

Adult Social Care Local Account Summary 2021/22

September 2021



thriving communities
where people can prosper

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



In what has been an extraordinary and challenging year, we have delivered some amazing work and are continuing to deliver on an improved adult social care system for all our residents across Torbay.

Working in collaboration with Community & Voluntary Social Enterprises (CVSE), our workforce and residents with lived experiences, to co-design the Adult Social Care improvement plan, clearly demonstrates our innovative ways of working, and the delivery of this project going forward will pave the way for partnership working for the future.

We couldn't do our work without the amazing people of Torbay who volunteer, and the community and voluntary sector organisations who work so hard. It's also important that we continue to thank and support unpaid carers, who also make such a vital contribution.

The Carers' Strategy 2021-24, recognises the contributions carers make to our community and this strategy along with our signing of our Commitment to Carers' pledge back in November 2020, will strive to provide more services and support to those, who quite often do not even recognise themselves as carers. I am also delighted to be part of the Learning Disability Partnership Board which continues to work with the Learning Disability community to encourage people with learning disabilities to be involved in decisions about the services we provide and the policies and strategies we will deliver.

As a Council, we continue to face financial pressures and with an increasing ageing population, we must look at innovative ways in which we can increase efficiencies. The projects included within this account will include some cost savings as part of their overall objective but are not the primary reason for delivery. We will continue to find ways to improve the wellbeing and independence of our residents and support them to live in their homes and communities for as long as possible. There will always be a statutory provision of care for our residents that need it.

As way of closing, on behalf of myself and everyone across Torbay, I would like to express my sincere appreciation and thanks to everyone working across adult social care and our support services. We are honoured to have such a dedicated and resilient workforce - Torbay has a care system that we as residents can be proud of and continues to demonstrate that quality and care is at the heart of everything we do.

Foreword by Sir Richard Ibbotson and Liz Davenport, Chair and Chief Executive of Torbay and South Devon NHS Foundation Trust



The Adult Social Care Annual Local Account is a summary of what we have been doing for adult social care in Torbay over the last year, including how we spend our budget and what you have said about the service.

Over the last year, there have been unprecedented demands right across the health and social care system and our communities faced a challenging future brought into focus by the COVID-19 pandemic

When the Local Care Partnership (LCP) was set up in 2015, it was seen as a ground-breaking partnership between health and social care services to improve the lives of our more vulnerable residents in Torbay and the pandemic enabled us to build on and develop this further still.



Our collective response to COVID-19 across Torbay truly was partnership working at its best. We pulled together at an extremely challenging time to deliver positive outcomes for and with our communities to ensure all vulnerable residents were supported.

We strengthened our relationships with local and regional partners including NHS Devon Clinical Commission Group, Devon County

Council, Torbay Council, Public Health England South West and also with local voluntary and community organisations such as Healthwatch and Torbay Community Development Trust and other voluntary sector providers. The way our partners have come together and responded to the pandemic is testament to the strength and value of this collaboration.

The LCP network enabled us to respond quickly to allocate resources to meet the needs of our community; while the grass roots knowledge of community partners and providers helped us to deliver these resources to maximum benefit. We worked with our partners to manage outbreaks in care homes, in a truly collaborative and sensitive way, and minimised distress for individuals and the wider systems in ways that we are happy to celebrate. Support with infection control and the provision of Personal Protective Equipment (PPE) were just some of the ways we were able to ensure that care homes could continue to care for those most in need whilst managing the concerns of their own workforce who were at the front line of delivery.

At a time of great uncertainty, it was wonderful to see how we rallied together. However, we all know that the hard work does not stop here, and we need to keep momentum going. The good news is that the relationships we strengthened during the pandemic will continue with a focus on improving the lives of our most vulnerable residents.

Undoubtedly, we have learnt a lot from this experience, and we are building on this through our developing three-year Adult Social Care Improvement Plan which will integrate these lessons and embed the continual improvements which have already been made.

Finally, an enormous thank you and gratitude goes to everyone working in adult social care in Torbay in both paid and unpaid roles. Your continued efforts and commitment cannot be underestimated, and this has been highlighted during the last year. Moving forward, we will continue to work in partnership to maintain Torbay's reputation as a leader in quality and successful integrated ways.





Jo Williams: Director of Adult Social Services, Torbay Council

Welcome to the 2021/2022 Local Account Summary for Adult Social Care in Torbay, intended to report on the performance and use of resources for this vital area of the Council.

The past 12 months have been incredibly challenging for us all and we have seen greater demand than ever on our adult care system.

Although the pandemic has prevented some of the work planned within voluntary community and social enterprise (VCSE) contracts from taking place, the organisations concerned have responded

flexibly; using resources creatively to meet the needs of Torbay residents. We are keen to continue with this new way of working to ensure that previous partnership working successes are embedded within our new working culture.

As new opportunities for community development emerge, we will continue to take a collaborative approach and we will facilitate active involvement from partners in our own redesign work.

Wherever possible, we will support our VCSE partners by sharing expertise or resources, for instance by giving them access to in-house training, which they might otherwise have to pay for.

We will also explore opportunities to share volunteer capacity across the system, attracting new volunteers with a greater variety of roles, and possible pathways into employment.

Our Adult Services improvement plan is on target to deliver a new adult social care system by 2023 with its vision to create a thriving community that supports residents to live well and independently, for as long as possible.

As part of the improvement plan, we will implement our new “Front Door”, which will be integrated with the community offer; making it more responsive, and easier for people to access wellbeing support in their local community. The improvement plan will also seek to reinforce the asset-based, person-centred approach in Adult Social Care through staff development, whilst enabling our frontline teams to work more closely with community partners; allowing stronger and more enduring relationships to develop.

Work continues to support our Carers in Torbay. As well as signing up to the ‘Commitment to Carers’ pledge along with other businesses across Devon, we have also engaged with local carers through our online consultation. It is their feedback that has helped shape the development of our Carers Strategy which will be delivered over the next 3 years. of working.

It has been an extraordinary year but one in which we have come out of, both stronger and more resilient and that together we can deliver the best possible adult care system for our residents.

Our Vision

Torbay and South Devon Foundation Trust and Torbay Council are working together on an Improvement Plan to progress the Adult Social Care delivery in Torbay. Much has been learnt from the COVID-19 pandemic and new ways of working with our community has developed as a result. We wanted to capitalise and build on these new relationships and ways of working by engaging in a wider conversation about what our shared vision should be for the coming years. Members of staff alongside service providers from the private and voluntary sector as well as people who have lived experience and their carers were invited to join us in a number of facilitated conversations focused on creating a shared Vision of the future for Adult Social Service.

Our shared vision is:

Thriving communities where people can prosper

Our mission statement is:

Our residents have a place to call home in a community they can be part of, while being empowered to achieve what matters to them most, through the best care and support available.

Why did we need an Improvement Plan?

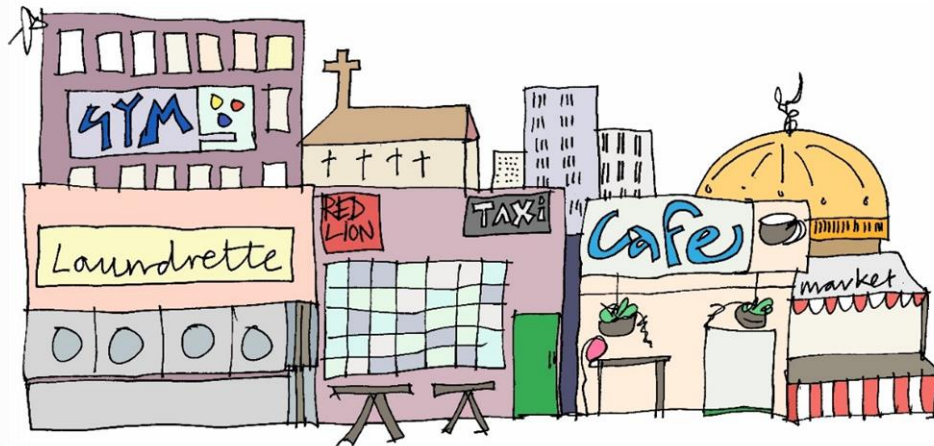
We know that the demand on the adult care system in Torbay is high and it will only continue to increase due to our aging population and areas of social deprivation. This is one of the reasons why we need to change the way we currently deliver our social care and work towards fully adopting a community led approach where our communities can be supported to flourish. Our commitment to engage with and work with our voluntary and community partners as well as people who use services to co-design the plan will enable us to develop a robust service delivery that is fit for the future and for the people of Torbay. We are also encouraging a culture within teams of embedding continual improvement. We are focussing on achieving positive shared outcomes for people receiving Social Care support and reflecting this via monitoring our own performance and seeking feedback from all involved so we can learn from experience.

We are reminding people of the core values of social care, including:

- Being part of the community
- Supporting people to build their own capability
- Enabling people to live their lives as independent as possible.

Adult Social Care – Torbay's Future

The Adult Social Care Improvement plan (ASCiP) seeks to support the vision of developing thriving communities in Torbay by delivering the strategic priorities, deepening integration with partners and promoting a strength-based approach throughout all conversations. This will be achieved by working in collaboration with partner agencies and by valuing skills, knowledge and potential in all individuals and their communities.



During the last year we have begun the journey of innovation by starting with the end in mind and identifying long-term opportunities that bridge back to the present. Together with our workforce, partners and feedback from the public we have been working towards creating efficiencies to develop reasonable processes with less opportunity for failure.

This will all lead to better outcomes for people who require support and those who are able to facilitate access.

Our aims are:

- To be effective
- To ensure staff and communities who are part of adult social care delivery experience good outcomes and positive impacts
- To work within the assigned budget of adult social care in Torbay
- To achieve the vision through delivering on the strategic priorities.



Building on the learning obtained during the COVID-19 pandemic we have deepened our health and adult social care integration by working together and with partners to have embedded arrangements that allow for the speedy discharge of patients from hospital whilst achieving best possible outcomes for adults in Torbay.

Furthermore, we will have timely, targeted, and effective use of re-enablement and rehabilitation that has a focus on enabling independence and self-management and avoiding the over-prescription of care. People with long term conditions will have a care and support plan with a focus on achieving the maximum possible independence.

Support plans are regularly reassessed based on outcomes achieved by a fully trained workforce who are supported to meet the needs of social care which fits the ethos and vision of adult social care in Torbay.



Torbay Social Care in 2020/2021: Performance

Adult social care is provided by Torbay and South Devon NHS Foundation Trust and commissioned by Torbay Council. We support adults who have care needs to be as safe and independent as possible. Please see appendix 1 and 2 for more detailed breakdown.

At a glance

We received 5,407 requests for support compared to 6,210 in 2019/20.

5,407



1,156 people received one-off support compared to 1,148 in 2019/20.

1,156



1,275 people received Short Term Reablement services to help them regain independence compared to 1,219 in 2019/20.

1,275



544 people started to receive an ongoing support service including community activities compared to 667 in 2019/20.

544



2,136 people did not go on to receive a service for a variety of reasons (pay themselves, not eligible etc) compared to 2,434 in 2019/20.

2,136



72% of service users received community based social care services through self-directed support.

72%



4,406 carers on Torbay's carers register. We assessed and reviewed 1,187 carers in 2020/21 and provided 546 carers with Direct Payments.

4,406



343 people with mental health issues were supported by services compared to 315 in 2019/20.

343



93 people aged 18-64 with learning disabilities living in residential or nursing accommodation compared to 110 in 2019/20.

93



3,225 Adults received long term support services last year. 36% are aged between 18-64. 64% are aged 65+.

3,225



1,729 people received home care support to enable them to stay in their own home compared to 1,541 in 2019/20.

1,729



930 people were in permanent residential placements during 2020/21 compared to 940 in 2019/20.

930



1,921 People were directed to other types of help and support including community activities compared to 2,063 in 2019/20.

1,921



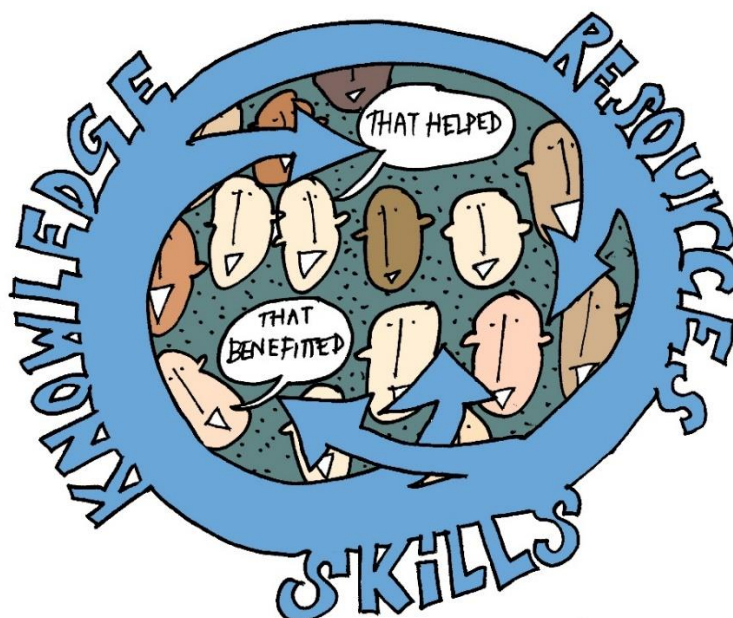
A total of 482 service users received direct payments compared to 553 in 2019/20.

482



1,098 safeguarding concerns were raised. This represents a 45.8% increase in the 753 safeguarding concerns raised in 2019/20.

1,098



Principal Social Work Annual Review

Coronavirus Act 2020

On the 25th of March 2020, the Coronavirus Act came into statute. As a consequence, we formulated a policy, pathway and process to look at a proportionate response around service delivery. The Coronavirus Act refers to this as Care Act Easements and allowed Local Authorities to cease formal Care Act assessments, applications of eligibility and reviews should the demands on services become overwhelmed due to the impact of Coronavirus. Although there were some changes made to the way that services were offered, the community and social care teams worked collaboratively for the residents of Torbay to minimise the impact of the pandemic on service delivery. We never had to evoke the Care Act Easements in Torbay with built in regular meetings to review the process and demands.

World Social Work Day

The theme for World Social Work Day was based on the Ubuntu 'I am because we are' which is a word, concept and philosophy that resonates with the social work perspective of the interconnectedness of all peoples and their environments. This was very apt due to the impact of the pandemic and also in a year where there was focus on racial inequalities through the Black Lives Matter campaigns. A day was arranged in conjunction with our colleagues from Children's services in which local social workers created powerful video clips demonstrating their passion and commitment to the profession.



Creative Solution Forum

Operational services across Torbay (Mental Health, Substance use, Adult Social Care) and commissioners are seeing an increase in the number of people presenting with a highly complex mixture of substance misuse, physical health deterioration and mental health problems. In addition, changes to the Care Act require a more integrated response to people with issues of self-neglect who present risk to themselves or others. The Torbay Safeguarding Adults Board (TSAB) requested assurances that there are appropriate structures in place to consider these cases where multi-agency, multidisciplinary support plans are not delivering outcomes for individuals. The first Creative Solution Forum was initiated in Torbay in January 2020. The Forum has looked to establish ways to support individuals, staff and agencies in understanding and managing risk fluidly. The overarching aim of the forum is to work together in partnership to consider creative options for people with highly complex needs and presentations that require a multi-agency response where other single or multi-agency process have been exhausted.

Training and Post-Qualifying

As part of our commitment to professional development, we saw three staff members successfully complete their Social Work degree in late 2020. All three staff are individuals that have worked within the organisation for many years, and all of which had never studied after they had left school. This degree course is a great opportunity to utilise our skilled and un-registered work force who have great experience of working with the communities of Torbay to further develop their knowledge, values and capabilities further.

From completing the degree course, there is now a mandatory first year in practice under the Assessed and Supported Year in Employment (ASYE) program. A rigorous program ensures the initial development under the Social Work degree continues to be established and embedded in practice. The ASYE practitioner is further supported by skilled, capable Practice Educators who capture a portfolio of evidence demonstrating that the newly qualified social workers are competent to become Senior Social Work level autonomous professionals.

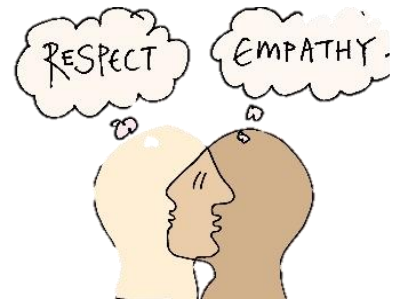
Three staff successfully completed the Master's level Practice Educator Award via Bournemouth University. This is a rigorous academic and practice-based course, which evaluates a practitioner's ability to support, enable and assess a student social worker. The course supports our Senior Social worker's professional development and enhances supervisory skills.

Outcome 1: Providing Safe Quality Care and Best Experience

We will deliver high quality care that meets best practice standards, is timely, accessible, personalised and compassionate. It will be planned and delivered in partnership with those who need our support and care to maximise their independence and choice.

Focus on Mental Health

In under 65 MH we have been working with providers to ensure that all clients live in the least restrictive environments that promote their independence. We have been working to develop the local supported living framework and to identify ways to support people in their own homes. Torbay Public Health have engaged with local voluntary sector providers to help improve access to voluntary sector and community assets in order to support people to achieve positive mental wellbeing. We continue to work with partners and our communities to ensure that the people of Torbay receive a good offer in terms of mental health support.



Person C – Experience of Mental Health Service Delivery

C spent 8 months in a Residential Home due to the provider of her previous supported living accommodation closing. C was reviewed by the Mental Health Social Care Team, and it was identified that with support she could live with a greater degree of independence. The allocated social worker worked closely with C and supported with her anxieties around moving to alternative accommodation.

C explained that:

“I was nervous at the start of my move; the carers had done everything for me, and I wasn’t sure that I could manage things like my cooking on my own anymore.”

Supported living accommodation was found with C. Together the social worker and C also identified that in addition to her mental health needs C required some additional support with physical health needs and ensured that reablement support was put in place.

C explained:

“We talked about carers coming into see me, I was reluctant as I am a private person but we agreed that the Reablement team would work with me first to see how I got on. I liked our two weeks together; they were kind but allowed me to work at my own pace. They didn’t seem to ‘clock-watch’ which helped me.”

Since moving C has experience a greater degree of independence and has said:

“I am glad that I have moved, I feel settled and reassured by my support worker here.”

Focus on the Transition team

We have developed a specialist team to work with young people who are being referred through to our service from our colleagues in Children’s services. This team has developed from having two skilled and un-registered practitioners to include a Social Work Lead and two additional experienced Social Workers. Close links have been developed with Children’s services, Education and Mental Health services.

There are now regular review meetings to consider a young person’s aims, hopes and aspirations when they reach 14 and 16 years old. The transition teamwork within a strengths-based approach aligning their assessments and support with the preparing for adulthood guidelines promoting health, education, employment, independence and community inclusion. The team work flexibly to ensure their care plans are outcome based which includes reviewing a situation when it is right for the young person rather than on an annual basis. For example, a young person AA has a learning disability and resides with her grandparents.

Unfortunately, AA and her family lost her grandfather which resulted in her inheritance of a considerable estate which included a property. She was deemed as lacking capacity regarding her finances. She had disengaged from education and whilst also grieving the loss of her husband, AA’s Grandmother believed AA was extremely disabled and unable to make decision about living independently. Enabling support worked with AA to support her to understand finances and budgeting for living independently, managing her own property, preparing independent living skills and thinking about future employment.

Clear achievable outcomes were set and reviewed during different stages over the following 18 months. The outcome for AA means she has gained employment, is now managing her day-to-day finances, and is sharing her time between her grandmother’s home and her own property.

Focus on Learning Disability

Much of 2020/21 was spent evaluating and preparing for the launch of Torbay’s Market Position Statement to achieve the following outcomes:

- An increase of 50 units of self-contained supported living, sheltered housing and/or Extra Care for people with learning disabilities, in line with the Housing Strategy 2017. One third of people over 45 with a moderate or severe learning disability, and one third younger adults (under 35 years) are living with parents. We want to ensure there is appropriate accommodation and choice, so people can have planned transitions towards independent living, and avoid unnecessary entry into residential care wherever possible.
- Increased Quality Assurance support for supported living providers and the consequent improvement and monitoring of the quality of support and tenancies.

- A reduction in the number of working age adults with LDs in long-term residential settings (currently just over 70 adults). Residential settings by their nature, do not usually maintain or increase self-determination, control, citizenship, or enable community inclusion and natural circles of support.
- The development of an outcome commissioning framework for the development of daytime activities/services which offer more 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.

The Torbay Learning Disability Partnership Board (LDPB), which was launched in December 2019 will continue to be supported by 8 Ambassadors who act as Learning Disability self-advocates.

The Ambassadors ensure that people with learning disabilities are involved in decisions about all new services, strategies, and policies. The Ambassadors are supported by Devon Link-up, to talk to others and share any news from the LDPB as well as gather common issues to raise at the LDPB.

The issues closest to people's hearts are housing, support services and health. People wanted greater choice about where they lived and more self-contained supported living accommodation and more person-centred care. The views of people with learning disability have been fed into our market development plan.

Hollacombe responds to COVID-19

Hollacombe Community Resource Centre is a day service in Paignton for adults who have a profound and multiple learning disability. Since March 2020 when the Government implemented the first lockdown due to the COVID-19 pandemic the service has supported people within the day service and within the community. People have been supported to make the transition from being at home to the service as lockdowns have been introduced and then eased.

Hollacombe has been recognised for being one of the first services in the country to reopen its centre following the lifting of the first lockdown and in July 2020 was invited by the Local Government Association to give a presentation via a webinar on the procedures that were put in place, in line with the Government guidelines, to mitigate the risks of COVID-19 being transmitted within the service as far as possible. Hollacombe gave a further presentation in March 2021 for the Social Care Institute of Excellence with the aim being to give confidence to other providers to re-open services.

Below is an excerpt of a letter received from a parent in December 2020 that demonstrates the success and value that Hollacombe has provided during these trying times.



“What a surreal year this has been for us all? None of us could have imagined the changes we faced, the challenges we met and the constant worry of COVID affecting those around us.

From the bottom of my heart, I want to thank each and every one of you for going the extra mile and keeping J safe and protected. Sending him back to base on the 14th September was probably the biggest decision I have ever had to make but as soon as he returned that day I knew it had been the right one.

Without having the daily support from the team, it would have been a mentally and physically challenging lockdown but knowing that J was having his physio and was loving his life watching endless quiz programmes, with commentary from whoever was with him made it a positive experience (maybe not for them but definitely for J). And it gave me a break!

The team you have at Hollacombe are all amazing and dedicated people. In those six months, from March to September staff kept me going. There was constant banter and laughter coming from J's room. An odd moan was sometimes in there but that's J.

I have no worries whatsoever about J being at Hollacombe and I cannot thank you enough for keeping him safe.”



Focus on Autistic Spectrum Conditions and Neurodiversity

During 2019, in recognition of the need to focus on post-diagnostic support in Torbay for people with Autistic Spectrum Condition (ASC), a multi-stranded ASC post-diagnostic project was launched, which included the following:

- A new accessible information and advice service, to help improve access to employment, education and welfare benefits
- The development of Peer Support for people with ASC through seed funding of small groups (one for adolescents and one for adults)
- Employment of a 0.4FTE specialist ASC social worker.

It is hoped that these measures will contribute towards better outcomes for individuals and prevent people requiring additional health and social care by improving understanding, skills, knowledge and support in community services.

Torbay Council has been a key partner in the development and delivery of the Devon's Sustainability and Transformation Plan's (STP) Joint Learning Disability and Autism Strategy and action plan and is a member of the Transforming Care Partnership.

Focus on Dementia

The Care Home Education and Support Team (CHEST) continues to form an integral part of the Older People Mental Health service in Torbay despite the enormous challenges that the ongoing COVID-19 pandemic has brought upon Health and Social Care services as a whole. Although CHEST core business needed to be suspended in the initial months of the pandemic it soon became apparent that people with Dementia both in Care Homes and in the Community still required the specialist input provided by the team. The CHEST method focusses on a strengths-based, holistic, person-centred and collaborative non-pharmacological approach to look at the person and how they are trying to communicate their needs. Medication although helpful can never be the only solution and we work with providers and people's loved ones and formal carers to adapt interventions thus easing a person's distress.

CHEST colleagues focused on re-building and strengthening relationships with Care Homes, which in turn boosted staff morale. Although there has been no official survey undertaken this year, there has been some informal feed-back from different homes stating that they find the CHEST involvement to be invaluable, particularly in terms of the quick response it provides. Many homes appreciate the ability to refer to CHEST directly.

Case Study: Focus on Dementia

A recent contact was received from a local nursing home regarding a person they had supported for a number of years.

Mrs A had begun to become physically aggressive during personal care interventions. Initially, CHEST practitioner observed the carers delivering personal care, and the following was noted - Mrs A would become more agitated and would kick out when the carers all talked to her simultaneously, especially if the instructions given were quite complex. This may have resulted in Mrs A, feeling overwhelmed and over-stimulated. It was therefore suggested that carers prepare the room before they began the personal care intervention; Mrs A's "This Is Me" history stated that she enjoyed classical music, so this was played before the activity to help her to relax; pain medication was administered 30 mins prior to the intervention to reduce the risk of increased pain and the clock in the room should be corrected as it was several hours late and there was a possibility that Mrs A may have believed that it was too late to be receiving personal care. It was also suggested that only one carer talked to Mrs A and used simplified language. The "talker" was advised to provide constant reassurances and eye-contact, and a simple narrative of what was happening and what was required of Mrs A, whilst other carers carried out the intervention.

When the above was put into practice, Mrs A was calmer and more responsive, and she was also able to assist with required positioning. Most importantly, the need for medication was avoided although this had been considered due to the high levels of physical aggression that Mrs A was exhibiting, and staff were concerned about their own safety while working with her.

Focus on Homelessness

An integrated team consisting of a social worker, drug and alcohol treatment worker, housing staff, outreach team and the new Housing First team have worked to remove barriers for people who are homeless to access housing, health and care services. The Housing First teamwork with those whose needs have not been previously met; housing people straight from the streets into the community and providing intensive support to help people maintain their accommodation. The Housing First team is working well with the Homeless and Vulnerability locality team with good effect. The teamwork across 7 days a week and have a case load of only 5 people to ensure that they can provide the levels of support that people need.

AB came to the attention of adult social care in 2019 due to homelessness, feeling suicidal, and was at risk of Domestic Abuse. The project supported him to find accommodation and engage with the Department of Work and Pensions to access appropriate benefits. AB moved into a property in the local area on his own once benefits were in place. He secured appropriate employment as a security guard. His mental health is now stable given the support he received from his GP and Adult Social Services.

Focus on Carers

We know that people do not always see that they are a carer, so we try to make it as easy as possible for carers to be identified, whether at GP surgeries, through other professionals that may work with carers, and through our campaigns such as Carer's Week. As of January 2021, just under 1200 carers of adults had received an assessment and/or a health and wellbeing check this year, which is 34% of people receiving Adult Social Care services against an annual target of 36%. Support to carers during the COVID-19 pandemic has increased and we have looked to provide support in different ways during this time.

We offered on-line meetings where appropriate with our Carer Support Workers, as well as telephone contacts and socially distanced face to face meetings, and tech support for carers who might need it.

- We organised on-line Carer's Week activities and Carers Rights' Day, which meant carers could have us 'switched on' at home across the day.
- We made welfare calls to carers on the Carers Register during lockdowns.
- Our Signposts for Carers Telephone Line has been very busy:
- We have run a range of on-line activities such as Carers Groups, and a Young Adult Carer (YAC) online drop-in event with cake pre-delivered by the YAC Team. AB came to the attention of adult social care in 2019 due to homelessness, feeling suicidal, and was at risk of Domestic Abuse. The project supported him to find accommodation and engage with the Department of Work and Pensions to access appropriate benefits. AB moved into a property in the local area on his own once benefits were in place. He secured appropriate employment as a security guard. His mental health is now stable given the support he received from his GP and Adult Social Services.
- Up to end Jan 2021, 416 carers have received support to have a Carers Break (which during the lockdowns were used for on-line craft courses, garden benches, gardening materials – anything identified by the carer to give them a break from their caring role).

"I just wanted to relay to you how grateful I am for receiving the carers update letters. I think you offer a great service."

“It was fun, the cake was nice, and I got the chance to meet people that were carers too, which is rare for me, it was also nice to just talk to people”.

(Transition Age Young Adult Carer 17 years).

Our Commitment to Carers

In November 2020 various organisations across the Bay issued their individual Commitments to Carers with Torbay Youth Trust, Torbay Council, Compass House medical practice, Devon Partnership Trust making clear commitments to supporting carers.

We have also looked at how we can make our services more accessible to people of Black, Asian, ethnic minority, refugee backgrounds through a Project with Plymouth called ‘Mind the Gap’.

We also launched our Carers Consultation in November 2020 and had over 420 replies. These replies are shaping the design of our Carers Strategy 2021-24.

Young Adult Carers Services

- This year we have supported over 100 young adult carers in their caring role, including 30 young carers in transition (16 – 18yrs), with one-to-one support, welfare calls, signposting, on-line, and socially distanced face-to-face meetings. We have continued to work closely with South Devon College, linking closely around their new Carers Champion role and they have just been successful in gaining their Carer Accreditation.
- Ongoing YAC drop-In sessions and group meetings, YAC operational group meeting fortnightly on-line, activity on-line group events for YACS such as craft sessions are well attended.
- Takota – Peer group for 25 – 35’s meets regularly on-line (many of our former young adult carers 25+ are part of this).
- Excellent links with life-changing opportunities e.g. Tall Ships, Outward Bound. Strong YAC voice – service is led by Operational Group of YACs. Many trained in evaluation, some in presentation skills to run / co-run awareness work.

Welfare calls to carers during lockdowns

Telephone call to a lady who cares for her husband. Was feeling very low and unsure whether she would be able to carry on. Had a long chat whereby at the end she was laughing.

I telephoned her the following week, then fortnight, then month by which time she was feeling much better. She was so grateful for the calls and just having a chat with someone and to know she could call helped her through this particular crisis. All is well for now.

Telephone call to a gentleman who cares for his wife. He was really struggling with his wife's mobility issues and didn't know which way to turn. I gave him numbers of some agencies that could help and made some calls for him.

Equipment has now been provided and the gentleman was very grateful. I followed up with a couple of calls where we discussed and sorted other small issues. He said he was so glad that we were there as the pressures of caring along with the presence of the pandemic made it very difficult to know which way to turn.

Focus on Safeguarding

Our aim in the broadest sense is for the public, volunteers and professionals to work together to ensure everyone is treated with dignity and respect, and that people have choice, control and compassionate care in their lives.

'Safeguarding' is a term used to mean both specialist services and other activity designed to promote the wellbeing and safeguard the rights of adults with care and support needs where harm or abuse has or is suspected to have occurred. Our responsibilities within care services are to: make enquiries or cause others to do so where safeguarding concerns are identified; co-operate with key partner agencies, to carrying out timely Safeguarding Adult Reviews; to share information to meet the aim of protecting adults with care and support needs and to train our staff to respond effectively to safeguarding concerns.

Between April '20 to January 2021 our safeguarding adult repeat referrals rates increased to 13% compared to 6.9% during the past 12 months. We undertook a bespoke audit which identified no specific concerns relating to performance and practice. The increase is primarily due to the complexity of needs of people referred to our services. 94% of people say that risk is either reduced or removed as a consequence of interventions whilst 93% of people state responses fully or partially achieve preferred outcomes.

Between April 2020 to January 2021, 951 safeguarding adult concerns were received by the Torbay Safeguarding Adult Single Point of Contact. 251 proceeded to statutory safeguarding adult enquiries. This is a significant increase in safeguarding enquiries recorded compared to last year and is due to the way that the Torbay Safeguarding Adult Single Point of Contact now records Safeguarding Enquiries.

The Trust's work in this area primarily divides between the community operational teams who respond to safeguarding concerns and our Quality Assurance and Improvement Team (QAIT) which works with care homes and domiciliary care providers to promote high quality care and proactively monitoring quality standards.

We work closely with Devon and Cornwall Police, Devon Partnership Trust, Devon Clinical Commissioning Group and the Care Quality Commission both in causing enquiries to be made and maintaining strong local partnership arrangements. Ultimate accountability for safeguarding

adults sits with the newly formed Torbay and Devon Safeguarding Adult Partnership. Following consultation with key stakeholders in 2020, Torbay and Devon Safeguarding Adult Boards merged in December 2020 to form a single partnership Board arrangement across Torbay and Devon. This will create a single strategic direction across both local authorities and promote greater consistency of approach across the safeguarding adult network.

Safeguarding reporting has remained consistent throughout most of the pandemic and has been constantly benchmarked against other south west regional authorities. Safeguarding adults has remained a key statutory priority for adult social care services throughout this period.

Learning from Safeguarding Adult Reviews

Local Safeguarding Adults Board (SAB) must arrange a Safeguarding Adults Review (SAR) when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is a concern that partner agencies could have worked more effectively to protect the adult. Boards must also arrange a SAR if an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. Boards may also arrange for a SAR in any other situations involving an adult in its area with needs for care and support.

Torbay commissioned one safeguarding adult review during this reporting period and the review was undertaken in February 2021. An overview report and recommendations will be initially sent to the new SAB for approval and publication. The Board will also oversee any learning actions from this review. The new Board arrangements will support greater collective learning outcomes across the local safeguarding adult partnership.

Advocacy for people unable to make decisions for themselves

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

Deprivation of Liberty Safeguards

This is a key Safeguarding issue where sharing experience together as partners is critical. Safeguarding in this context is about ensuring that those who lack capacity and are residing in care home, hospital and supported living environments are not subject to overly restrictive measures in their day-to-day lives, but the risk of high risk of harm is mitigated. This is known as Deprivation of Liberty Safeguards (DoLS) Safeguarding - for example due to the serious onset of dementia an individual's capacity to act safely is significantly affected. During the pandemic, we have had to adapt the way assessments are undertaken in accordance with central government guidance. Our practice has also been informed by national forums such as those convened by the

national mental capacity act forum. Assessments continue to be undertaken remotely unless there are exceptional circumstances. This is under constant review based on assessed risk and COVID-19 national guidance.

Learning and Improvement

The joint Safeguarding Adult Board learning and Improvement sub-group focuses on several work streams including multi-agency case audit; training and competency framework review; embedding learning into practice. Several meetings had to be stood down this year due to COVID-19 priorities. However, the Trust has undertaken a full review of mandatory safeguarding adult training for all health and adult social care and introduced a new training framework with effect from January 2021. The framework is aligned to national competency standards and is also accessible to appropriate staff from partnership organisations. The Trust is also implemented a new mandatory mental capacity act training framework for all health and social care staff and this will be systemised from April 2021.

Safeguarding Quality Checkers

The new SAB partnership has a stand-alone community reference group to support the local safeguarding adult Board arrangement. The Terms of Reference of the group are currently being reviewed to ensure that lived experience is captured and fed back into local systems and processes.

Safeguarding Adults: A Summary

Whilst our performance is good, we must constantly strive to understand emerging issues for Safeguarding Adults in Torbay and act proactively to maintain our performance. Our new partnership Board arrangement will assist in driving a consistent approach in these agendas across our local safeguarding adult partnership. A key message is that safeguarding adults is everyone's business, and we are all part of our local safeguarding adult team. When adult abuse concerns are raised, we work in a multi-disciplinary and multi-agency context to understand risk and ensure responses are person centred, include the right people and include the right partner agencies.

Outcome 2: Improved wellbeing through partnership

We will work with our local partners in the public, private, voluntary and community sectors to tackle the issues that affect the health and wellbeing of our population. We will work in partnership with individuals and communities to support them to take responsibility for their own health and wellbeing. We will be a socially responsible organisation contributing to a better environment.

How are we performing

Supported Living Provision

Supported housing provides crucial help to some of our most vulnerable people. It can have an enormous positive impact on an individual's quality of life: from their physical and mental health to their engagement with the community and reducing social isolation.

The Supported Living framework introduced in April 2018 provides a greater focus on assisting improvement alongside our statutory assessment function. The framework is intended as a focal point for joint working between partnership organisations and reflects Torbay's integrated health and care service delivery model.

The framework supports Torbay in moving towards a more enabling environment with measurable outcomes in promoting people's independence, quality of life and health and well-being.

Our Supported Living framework has allowed us to better communicate and work more closely in partnership with our Providers; developing additional capacity and delivering improved outcomes for people assessed as requiring this type of service.

During the year we identified significant gaps in the market for people with a mental health diagnosis resulting in a tender, specifically for this client group, being published in the summer of 2020. As a result, we have increased the number of Supported Living Providers on our framework and are working with them to increase capacity and develop services.

We have seen increased interest from providers, currently delivering other services, wishing to discuss Torbay's Supported Living market, framework, tender opportunities, expansion and / or change of direction of their current provision.

Enhanced Intermediate Care

We have invested in Enhanced Intermediate Care services to help people stay independent at home longer. Intermediate care also aims to avoid hospital admission if possible and delay people being admitted to residential care until they absolutely need to. Intermediate Care is a key requirement in facilitating early discharges from hospital. We work to ensure Enhanced Intermediate Care is fully embedded working with GPs and Pharmacists as part of the health and wellbeing teams within Torquay, Paignton and Brixham. We also have a dietician in the Torquay locality who has been invaluable during any COVID-19 care home outbreaks.

We have developed stronger links with the ambulance service and the acute hospital which means that the person experiences a more seamless service between settings. We work with the Joint

Emergency Team in the Emergency Department (ED) to prevent an unnecessary admission into the hospital when they present in ED.

We have recently started doing a virtual multi-disciplinary team meeting with the Care Home Visiting Service, Older Mental Health Services, dietician, pharmacist, and Health Care for the Older Person Consultants. This happens weekly and we refer any people in our Intermediate Care service who we feel would benefit from this specialised group of clinicians. This results in the person receiving suggested care by the consultants without having to attend an appointment. This service has been extended so that the localities can discuss any people who are either in their own home or a care home placement. This has promoted proactive treatment for these people

The average age of people benefitting from this service is 83 years old. The deeper integration of these services has helped ensure people have shorter stays in hospital. The implementation of a 'discharge to assess at home' pathway has further developed the ability of the organisation to care for people at home and we always work towards the ethos that 'the best bed is your own bed'.

Extra Care Housing

Extra Care housing combines care and support to maximise the independence of Torbay's population whose Long-Term Condition or diagnosis means they require ongoing care and / or support to maintain independent living, for as long as possible, in their own community-based home. Our Extra Care service is multi-generational supported living benefitting from 24/7 on-site staffing. Demand for Extra Care Housing continues to outstrip supply. To address this the Council has purchased a site in Torquay to increase capacity. A dedicated Capital housing officer has been recruited by the Council to work in partnership with TDA and Torbay and South Devon NHS Foundation Trust in developing these sites. The Extra Care project group membership includes multi-disciplinary representation and the voluntary sector whose aim is to develop housing which:

- Promotes independence, quality of life, health and well-being and offers choice and diversity
- Creates mixed communities which integrate well
- Supports people in their own home
- Build homes which adapt to individuals' changing needs
- Diverts people from more institutionalised care.

Wellbeing services with the Voluntary Sector

During 20/21 the statutory sector in Torbay further developed its well-being offer by working more closely in an enduring partnership with the Community and Voluntary Sector in Torbay. Jointly with the Voluntary Sector we have responded to the challenges of the pandemic

- By Facilitating/supporting alliances/partnerships within the community to improve resilience
- By working more openly and collaboratively with the Voluntary sector on an equal footing via forums such as the Voluntary Sector Steering group and via the use of the Adult Social Care precept for 20/21.

During the pandemic Voluntary Sector partner organisations responded flexibly and used resources in a creative fashion. Their added value to the social care offer was noted and their place and benefit to the Health & Social Care system, and Adult Social Care in particular can only build in strength as we move forward with the Adult Social Care Improvement Plan.

Voluntary and Community Sector

Responding to the Pandemic

In 2019/2020, the statutory sector in Torbay has strengthened existing partnerships with Voluntary, Community and Social Enterprise (VCSE) organisations, as well as creating new ones. Closer working has allowed us to develop the wellbeing offer in Torbay, and in particular, it has enabled a more co-ordinated approach to the challenges of the Coronavirus pandemic. The response from VCSE organisations during this period has been exceptional, with a number of notable achievements including:

The creation of a Community Helpline, staffed by people from partner agencies across VCSE, NHS and Torbay Council. The Helpline has provided advice, information, signposting, and referral to support services; as well as matching volunteers with people in the community who needed help. Between March 2019 and February 2020, the helpline took over 17,000 calls and recruited over 1,000 volunteers from the local community. Volunteers have been “matched” to people needing help with things such as shopping, picking up prescriptions, and attending medical appointments. They have also supported with befriending for those isolated. Over 1,900 requests for help have been fulfilled in this way.

- The Helpline has also provided mental health and wellbeing support to volunteers on the frontline, and has encouraged a “street-level self-help” approach in communities to maintain resilience; including the development of 68 “Good Neighbour” networks across the Bay, supported by Community Builders where required
- Working alongside statutory services, Torbay Food Alliance was developed to support people unable to access food, either because of food poverty or shielding, which provided over 450,000 meals in 2019/20, along with advice, information and signposting. The Alliance is a consortium of 11 VCSE organisations working from across Torbay.

Partnership working

The development and implementation of the Adult Social Care Three Year Plan has been very much informed by our “Community Led Support” work in Adult Social Care, which preceded it. This focused on working in a different way with the community, and a more person-centred approach to wellbeing. This work has been further developed and reinforced through the pandemic, with a more open, collaborative approach being taken to joint working, improving relationships and understanding between the sectors. Initiatives have been truly community-led and asset-based, with statutory services taking a more facilitative, supporting role.

The VCSE sector has been agile, creative, and person-centred in its response to community need, which has positively influenced culture within Adult Social Care and the way in which we are improving our services. For example, as part of the Three-Year Plan, we are redesigning our

“Front Door” (the way in which people access our services) in Adult Social Care. This is not only being informed by the development of the Community Helpline, but VCSE partners are actively involved in the redesign work. This approach is fully aligned to the Care Act (2014), which recommends greater integration and collaboration with local partners, for the benefit of community wellbeing.

A new Steering Group has been created with representatives from across the VCSE and statutory sectors, which will help to guide and shape developments. A VCSE Forum has also been set up, to make it easier for organisations within the sector to connect with a common purpose, providing greater opportunities for collaboration, and a stronger voice in the local system.

Technology Enabled Care services (TECS)

A Technology Enabled Care Service (TECS) is available across Torbay. Commissioned in 2018 by Torbay and South Devon NHS Foundation Trust, the service is provided by NRS Healthcare located in Paignton. TECS provides solutions to individuals to keep them safe and independent in their own homes for longer, potentially delaying any need for formal service interventions.

NRS Healthcare offer a private purchase option so that people are able to choose different ways to support how they access the community and live as independently or care for loved ones. For those who are eligible following a Care Act Assessment, TECS will be considered before other packages of care are put in place.

TECS supported people and carers with convenient, cost effective and accessible ways to managing health and wellbeing. No one anticipated the pandemic or the impact that this would have on ensuring that care continued in the safest possible way whilst enabling ease of access to healthcare professionals. TEC responded to the pandemic in a number of ways including adjusting some of the equipment available to support people with a wide range of needs requiring them to isolate. This technology allowed people to manage various conditions as well as reduce anxiety and isolation through video links with nurses and family.

This contract has supported people from managing medications independently through to allowing people to access their community with TEC phones linked to 24/7 care for emergencies. The provider NRS have been developing a new system to support people being discharged from hospital through until their assessment has been completed in their home while having access to a care line. Work has started with public health to use TEC to support people with diabetes and mental health so that they are able to manage and live full lives.

Digital inclusion

To consider the impact of a new digital world a group formed and developed across the community including the VCSE, Public Health, Healthwatch, TSDFT to understand the impact of a digital shift on how people are able to access their community and social interests. This group has developed a survey which will uncover the depths of the impact on this shift, identify how to support individuals and inform how services are commissioned in the future.

Outcome 2: Case studies

TECS Case Study: The following case study details a gentleman who although wanting to remain at home was, as were his family, concerned about his ability to do so.

| | |
|--------------------------------|---|
| Client Information | Elderly man, registered blind |
| Client situation | Family concerns around client's ability to remain at home and keen to pursue a residential placement. |
| Reason for TEC | TEC sensors were installed around the home to understand movement and use of appliances such as the kettle and fridge. This was to build a picture of activity and patterns, in particular around night time activity. Note: these sensors have no visual or audio. |
| Useful Insights | TEC identified a pattern of his daily life. While he isn't particularly active when on his own, if he wants to go to the kitchen for a drink or food at night, he is able to do this. Trends were formed to understand healthy sleeping and resting patterns. |
| Impact on care provided | There was limited activity accessing the kitchen and using the kettle, microwave or fridge and so he remains reliant on carers for this important aspect of his daily life. However, this technology confirmed that presently there are not significant night time needs. When he is in bed, the motion sensors pick up little movement and most nights he sleeps for long periods. |
| Result | All parties were reassured, and the man was able to remain in his home for the time being. |

The Hope programme

The HOPE (Help to Overcome Problems Effectively) Programme is an evidence based 6-week self-management course based on positive psychology, mindfulness, and cognitive behavioural therapy, built on 20 years of research from Coventry University.

It brings together people with similar needs and experiences in a safe space across 6 weeks. Participants are given the tools to build their knowledge, skills and confidence whilst helping each other. The groups are run by trained facilitators – professionals or volunteers. Across Torbay and extending into wider Devon, the HOPE programme continues to go from strength to strength with over 1,400 participating in the programme to date. We celebrated our third birthday on 13 November 2020.




As we continue to adapt our day to day lives towards a new normal amidst the COVID-19 pandemic, the HOPE programme has had to evolve as well. Since April, facilitators have been delivering the HOPE programme using Microsoft Teams and finding out the best ways to modify the face-to-face programme to an online one. This meant a two-month hiatus from April – June 2020, but since then we have been delivering ‘Virtual HOPE’. This has increased our spread and reach, with people not having to travel to a HOPE venue but can access in the comfort of their own homes. We have also been able to offer more evening courses to support people who have working responsibilities.

Here is our current delivery offer of HOPE (face to face being stood down during lock-down)

| | Face-to-face | Virtual | Digital |
|-----------------------|---|---|--|
| Method? | In person | MS teams | Online |
| How? | Set dates and time | Live course (set date and time) | Self-paced for 6 weeks |
| When? | Set times | Set times | 24/7 |
| Where? | Named venue, set place, set time | Anywhere, any place, set time | Anywhere, any place, any time |
| Commitment? | 2hrs per week, set time | 2hrs per week, set time | 2hrs per week |
| Delivered by? | 2 facilitators | One or more facilitators | One or more facilitators |
| Communication? | In person, group discussion and exchange of ideas with instant feedback | Online, live interaction using audio and webcam | Online forums, private messaging and support. With optional weekly virtual sessions to come together and share learning |
| Requirements? | Travel to venue. Access to travel and venue Cost (travel and time) | Internet access, access to PC/laptop/tablet/smartphone | Internet access, access to PC/laptop/tablet/smartphone |
| Most suited to | Classroom learners that like to learn in person with others and enjoy face-to-face teaching | Online learners who like learning within a group. Good for those who enjoy scheduled teaching and learning. | Online learners, self-motivated, who like flexible learning that can be done when it is most convenient. Good option for those who want to keep their anonymity and privacy. |
| Certification | | | The digital courses are QIS2015 accredited. |


We were initially sceptical that people would want to access the HOPE programme using technology, but we have been blown away with the response – so far, we have had 144 people participate in Virtual HOPE and 60 people attend Digital HOPE (2020) and 165 people sign up for Digital HOPE (2021).

We advertised the Digital HOPE Programme on the 'HOPE Programme – Devon' Facebook page and the response was astonishing. The post reached over 17.6k people, with 380 likes, comments and shares (142 shares!!):


HOPE Programme - Devon
25 January at 15:54 · 🌐

We are so excited to announce that we will be officially launching the Digital HOPE Programme in February 2021! Digital HOPE will be available to anyone living in the South West of England and is FREE.

This is another amazing offer of the HOPE Programme which you may like to try, you can access the course in your own time and at your own pace so it's accessible to even those who lead really busy lives. Perfect for those who work full time, for parents with kids at home, and ... [See more](#)



Free online courses to people living in the South to cope with life in 'lockd

Managing long-term physical or mental can be stressful, tiring and incredibly the best of times, but now more th

On this free, 6 week online course you can meet others in the same situation, learn how to cope better, feel more in control and be more resilient.

The courses start every month from 2nd Febr
You can complete the course at your with support from trained

NHS

the hope programme

Performance for your post

17621 People reached

380 Likes, comments and shares

295 Post clicks

| | | |
|--------------------------|--------------------------|----------------------------|
| 34 Photo views | 72 Link clicks | 189 Other Clicks |
|--------------------------|--------------------------|----------------------------|

NEGATIVE FEEDBACK

| | |
|-------------------------|----------------------|
| 1 Hide all posts | 2 Hide post |
| 0 Report as spam | 0 Unlike Page |

380 Likes, comments and shares

BRANDED CONTENT DISTRIBUTION [View Breakdown](#)

| | | |
|-----------------------------------|-------------------------------------|------------------------------|
| 17621 Total reach | 17621 Organic reach | 0 Paid reach |
| 19041 Total impressions | 19041 Organic impressions | 0 Paid impressions |

We have extended our offer to cover new groups of people who share common experiences including:

- Long-Covid (including a course specifically for health and social care staff living with the symptoms of Long-Covid)
- Virtual HOPE Programme for Postnatal and Emotional Wellbeing
- Hope+ Hear for yourself the impact that HOPE + has had on one of the participants in this podcast recording:
<https://vimeo.com/507020431/f0b7247643>



Virtual HOPE
Postnatal & Emotional Wellbeing



CONGRATULATIONS ON BECOMING A MUMMY!

Are you feeling overwhelmed? Tired?
Stressed? Low? Anxious? Does every day feel
like a battle?

The physical and emotional journey to becoming a parent can leave some in a challenging place. We invite you to share, practice self-kindness and try a range of activities that can really empower you as a parent and as an individual to live more comfortably.

The Devon HOPE Programme are launching a FREE six-week Virtual HOPE course via Microsoft Teams, specifically aimed at postnatal and emotional wellbeing, starting on Tuesday 5th January 2021!

The course will run 12:30pm - 2:30pm on the following dates:

- 05.01.2021
- 12.01.2021
- 19.01.2021
- 26.01.2021
- 02.02.2021
- 09.02.2021

For more information or to book

Call: 01803 210493

Email: hope.devon@nhs.net



Participant quotes:

“This experience has been a life saviour for me” “I’ve never felt so supported and I’ve gained friendships with people who understand, thank you”

“Since week 5 my husband and son, who came to visit, have noticed my hair has regrown, it was falling out in clumps back in January but since being on the programme this hasn’t happened, and it looks thicker again.”

Recent studies by Coventry University have shown that attending a Devon based HOPE programme has resulted in significant and meaningful improvement in participants knowledge, skills and confidence to self-manage between the pre-course and 12 months post HOPE.

On the first week of the HOPE programme we ask each participant to select up to three emotions, which represent how they have been feeling in the past few days. We encourage participants to be really open and honest about how they are feeling and to not think about it too much detail, as often our first thoughts are the most accurate. At week 1, we see a combination of both positive and negative, but generally the emotions are more negative.

At week 5, we ask the participants to repeat this activity to see whether their emotions have changed. Often, the shift we see is astounding! There is, of course, still some negative emotions but there are far more positive than previously.

Please see the word clouds from the virtual HOPE programme for postnatal emotional wellbeing:



Plus-sized, housebound community outreach programme

Over the past 18 months a pilot has been ran to offer a personalised service for individuals in Torbay who are housebound, plus sized and unable to access Tier 3 weight management services. The objective of this programme was to support and empower these individuals to achieve personal goals, that matter most to them. Data obtained from this piloted service demonstrates a significant clinical improvement in people's knowledge, skills and confidence (also known as activation level) in addition to improving Loneliness scores. Furthermore, financial data shows a potential cost saving of over £116,000 to adult health care services has resulted from this service being rolled out. This service is currently being reviewed and it remains unknown at this stage what decision the Trust will make. This programme in addition to supporting those engaged, has:

- Trialled and co-designed the virtual HOPE+ programme
- Developed involvement with and funding for virtual reality headsets to support goal achievement
- Gained a working partnership with Devon and Somerset Fire and Rescue service to provide home safety assessment in housebound, plus sized clients home's and allow for emergency evacuation assessment and planning to keep this vulnerable client group safer
- Advocated change to the societal stigma around plus sized, housebound individuals
- Promoted the use of health coaching skills to allow for person centred change in self-management.

Jane is a woman in her 20's who due to an accident left her housebound and led to significant weight gain. Jane's goal of wanting to access the community and return to work, was overruled by her mobility safety and recommendations. With open, honest shared conversations Jane was able to leave her flat and return to work in a part time role with reasonable adjustments made to her needs. As Jane's confidence increased, in time, she was able to take actions to get an adapted

vehicle for her use which widened her working opportunities and community access. Jane is now successfully back working in the community.

I am enjoying life again and grateful for the input of this service to allow me to be where I am today."

HOPE programme: Client stories (consent has been obtained by individuals for use of their story and images)

Valmai's Story



Valmai, spent most days restricted in her residential home with low self-esteem, feeling isolated and found it hard focusing on future goals. Social occasions meant a lot to Valmai and her main goal was to have a tea party with a select number of close friends. Valmai created her own invitations and party bunting, something she never thought she could do.

"I am more assertive now and learning to enjoy life"

"I never thought my hands would be any good at being creative, I've surprised myself"

"I feel like I have achieved something for once"

Valmai then went on to join a local craft group gaining social enjoyment and personal gratitude. Valmai became more confident to access the community again which further enhanced her wellbeing and later resulted in a planned UK holiday away with her partner which was a longer-term goal discussed at the start of engagement.



"I finally have my freedom back."

"The input from people like you has completely changed my life and I am very grateful for that. Thank you".

"I feel organised and able to focus on things that are important to me, which I didn't used to do"

Jon's Story

Jon has been housebound because of his plus size for many years. His mood would often become challenging and cause lack of sleep making him "put off things".

Through use of health coaching skills, it was recognised that troubling finances were an impacting factor. With support from the programme Jon organised these enabling him to "feel calmer with his finances".



"I have got my mind back where it should be to function properly"

Jon had a goal to organise and sort through his garage which he had been unable to access for some years. After providing some suitable contacts, Jon independently organised a skip and together with help from a friend and the community outreach coordinator, he managed to de-clutter and organise this space.

"I am in the best mental state I have been in for years and it feels like a 100lb weight has been lifted off my shoulders".

With partnership of Devon and Somerset Fire and Rescue service, Jon had a home safety fire assessment and had new smoke alarms fitted to increase safety precautions. Jon's actions of managing his health and situation became noticeably more positive as time went on. Jon began to take control of his goals and would often have achieved it and more in between our sessions. Jon is now engaged with the healthy lifestyles team and accesses his workshop as often as he can.

"I am in the happiest place; brain wise I have been all my life."

"Now the only way is up, I can see light at the end of the tunnel."

Outcome 3: Valuing our workforce

Our aim is to ensure people and carers have the most positive experience of care and support possible and that people can easily access information and advice in a way that is sensitive to their needs.

How are we performing

Training project - highlights of success

During 2019/20 we have developed a range of education, learning and development programmes that support staff and our community partners in becoming more confident and informed about the legal framework supporting the work we do.

An Induction programme for new starters has been established, along with generic and specialist education pathways, including bitesize learning opportunities for carers and the voluntary sector. We have also developed an education programme to support staff undertake Tier 1 training as part of the Core Capability Framework for People with Autism.

Technology Enabled Care. Scoped and developed a training presentation along with Explainer films and eLearning to show how technology enabled care (TEC) can support people with certain conditions and vulnerabilities to live their lives with confidence, dignity and independence.

7 Minute Briefing (7MB) have been tested and trailed in relation to the Multi-Agency Framework, which is a shared, cross sector understanding of what constitutes a safeguarding concern. It promotes across all organisations collective and transparent accountability and responsibility for decisions and actions in respect of safeguarding concerns. 7MB are now being developed across Adult Social Care that aims to strengthen the way teams are able to communicate more effectively. The brief duration should also mean that they hold people's attention, as well as giving managers something to share with their staff.

Career pathways and development opportunities for all staff groups are being developed from entry points to graduate levels of training. Competency frameworks will follow that underpin all training activities. This will allow for inclusive progression and developmental opportunities for all staff groups.

The aim of the training programmes and developing opportunities, through career pathways will contribute to improving the effectiveness of staff working in a strengths-based way and assure compliance with the Care Act 2014 in Adult Social Care; this includes alignment with the framework principles from Integrated Service Units Delivering Integrated Care: Personalised Care and Support - Conversations with people based on what matters most to them.

Support is built up around people's strengths, their own networks of support, and resources (assets) that can be mobilised from the local community. It aims to increase efficiencies within and between business processes in Adult Social Care in Torbay which are measurable in terms of outcomes, process and balance (impact) through staff training based on insights from Adult Social Care Improvement Plan projects.

Advice and Information

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

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

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

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

During 2020/21, Torbay Council, along with its partners in the NHS, voluntary and private sectors, began a strategic review of information, advice and guidance related to adult social care, to build on our existing approaches so that people are better informed when making decisions about their health and care needs. As we approach 2021-22, Adult Social Care in Torbay continues to have demand on its services from different front doors, including residents of Torbay and their family and friends, local and community-based services, primary care and acute services. We have created a programme of work which will redesign the Adult Social Care front door. Working in partnership with the local networks to address continuity of access, seamless referrals, future needs analysis, person-centred information, advice and guidance to ensure Care Act 2014 prevention principles are part of the key drivers of improvement.

An improved front door will increase diversion from formal care which is better for people and communities. The front door will enable and support an agreed approach to sharing information to provide well informed local networks with effective referral mechanisms that deliver good outcomes. The programme will develop a measurement strategy that enables impacts to be measured and business intelligence gathered which can be used for strategic commissioning.

Outcome 3: Case study

A qualified social work practitioner within the Torquay triage team talks about their experience of working in Adult Social Care in Torbay.

Louise describes a social work intervention she was involved with which received really positive feedback from the person's family members and resulted in a positive outcome for the individual.

Names have been anonymised to maintain confidentiality.

Mrs A's Case study:

Mrs A has a diagnosis of dementia and in December 2020 was found wandering outside confused and inappropriately dressed, she was admitted to hospital and then discharged to a short stay residential placement under the 6-week COVID-19 funding stream.

My role was to complete a social care assessment and establish Mrs A's ongoing care and accommodation needs, and longer-term plans and care provisions.

Due to the current pandemic, and the challenges professionals face, we are frequently receiving updates on policies, procedures and practice, and regular guidance updates on how to implement such changes within our day-to-day practice. I feel that we have to embrace a positive attitude towards such changes and ensure the individuals within our communities remain at the centre of our practice. A positive attitude enabled me to be enthusiastic with regards to innovative and new ways of working. This included the use of technology to replace a traditional face to face visit or assessment.

The care home Mrs A was temporarily accommodated in, sadly experienced an outbreak of COVID-19, therefore professional visits to the home were suspended. However, Mrs A's family wished for Mrs A to return home as soon as she was able to. Therefore, using the Attend Anywhere online system, we were able to arrange a meeting online quickly, whereby both Mrs A and her family could all be involved in the process.

Using the Attend Anywhere system also enabled me to complete a Mental Capacity assessment for Mrs A as per The Mental Capacity Act 2005. I was able to share my experiences of this with colleagues, and I found this experience to be a positive one for myself, Mrs A and her family. It meant we were able to communicate clearly online without the use of face masks or PPE, which can sometimes be a barrier to communication with individuals who may have sensory impairments.

Mrs A's discharge home experienced a slight delay due to Mrs A contracting COVID-19 within the care home, and later being admitted back into hospital. However, being pro-active and ensuring effective communication was maintained at this time was pertinent to the overall outcome. I ensured I continued with the discharge planning process and arranged for NRS-TECS to be installed within Mrs A's home address. I provided the family and hospital with regular updates and actions I had taken to support Mrs A being discharged back to her home address.

Multi-disciplinary and partnership working was pertinent to Mrs A's return home. I ensured I maintained my professional responsibility and accountability, whilst recognising the pressures other teams and professionals may be under. Mrs A was on an extremely busy COVID-19 ward

within the hospital, so I ensured I updated different staff members daily to ensure communications were effective and fundamental information did not get missed. I referred to other disciplines such as occupational therapists and ensured a robust package of support was in place alongside Mrs A's family support network to facilitate a safe discharge home.

Maintaining regular and empathetic contact with Mrs A's family enabled them to feel empowered and involved in the decision-making process for Mrs A. Although Mrs A met the criteria for residential care, Mrs A and her families wishes were for her to return home. This wish was achieved by being innovative and creative and utilising Mrs A's personal support networks alongside additional services. Mrs A returned home with the support of her family, TECS, OT and equipment input, a robust package of support and two ongoing nightshifts per week.

This intervention really emphasises the positive outcomes we can achieve with individual's and their families. As long as we ensure we are reactive and proactive as practitioners and adopt 'a can-do attitude' and maintain effective relationships and communication with both other disciplines and with the individual families whom we work with.

Feedback from Mrs A's family:



"Hi Louise

So nice to talk to you again this evening and thank you so much for checking in on Nana to ensure she got home ok from hospital.

As promised, I wanted to share with you the video of Nana meeting Mum today as she got wheeled out of hospital and then her in the car singing 'happy and you know it'. She has since had her hair done and looking tip top. Bless her. 🙏

None of this would have been possible without you Louise, you have been so instrumental in Nana's care, and we simply cannot thank you enough for everything you have done. It is clear you really care about your clients through your work, the way you have engaged with our family and just gone over and above to ensure all Nana's needs have been met. You really are an asset to the team. I feel compelled to copy in Sarah as your senior manager, so she is aware of how fantastic we think you are.....although I am sure she probably thinks that already!"

Financial position and use of resources

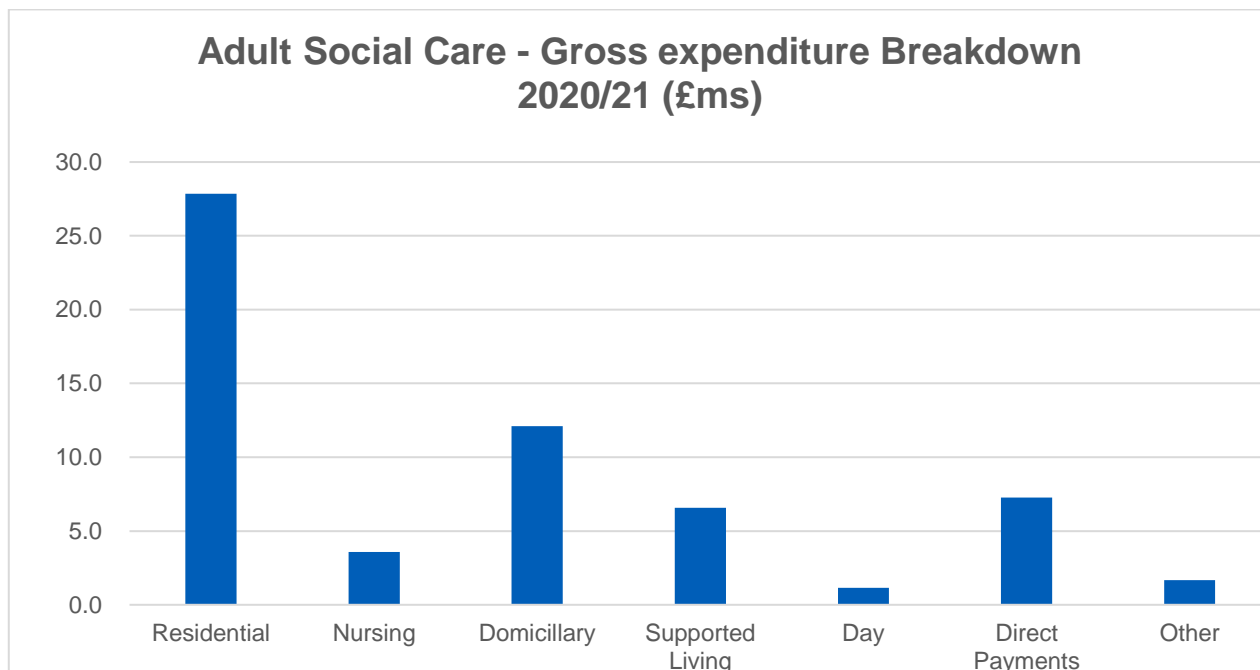
Our aim with this section of the review is to describe the financial resources available and how they have been used in the care sector. On 1st October 2015 an Integrated Care Organisation (ICO) was formed, and this organisation's remit was to provide Adult Social Care (ASC) on behalf of the population of Torbay. From a financial perspective the Council's role as a commissioning body is to provide a funding contribution to the overall running costs of the ICO. In 2020/21 this contribution was £48.7m and is to cover the cost of client care and any operational costs.

The ICO provides a diverse range of service, of which ASC is a part. The ASC aspect specifically comprises of care management and social care support across Torbay as well as the cost of social workers, community care workers, occupational therapists, physiotherapists, finance and benefit assessors and support service staff. The Council contribution towards ICO running costs therefore aims to cover the cost of these staff, in addition to the actual cost of client care (outlined in more detail below).

The vast majority of ASC spend is on the purchase of client care (including residential, nursing, day and domiciliary care) from independent providers. The majority of these providers are based within Torbay; however, the ICO also funds some specialist residential care provided out of area. At any point in time there is on average 2,350 people receiving a service of some type.

Net expenditure on the cost of care alone totalled £48.0m in 2020-21 (note this figure includes estimated £3m of costs related to the Trust wanting higher ASC costs as a way of reducing acute health provision / costs). This is the net figure after taking in to account all client contributions towards the cost of care.

Under national legislation people assessed as having a social care need are also given an individual financial assessment. This assessment can result in a client being asked to make a contribution towards the cost of any care that the Council then puts in place. The income collected from these client contributions in 2020/21 amounted to £12.2m. The total (gross) expenditure on services was therefore £60.2m and the allocation of this gross expenditure across different types of services is illustrated in the chart below.



These services are provided to clients aged 18 to over 100 years old, with a range of needs such as learning disabilities, mental health issues, dementia, as well as those with sensory or physical disabilities, vulnerable people, and the frail and elderly.

In addition to the above core spend, the financial year 2020/21 was unprecedented with the impact of COVID-19. The Independent Sector market within Torbay needed additional financial support for it to play its part in dealing with the pandemic. Funding of over £7.0m was passported to providers through the Trust accounts and covered the following areas:

- Specific grants of circa £5.9m covering infection prevention & control, rapid testing and workforce capacity
- General COVID-19 funding for market support of over £1.2m.

Financial outlook for 2021-22 and beyond

The main challenge will link to the impact ongoing of COVID-19. Funding for this is expected to be non-recurrent and if providers continue to incur costs as they have, the lack of further funding may threaten their financial viability. The ICO / Council is committed to working with its providers over this time to ensure support is available and that any further funding is passed on in a timely manner.

Even with this issue aside, there continues to be significant operational and financial pressures facing Health and Social Care across the Country. These range from economic issues such as continued increases to the cost of care, ongoing funding constraints and specifically in Torbay an elderly demographic compared to other parts of the country.

0.0 5.0 10.0 15.0 20.0 25.0 30.0

Residential Nursing Domicillary Supported Living Day Direct Payments Other Adult Social Care - Gross expenditure Breakdown 2020/21 (£ms).

Despite these issues the ICO and its partner organisations are committed to ensuring resources are managed so that we can provide the best level of care, for the highest number of clients.

Further to this last point, both the Council and Devon Clinical Commissioning Group acknowledge the pressures facing social care and continue to believe that the ICO is still best placed to manage these services. The ICO will aim to achieve this through the managing of resources across health and social care to deliver a more efficient and effective profile of expenditure. This is needed not only to maintain a financially stable and sustainable model of care, but one that has the ability to improve people's experiences of the service. Such development will be done in consultation with the Council and, where it is necessary to make changes to the way services are delivered, consultation will take place with the people and carers who use those services

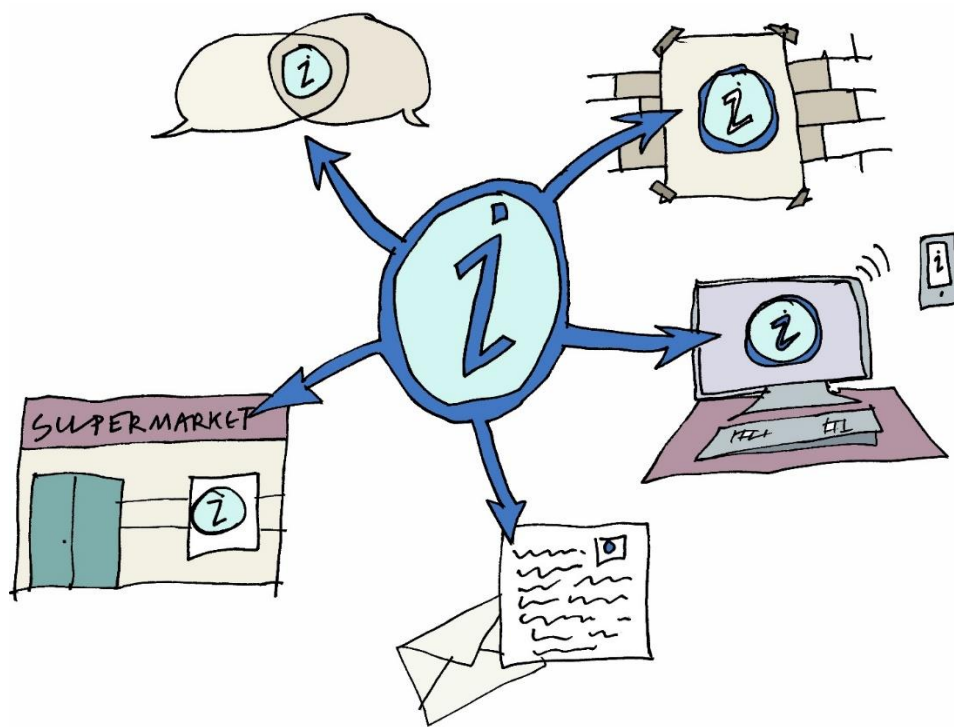
Looking after information

The trust is committed to upholding the rights and freedoms of our service users and take seriously its responsibility in safeguarding the information that it holds. All incidents where a breach of confidentiality has occurred have been recorded on the Trust incident system in line with the organisation's policies. Risks to information are recorded on the organisation's risk management system in line with the Trust's policy.

The organisation submits evidence of our robust processes as part of the Data Security and Protection Toolkit which ensured the Trust met the toolkit standards for 2019-2020.

All breaches of confidentiality are scored in line with current guidance provided by the Information Commissioner's Office (ICO) with 10 incidents in 2019-2020 meeting the requirement for onward reporting. There were no incidents involving Adult Social Care data requiring onward reporting.

All data incidents, risks and Data Security and Protection Toolkit evidence is regularly reviewed at Information Governance Steering Group chaired by the Trust's Senior Information Risk Officer (SIRO).



Healthwatch response to the Local Account 2021 – 2022

Healthwatch Torbay is the independent consumer champion for people using local health and social care services in Torbay and South Devon. Healthwatch listens to what people like about services and what could be improved and shares those views with those who have the power to make change happen.

Healthwatch commends the effectiveness of Torbay's Adult Social Care teams in maintaining support for local people alongside pandemic challenges. We were pleased to understand that the Care Act Easement option has not been needed as existing duties could still be met.

This Local Account demonstrates an aspiration to continuously improve services and the progress made along those pathways. Whilst we support the mission and vision expressed in this Account, Healthwatch needs to be assured that this is driven by engagement with our local community to understand their experience of receiving social care. The thread of positive stories throughout gives evidence of effective outcomes as does the work to build partnership representation on decision-making forums.

The Account recognises the strength of integration across health and social care with a primary intent to build resilience in populations and individuals. This includes nurturing of the voluntary sector and creative approaches to building that relationship to the advantage of all.

The report rightly brings out the value in enhancing the mental health and well-being of family carers, the commitment to do more and listening to the voice of those who are seldom heard.

We look forward in the next year to working in partnership to gain even more from feedback and engagement, giving evidence to support the culture of learning. We are pleased to be working with our stakeholders and have been invited to join the Adult Social Care Improvement Board and the Torbay-Devon Joint Safeguarding Board.

We cannot end this comment without thanking the staff who have provided a rapid response to crisis during the pandemic; have used their knowledge and experience to make a difference to local people in a number of different settings and have just kept going with dedication.



Dr Kevin Dixon
Chair



Pat Harris
Chief Executive Officer

Appendix I

| Domain & KPI | 2019/20 Outturn | 2020/21 Outturn provisional | 2019/20 Target | 2020/21 Target | 2019/20 England Average |
|--|--------------------|-----------------------------------|-------------------|-------------------|-------------------------------|
| Domain 1: Enhancing quality of life for people with care and support needs | | | | | |
| ASC 1A: Social care-related quality of life | 19.8 | 19.3 | 19.7 | 19.7 | 19.1 |
| ASC 1B: The proportion of people who use services who have control over their daily life | 83.6% | 85.1% | 82.0% | 82.0% | 77.3% |
| ASC 1C part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support) | 88.2% | 72.2% | 94.0% | 94.0% | 91.9% |
| ASC 1C part 1B: The proportion of people using social care who receive self-directed support (carers receiving self-directed support) | 92.5% | 96.0% | 85.0% | 85.0% | 86.9% |
| ASC 1C part 2A: The proportion of people using social care who receive direct payments (adults receiving direct payments) | 25.1% | 20.5% | 28.0% | 28.0% | 27.9% |
| ASC 1C part 2B: The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to carer) | 92.5% | 96.0% | 85.0% | 85.0% | 77.1% |
| ASC 1D: Carer-reported quality of life | n/a | n/a | n/a | n/a | n/a |
| ASC 1E: Proportion of adults with a learning disability in paid employment | 8.3% | 7.2% | 7.0% | 7.0% | 5.6% |
| ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment (commissioned outside ICO) | 3.0% | 2.1% | 6.4% | 6.4% | 9.0% |
| ASC 1G: Proportion of adults with a learning disability who live in their own home or with their family | 78.6% | 82.2% | 80.0% | 80.0% | 77.3% |
| ASC 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support (commissioned outside ICO) | 45.0% | 78.7% | 60.0% | 60.0% | 58.0% |
| ASC 1I part 1: Proportion of people who use services who reported that they had as much social contact as they would like | 50.8% | 50.8% | 50.0% | 50.0% | 45.9% |

| | | | | | |
|--|-------|-------|--------|--------|-------|
| ASC 1I part 2: Proportion of carers who reported that they had as much social contact as they would like | n/a | n/a | n/a | n/a | n/a |
| ASC 1J: Adjusted Social care-related quality of life – impact of Adult Social Care services | 0.399 | 0.376 | no tgt | no tgt | 0.401 |
| Domain 2: Delaying and reducing the need for care and support | | | | | |
| ASC 2A p1: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 1 - younger adults | 24.3 | 17.5 | 14.0 | 14.0 | 14.6 |
| ASC 2A p2: Permanent admissions to residential and nursing care homes, per 100,000 population. Part 2 - older people | 516.2 | 423.4 | 450.0 | 450.0 | 584.0 |
| 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 | 80.3% | 77.8% | 76.5% | 76.5% | 82.0% |
| 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 | 5.7% | 3.1% | 5.0% | 5.0% | 2.6% |
| ASC 2C p1: Delayed transfers of care from hospital per 100,000 population. Part 1 - total delayed transfers | 10.0 | n/a | no tgt | no tgt | 10.8 |
| ASC 2C p2: Delayed transfers of care from hospital per 100,000 population. Part 2 - attributable to social care | 4.5 | n/a | no tgt | no tgt | 3.2 |
| ASC 2C p3: Delayed transfers of care from hospital per 100,000 population. Part 3 - jointly attributable to NHS and social care | 0.4 | n/a | no tgt | no tgt | 1.0 |
| ASC 2D: The outcomes of short-term support % reablement episodes not followed by long term SC support | 85.9% | 86.8% | 83.0% | 83.0% | 79.5% |
| Domain 3: Ensuring that people have a positive experience of care and support | | | | | |
| ASC 3A: Overall satisfaction of people who use services with their care and support | 68.5% | 71.2% | 70.0% | 70.0% | 64.2% |
| ASC 3B: Overall satisfaction of carers with social services | n/a | n/a | n/a | n/a | n/a |

| | | | | | |
|---|-------|-------|-------|-------|-------|
| ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for | n/a | n/a | n/a | n/a | n/a |
| ASC 3D part 1: The proportion of people who use services who find it easy to find information about services | 72.5% | 72.5% | 80.0% | 80.0% | 68.4% |
| ASC 3D part 2: The proportion of carers who find it easy to find information about services | n/a | n/a | n/a | n/a | n/a |
| Domain 4: Safeguarding adults who circumstances make them vulnerable and protecting from avoidable harm | | | | | |
| ASC 4A: The proportion of people who use services who feel safe | 70.8% | 72.2% | 72.3% | 72.3% | 70.2% |
| ASC 4B: The proportion of people who use services who say that those services have made them feel safe and secure | 84.0% | 81.6% | 85.0% | 85.0% | 86.8% |

Notes:

- 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
- Biennial carers survey 2020/21 postponed due to covid.

Appendix 2

| Number of requests for support | 2018/19 | 2019/20 | 2020/21 | % change |
|--|---------|---------|---------|----------|
| Number of people received who received one-off support | 6,249 | 6,210 | 5,407 | -12.9% |
| Number of people who received short term reablement services | 1,189 | 1,148 | 1,156 | +0.7% |
| Number of people who did not go on to receive a service | 1,356 | 1,219 | 1,275 | +4.6% |
| Number of people who started to receive an on-going support service | 2,492 | 2,434 | 2,136 | -12.2% |
| % of service users who received a community-based service through self-directed support | 604 | 667 | 544 | -18.4% |
| Number of people who were directed to other types of help and support | - | 88% | 72% | |
| Number of services users receiving direct payments | 2,294 | 2,063 | 1,921 | -6.9% |
| Number of safeguarding concerns raised | 553 | 532 | 482 | -9.4% |
| Number of people who received long-term support services | 1,089 | 753 | 1,098 | +45.8% |
| % of people aged 18-64 who received long-term support services | - | 3,047 | 3,225 | +5.8% |
| % of people aged 65+ who received long-term support services | - | 39% | 36% | |
| Number of people who received home care support | - | 61% | 64% | |
| Number of people in permanent residential placements | 1,479 | 1,541 | 1,729 | +12.2% |
| Number of Carers on carers register | 906 | 940 | 930 | -1.1% |
| Number of Carers assessed and reviewed | - | 4,176 | 4,406 | +5.5% |
| Number of Carers with direct payments | - | 1,277 | 1,187 | -7.0% |
| Number of people with mental health issues who were supported by services | - | 609 | 546 | -10.3% |
| Number of people with learning disabilities living in residential or nursing accommodation | 301 | 315 | 343 | +8.9% |
| | 117 | 110 | 93 | -15.5% |

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