracker throughout the year.

## **8.6 Governance of Placed People**

With the advent of Risk Share Agreement 2 being signed in 2017 Placed People Governance sits within the structure of the present monitoring and decision making arrangements which include ASCPB and Joint Executive meetings.

## **8.7 Risk Share Oversight Group**

The Risk Share Agreement (RSA) (Appendix 9) describes the framework for the financial management of the multi-year investment by health and social care commissioners for the services provided by the Trust. The RSA sits alongside the NHS Standard Contract and this Agreement. Whilst does not override the quality or administrative elements it does supersede all financial components.

The implementation of the RSA will be monitored by the Risk-Share Oversight Group (RSOG), which includes senior officer representation from the Council and Directors from the Trust and CCG, to provide strategic oversight of the RSA.

## **8.8 Individual Roles and Responsibilities**

### **8.8.1 Torbay Council Executive Lead Adults and Children**

The role of Executive Lead is held by an elected Member of Torbay Council. As part of their duties they will sit as the Council's representative on the Trust Board to provide oversight, challenge, and liaison.

### **8.8.2 Director of Adult Social Services**

The role of Director of Adult Social Services (DASS) is a statutory function, and is fulfilled by a senior officer of the Council who is accountable for all seven responsibilities of the role set out in statutory guidance dated May 2006. However responsibility for Professional Practice and Safeguarding are delegated to the Deputy DASS employed within the professional practice directorate of the Trust.

### **8.8.3 Deputy Director of Adult Social Services**

The role will provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding, and support the running of the ASCPB. The role also oversees the Deprivation of Liberty Safeguards and Guardianship arrangements in Torbay.

### **8.8.4 Deputy Chief Executive and Chief Operating Officer**

The role will provide provider executive input and oversight as part of the governance structure for the contract.

### **8.8.5 Organisational Roles and Responsibilities**

The partnership working inherent within the Torbay model is supported by further clarification of the organizational roles pertaining to the local authority as the commissioning partner of the contract and the Trust as the providing partner including commissioning responsibilities within its delegated activities. A range of activities for reference is included in Appendix 6 – Strategic and Micro-commissioning functions.

## **8.9 Emergency cascade**

Please see Appendix 7 for details of Torbay Council's Emergency Planning Roles in Council's Emergency cascade. The Trust will be expected, through best endeavours, to identify social care senior officers to be part of emergency cascade, to coordinate delivery of ASC in an emergency situation.

## **8.10 Annual Audit Programme**

Audit South West (ASW) as the Internal Audit provider to Torbay and South Devon NHS Foundation Trust will undertake the following actions and requirements:-

- Consult with the Director of Adults Services (DAS) of Torbay council on proposed internal audit coverage;
- Provide to the DAS copies of assignment reports that relate to control arrangements for Adult Services;
- Provide an annual report to the DAS on the adequacy and effectiveness of the overall system of internal control for the Trust, and in particular, those areas

directly affecting Adult Services.  
Detail is included in Appendix 8

**Appendix 1: Carers' Strategy – to follow after consultation & agreement at ASCPB**  
*– Consultation and finalisation expected mid- April 2018*

## Appendix 2: Performance Measures:

- Adult Social Care Outcomes Framework (ASCOF)
- Better Care Fund
- Local Measures

Date included in this draft is derived from 2016/17 returns a revised position will be agreed on the basis of 2017/18 Month 9 figures and to reflect the new Care Model.

Performance Measures from the Adult Social Care Outcomes Framework (ASCOF),  
Better Care Fund (BCF) & Local Indicators 2016/17  
Version 1.0

Domain & KPI	Frame work / Source	Available	2016/17 Performance Description	2014/15 Outturn	2015/16 Outturn	2016/17 Outturn	2014/15 Target	2015/16 Target	2016/17 Target	2017/18 Target	2014/15 England Average	2015/16 England Average	2016/17 England Average	2014/15 SW Average	2015/16 SW Average	2016/17 SW Average	2014/15 CG Average	2015/16 CG Average	2016/17 CG Average	2014/15 Rank	2015/16 Rank	2016/17 Rank	2014/15 Quartile	2015/16 Quartile	2016/17 Quartile	
Domain 1: Enhancing quality of life for people with care and support needs																										
ASC 1A: Social care-related quality of life	ASCOF ASCS Survey	Annual	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Remain in top quartile	19.4	19.7	19.9	no lgt	19.2	19.4	19.7	19.1	19.1	19.1	19.3	19.3	19.2	19.4	19.4	19.4	27/151	11/150	4/151	Q4	Q4	Q4	
ASC 1B: The proportion of people who use services who have control over their daily life	ASCOF ASCS Survey	Annual	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Remain in top quartile	80.4%	81.5%	82.7%	no lgt	79.0%	79.0%	81.5%	77.3%	76.6%	77.7%	79.9%	78.8%	79.8%	81.0%	79.0%	79.8%	33/151	15/150	9/151	Q4	Q4	Q4	
ASC 1C part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support)	ASCOF SALT	Monthly	Achieved target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Moved down to 3rd best quartile	90.1%	93.6%	92.4%	no lgt	no lgt	90.0%	92.0%	83.7%	86.9%	83.4%	79.2%	81.1%	84.2%	95.1%	96.0%	91.9%	69/152	64/152	87/152	Q3	Q3	Q2	
ASC 1C part 1B: The proportion of people using social care who receive self-directed support (carers receiving self-directed support)	ASCOF SALT	Monthly	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Remain in 3rd best quartile	79.7%	83.4%	90.7%	no lgt	no lgt	83.0%	85.0%	77.4%	77.7%	83.1%	71.0%	55.4%	60.5%	80.9%	79.3%	78.1%	93/139	132/150	104/150	Q2	Q2	Q2	
ASC 1C part 2A: The proportion of people using social care who receive direct payments (adults receiving direct payments)	ASCOF SALT	Monthly	Did not achieve target Worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Worse than previous ranking Remain in 3rd best quartile	27.8%	26.7%	24.9%	no lgt	no lgt	26.0%	28.0%	26.3%	28.1%	28.3%	24.7%	28.5%	29.2%	31.1%	29.2%	27.4%	63/151	78/152	89/152	Q3	Q2	Q2	
ASC 1C part 2B: The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to care)	ASCOF SALT	Monthly	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Remain in 3rd best quartile	79.7%	83.4%	90.7%	no lgt	no lgt	83.0%	85.0%	66.9%	67.4%	74.3%	47.7%	44.4%	55.1%	54.9%	57.9%	64.0%	75/137	90/150	78/150	Q2	Q2	Q2	
ASC 1D: Caree-reported quality of life	ASCOF SACE Survey	Biennial	Did not achieve target Worse than previous outturn Better than Eng ave Better than SW ave Worse than CG ave Worse than previous ranking Moved down to 3rd best quartile	8.3	n/a	7.9	no lgt	n/a	9.0	n/a	7.9	n/a	7.7	7.9	n/a	7.6	8.0	n/a	7.9	18/151	n/a	46/151	Q4	n/a	Q3	
ASC 1E: Proportion of adults with a learning disability in paid employment	ASCOF SALT	Monthly	Did not achieve target Worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Worse than previous ranking Remain in 3rd best quartile	3.8%	3.0%	3.7%	no lgt	4.5%	4.0%	4.0%	6.0%	5.8%	5.7%	6.3%	7.0%	5.8%	5.7%	5.7%	6.4%	103/152	98/152	103/152	Q2	Q2	Q2	
ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment (commissioned outside ICO)	ASCOF MHSOS	Monthly	NHS Digital have suspended this KPI for 2016-17 due to the completeness and quality of the data	1.7%	3.2%	n/a	5.5%	7.1%	6.0%	n/a	6.8%	6.7%	n/a	8.4%	9.4%	n/a	n/a	n/a	n/a	142/150	137/148	n/a	Q1	Q1	n/a	

**Appendix 3: Trust Wide Improvement and Savings Plans – to follow once endorsed via ASCPB**

The table below summarises Trust and System wide savings workstreams and projects where they impact on Adult Social Care and Unit Cost Improvement

**TO BE PROVIDED BY ICO MARCH 2018**

## Appendix 4: Summary of the Adult Social Care Outcomes Framework for Torbay

January 2017 UPDATED VERSION TO BE INSERTED POST MONTH 9

SUMMARY OF THE ADULT SOCIAL CARE OUTCOMES FRAMEWORK FOR TORBAY (JAN '17)									
Indicator	Time period	Count	Torbay value	Comparison group average	England average	Unit of measure	Trend	Trend guide	
1A: Social care-related quality of life score	2015/16	350	19.7	19.3	19.1	%		Higher is better	
1B: The proportion of people who use services who have control over their daily life	2015/16	401	81.5	79.1	76.6	%		Higher is better	
1C(1): Proportion of people using social care who receive self-directed support	2013/14	3,155	62.8	57.2	61.9	%		Higher is better	
1C(2): Proportion of people using social care who receive direct payments	2013/14	790	15.7	15.1	19.1	%		Higher is better	
1C(1A): The proportion of people who use services who receive self-directed support	2015/16	1,294	93.6	96.0	86.9	%		Higher is better	
1C(1B): The proportion of carers who receive self-directed support	2015/16	306	83.4	79.3	77.7	%		Higher is better	
1C(2A): The proportion of people who use services who receive direct payments	2015/16	369	26.7	29.2	28.1	%		Higher is better	
1C(2B): The proportion of carers who receive direct payments	2015/16	306	83.4	57.9	67.4	%		Higher is better	
1D: Carer-reported quality of life	2014/15	345	8.3	8.0	7.9	%		Higher is better	
1E: The proportion of adults with a learning disability in paid employment	2015/16	15	3.9	5.7	5.8	%		Higher is better	
1F: The proportion of adults in contact with secondary mental health services in paid employment	2015/16	-	3.1	-	6.7	%		Higher is better	
1G: The proportion of adults with a learning disability who live in their own home or with their family	2015/16	253	70.1	76.4	75.4	%		Higher is better	
1H: The proportion of adults in contact with secondary mental health services living independently, with or without support	2015/16	-	63.2	-	58.8	%		Higher is better	
1I(1): The proportion of people who use services who reported that they had as much social contact as they would like	2015/16	395	49.4	47.0	45.4	%		Higher is better	
1I(2): The proportion of carers who reported that they had as much social contact as they would like	2014/15	370	41.5	38.9	38.5	%		Higher is better	
2A(1): Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	2013/14	25	36.4	16.3	14.4	Rate per 100,000		Lower is better	
2A(1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	2015/16	12	16.3	16.2	13.3	Rate per 100,000		Lower is better	
2A(2): Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	2013/14	205	614.1	729.3	650.6	Rate per 100,000		Lower is better	
2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	2015/16	176	513.0	707.5	628.2	Rate per 100,000		Lower is better	
2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	2015/16	173	75.9	84.5	82.7	%		Higher is better	
2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2015/16	228	4.4	3.4	2.9	%		Higher is better	
2C(1): Delayed transfers of care from hospital, per 100,000	2015/16	6	5.9	12.4	12.1	Rate per 100,000		Lower is better	
2C(2): Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	2015/16	3	2.3	5.3	4.7	Rate per 100,000		Lower is better	
2D: The outcome of short-term services: sequel to service	2015/16	781	81.8	81.7	75.8	%		Higher is better	
3A: Overall satisfaction of people who use services with their care and support	2015/16	389	67.9	66.2	64.4	%		Higher is better	
3B: Overall satisfaction of carers with social services	2014/15	290	46.4	43.8	41.2	%		Higher is better	
3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for	2014/15	265	75.7	73.1	72.3	%		Higher is better	
3D: Proportion of people who use services and carers who find it easy to find information about services	2012/13	-	75.2	74.5	71.4	%		Higher is better	
3D(1): Proportion of people who use services and carers who find it easy to find information about services	2015/16	273	81.3	76.4	73.5	%		Higher is better	
3D(2): The proportion of carers who find it easy to find information about support	2014/15	265	74.9	68.7	65.5	%		Higher is better	
4A: The proportion of people who use services who feel safe	2015/16	399	72.3	70.6	69.2	%		Higher is better	
4B: The proportion of people who use services who say that those services have made them feel safe and secure	2015/16	390	85.2	88.0	85.4	%		Higher is better	

Notes:

- Torbay value is statistically significantly higher or better than the England average
- Torbay value is not statistically significantly different to the England average
- Torbay value is statistically lower or worse than the England average
- No statistical significance calculated

Source: NHS Digital, Measures from the Adult Social Care Outcomes Framework (ASCOF), England  
<http://www.content.digital.nhs.uk/catalogue/PUB21900>  
 Comparator group based on CIPFA nearest neighbours



**Appendix 5: Eligibility Criteria** – *to follow after consultation & agreement at ASCPB and to be presented to Policy Development and Decision*

## Appendix 6: Strategic and Micro-commissioning functions

**Drafting Note: These are to be reviewed and approved via the ASCPB during 2018/19**

Function/role lead	Torbay Council Strategic Commissioning function	Torbay and South Devon Trust ASC function
<b>MICRO COMMISSIONING OF PROVIDERS, PROCUREMENT AND BROKERAGE</b>		

<b>STRATEGIC COMMISSIONING FUNCTION</b>		
Market shaping and developing new providers to fill gaps in provision and oversight of decommissioning plans	✓	
Market Position statement and Joint Strategic Needs Assessment	✓	
Market mapping	✓	
Gap analysis	✓	
Analysis of sufficiency of supply	✓	
Manage provider failures and market exits	✓	✓
Strategic Commissioning Strategy	✓	
Proactive strategy to develop the market as a whole	✓	
Market engagement with provider market as a whole	✓	
Run Multi Provider Forum for all providers with strategic themes	✓	
Joint commissioning arrangements with partner organisations and other areas	✓	
Lead on co-design of new service models with providers and stakeholders	✓	✓
Develop population outcome based commissioning approach for market	✓	
Develop and c-produce Payment by Results mechanisms that encourage sound outcomes	✓	
Co-ordinate user and carer engagement and consultation	✓	
Contract review and performance management of ASC	✓	
Review budget for ASC and sign-off cost improvement plans related to ASC	✓	
Develop and implement operational commissioning plans		✓
Overarching sub contracts between Trust and other ASC providers, e.g. Care homes, community care		✓
Prepare and agree individual service specifications		✓
Develop and monitor outcome based commissioning approach for each provider at service level	✓	✓
Develop personal outcome based commissioning for each service user		✓
Contract management & performance review of independent & voluntary sector including, grant funding		✓
Proactive quality assurance of individual providers including, develop/implement service improvement		✓

Function/role lead	Torbay Council Strategic Commissioning function	Torbay and South Devon Trust ASC function
plans		
Achieving value for money from providers including, cost improvement planning		✓
Procurement of ASC providers		✓
Manage provider failures and market exits including, for service users and relatives/carers involved		✓
Individual contracts for care packages		✓
Brokerage/purchasing processes and brokerage of individual care packages		✓
Direct payments and personal budgets		✓
Lead and manage safeguarding processes including, Whole Provider/Provider of concern/quality concerns		✓
Resolution of Safeguarding incidents and implementation of lessons learned		✓
Run and co-ordinate forums for specific provider areas with operational focus e.g. forums for care homes		✓
Collection, collation and regular reporting of data on need, demand, supply, cost, workforce and performance (Trust and sub-contractors) with interpretation and presentation		✓
Benchmarking of cost/performance of services – own and sub-contracted		✓
Management of pooled budget to achieve value for money and cost improvement		✓

## Appendix 7: Emergency Cascade

Adult Services Primary Contacts		
Name/Title	Emergency Role	
Frances Mason, Head of Partnerships, People and Housing	Communication with contracted providers of Care and Support for vulnerable people. Availability and co-ordination of needs assessment. Safeguarding vulnerable adults and serious case review including authorisation of deprivation of liberty under Mental Capacity Act.	
Joanna Williams, Deputy Director of Adult Social Services	The role will provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding and support the running of the ASCPB. The role also oversees the Deprivation of Liberty Safeguards and Guardianship arrangements in Torbay.	
Adults Services Secondary Contacts		
Robin Willoughby, Lead AMHP	Assessment and placement, access to services, medication and packages of care and place of safety for older people with poor mental health	
Sharon O'Reilly, Manager Older Person Mental Health Team	Assessment and placement, access to services, medication and packages of care and place of safety for people under 65 with poor mental health.	

## Appendix 8: Annual Audit Programme

### Background

For Torbay Council, Internal Audit is a statutory service in the context of The Accounts and Audit (England) Regulations 2015.

From April 2013, organisations in the UK public sector are required to adhere to the Public Sector Internal Audit Standards (the Standards). Internal Audit for Torbay & South Devon NHS Foundation Trust is delivered by Audit South West.

### Internal Audit Plans

When preparing the internal audit plan for Torbay and South Devon NHS Foundation Trust it is expected that Audit South West will:

- Consider the risks identified in Torbay Council's strategic and operational risk registers that relate to Adult Services;
- Discuss and liaise with Directors and Senior Officers of Torbay Council regarding the risks which threaten the achievement of the Council's corporate or service objectives that relate to Adult Services, including changes and / or the introduction of new systems, operations, programs, and corporate initiatives;
- Take account of requirements to support a "collaborative audit" approach with the external auditors of Torbay Council;
- Consider counter-fraud arrangements and assist in the protection of public funds and accountability;
- Support national requirements, such as the National Fraud Initiative (NFI) which is run every two years.

Draft plans, showing proposed audits covering Adult Services should be shared and agreed with Torbay Council's Director of Adult Services (DAS). The DAS should also be made aware of planned audit reviews that will provide overall assurance that control mechanisms operated by the Trust, but that are key to the workings of Adult Services, are working effectively (e.g. audits of key financial systems (payroll, payments, income collection etc.), and corporate arrangements (e.g. procurement, information governance etc.)).

The Audit Plan will not be a "tablet of stone" and changes may be required or advised during the year.

### Internal Audit work

Internal audit work should be completed in accordance with the PSIAS. Proposed briefs for work covering ASC should be shared with the DAS prior to fieldwork commencing.

### Reporting – Assignments

The DAS will be provided of copies of all final reports that specifically relate to Adult Services. The DAS will also be provided with early sight of draft reports for which the audit opinion is "fundamental weaknesses" or similar. The Director of ASC will also be

provided with copied of final audit reports for wider subject areas (e.g. payroll) where the audit opinion is "fundamental weaknesses" or similar.

### Reporting – Annual Report

Audit South West will provide the Council with an annual assurance report on the adequacy and effectiveness of the overall system of internal control for the Trust, and in particular, those areas directly affecting Adult Services. It is noted that this assurance can never be absolute. The most that the internal audit service can do is to provide reasonable assurance, based on risk-based reviews and sample testing, that there are no major weaknesses in the system of control.

The report should provide:

- A comparison of internal audit activity during the year with that planned, placed in the context of Adult Services;
- A summary of significant fraud and irregularity investigations carried out during the year and anti-fraud arrangements; and
- A statement on the effectiveness of the system of internal control in meeting the Council's objectives.

Together with a summary of the performance indicators set for internal audit and performance against these targets.

## **Appendix 9: Risk Share Agreement (RSA2)**

Please see separate document.

## Appendix 10: List of Improved Better Care Fund Schemes Approved by BCF Working Group

Project Name	Approved
Extension of TSDFT Care Home Education and Support Team (CHEST) (DPT- note also apvd by DCC)	Approved - with conditions
Mental Health and DPT (MSB)	Approved
Proud to Care South West	Approved
Leadership development in care homes	Approved
Development of the out of hospital care system	Approved
IPC	Approved
Transition Worker	Approved
Health Care Videos	Approved
Market Analysis for Care Homes (see also Transformation Funding)	Approved
LD Peer Review	Approved
Non-injured fallers	Approved
City & Guilds Accreditation	Approved
Low Cost Packages / Eligibility Criteria - Age UK	Approved

## **Torbay Carers' Strategy 2018-21**

**An inter-agency commitment to meet the  
needs of Torbay's Carers,  
including Young Carers.**

DRAFT

## Foreword

### **Diana – A Carer**

30 years ago I became a Carer, although I didn't know that I was, as at that time we had never heard of the term. The only help in those days, if you were lucky, was your Doctor. My..... how times have changed! Support for Carers has improved dramatically - we can now access practical help and advice from many quarters. We have the Carers' Register, Carer Support Workers in surgeries, even one in Torbay Hospital, and the plight of Carers is at the forefront of public notice.

In 2014, we started the Carers' Strategy Steering Group, involving other agencies to work closer with us to progress the Identification, and support of the approximately 17000 Carers known to live in Torbay.

Look round the table now, and you will often see a range of Carers including Parent Carers, a Councillor, someone from Children's Services, Adult Services and the NHS, Home Care, representatives from Mental Health, Substance Misuse, or Learning Disabilities, a Carer Support Worker, someone from Young Adult Carers and Young Carers. All these people and others will at some point help and advise us in our support for Carers.

The Action Plan for 2018 – 2021 includes early Identification of Carers, including Young Carers and Young Adult Carers, and actions to ensure that all Carers get the support required.

I am still a Carer, now also a Carer Evaluator working with Torbay and South Devon NHS Foundation Trust, and I feel privileged to be part of this team of people who work so hard to provide the help and support for all the Carers of Torbay.

### **Julien - Executive Lead for Adults and Children, Torbay Council**

Torbay is an award winning authority, recognised at national level for its progress in joining up its care systems across adult social care and health services. That process is known as the New Model of Care.

We recognise that the community plays a major and increasing part in supporting the NHS and Council services in enabling people to get the support they need to remain where they really want to be, at home. We recognise that Carers - adults, children and young people - are often the people who really make the New Model of Care work.

This strategy and its accompanying action plan is about what we can all do to support the Carers who give so much. It has been estimated that Carers contribute annually the same value to the support of people as the entire budget for the NHS. That is a truly huge social investment.

To ensure that it is the best it can be, the strategy has been put together in consultation with Carers, and with the full cooperation of the wide range of agencies that come into contact with them. My grateful thanks to the steering group and all who have helped with this work, but most importantly to the Carers themselves.

All very best wishes,

Julien Parrott

## **Content**

- **Introduction**
- **National Context**
- **Local Picture**
- **Review of Measure Up 2015-17**
- **Formulation of Priorities**
- **Priorities**
- **Action Plan**

## 1. Introduction

**Who is a Carer?** It might be you!

A Carer is anyone, including a child, who provides care for another person, apart from those who do it as paid work, voluntary work or ordinary parenting.

It includes caring for a partner, relative, friend or neighbour, who due to physical, sensory or learning disability, mental health or drug/alcohol misuse issues, frailty, illness, long-term health condition and/or vulnerability cannot manage alone in the community.

Sometimes people are 'mutual carers' where they both provide support to each other, and everything works well until one of them deteriorates or their situation changes. This is especially common in older couples.

Two out of three of us will be a Carer at some time in our life, but many people do not realise that they are considered to be Carers, or that there is a wealth of support available to them. Torbay Carers' Strategy helps us to address this issue.

### **Why have a Carers' Strategy?**

Torbay has had an inter-agency strategy (plan) for Carers since 2000 and it is updated every three years. Torbay's Carers are consulted to find out what their priorities are, and these are worked into the Carers' Strategy, along with consideration of the national priorities for Carers. All of the agencies who come into contact with Carers then commit to the Strategy with its action plan, working together to achieve these priorities.

We find that having an inter-agency Strategy and Action Plan helps us work together in a joined-up way, to achieve what Carers really need. We have a quarterly Strategy Steering Group meeting of the various agencies and Carer Representatives to ensure that we keep on track. The updates are published on-line at

<https://www.torbayandsouthdevon.nhs.uk/services/carers-service/strategy-policy-and-quality/> .

## 2. National Context

Since our first Strategy in 2000, there has been a huge increase in the awareness about Carers, especially Young Carers. In 2015, the Care Act and Children and Families Act became law. The Acts have some common principles :

- Health and wellbeing of Carers
- Involvement of Carers, in the choices they make and in the services they are offered
- Planning ahead, providing preventative services, planning for 'transitions' e.g. move to adult services
- Integration i.e. services working together to meet Carers' needs

The Government's Carers' Strategy: Second National Action Plan 2014-16 identified four national priorities:

- 1: Identification and recognition
- 2: Realising and releasing potential

- 3: A life alongside caring
- 4: Supporting carers to stay healthy

Although this has not yet been updated, the future national Carer priorities are likely to be similar, and to include employment and technological support to Carers. If there are any significant differences from our Strategy, the Steering Group will agree how best to address this.

Although there is increased awareness about Carers, the changes within health and social care have meant increased pressure on Carers. Every two years there is a National Survey of Carers of Adults (NSCA) who have had a Carers' assessment. The 2016-17 survey showed deterioration nationally in Carers' quality of life, with many Carers neglecting their own health and wellbeing. Carers UK undertakes an annual survey of all types of Carers, and its data also backs this up. In 2017, 6 out of 10 Carers (61%) have had a deterioration in their physical health due to their caring role, 7 out of 10 (70%) have had mental health issues, 8 out of 10 (78%) are more stressed, 7 out of 10 more anxious (72%), and 7 out of 10 (69%) Carers have sleep difficulties due to their caring role. These figures worsen for Carers who care for more than 50 hours per week, of which Torbay has more than the national average.

### **3. Local Picture**

From 2011 census data, approximately 1 in 8 people in Torbay identified themselves as Carers. Yet we know that many people do not identify themselves as Carers, or do not identify their children as having a caring role for them, so actual numbers are likely to be much higher.

Torbay has a long history of supporting Carers through partnership working, often attracting national recognition such as in the Care Act Statutory Guidance 2018. Torbay's Strategy for Carers under 25 in 2012 was cited as the first in the country providing integrated support to this age group, and was recognised as a model of good practice.

However, the national deterioration in Carers' health and wellbeing is mirrored here, as shown in the comparison between NCSA 16-17 and NCSA 14-15. Torbay Carers' quality of life measure dropped from 8.3 to 7.8 out of 10. There was a drop of 10% in carers who felt they looked after themselves in terms of getting enough sleep or eating well (55% compared with 65%). 3 in 10 (29%) Carers are not looking after themselves well enough and there has been an increase of 5% of Carers neglecting themselves (16% compared to 11%).

In Torbay, the age of Carers and the number of hours for which they provide care are significantly higher than nationally, which has an inherent impact on their health and wellbeing. Over half of Torbay Carers in NCSA 16-17 (51.4%) care for more than 100 hours per week compared to 1 in 4 (25.7%) nationally, and compared to 39% in Torbay in the previous survey. 6 in 10 of Torbay's Carers in NCSA 16-17 (63%) are aged over 65, and the proportion is expected to increase.

It is, therefore, essential for this Strategy to support Carers' Health and Wellbeing.

#### **4. Review of Measure Up 2015-17**

Most targets within the last 3-year strategy have been fully achieved. The main summary is below, with the detail published in Measure Up Action Plan Section of <https://www.torbayandsouthdevon.nhs.uk/services/carers-service/strategy-policy-and-quality/> with a hard copy available on request by phoning (01803) 666620.

##### **Identification of Carers**

- The awareness-raising activities in GP practices has resulted in them exceeding their targets for increasing numbers of Carers registered at their practices. However it is clear from our recent consultation that there is still more work to do.
- Torbay and S Devon NHS Foundation Trust ('the Trust') introduced free hospital parking for Carers when supporting the person they care for. This has really encouraged people to self-identify as Carers and is the most-valued service.
- Awareness campaigns have been undertaken with pharmacies, Fire Service, Living Well@Home, Ambulance Service, Wellbeing Coordinators and others.
- A Devon-wide Carer Recognition Tool was launched to encourage professionals to identify Carers and link them to support.
- Insufficient Young Carers have been identified by adult community health and social care services, so this is an ongoing priority.

##### **Information, advice and support**

- We have maintained all Carers' Information and Support Services, although these will change slightly from 2018 onwards.
- Signposts Information service has expanded to cover the Hospital Advice Point.
- Carers' Support Workers have been maintained in each GP practice, with hours now based on practice list size.
- Torbay Carers' Register more than achieved the target of 10% increase in applications each year, with almost 2000 new applications during three years. There are now over 4000 Carers on the Register. (NB it is not a net increase of 2000, due to people leaving the Register when their caring role ends.)
- Signposts newsletter is sent electronically to 1500 Carers, thus reducing costs.

##### **Carers' Assessment and Support**

- The role of GP Carer Support Workers undertaking Carers' Assessments is fully embedded, with them exceeding their target of 500 Health and Wellbeing Checks (HWBCs) each year, and a stunning 622 HWBCs in 2017-18.
- Carers' Aid Torbay (formerly Crossroads Care, and Carers' Trust Phoenix) continue to provide independent enabling, brokerage and advocacy.
- The target for Carers' Assessments which in 2014-15 was 35% was increased significantly which resulted in variable performance, but culminated in 42.2% being achieved against a target of 43% for 2017-18. NB The changes to assessments processes have resulted in a lower target being set for 2018-19.
- All assessments and processes meet the legislative requirements brought in in 2015. Adult Social Care is reviewing processes in line with the 'three conversation model' and a lighter touch Carers' Assessment is being developed.

### Developing a whole family approach

- The inter-agency strategy for Carers Under 25 has been refreshed and remains the focus of work with this age group.
- Transition arrangements for young Carers appear to work very well.
- Transition arrangements for children with additional needs are now in place between Children's and Adult's Services, with staffing support.
- Parent Carer Needs Assessments remain an area of concern
- The Lifestyles Team has done significant work with Carers, consistently exceeding their target (184 Carers against target of 100 in 2017-18)

### Involvement of Carers in Service Delivery, Evaluation and Commissioning

- Carers are involved in improving services across Adult and Children's health and social care. The Parent Participation Forum was re-branded to be Parent Carer Forum with a new website and over 400 members.
- Torbay Carers' Electronic Forum became a Facebook page, with increasing membership, but still needs more active Carer involvement.
- More Carer evaluators have been recruited and they have undertaken some excellent evaluations and additional projects.

### Targeting Carers and Employment

- Support to Carers wishing to return to employment was mapped and gaps identified
- Careers coaching for Carers was set up by Trust, and an Employment event was run jointly with Devon County Council.
- Carers' Services extended Carer Support to include one evening per week.
- Staff who are Carers have been targeted in Trust and Council via payslips.

## **5. Formulation of Priorities for 2018-21**

The development of potential priorities for 2018-21 was based on Carer Consultation while taking account of national and local priorities, and evidence of what works well.

Healthwatch Torbay carried out a huge Carers' engagement exercise in late 2017, with over 800 Carers responding. The questions had been devised on the basis of Carers' anecdotal feedback about what were the key issues for them. The full report can be seen at <https://www.torbayandsouthdevon.nhs.uk/uploads/carers-consultation-2018-2021-strategy.pdf>. A hard copy is available on request from Signposts for Carers on (01803) 666620.

The draft priorities underwent a public consultation, and a detailed action plan was then devised. A multi-agency Strategy Steering Group led by a Carer will monitor progress against the strategy. We are still awaiting National guidance, so the attached action plan may need to be amended in light of this.

## 6. Key Priorities for 2018-21

1. Identification of Carers at the first opportunity;
2. Information, advice and support services available to all Carers;
3. Carers' assessments proportionate to needs, including a whole family approach
4. Involvement of Carers in service delivery, evaluation and commissioning;
5. Enhancement of support to person being cared for.

Within these priorities are two underlying themes of supporting Carers with employment-related issues, and improving the use of technology for both Carers and the people for whom they care.

It has been necessary to redesign Carer Support in light of increased demand and diminishing resources. Public consultation has approved the development of peer support and carer-led projects, particularly improving the links with former Carers to use their wealth of skills to develop and deliver Carer Support. Specialist Carer Lifestyles support is no longer funded, as Carers are well-supported within the mainstream Lifestyles offer. We plan to enhance this with volunteers who have used the service themselves in the past, and continue to fund Lifestyles Carers' events.

The Emotional Support Scheme for Carers of Adults was proposed to be reduced from ten to six sessions but, in response to the public consultation, six vouchers will be issued, with the option at the end to extend by up to a further four in extenuating circumstances. A lighter touch Carers' Assessment will be developed to free up Carer Support Worker (CSW) capacity, and ensure that Carers do not have to undergo a more detailed assessment than necessary. The level of CSW support which has been in place since 2016, has been enhanced by a three-day 'floating' support worker to cover areas of pressure and set up and manage volunteer support within Carers' Services.

With the NHS's Sustainability and Transformation Plans (known as 'Devon-wide Working'), more of our work will include liaising across Devon, to ensure broad consistency of approach where possible, especially as many of our providers, such as Devon Partnership Trust and the Ambulance Service, cover more than one area. This should also allow us to benefit from economies of scale in large developments, such as replacement care\*.

The entire agenda with Carers is about prevention and early intervention. Early identification ensures that Carers know what support is available well before a crisis arises. Timely information and advice, with access to appropriate benefits, enables Carers to make informed decisions about their caring role. Assessment, coupled with early support, aims to prevent, reduce or delay the negative impact on Carers' health and wellbeing, thus supporting both them and the person for whom they care.

*\* 'Replacement Care' is the term which includes services historically known as 'respite' care, where someone else provides the care which is normally provided by the Carer. It covers all categories of care such as residential care, day care, day opportunities, night care, and sitting services, where services are actually used by the person with needs, but which result in support to the Carer, by giving them a break.*

# Torbay Carers' Strategy Action Plan 2018 – '21

## 1. Identification of Carers at the First Opportunity

	Priority	Target/Service Standard	Timescale	Responsible
1.1	To work across Devon, using NHSE's Memorandum of Understanding (MoU) for Carers as the basis of inter-agency agreements to identify and support Carers	Finalise Devon-wide MoU for Carers Get sign-up from agencies listed in NHSE MoU - six key partners signed up (as opposite)  Agree Timescale and priorities for remainder	Oct 2018  March 2019  Jan 2019	Devon's Carers Leads Carers Services Council/ Trust/ DPT/ CCG SWASFT/ Fire Service Strategy Steering Group
1.2	With Carers, to run a programme of awareness training and embed use of Carer Recognition Tool to improve early identification of Carers	Maintain a rolling program of awareness training to - all GP practices in Torbay (see 1.4, 1.5) - pharmacies in Torbay - Ambulance Service - Fire Service - Police	3-year period	Carers Services in liaison with - Practice Managers - Pharmacists - SWASFT - Fire Service - Police Service
1.3	As above	Identify other priorities areas for Carer Awareness Training - Devon Partnership Trust (DPT) - Set Targets 2019-20, 20-21	March 2019 Jan 2019	Carers Services / DPT Strategy Steering Group
1.4	Improve GP Practices' identification of Carers (minimum target increase across all practices average of 2%)	Agree GP practice targets for identification of Carers and reporting arrangements Achieve targets	Annually  Annually	Strat. Steering Group / Practice Managers
1.5	As above	Individual GP practices to develop strategies to target Carers at Flu Clinics	All in 3 years	Practice managers /CSWs
1.6	Improve Hospital identification of Carers via adoption of Triangle of Care	Develop Hospital Working Group and Action Plan to implement this and report quarterly	Oct 2018	Carers Services with Hospital Staff

1.7	Develop communication strategy to enable efficient use of staff time in public awareness campaigns	Draft Strategy to enable quarterly press / publicity, use of media, GP and hospital screens etc.	July 2018	Carers Services
1.8	Measure effectiveness of training	Use variety of methods eg staff survey, course evaluation, issue of info cards, source of Register and Signposts referrals	Ongoing as per training in 1.2 and 1.3	Carers Services

## 2. Information, Advice and Support Services available to all Carers

	Priority	Target/Service Standard	Timescale	Responsible
2.1	Enable Carers to find information easily, by maintaining a range of information, in a variety of formats, and available at a range of places.	Use engagement report to address information needs. Repeat during next major consultation. Target - National Carers Survey results to remain in top quartile nationally	Ongoing  2021 Next survey	Carers Services (Adults and Children)
2.2	Review Web-based information for Carers to ensure it meets Carers needs, especially those in employment (links with 2.14)	Trial Carers UK Digital Offer Engage with Carers for their feedback Improve Parent Carer information on Trust website Develop Carers + Employment web-page	April 2018 Aug 2018 Oct 2018 Nov 2018	Carers Services  Employment Group
2.3	As above	Further the use of Health and Care Video Library to meet the needs of Carers, especially those in work Develop use of videos to support Carer Awareness	Ongoing  Oct 2018	Carers Services / Health and Care Videos
2.4	Maintain Signposts for Carers' Information Service. Investigate extending hours to support Carers in employment	Investigate with Devon Carers feasibility of using them to extend hours If unable, consider other means.	May 2018  Aug 2018	Carers Services
2.5	Maintain drop-in services at Carers Centres in Brixham, Paignton and Torquay.	Work with Brixham Does Care to move Brixham Carer Support to new Centre. Ensure Paignton Carers Centre fits with Paignton Wellbeing Centre plans.	April 2019  Oct 2019	Carers Service / Brixham Does Care  Carers Services

2.6	Maintain drop-in service for staff and Carers at Advice Point Torbay Hospital	Undertake evaluation to develop service – staff awareness / survey / Carer feedback / times of usage	Jan 2019	Carers Services
2.7	Maintain specialist Carer Support Services	Maintain Carer Support in Hospital, Mental Health, Older People's Mental Health, Substance Misuse services, Young Carers (YC), Young Adult Carers (YAC) Support transfer of YC service to Youth Trust	Ongoing  April 2019	Carers Services (Adult and Children's)/ DPT Children's Services
2.8	Provide for minimum of 1 day per week of Carers' Support Worker (CSW) time in all GP practices	All GP practices to have access to a Carers' Support Worker for at least one day per week. Proportionate to list size.	Annual review	Carers Service / practice managers
2.9	Develop the use of volunteers and peer supporters at GP practices to support the CSW role, to link with Patient Participation Groups, and support Practice Action Plans.	Employ 'floating' Carer Support Worker to manage volunteers. Start pilot at 1 GP practice initially	April 2018  Nov 2018	Carers Services / practice managers
2.10	Maintain voluntary sector support of Carers providing -independent advocacy and enabling service, -support to Older Family Carers of people with learning disability	Renewed contracts with Carers Aid Torbay Mencap	Jan 2018 April 2018	Carers Service / Carers Aid Torbay / Mencap
2.11	Maintain the Universal Carer support services available through Torbay Carers Register	With change of provider, ensure quality of service is maintained. Update standard letters and undertake data audit. Develop web-based Carers register to enable on-line application	On-going  May 2018  Oct 2018	Carers service /commissioners Carers Service  Carers Service / Torbay Council
2.12	Increase the number of Carers joining Carers' Register	Increase of 10% in applications per annum	Quarterly review	Carers Services / Carers Register
2.13	Carers' support around hospital discharge to be linked in to Triangle of Care work 1.6 above	Pilot use of Carer Supporters in RADS (Rapid Assessment and Discharge Service) Ensure Carer Support embedded in 'Onward Care' pathway	July 2018  Oct 2018	Hospital Working Group Adult Social Care

		Seek funding to support Carers as peer supporters in hospital	April 2019	Hospital Working Group
2.14	Improve support to Carers in Employment or wishing to seek employment by improving opportunities, targeted support and ensuring that TSDFT is a good example of a Carer-friendly employer	Set up Employment Working Group Develop Employment Strategy for Carers and action plan and report quarterly Sign up to Carers UK Employers for Carers Review Trust's HR policies. Undertake staff survey	May 2018 Dec 2018 Quarterly April 2018 March 2019 Oct 2018	Carers Services Employment Group  Carers Services Employment Group Carers Services
2.15	Target groups of Carers where there are gaps in service or particular needs to address, whether due to changes in service or increase in demand.	Investigate and, where possible, enhance support to <ul style="list-style-type: none"> <li>- Parent Carers</li> <li>- People affected by substance misuse</li> <li>- Carers of people with dementia</li> <li>- Carers of people with mental health issues</li> <li>- Carers 25-40</li> <li>- Carers of adults with learning disability</li> <li>- Carers of vulnerable people at risk of radicalisation</li> </ul>	Develop plans by Oct 2018	Carers services / Children's Services / substance misuse services / Older people's Mental health Services / vol sector
2.16	Due to loss of specialist Carers Lifestyles workers, develop use of volunteers to support the Carers Lifestyles offer.	Maintain Lifestyles team links with Carers, with targeted events. Monitor annually Develop Carers volunteer-led support	Ongoing Annual April 2019	Carers Service / Lifestyles
2.17	Ensure that Carers are aware of technological support that may assist their caring role whether supporting them or the person they care for (see also 5.7 below)	Trial Carers UK Digital Offer (DO) including free use of 'Jointly' App for Carers Set up Carers Technology Group to look at options and evaluate usefulness of DO Be involved in development of new Technology-Enabled Care Service (links with 4.4 below)	April 2018  June 2018  Ongoing	Carers Services  Carers Services  Carers Services
2.18	Building on existing community support (eg community builders, wellbeing coordinators and voluntary sector) Develop micro-community models of Carer support across Torbay, based on local need.	Link with community builders to encourage use of time-banking by Carers and former Carers to build links to support each other in local area Prioritise and develop one project in each area of Torbay, based on Carers' need	Oct 2018 April 2019	Carers Services / Community Development Trust Carers Services / Voluntary sector

### 3. Carers Assessments Proportionate to Need, using a Whole Family Approach

	Priority	Target/Service Standard	Timescale	Responsible
3.1	Ensure that our response to Carers is appropriate to the level of need and that we provide early access to Carers' assessments and support, in line with a preventative approach.	Develop 'lighter touch' assessment for quick and easy access to Universal Carers services, where full Health and Wellbeing Check not required Improve review processes – annual review	June 2018  June 2018	Carers Services  Carers Services
3.2	Maintain offer of a Carers' Health and Wellbeing check (HWBC) to all Carers	Achieve target HWBC per annum to be provided by Carers' Support Workers in primary care – 500 in 2018-19 Set target for 2019-20, 20-21	April 2019	Carer Support Workers Strategy Steering Group
3.3	Ensure Adult Services has a clear pathway for Carer Support, with appropriate recording on PARIS database Ensure that this fits with Adult Services general assessment model ('three conversation')	Review pathway and processes annually with rolling program of awareness training. Address recording anomalies from monthly report Achieve target for Carers assessments – 36% in 2018-19	Annually  At least quarterly  April 2019	Carers Services / Trust Operations / PARIS Trust zone and specialist teams Trust Operational managers
3.4	Ensure Childrens Services' pathway for Parent Carer Support is clear to parents Ensure Parent Carer Needs Assessments are being undertaken	Review pathway and processes annually  Report number of assessments – frequency to be determined	Annually  At least annually	Carers Services / Children's Services  Children's Services
3.5	Ensure whole family approach is embedded, addressing the needs of Carers of disabled children, Young Carers, and parenting support.	Awareness raising in induction and ongoing with - Trust Zone + specialist teams - Children's Services - Devon Partnership Trust Measure referrals to Children's Services by adult social care / DPT. Annual Targets to be set.	Ongoing  April 2018 Annually	Carers Services Adult Services / Children's Services / DPT Adult Services DPT Strategy Steering Group

3.6	Ensure Carers under 25 are identified, and receive proportionate assessments that enable appropriate support	Carers under 25 Strategy to formally feed in to Strategy Steering Group. Continue family events for young Carers	Annually Ongoing	Young Carers Service / Young Adult Carers Services /Children's Services
3.7	Ensure parent Carers are supported whilst their children are in transition between Children's and Adult Services	Ensure Transition Worker in liaison with Carer Support Workers – check processes Review annually	June 2018 Annually	Childrens Services / Adult Services / Carer Support Workers
3.8	Ensure Young Carers are supported in the transition to adulthood and to Adult Services	Maintain robust transition processes and transition events Continue skills-based training for Carers under 25 eg finances / cooking on a budget	Ongoing Ongoing	Young Carers Service / Young Adult Carers Service

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

	Priority	Target/Service Standard	Timescale	Responsible
4.1	Ensure local and national surveys of Carers are used to develop services that affect them	Use Healthwatch Engagement Report to develop Torbay's Carers' Strategy	April 2018	Carers Services
4.2	Ensure genuine Carer representation in Carers Services meetings / developments, with associated support and training as required	Carer representation at Carers' Strategy and Developmental meetings - chairing Carer Involvement in Signposts newsletter, Facebook etc Maintain Young Adult Carer (YAC) Operational Group Maintain involvement of young Carers and their families in YC services	Ongoing	Carers Services Carers Services YAC service Young Carers Service
4.3	Ensure both national and local Carers 'voice' in developing Trust's Carer Friendly Employer status (links with 2.14)	Carer reps in Employment Group Carers UK Employers for Carers materials to be used Trust Staff Survey (links with 1.6)	May 2018 Dec 2018 Oct 2018	Carers Services Carers Services Carers Services

4.4	Ensure Carers involved in commissioning, review and development of relevant services	Replacement Technology-Enabled Care Service Mental Health Services – Engagement Lead	From May 2018 Ongoing	Carers Services DPT / Carers Services
4.5	Develop peer support opportunities for Carers and former Carers, based on Carers priorities.	Employment of Carer Support Worker to manage volunteers (2.9 above) Set up Peer Support working party to work up priorities, and draft action plan	April 2018 June 2018	Carers Services Carers Services
4.6	Actively target Carers who are moving on from their caring role, to support them in transition, and into peer support or employment	Ensure process for people leaving Carers register Peer support working party to link to support to choose residential homes / bereavement / peer support	Sept 2018 October 2018	Carers Services Peer Support Working Party
4.7	Develop more Carer-led projects, including Carers running (rather than co-running) awareness training.	Continue Carer-led project in hospital Increase number of Carers trained in presentation skills from 6 to 12	Ongoing October 2018	Carers Services/ Trust Carers Services
4.8	Promote employment opportunities for Carers and former Carers as Carer Evaluators (CEs)	Maintain a pool of 15 Carer Evaluators, including Carers under 25. Develop pool of Parent CEs	Ongoing April 2019	Carers Services Carers Services
4.9	Minimum of two services a year to be evaluated and the results published.	Evaluate Intermediate Care, Transitions Determine Evaluations 19-20, 20-21	April 2019 Annual	Strategy Steering Group

## 5. Enhancement of support to the person being cared for.

	Priority	Target/Service Standard	Timescale	Responsible
5.1	Investigate adult replacement Care in Torbay/ Devon, and opportunities to develop market.	Investigate residential replacement care options, (including micro-provider model, Care BnB) and plan to develop these Review Short Break Voucher scheme for existing users	April 2019 Nov 2018	Council Commissioner Carers Service

5.2	As above	Negotiate with voluntary sector partner about pilot of 'sitting' or support services (links with 2.15 above)	Sept 2018	Carers Service
5.3	Adult Social Care to ensure Carers' needs met when assessing clients	Develop Zone-led action plan with targets, including packages of support to Carer/ to benefit Carer	Sept 2018	Carers Services and Adult Social Care
5.4	Encourage use of Direct Payment for both Carer and person for whom they care	Investigate whether enhanced use of DPs can avoid admission to or support discharge from hospital (Links with 2.13 and 5.2 above)	April 2019	Carers Services / Adult Social Care
5.5	Review existing replacement care for children, and opportunities to develop	Recommission Short Break Service. Investigate informal replacement care opportunities, Scope whether formal review is necessary / feasible	Oct 2018 March 2019 March 2019	Council Commissioner Parent Carer Working Party
5.6	Improve technological support for Carers and those for whom they care	Support the procurement of new Technology-enabled Care provider, and continue their engagement with Carers and Service Users	Ongoing	Carers Services and Technology Group
5.7	Improve Carers awareness and use of technological support.	Regular feature in Signposts magazine Develop Trust web-page re technology On-line Register Application complete. Promote usage Scope linking Application into Carers info provision	Ongoing Dec 2018 Sept 2018 Nov 2018	Carers Services Carers services Carers Services Carers Services
5.7	As Above	Improve Carers ability to access technology by linking with Healthwatch project. Promote in Signposts. Investigate buddying projects where IT literate Carers support others.	Ongoing October 2018	Carers Services / Healthwatch Carers Services / Technology Group
5.8	Review / map Crisis Support available to Carers and the people for whom they care.	Map existing crisis support, and identify gaps / barriers Scope meeting those gaps, linking with existing providers (eg Samaritans)	October 2019 March 2020	Carers Services Carers Services
5.9	Planning ahead – coordinated approach to planning ahead with and for the person being cared for. (links with 1.2, 1.3 and 2.3)	Promote within awareness training. WRAP (Wellness, Recovery Action Planning) and advance directives for Mental Health. Ensure Suite of information re Power of attorney, Advance Directives, Funeral planning Promote within and using relevant literature / videos	Ongoing Ongoing	Carers Services Carers Services / DPT

Performance Measures from the Adult Social Care Outcomes Framework (ASCOF), Better Care Fund (BCF) & Local Indicators

Version 2.6

-Outturns = 2017/2018 -Benchmarking = 2017/2018 -Targets = 2018/2019

Domain & KPI	Frame work / Source	2015/16 Outturn	2016/17 Outturn	2017/18 Outturn	2015/16 Target	2016/17 Target	2017/18 Target	2018/19 Target	2015/16 England Average	2016/17 England Average	2017/18 England Average	2015/16 SW Average	2016/17 SW Average	2017/18 SW Average	2015/16 CG Average	2016/17 CG Average	2017/18 CG Average	2015/16 Rank	2016/17 Rank	2017/18 Rank	2015/16 Quartile	2016/17 Quartile	2017/18 Quartile	2017/18 Performance Description	
<b>Domain 1: Enhancing quality of life for people with care and support needs</b>																									
ASC 1A: Social care-related quality of life	ASCOF ASCS Survey	19.7	19.9	19.4	19.2	19.4	19.7	19.7	19.1	19.1	19.1	19.3	19.2	19.3	19.4	19.4	19.3	11/150	4/151	45/150	Q4	Q4	Q3	Within agreed tolerance of target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Moved from best to 2nd best quartile	
ASC 1B: The proportion of people who use services who have control over their daily life	ASCOF ASCS Survey	81.5%	82.7%	80.6%	79.0%	79.0%	81.5%	81.5%	76.6%	77.7%	77.7%	78.8%	79.8%	79.3%	79.0%	79.8%	79.0%	15/150	9/151	37/150	Q4	Q4	Q4	Within agreed tolerance of target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Remain in top quartile	
ASC 1C part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support)	ASCOF SALT	93.6%	92.4%	93.5%	no tgt	90.0%	92.0%	94.0%	86.9%	89.4%	89.7%	81.1%	84.2%	89.6%	96.0%	91.9%	95.1%	64/152	87/152	88/151	Q3	Q2	Q2	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Worse than CG ave Same as previous ranking Remain in 3rd best quartile	
ASC 1C part 1B: The proportion of people using social care who receive self-directed support (carers receiving self-directed support)	ASCOF SALT	83.4%	90.7%	84.3%	no tgt	83.0%	85.0%	85.0%	77.7%	83.1%	83.4%	55.4%	60.5%	63.3%	79.3%	78.1%	82.3%	112/150	104/150	116/150	Q2	Q2	Q1	Within agreed tolerance of target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Moved from 3rd best to 4th best quartile	
ASC 1C part 1C: The proportion of people using social care who receive direct payments (adults receiving direct payments)	ASCOF SALT	26.7%	24.9%	26.7%	no tgt	26.0%	28.0%	28.0%	28.1%	28.3%	28.5%	28.5%	29.2%	29.9%	29.2%	27.4%	28.0%	78/152	89/152	84/151	Q2	Q2	Q2	Within agreed tolerance of target Better than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Better than previous ranking Remain in 3rd best quartile	
ASC 1C part 2B: The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to carer)	ASCOF SALT	83.4%	90.7%	84.3%	no tgt	83.0%	85.0%	85.0%	67.4%	74.3%	74.1%	44.4%	55.1%	52.7%	57.9%	64.6%	64.4%	90/150	78/150	93/150	Q2	Q2	Q2	Within agreed tolerance of target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Remain in 3rd best quartile	
ASC 1D: Carer-reported quality of life	ASCOF SACE Survey	n/a	7.8	n/a	n/a	9.0	n/a	9.0	n/a	7.7	n/a	n/a	7.6	n/a	n/a	7.9	n/a	n/a	46/151	n/a	n/a	n/a	Q3	n/a	n/a biennial survey
ASC 1E: Proportion of adults with a learning disability in paid employment	ASCOF C-Corp SALT	3.9%	3.7%	3.8%	4.5%	4.0%	4.0%	6.4%	5.8%	5.7%	6.0%	7.0%	5.8%	5.9%	5.7%	6.4%	6.2%	98/152	103/152	103/151	Q2	Q2	Q2	Did not achieve target Better than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Same as previous ranking Remain in 3rd best quartile	
ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment (commissioned outside ICO)	ASCOF MHS DS	3.1%	n/a	1.0%	7.1%	6.0%	6.0%	6.4%	6.7%	n/a	7.0%	9.4%	n/a	11.0%	n/a	n/a	7.2%	137/148	n/a	146/148	Q1	n/a	Q1	No 16/17 data for comparison Not achieving target Worse than Eng ave Worse than SW ave Worse than CG ave In 4th best quartile	

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Appendix 3

Domain & KPI	Frame work / Source	2015/16 Outturn	2016/17 Outturn	2017/18 Outturn	2015/16 Target	2016/17 Target	2017/18 Target	2018/19 Target	2015/16 England Average	2016/17 England Average	2017/18 England Average	2015/16 SW Average	2016/17 SW Average	2017/18 SW Average	2015/16 CG Average	2016/17 CG Average	2017/18 CG Average	2015/16 Rank	2016/17 Rank	2017/18 Rank	2015/16 Quartile	2016/17 Quartile	2017/18 Quartile	2017/18 Performance Description	
ASC 1G: Proportion of adults with a learning disability who live in their own home or with their family	ASCOF SALT	70.1%	77.1%	76.0%	70.0%	75.0%	75.0%	76.0%	75.4%	76.2%	77.2%	72.2%	73.7%	75.5%	76.4%	76.1%	81.9%	110/152	78/152	94/152	Q2	Q2	Q2	Achieved target Worse than previous outturn Worse than Eng ave Better than SW ave Worse than CG ave Worse than previous ranking Remain in 3rd best quartile	
ASC 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support (commissioned outside ICO)	ASCOF C-Corp MHSDS	63.2%	n/a	50.0%	77.0%	68.0%	68.0%	68.0%	58.6%	n/a	57.0%	55.8%	n/a	62.0%	n/a	n/a	57.6%	88/152	n/a	104/152	Q2	n/a	Q2	No 16/17 data for comparison Not achieving target Worse than Eng ave Worse than SW ave Worse than CG ave In 3rd best quartile	
ASC 1I part 1: Proportion of people who use services who reported that they had as much social contact as they would like	ASCOF ASCS Survey	49.4%	52.7%	43.1%	41.7%	50.0%	50.0%	50.0%	45.4%	45.4%	46.0%	46.6%	46.1%	46.0%	47.6%	47.0%	47.1%	29/150	4/151	108/150	Q4	Q4	Q2	Not achieving target Worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Worse than previous ranking Moved from best to 3rd best quartile	
ASC 1I part 2: Proportion of carers who reported that they had as much social contact as they would like	ASCOF SACE Survey	n/a	34.4%	n/a	n/a	41.5%	n/a	41.5%	n/a	35.5%	n/a	n/a	32.3%	n/a	n/a	38.8%	n/a	n/a	75/151	n/a	n/a	Q3	n/a	n/a	n/a biennial survey
ASC 1J: Adjusted Social care-related quality of life – impact of Adult Social Care services	ASCOF ASCS Survey	n/a	0.407	0.400	n/a	no tgt	no tgt	no tgt	n/a	0.403	0.405	n/a	0.402	0.413	n/a	0.400	0.410	n/a	71/151	92/150	n/a	Q3	Q2	Worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Worse than previous ranking Moved from 2nd best to 3rd best quartile	
D40: % clients receiving an annual review	Local	78.1%	75.6%	74.8%	76.0%	76.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Worse than previous outturn
D40b: % clients receiving a review within 18 months	Local	n/a	90.0%	87.4%	n/a	n/a	93.0%	93.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Not achieving target Worse than previous outturn
SC-007b: Number of OOA placements reviews overdue by more than 3 months (snap shot)	Local C-Corp	0	1	0	0	0	0	0	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Achieved target Better than previous outturn
D39: % clients receiving a Statement of Needs	Local	88.5%	86.2%	83.5%	90.0%	90.0%	90.0%	90.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Not achieving target Worse than previous outturn
NI132: Timeliness of social care assessment	Local	68.9%	71.2%	79.0%	74.1%	70.0%	70.0%	80.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Achieved target Better than previous outturn
<b>Domain 2: Delaying and reducing the need for care and support</b>																									
ASC 2A p1: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 1 - younger adults	ASCOF SALT	16.3	20.4	22.8	no tgt	no tgt	25.0	14.0	13.3	12.8	14.0	13.4	14.5	16.8	16.2	16.6	17.2	110/152	131/152	141/151	Q2	Q1	Q1	Low value is better Achieved target Worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Worse than previous ranking Remain in 4th best quartile	
ASC 2A p2: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 2 - older people	ASCOF / BCF SALT	513.0	493.7	446.9	572.6	563.2	599.0	450.0	628.2	610.7	585.6	606.4	581.0	545.8	707.5	683.5	705.4	37/152	42/152	36/152	Q4	Q3	Q4	Low value is better Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Moved from 2nd best to best quartile	
ASC 2B p1: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 1 - effectiveness	ASCOF / BCF SALT	75.9%	76.5%	70.7%	88.7%	88.7%	no tgt	76.5%	82.7%	82.5%	82.9%	84.1%	83.8%	80.2%	84.5%	83.3%	82.4%	133/152	123/152	142/152	Q1	Q1	Q1	Worse than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Worse than previous ranking Remain in 4th best quartile	

Domain & KPI	Frame work / Source	2015/16 Outturn	2016/17 Outturn	2017/18 Outturn	2015/16 Target	2016/17 Target	2017/18 Target	2018/19 Target	2015/16 England Average	2016/17 England Average	2017/18 England Average	2015/16 SW Average	2016/17 SW Average	2017/18 SW Average	2015/16 CG Average	2016/17 CG Average	2017/18 CG Average	2015/16 Rank	2016/17 Rank	2017/18 Rank	2015/16 Quartile	2016/17 Quartile	2017/18 Quartile	2017/18 Performance Description
ASC 2B p2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 2 - coverage	ASCOP SALT	4.4%	4.3%	6.5%	no tgt	no tgt	5.0%	5.0%	2.9%	2.7%	2.9%	2.9%	2.7%	2.6%	3.4%	2.9%	3.2%	26/152	21/152	12/152	Q4	Q4	Q4	Achieved target Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Remain in best quartile
ASC 2C p1: Delayed transfers of care from hospital per 100,000 population. Part 1 - total delayed transfers	ASCOP BCF UNIFY2	5.9	7.9	7.9	no tgt	no tgt	5.1	8.4 (TBC)	12.1	14.9	12.3	17.3	20.3	15.9	12.4	15.2	9.8	33/152	39/152	52/151	Q4	Q3	Q3	Low value is better Did not achieve target Same as previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Remain in 2nd best quartile
ASC 2C p2: Delayed transfers of care from hospital per 100,000 population. Part 2 - attributable to social care	ASCOP C-Corp UNIFY2	n/a	n/a	1.9	n/a	n/a	no tgt	2.6 (TBC)	n/a	n/a	4.3	n/a	n/a	6.0	n/a	n/a	2.5	n/a	n/a	45/151	n/a	n/a	Q3	Low value is better No 16/17 data for comparison Better than Eng ave Better than SW ave Better than CG ave In 2nd best quartile
ASC 2C p3: Delayed transfers of care from hospital per 100,000 population. Part 3 - jointly attributable to NHS and social care	ASCOP UNIFY2	n/a	n/a	0.5	n/a	n/a	no tgt	no tgt	n/a	n/a	0.9	n/a	n/a	1.0	n/a	n/a	0.8	n/a	n/a	73/151	n/a	n/a	Q2	Low value is better No 16/17 data for comparison Better than Eng ave Better than SW ave Better than CG ave In 3rd best quartile
ASC 2D: The outcomes of short-term support % reablement episodes not followed by long term SC support	ASCOP SALT	81.8%	86.7%	85.1%	no tgt	85.0%	85.0%	83.0%	75.8%	77.8%	77.8%	82.9%	86.5%	84.6%	81.7%	79.5%	78.8%	43/152	33/152	45/152	Q3	Q4	Q3	Achieved target Worse than previous outturn Better than Eng ave Better than SW ave Better than CG ave Worse than previous ranking Moved from best to 2nd best quartile
LI-404: No permanent care home placements at end of period	Local C-Corp	635	642	604	630	617	617	600	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Within agreed target threshold Better than previous outturn
LI-450: Proportion of clients supported in a care home at end of period	Local	21.3%	21.0%	20.4%	no tgt	no tgt	no tgt	no tgt	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Better than previous outturn
BCF-01: Non-elective hospital admissions (general and acute)	BCF	13,669	16,921	15,546	14,119	17,688	17,694	TBC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Achieved target Better than previous ranking
LI-451: % of social care service users receiving 5 hours or less of dom care per week only	Local PJB C-Corp	n/a	n/a	10.4%	n/a	n/a	n/a	8.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better No 16/17 data for comparison
% of people (65+) given reablement prior to a social care package of care	Local PJB	n/a	n/a	53.4%	n/a	n/a	n/a	70.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	No 16/17 data for comparison
LI-452: % Intermediate Care placements not resulting in short or long term placement	Local PJB	n/a	n/a	84.9%	n/a	n/a	n/a	75.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	No 16/17 data for comparison
LI-453: Number of people discharged from hospital into permanent residential care (social care funded)	Local PJB	n/a	n/a	7	n/a	n/a	n/a	no tgt	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better No 16/17 data for comparison
<b>Domain 3: Ensuring that people have a positive experience of care and support</b>																								
ASC 3A: Overall satisfaction of people who use services with their care and support	ASCOP ASCS Survey	67.9%	68.4%	69.2%	68.5%	68.0%	70.0%	70.0%	64.4%	64.7%	65.0%	66.3%	67.4%	67.3%	67.4%	66.6%	65.8%	30/150	33/151	29/150	Q4	Q4	Q4	Within agreed target threshold Better than previous outturn Better than Eng ave Better than SW ave Better than CG ave Better than previous ranking Remain in best quartile
ASC 3B: Overall satisfaction of carers with social services	ASCOP SACE Survey	n/a	37.9%	n/a	n/a	46.4%	n/a	46.4%	n/a	39.0%	n/a	n/a	38.8%	n/a	n/a	41.0%	n/a	n/a	80/151	n/a	n/a	Q2	n/a	n/a biennial survey

Domain & KPI	Frame work / Source	2015/16 Outturn	2016/17 Outturn	2017/18 Outturn	2015/16 Target	2016/17 Target	2017/18 Target	2018/19 Target	2015/16 England Average	2016/17 England Average	2017/18 England Average	2015/16 SW Average	2016/17 SW Average	2017/18 SW Average	2015/16 CG Average	2016/17 CG Average	2017/18 CG Average	2015/16 Rank	2016/17 Rank	2017/18 Rank	2015/16 Quartile	2016/17 Quartile	2017/18 Quartile	2017/18 Performance Description	
ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for	ASCOF SACE Survey	n/a	71.7%	n/a	n/a	75.7%	n/a	75.7%	n/a	70.6%	n/a	n/a	71.4%	n/a	n/a	73.5%	n/a	n/a	n/a	59/151	n/a	n/a	Q3	n/a	n/a biennial survey
ASC 3D part 1: The proportion of people who use services who find it easy to find information about services	ASCOF ASCS Survey	81.3%	77.3%	75.4%	77.3%	81.3%	85.0%	80.0%	73.5%	73.5%	73.3%	73.3%	74.7%	72.8%	76.1%	75.7%	77.3%	12/150	33/151	44/150	Q4	Q4	Q3	Did not achieve target Worse than previous outturn Better than Eng ave Better than SW ave Worse than CG ave Worse than previous ranking Moved from best to 2nd best quartile	
ASC 3D part 2: The proportion of carers who find it easy to find information about services	ASCOF SACE Survey	n/a	73.6%	n/a	n/a	75.0%	n/a	75.0%	n/a	64.2%	n/a	n/a	66.5%	n/a	n/a	67.9%	n/a	n/a	n/a	12/151	n/a	n/a	Q4	n/a	n/a biennial survey
NI135: Carers receiving needs assessment, review, information, advice, etc.	Local C-Corp	43.3%	38.3%	42.2%	40.0%	40.0%	43.0%	36.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Within agreed target threshold Better than previous outturn
<b>Domain 4: Safeguarding adults who circumstances make them vulnerable and protecting from avoidable harm</b>																									
ASC 4A: The proportion of people who use services who feel safe	ASCOF ASCS Survey	72.3%	71.0%	70.6%	69.6%	72.3%	72.3%	72.3%	69.2%	70.1%	69.9%	69.6%	70.0%	70.3%	71.2%	71.2%	71.9%	32/150	63/151	72/150	Q4	Q3	Q3	Within agreed target threshold Worse than previous outturn Better than Eng ave Better than SW ave Worse than CG ave Worse than previous ranking Remain in 2nd best quartile	
ASC 4B: The proportion of people who use services who say that those services have made them feel safe and secure	ASCOF ASCS Survey	85.2%	82.4%	83.9%	85.6%	85.2%	88.0%	85.0%	85.4%	86.4%	86.3%	87.1%	86.6%	86.7%	88.3%	87.9%	88.5%	80/150	111/151	106/150	Q2	Q2	Q2	Within agreed target threshold Better than previous outturn Worse than Eng ave Worse than SW ave Worse than CG ave Better than previous ranking Remain in 2nd best quartile	
QL-018: Proportion of high risk Adult Safeguarding Concerns where immediate action was taken to safeguard the individual	Local	n/a	100%	100%	n/a	100%	100%	100%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Achieved target Same as previous outturn
TCT14b: % repeat safeguarding referrals in last 12 months	Local C-Corp	4.9%	7.0%	7.1%	7.0%	8.0%	8.0%	8.0%	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	Low value is better Achieved target Same as previous outturn

**Notes:**

- Rank: 1 is best rank
- Quartile: Q4 is best quartile
- CG Average = Comparator Group Average (calculated from average of outturns)
- RAG rating is against ASA target. Green = on target or within agreed tolerance
- Differences in survey KPIs are not always statistically significant due to survey margin of error

ANNEXE 3

Not available

'The figures and detail requested of the ICO (Torbay and South Devon NHS Foundation Trust) remain outstanding at this time (22<sup>nd</sup> January 2019)

ANNEXE 4

See Appendix 2 – Data and performance measures cover

# Care Act Eligibility for Adults with Care and Support Needs and their Carers in Torbay

**Ref No: 2303 Version 1**  
**Date: 25 May 2018**

**Partners in Care**



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## Introduction

This policy has been developed to set out the social care assessment practice in the context of *Getting it right for every adult, their family and their carers*.

Torbay & South Devon NHS Foundation Trust (“the Trust”) Adult Social Care is changing the way it works to develop a ‘new approach’ and in line with Torbay Council’s strategy, it has been re-shaping its model of care (post Care Act 2014) to utilise a more strengths based approach. This means working together with people to find out what they want to achieve and the best way to do this, supporting people to use their strengths and those of their family, friends and community. The aim is to enable people to achieve their goals, reach their full potential and reduce reliance upon traditional services where there are existing community resources that can meet the assessed need.

This change in the way we work is essential to help us get better at supporting people to achieve:

- Choice
- Independence
- Being in control of their lives
- Having fulfilling lives – family, friends, work, leisure
- Promoting their strengths, to be the best they can be

The Care Act 2014 sets out the individual aspects of wellbeing or outcomes and places a duty on local authorities to promote wellbeing when carrying out any of their care and support functions. They must

- use the national eligibility criteria to determine your eligible needs
- focus on the best outcomes for you

Furthermore, the Care Act 2014 states that the eligibility threshold is based on identifying how a person’s needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing. This relates both to adults who may need care and support and their carers.

Wellbeing is a broad concept, and it is described as relating to the following areas:

- § personal dignity (including treatment of the individual with respect);
- § physical and mental health and emotional wellbeing;
- § protection from abuse and neglect;
- § control by the individual over day-to-day life (including over care and support that is provided and the way it is provided);
- § social and economic wellbeing;
- § domestic, family and personal wellbeing;
- § participation in work, education, training or recreation;
- § suitability of living accommodation;
- § the individual’s contribution to society.

## Legal Framework

The national eligibility threshold for adults with care and support needs and their carers is set out in the Care Act 2014 and the Care and Support (Eligibility Criteria) Regulations 2014 (“the Eligibility Regulations”).

## Scope of policy

This policy applies to our approach to care and support involving adults, who are ordinarily resident in Torbay, and are over the age of 18 to include those that are eligible for care and support under the Care Act 2014. It also applies to young people supported by Children’s Services when planning for their transition to adult care.

In deciding whether the early provision of information, advice or preventative services would delay a person from developing needs which then go on to meet the eligibility criteria or whether longer term care and support might be needed, we will work alongside the person needing care or with their carer and family where appropriate, to think more broadly about what support might be available in the local community or through support networks to meet the needs of the individual and support the outcomes they want to achieve.

## Principles of the policy

In Torbay we are changing the conversation to empower people and become more creative in the way we meet their needs and will ensure that all needs are considered, including those currently being met informally whilst working with the adult, carer and their family to identify what matters to them and how best this can be met.

We will not just focus on need and will consider what people can do for themselves as well as what services can do for them. We will prepare for an assessment by having a number of conversations:

### **Conversation 1:** “How can we connect you to the things that will help you get on with your life?”

- § What would you like to achieve?

### **Conversation 2:** “What do we need to do to ensure you are safe and have control over things that are important to you?”

- § What are your concerns and risks to your independence?
- § What has already been tried to help you with your independence

### **Conversation 3:** “How can we help you use your resources to support yourself?”

- § What is your current support networks including family friends and the community?
- § Who or what else do you think might help you to regain and/maintain independence?

These conversations could be initially over the phone, or in a place convenient to you.

### How we will work with you

Torbay Council and Torbay and South Devon NHS Foundation Trust have a responsibility to fund or commission agencies that reduce or delay the risk of people needing care and support, provide information and advice as well as a duty to ensure that all eligible care and support needs are appropriately met. This will involve considering a range of factors including:

- § Understanding what each person's goals are and what they need in order to achieve them.
- § Action available to each person to reduce the need for assistance (self-help).
- § Access to and the availability of universal services and community resources such as funded voluntary sector services, housing related support and community groups (considering what is available that could prevent, meet or reduce the needs that are not eligible).
- § The contribution willingly made by family carers and informal support.
- § The contribution of Reablement and Intermediate Care Services (reducing or removing the need for long-term care and support).

The purpose is to ensure the advice, information and provision of adequate support (as outlined above) meets the eligible social care and support needs and achieves the desired and agreed outcomes at best value for money.

Once we have discussed what solutions are best for you we will help you to make plans to achieve your goals, we may signpost you to other services which are not commissioned and provided by us. If those solutions do not work we will then undertake a formal assessment against the national eligibility criteria. The national eligibility threshold is based on identifying how a person's needs affect their ability to achieve relevant outcomes, and how this impacts on their wellbeing.

The Eligibility Regulations list ten outcomes that should be considered when determining a person's eligibility for care and support. They cover broad life areas where people might experience difficulty in achieving the personal outcomes they want.

The ten specified outcomes are:

1. managing and maintaining nutrition;
2. maintaining personal hygiene;
3. managing toilet needs;
4. being appropriately clothed;
5. being able to make use of the adult's home safely;
6. maintaining a habitable home environment;
7. developing and maintaining family or other personal relationships;
8. accessing and engaging in work, training, education or volunteering;
9. making use of necessary facilities or services in the local community including public transport, and recreational facilities or services; and
10. carrying out any caring responsibilities the adult has for a child.

You will have eligible needs if you meet all of the following criteria (as set out in the Eligibility Regulations):

- § You have care and support needs as a result of a physical or mental impairment or illness.
- § Because of those needs, you cannot achieve two or more [specified outcomes](#)
- § As a result, there is or is likely to be a significant impact on your wellbeing

The outcomes include dressing and other activities of daily living, maintaining personal relationships, and working or undertaking education or training.

What we will do differently is that we will use our specialist skills in different ways to visualise situations from the conversations with you to help signpost and resolve issues in the most timely and effective way. In the first instance we will consider whether there are existing resources in the community that can meet your eligible needs/that we can agree to try.

It may also be that you do not need support permanently, rather a short term offer of help whilst you recover. We will always focus our support on getting you better so you don't need long term support.

### **Fluctuating needs**

Adults with fluctuating needs may have needs which are not apparent prior to or at the time of the assessment, but may have arisen in the past and are likely to arise again in the future. Therefore, in discussing solutions we will consider the individual needs over an appropriate period of time to ensure that all of the needs have been accounted for when eligibility is being determined. Where fluctuating needs are apparent, this will also be factored into assessment and the care plan, detailing the steps we will take.

### **Needs not covered by Adult Social Care**

Assessments and reviews may identify non-eligible needs that other agencies are responsible for meeting, including housing and health services. These include:

- § NHS responsibilities for meeting Continuing Health Care needs
- § Nursing care as set out in Section 49 of the Health and Social Care Act 2001
- § Intermediate healthcare
- § Supporting People
- § Disabled Facilities Grants (Grants are funded externally unless the individual's needs exceed a maximum funding threshold. IF the eligible needs assessed under the Care Act (2014) are in excess of this threshold, funding can be reviewed via adult social care)

Torbay and South Devon NHS Foundation Trust is able to commission and or provide a range of rehabilitation, prevention, reablement and treatment services from other agencies that are not subject to the current national eligibility criteria.

If you have savings that exceed the national threshold we are unlikely to be able to help you pay for support, but will assess you and offer advice. (This financial limit does not apply if we agree aids or equipment could help you).

### Other legal duties

Our assessment of your eligibility will also pay due regard to our legal duties under the following Acts:

- Mental Health Act 1983
- Mental Capacity Act (Deprivation of Liberty Safeguards) 2005
- *(And any other relevant statutory duties that may come into force)*

### References and related information

- Care Act 2014
- Department of Health Care and Support (Eligibility Criteria) Regulations 2015
- SCIE Eligibility Quick Guide

### Complaints

To undertake a complaint there is information on the Trust's internet page with a useful flow diagram on the link below;

<https://icon.torbayandsouthdevon.nhs.uk/areas/complaints/Documents/complaints-flow-chart.pdf>

## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

**Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)**

<b>Policy Title (and number)</b>		<b>Version and Date</b>	
<b>Policy Author</b>			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
<b>Who may be affected by this document?</b>			
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>			
<b>Could the policy treat people from protected groups less favorably than the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>			
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language <sup>5</sup> used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)			
<b>Who was consulted when drafting this policy?</b>			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
<b>What were the recommendations/suggestions?</b>			
<b>Does this document require a service redesign or substantial amendments to an existing process?</b> <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts			
<b>Action</b>	<b>Person responsible</b>	<b>Completion date</b>	
<b>AUTHORISATION:</b>			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
<b>Name of person completing the form</b>		<b>Signature</b>	
<b>Validated by (line manager)</b>		<b>Signature</b>	

**Please contact the Equalities team for guidance:**

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

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For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdht@nhs.net](mailto:pfd.sdht@nhs.net)  
**This form should be published with the policy and a signed copy sent to your relevant organisation.**

- <sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- <sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- <sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- <sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated
- <sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- <sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format
- <sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

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## Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.

APPENDIX 6 - 9

No changes therefore in the attached ASA Base Document

# Agenda Item 8

## Appendix 8

ANNEX 10 List of Improved Better Care Fund Schemes Approved by BCC

Project Name	Approved
Kinetics Sport Group (Child Holiday Placements)	Approved
Supporting effective reablement and admission avoidance through TEC	Approved - With conditions
Mental Health Prevention CVS Resilience through social work (Social Work Team Manager -DPT)	Approved - With conditions
Redirection of MSB Monies	Approved
Leadership in Care Homes	In Principle allocation
Replacement Care	In Principle allocation
Development Unit	Approved
LW@H	Approved - With conditions
Residential and Nursing Care Homes Market Shaping	Approved
Young People 16-24 Enhanced Outreach Service	Approved
Extra Care Housing and Capital Investment	Approved - With conditions
Crisis Café	Approved
Recovery College Plus Torbay	Approved
Learning Disability and Independent Living	Approved
Wellbeing Co-ordinators	Approved
Procurement Support	In Principle allocation
Karing Community Transport	Approved
Strengthening Transition to Adulthood	Approved
Community Led Support Programme - NDTi	Approved - With conditions
Renrows Content	Approved
Social Care Enhancing Quality in Dom Care	Approved
Wellbeing Co-ordinator IT Hardware	Approved
Dementia EOL Wellbeing Co-ordinators (WAITING AMENDED FORM)	Approved
Focusing on Plus Size Patients	Approved
Voluntary Sector Strategy	Approved
Community Catalysts	Approved
Postural Stability Strength and Balance	Approved
Brixham Does Care	Approved
Healthwatch Torbay (Quality Checkers)	Approved
IAG (Information Advice and Guidance Strategy for Torbay)	Approved - With conditions
ASC and Housing Media Com Post	Approved

Annual Strategic Agreement 2019/20 - Review List

**Version** 3.1.2

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**Green Cells indicate that this part of the ASA has been reviewed and there are no updates**

### **2018/19 Update / briefing note**

In 2018 the ASA was approved as a two year document running through to March 2020. The fabric of integrated care systems across England continues to develop and at a local level there is significant work towards further and broader integration working arrangements through the Sustainability and Transformation Partnership (STP). New forms and new arrangements are likely to reveal themselves during 2019/20 and the future (Annual) Strategic Agreement will both influence and be influenced by those.

#### **2.2 Autism**

First bullet point to reference delivery against the aims of the National Autism Strategy – Think Autism and the local Autism Commissioning Strategy Living Well with Autism in Devon 2016- 2020.

Second bullet point to reference develop Autism Services in line with the recently completed Autism SAF 2018.

- Training to be developed and provided in line with the LD STP multi-agency training plan – 3 tiered model. Provide Autism awareness training for Trust staff who come into contact with people with autism;
- Ensure that staff of organisations and agencies commissioned by the Trust who come into contact with people with autism have appropriate training;
- Provide specialist training for key staff in the trust who come into contact with people with autism;
- Undertake assessments under the Care Act for adults;
- Key partner and in the development and delivery of the Joint Learning Disability and Autism Strategy and action plan, following the ADASS Peer Review.
- a sustainable supported living market for people with Autistic Spectrum Disorder diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract

### 2.3 Learning Disabilities

First bullet point needs to reference Torbay will works towards implementing the newly created Learning Disability Commissioning Strategy, Living Well with a Learning Disability in Devon 2018-2022

- Focus on people living full and independent lives, where secure homes and fulfilling lives are a priority;
- Help people and let them know what options they have to help them achieve their goals;
- Improved accessibility to community services for those people who have a learning disability;
- Improve access to employment and housing;
- Key partner and in the development and delivery of the Joint Learning Disability and Autism Strategy and action plan, following the ADASS Peer Review.
- secure a sustainable supported living market for people with a Learning Disability diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract

Mental Health needs to be a section e.g. 2.4. Format currently reads as a continuation of section 2.3 Mental Health The Council has statutory responsibilities for providing services to eligible people with poor mental health under the Mental Health Act 1983 and NHS and Community Act 1990, which are delegated to the Trust. These include:

- Approval and provision of 'sufficient' numbers of Approved Mental Health Practitioners (AMHP);
- guardianship under section 7;
- Financial and Budgetary responsibilities for the whole Mental Health budget, including activity below assigned to DPT.

### 2.5 Enhanced working between the commissioning functions

Supporting engagement with independent and voluntary sector providers is now through the Torbay Care Managers Network and associated groups.

Implementation of a strategy for the adult social care market in partnership with external providers to support delivery of our integrated care model in 2019/20

Refresh of single joint commissioning and operational plan for adult social care 2019/20

Consideration of opportunities for STP wide commissioning.

### 2.6 Housing and Care

2019/20 Priorities include:

- Completion of the Extra Care Housing strategy and a further extra care housing scheme in development by 2020
- Homelessness system change through implementation of Housing First approach
- Increase supply of affordable and social housing fit for all stages of life

2018-21 Carers Strategy includes 5 priorities : Identification of Carers; Information, Advice and Support Services; Assessments; Involvement of Carers; Improvement of Support to the person cared for (particularly Replacement Care and technology). Most targets within strategy action plan being achieved. Pan-Devon Commitment to Carers embedding NHSE Commitment to Carers and Triangle of Care.

the figures and detail requested of the ICO (Torbay and South Devon NHS Foundation Trust) remain outstanding at this time (22 Jan 2019)

the figures and detail requested of the ICO (Torbay and South Devon NHS Foundation Trust) remain outstanding at this time (22 Jan 2019)

Performance measures will be set on the basis of month 11 (Feb 2019) out-turn figures and confirmed once the full year out-turn figures are available (May 2019) with any changes to be by exception

#### 4.2 Residential and Day Services for Older People

- Further develop market position statement during 2019/20
- Implementation of a strategy for the adult social care market in partnership with external providers to support delivery of our integrated care model in 2019/20
- Development of replacement care offer

The council contribution to the Risk Share Agreement in 2019/20 is £38.6m. This is the last full year of of the agreement and discussions are underway in respecti of the future 5 year Risk Share Agreement (RSA) in linke with the memorandum of understanding agreed by the three parties - NHS Foundation Trust, Clinical Commissioning Group and Council - in autumn 2018

The council and partners also continue to effectively use the improved Better Care Fund in respect of supporting system development and sustainability

The Judicial Appeal in respect of care home fees has now been completed

the figures and detail requested of the ICO (Torbay and South Devon NHS Foundation Trust) remain outstanding at this time (22 Jan 2019)  
the figures and detail requested of the ICO (Torbay and South Devon NHS Foundation Trust) remain outstanding at this time (22 Jan 2019)

Torbay Council Executive Lead for Adults

System Director - being the new post created within the new structure of the integrated care organisation

**All appendices to be referred to as Annexes in future versions  
This change is to support clarity in Public papers where the main document is an appendix to the Committee report (Council)**

Updated - in-year figures for 2018/19

the figures and detail requested of the ICO (Torbay and South Devon NHS Foundation Trust) remain outstanding at this time (22 Jan 2019)

Appendix 2 Data and performance measures cover

Included

Robin Willoughby to be replaced by Simon Porter

Updated