



TORBAY COUNCIL

A BLUEPRINT FOR MARKET TRANSFORMATION IN TORBAY

Adult Social Care Commissioning 2020 to 2030

Abstract

A high-level summary of the planned outcomes, outputs and activities required in order to meet adult social care needs across Torbay in line with ongoing demographic demand, changing customer expectations and current social policy locally and nationally.

People & Partnerships Team (ASC Commissioning)

Torbay's mission statement for adult social care underpins everything we plan to deliver through the transformation of care services. It states that,

“We will work with our local community to support residents in Torbay to maximise their own wellbeing and independence, advising and guiding them around the best health and social care systems for them.

Those who offer and provide support services will feel empowered to enable people to engage fully in their own decision-making on choices of care.

By working with our community this way, we will create a new way of supporting each other to achieve wellbeing for everyone; those receiving support and personal assistance and those giving it.”

In Torbay we have a long legacy of striving for and delivering integrated care through the bringing together of local authority social care services with local NHS services, both in the community and in acute hospital provision. We believe that by doing so we can offer better care that is person-centred, responding to the things that matter most to people and helping people to live well for as long as possible. Our shared vision is one of *“thriving communities where people can prosper. We want our residents to have a place to call home, in a community they can be part of, while being empowered to achieve what matters most to them through the best care and support available”*.

For many people, receiving help to stay at home and to maintain their independence for as long as possible is what matters to them and this is one of the key intended outcomes of our integrated care model. Because many health and care services are provided by partners across the independent sector, only by working together to help achieve this outcome will we achieve the best we can for people in Torbay.

The way in which we deliver care and support is also changing and our partnerships with care providers need to change too. We need to work together at different times in a person's care and support journey, recognising that people's needs change and that they need a responsive and agile network of support combining their own resources with NHS, social care, local communities and the independent sector. At the same time we need to ensure this care and support is timely, sustainable and does not weaken natural support by promoting dependence on state-funded care until it's really needed.

Working through the timeline of the Adult Social Care Improvement Plan and beyond, the adult social care market transformation project will deliver changes to the shape and scope of commissioned and contracted care and support within Torbay. The Care Act 2014 places a duty on the Council to *“facilitate a diverse, sustainable high quality market for their whole local population and to promote efficient and effective operation of the adult care and support market as a whole. They must also ensure continuity of care in the event of provider failure”*. This duty will be met within the context of four overarching strategic priorities:

- Enabling more people to be healthy and stay healthy;
- Enhancing self-care and community resilience;
- Integrate and improve community services and care in people's homes;

- Deliver modern, safe and sustainable services.

This overarching blueprint document sets out an overview of the needs and social policy driving adult services in Torbay, alongside the required changes needed to meet that demand successfully at the right time, quality and cost. It will form the basis of ongoing engagement with customers, providers and partner organisations to shape the future market for integrated social care and support.

In line with the strength-based approach underpinning the Care Act 2014 and the social policy changes that lead to that legislation, Torbay's commissioning approach seeks to:

- Reduce the systemic use of residential care to meet social care needs. This means not placing working-age adults into care homes wherever possible and pushing back the threshold at which older people may need to enter a care home. Across the Council and our NHS partners, we will only commission and place in homes capable of meeting very complex and nursing needs, working with our care home sector to constantly improve quality and capability within Torbay.
- Increase the use of enabling housing-based models of care and support so that people have a greater choice and control over how, where and with whom they live, as well as who and how their care is provided. This means continuing to create effective supported living options for all age groups that enable people to live well at home for longer. These options include ambitious capital projects such as large multigenerational extra care housing schemes and smaller specialist schemes for groups with specific needs, as well as new models of home care to support people to remain living with family carers in the family home.
- Increase the number of people able to maintain their own independence through their own strengths and those in the community around them. This means offering better information at an early stage to enable people to recognise their own strengths and assets, combining them with voluntary or community support and access to equipment & technology to meet their needs in the first instance.

The following sections set out the demographic drivers and commissioning responses for the key areas of work, i.e. people over 65 with complex needs & dementia; people of working age with enduring mental illness and people with learning disabilities & autism. The proposed commissioning plan is based on national and local evidence of need and will form the basis of a detailed project plan to be delivered over the next three years. This in turn will develop a solid process for strategic commissioning decisions beyond that point.

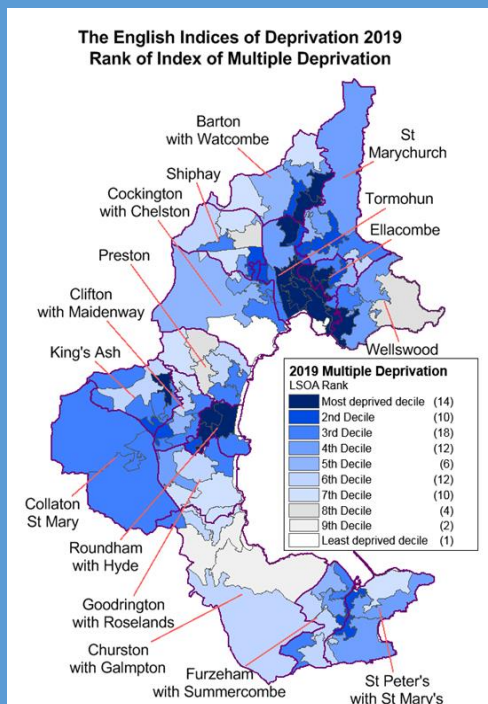
How do we understand health and care need within the Torbay population?

The purpose of the Joint Strategic Needs Assessment (JSNA) is to provide an objective view of the health and wellbeing needs, and inequalities of the local population.

The JSNA provides a high level view and evidence base for commissioners to understand and shape the local market according to the needs of the population over the long term, illustrating the challenges affecting different populations at different life stages.

Key points from the Torbay 20/21 JSNA are:

Torbay has a resident population of 136,264 people.



Within Torbay 27% of the population live in the top 20% 'most deprived in England' areas which are shown by the darker shades blue on the map. Pale areas are amongst the least deprived.

In our most affluent areas residents can expect to live on average more than six years longer than those living in our more deprived communities.

People in more deprived communities tend to experience multiple long-term conditions and generally have poorer health outcomes.

Torbay is ranked as the most deprived local authority in the SW region and COVID-19 is expected to weaken the economy further, as it is heavily dependent on tourism.

Disability-free life expectancy measures the average number of years a person would expect to live without a long lasting physical or mental health condition or disability that would limit their daily activities. In Torbay, disability-free life expectancy at birth is lower for both men and women than in England as a whole.

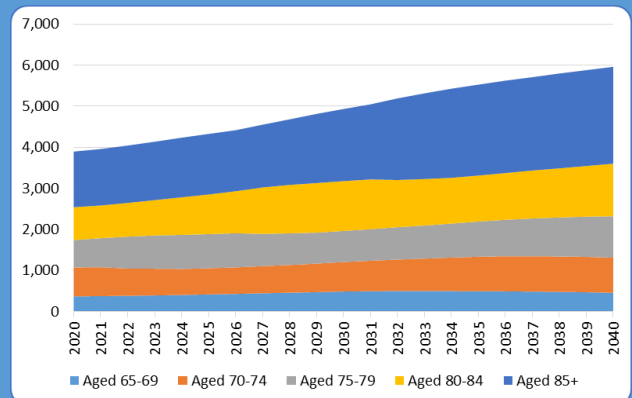
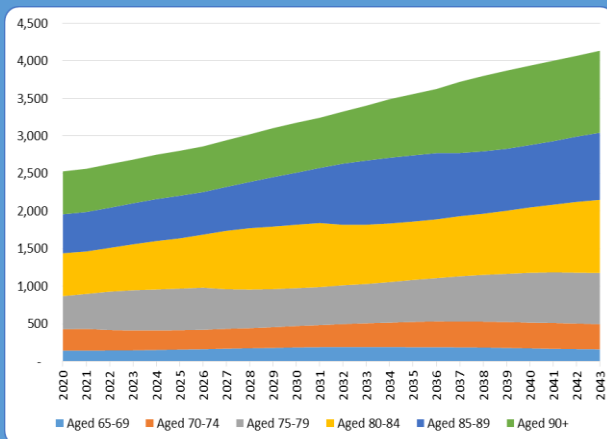
Torbay GP registers show higher percentages of patients having depression, diabetes, coronary heart disease, hypertension, asthma, COPD, epilepsy and rheumatoid arthritis, compared to the rest of England.

Multiple long-term conditions are associated with much higher healthcare costs, unplanned hospital admissions, delayed transfers of care and long-term institutionalisation. In 2015, 54% of people over 65 had multiple long term conditions, and it is likely to be increasing in the bay.

27% of Torbay’s population are aged 65 or over, compared to just 18% of population across England. By 2040, this is expected to rise to one in three (34%) of Torbay’s population.

As our population ages, we expect the number of frail people, people with physical restricted mobility, slowness, low physical activity, and people with dementia to increase over the coming years, and require support from health and social care services.

Frailty estimates for Torbay show that over the next 10 years frailty rates will increase by 25% to over 5000 people.



Prevalence data estimates for Torbay show that over the next 10 years, the number of people living with dementia will increase by over 30% to 3300 people.

People with poor physical health are at higher risk of experiencing common mental health problems, and those people with mental health problems are more likely to experience poor physical health.

One-in-four adults will experience mental illness during their lifetime. Measures such as depression rates in primary care, and hospital admissions for self-harm and suicides, are higher in Torbay compared to wider England average.

Other issues affecting levels of need are prevalence of learning disability. A learning disability can be mild, moderate or severe, and affects the way a person understands information and how they communicate. The percentage of GP patients known to have a learning disability is higher across Torbay compared to England.

The following sections set out the market transformation needs for older adults with complex needs; working-age adults with enduring mental illness and for people with learning disabilities.

Transforming Care for People with Dementia & Complex Needs

2500

Adults with dementia

8600

Adults with life limiting illness

6900

Adults unable to manage a mobility activity

The number of older people with care and support needs will increase over next 5 years.

This is due to:

- 10% increase in people over 65, to 40600
- 11% increase in people with dementia to 2800
- 10% increase in people who need help with at least one self-care activity – to 11500 people
- 11% increase in frailty to over 4300 people
- 15% increase in moderate to severe visual impairment, to over 5200 people
- 12% increase in stroke to just under 1000 people

The adult over-65 social care current forecast spend of just over £30M for year 2020/21. This includes costs for domiciliary care, nursing care, residential care, day services and direct payments. As demographic changes suggest above, levels of demand are likely to increase, and so the challenge will be to do more and better with the budget we have.

What we can do differently:

We can do more to keep people living as independently as possible for as long as possible, to help them 'age in place' and remain part of their community and within their natural circles of support. To do this we need:

- More domiciliary and personal assistant services in the community, which also specialise in complex support, that people can buy directly, including with a personal budget or direct payment.
- A stronger focus on resilience, re-ablement, and access to aids and assistive technology
- More providers offering short breaks to support carers taking a break;
- An adult social care 'front door' with a more effective route to short-term and preventive help;
- Greater availability of supported housing including Extra-Care Housing and sheltered schemes

Additionally, Torbay has an oversupply of residential care, and although the majority of our homes are CQC rated 'good', compared to our CIPFA neighbours we have fewer rated as 'good', more CQC rated as 'requiring improvement' and fewer rated as 'outstanding'. Torbay has 550 nursing home beds – some of which are in residential care homes, but this is insufficient. We need about 200 more nursing beds of greater quality to meet the growing demand for complex care and nursing needs.

Delaying entry into residential placements would benefit individuals and communities, and also reduce spend and generate some savings. On average residential care costs over £700pp/pw and includes an element for housing costs, compared to supported living which costs under £300 pp/pw.

- The Torbay JSNA, PANSI & POPPI DATA shows a predicted increase in older people with disabilities, co-morbidity and long-term health conditions in the next 5 years.
- This presents a demand for longer-term support that is closer to home, promotes independence and self-care, and requires social care, NHS and CVS resources to be better integrated around the individual.
- Currently Torbay's Residential care capacity significantly exceeds local demand, whereas local demand exceeds our Nursing Care capacity
- Without development there will be insufficient domiciliary care, Personal assistants and Extra Care to meet the potential demand, especially for people with dementia

INPUTS/RESOURCES

Significant capital investment for:

- 'Extra-care' units
- Complex & nursing care capacity development

Commissioner time plus procure support from external data modeller (e.g. PENchord) to help with dynamic modelling of demographic demand.

QAIT, ICO finance & commissioner time to agree cost model & contracts for residential care.

Engagement with providers and service users:

Cost of venues, facilitators, refreshments.

Commissioner time to carry out analysis of data.

ACTIVITIES – what we will do

- Complete Torre Marine and Crossways - 164 Extra Care units
- Dynamic modelling analysis to understand demand flow for enhanced Dom Care/PA & to develop responding capacity
- Engagement with Residential Care providers on market development & reduction
- Expand Living Well at Home & Dom Care/PA Framework
- Provide dementia training to skill up and support providers and family carers.
- Increase Carers' assessments

OUTPUTS – what is delivered

Market development;

- OP residential care beds reduced by 200
- Nursing and complex dementia care increased by 200 beds
- 164 new units of Extra Care
- A stronger, diverse care & support market with more flexible options for people to buy, including with a PB or DP
- 20% increased provision of specialist dementia PAs, Dementia Dom Care.
- Advanced dementia and cognitive stimulation therapy training for family and paid carers

OUTCOMES – what needs to change

- More people over 65 with long-term health conditions and/or dementia are supported to live independently for as long as possible.
- 20% of Carers feel more supported and more able to support family members with dementia, for longer.
- DTOC waiting times for nursing and complex dementia care reduced by 20%.
- Over 80% of residential provision is rated outstanding or good.
- Average length of stay in residential care is halved.
- Reduction in oversupply of residential beds for OP.
- Sufficient capacity to meet increased demand for complex dementia and nursing care.
- Significant improvement in quality and ability to provide dementia care in Residential Care

PROCESS BENEFITS/SYSTEM CHANGE

- **Improved coordination of services.**
- **Increased efficiency and financial savings**
- **Increased skills, capacity and knowledge to better support people with dementia.**
- **Availability of wider range of service provision**
- **Increased evidence base for what works and policy change.**

Transforming Care for People with Enduring Mental Illness

24000

Adults with
mental health
issues

1800

Schizophrenia,
bipolar or other
psychoses

Young people transitioning into Adult MH Services in Torbay will increase over next 5 years.

This is due to:

- Higher rate of looked after children
- Higher levels of hospital admissions for self-harm and injuries.
- 1 in 5 children have a special educational need
- Higher levels of long-term health or disability
- Higher proportions living in poverty.

The cost of Adult Under-65 Mental Health has increased by £1.1m (nearly 45%) over the last five years, with a current forecast spend of £3.6M for year 2020/21. The challenge will be to do more with the budget we have, as levels of demand are set to increase, especially following COVID 19 and the predicted impact of bereavement, social isolation, debt, unemployment and homelessness.

What we can do differently:

In Torbay too many under 65 adults with mental health needs are living in residential care. For adults in contact with secondary mental health services, only 45% are living independently with or without support, compared to the 58% England average.

Supported living not only costs less than residential care, but increases self-determination, control and citizenship, which are the basis of recovery for people who have felt disempowered either by their mental health or the system itself (DOH 2016). Therefore cutting our residential placements by a third would not only benefit individuals but also generate savings (about £200 per person per week, about £135K per year for 13 people).

We need to make sure that fewer people experience deteriorating mental health, and that there is earlier, accessible support in their community, so it there's support at the right time, and right place. We think this will also help to reduce admissions to hospital under the Mental Health Act

A new Community Mental Health Framework is being developed across Devon, and Torbay Council is also investing in the CVSE to develop a peer support network and 'places of welcome' across the Bay, where people who are concerned about their mental wellbeing can meet others and get information about what support is available. This will include access to group sessions on coping with loss, anxiety, depression and OCD, to promote wellbeing, understanding and validation of lived experience. There will also be access to advice about benefits, housing and finances (the social determinants of ill health).

- The Torbay GP register data shows Torbay has over 16,300 adults with depression, 1800 adults with Schizophrenia, bipolar disorder, other psychoses, or on lithium therapy.
- PANSI prevalence data shows 24,000 working age adults have a mental health problem in 2020, and that this isn't predicted to rise much by 2024.
- Using residential care for younger adults is prevalent (over 55%) and Torbay is a significant outlier in this area compared to its CIPFA neighbours.
- This presents a demand for longer-term support that is closer to home, promotes independence and self-care, and requires social care, NHS and CVS resources to be better integrated around the individual.

INPUTS/RESOURCES

- Increase review team – 2 x staff costs
- Develop dynamic SL framework & essential tech infrastructure.
- Training of care co-ordinators/ SWs on CA re-assessments
- Cost employment support project Cost of MH Peer Support Project - VCSE
- Cost of Outcome star licences for Residential and SL providers
- Engagement with providers and service users
- Cost of venues, facilitators, refreshments.
- Commissioner time to analyse data.

ACTIVITIES – what we will do

- Review all U65 MH people in Res care & identify who could move into SL.
- Procure more MH supported living providers.
- Practice change – reviews are re-assessments & placements in Res care are recovery focussed
- Commission MH/LD employment support for employers & individuals.
- Ensure MH Panel process challenge res care placements
- Commission VCSE peer support scheme
- Engagement with Residential Care providers on market development

OUTPUTS – what is delivered

Market development;

- MH residential care providers supported to reduce beds by 20 and alter focus towards rehabilitation/recovery
- Expansion of specialist MH supported living provision – 30 units including SL plus & self-contained
- Overdue reviews/ re-assessments of people in Residential care - reduced by 80% (currently over 100 in 2020).
- ASC weekly costs reduce as average supported living costs £200 pp/pw less than Residential care.
- Greater VCSE & community resources, places of welcome & earlier, accessible local intervention.

OUTCOMES – what needs to change

- More people under 65 with mental health issues are supported to live as independently as possible - ASCOF 1H - Torbay currently 45%, c.f. SW region 56%.
- The number of people under 65, with MH issues in residential settings, who do not have complex needs, is halved.
- More MH residential care is recovery and rehabilitation-focused and average length of stay in residential care is reduced by 25%.
- Fewer people have deteriorating Mental wellbeing and more people know where to access support locally (right time, right place)
- DTOC waiting times reduced by 20%.
- The number of adults supported on journey back into paid employment is doubled – ASCOF 1F, Torbay currently 3% c.f. SW region 11%
- Fewer people are admitted to hospital under MHA - Reduction in s117 costs

PROCESS BENEFITS/SYSTEM CHANGE

- **Improved coordination of services.**
- **Increased efficiency and value for money.**
- **Increased skills, capacity and knowledge to better support people with mental health issues.**
- **Availability of wider range of service provision**
- **Increased evidence base for what works**

Transforming Care for People with Autism or a Learning Disability

900 Adults
with an LD on GP
register

Over 50 young people with learning disabilities and/or Autism will transition into Adult Social Care services over next 5 years.

511 Adults
with moderate or
severe LD

Almost a fifth (30) adults with a moderate or severe learning disability, predicted to be over 45 are living with an ageing parent who is more likely to have developing care and support needs.

70% Adults
with LDs in
residential care are
under 64

The cost of Learning Disability services current forecast spend is £17M for year 2020/21, and includes costs for residential care, supported living and domiciliary care, with about £1m spent on day services. The challenge will be to do better and more with the budget we have, as levels of demand increase.

What we can do differently:

50% of residential settings for people with learning disabilities are larger than the recommended 8 beds, and 40% have 12 beds or more, which means they feel more institutional. We want to commission smaller homes and support residential care providers to improve to the point where we are only commissioning good or outstanding homes.

Additionally, there are over a hundred people (103) in residential care, and 70% are under 64, which makes Torbay is an outlier for using residential care to meet the longer term support needs of younger adults. **Torbay has 24% compared to England 14.6% or SW region of 14.2%.**

We need to significantly increase supported living and 'extra-care' provision for people with learning disabilities, both to enable people to leave residential care, and to divert people from entering it. As the preferred models of care, supported Living and 'extra-care' help to increase self-determination, independence and civic participation, enabling people to be part of their community, develop natural circles of support and improve their perceived social value.

Reducing our use of residential placements would not only benefit individuals but would also reduce future spend and improve value for money, because on average residential care is about £24K more per person per year. For adults under 65 with a learning disability, we spend:

**Residential care for 102 adults
=£5.8M a year**



**Supported living for 175 adults
=£5.8M a year**

- GP register shows that in Torbay about 900 people have a learning disability (LD). PANSI data predicts just over 500 adults have a moderate or severe LD, and are likely to be in receipt of services in 2020, with little increase over the next 5 years.
- Torbay is an outlier for 'longer term support needs of younger adults (18-64) being met by admission to residential care' - 24% c.f. SW region 14%.
- 50% (11/22) of care homes for people with LDs are larger than recommended 8 beds, and 41% (9/22) have 12 beds or more.
- 175 people with LDs live in supported living.
- About 27% (137/511) of those with a moderate or severe learning disability are predicted to be living with a parent, with about half under the age of 34 years and over a fifth (30) over the age of 45.

INPUTS/RESOURCES

- Increase Review Team – 2 x staff
- commissioner time plus procure support from PENchord to help with dynamic modelling
- Procure increased support to older carers living with adults with LDs
- Procure QGIS mapping of SL
- Commissioner time & procurement advice – to develop a Day Services & SL Dynamic Framework
- Staff time, venue cost, refreshments for engagement with providers and service users.

ACTIVITIES – what we will do

- Analyse & identify demand, to inform procurement.
- Development of a dynamic framework
- Procure more Supported Living/extra care units.
- Develop cost model using Valuing Care & SW ADASS guidelines
- Develop outcomes & key performance indicators, to match aspirations for day activities
- Identify individuals who need transition planning in 6 months, 12 months, 18 months etc.
- Develop/adopt SL Quality Assurance
- Develop QGIS map of SL provision
- Planned engagement with providers both in group and 1-2-1 options, incl. remodelling of residential care; analysis of contracts and current delivery.

OUTPUTS – what is delivered

Market development;

- Dynamic SL framework
- Cost modelling for LD Residential Care
- Outcomes based day-activity commissioning framework
- Increase of 50 SL, self-contained, sheltered housing & Extra Care - Housing Strategy 2017
- Development and strengthening of QA for SL providers
- One third of people over 45 with a moderate or severe LD, and one third young people under 35 yrs., living with parents have planned transitions into independent living
- ASC achieves better value for money - supported living less expensive than residential care by about £500 pp/pw.

OUTCOMES – what needs to change

- 30% reduction in 18-64 adults with LDs in long-term residential settings i.e. from 73 down to 50
- Residential settings with over 8 beds - halved (from 11 to 5)
- Daytime activities/services commissioned offer greater choice, develop community inclusion and deliver more aspirational outcomes.
- Greater housing choice - particularly self-contained supported living, sheltered housing, 'extra-care' and access to general needs housing
- More consistency of provision and fewer complaints about the quality of support delivered
- More people with LDs living with parents are diverted from entering residential care and have the opportunity to live as independently as possible
- The quality of support and tenancies in supported living is given more assurance and improvement

PROCESS BENEFITS/SYSTEM CHANGE

- **Improved coordination of services.**
- **Increased efficiency and financial savings**
- **Increased skills, capacity and knowledge to better support people with learning disabilities.**
- **Availability of wider range of service provision**
- **Increased evidence base for what works .**