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Date: Thursday, 27 September 2018

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Dear Member

**POLICY DEVELOPMENT AND DECISION GROUP (JOINT COMMISSIONING TEAM) -
MONDAY, 1 OCTOBER 2018**

I am now able to enclose, for consideration at the Monday, 1 October 2018 meeting of the Policy Development and Decision Group (Joint Commissioning Team), the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
5.	Living Well with a Learning Disability in Devon	(Pages 7 - 151)
6.	Private, voluntary and independent sector workforce strategy	(Pages 152 - 179)
7.	Memorandum of Understanding for Risk Share Post Contract	(Pages 180 - 225)
8.	Children Looked After and Corporate Parenting Strategy	(Pages 226 - 244)
9.	Annual Youth Justice Plan	(Pages 245 - 276)

Yours sincerely

Amanda Coote
Clerk



Meeting: PDG

Date: 1 October 2018

Wards Affected: All

Report Title: Living Well with a Learning Disability in Devon

Is the decision a key decision? No

When does the decision need to be implemented? as soon as possible

Executive Lead Contact Details: Cllr Julien Parrott, Executive Lead for Adults

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

1. Proposal and Introduction

- 1.1 The attached draft strategy has been developed through the collaboration of partners in the STP Learning Disability and Autism programme. This strategy builds on the progress made since the publication of our previous joint strategy 2014-2017 and sets out our refreshed approach to improving the lives of adults who have a learning disability in wider Devon. It is deliberately high level in setting out the strategic intentions and desired outcomes for people with a learning disability in Devon to live well and thrive. The draft strategy that has been subject to engagement and includes the strategic themes from the STP 2 year update, but predates the System Strategy on a page. Nevertheless this strategy aligns with the five ambitious goals (from the “strategy on a page”) in setting out a vision based on 7 keys to citizenship together with key areas of focus that would enable these system goals to be realised. Further detail on implementation plans are described in the STP LD Programme mandate document and specific plans covering housing, market analysis, workforce and meeting the needs of people with complex needs through the Transforming Care Programme.
- 1.2 Equally it is acknowledged that the activity of other STP programmes will contribute to the aims described in this strategy, e.g. the Children & Young People’s Programme with regard to effective and integrated SEND provision including planning for transition.
- 1.3 Although there are common themes regarding promoting independence and enhanced access to mainstream services, the specific needs of people with autism are addressed through distinct project activity of the STP programme and this draft strategy attached is not intended to cover this.

2. Reason for Proposal and associated financial commitments

- 2.1 A learning disability is a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money - which affects someone for their whole life.
- 2.2 Across our health and care services in Devon, we want to promote the independence of people with learning disabilities and help people to achieve what matters to them. We want Devon to be a place where people with learning disabilities live in the community of their choice, can access support when they need it that is close to home and helps them to achieve their goals, and are happy, healthy and safe.
- 2.3 People with learning disabilities are living longer and there are more people with complex health and care needs. Many young people with learning disabilities will require health and care support as adults and we want to support them to develop independent life skills so that they can lead fulfilling lives as adults and achieve their potential.
- 2.4 This refreshed strategy is informed by what people tell us about the support they need. It sets out our vision for adults with learning disabilities across Devon, where we are now, our key areas of focus and how we will measure the impact of our actions.
- 2.5 The strategy encompasses the geographical area of Devon, which includes Plymouth and Torbay, and spans the work undertaken by the two Clinical Commissioning Groups and three Local Authority areas. It will support Local Authorities and the NHS to commission quality support that promotes the independence of people with learning disabilities, within the context of significant financial and capacity challenges.
- 2.6 Within the strategy, we have set out what we will do collectively across geographical Devon that is best enabled by working at scale. These areas of focus will be having more appropriate housing that meets the range of needs of people with learning disabilities, supporting more people with learning disabilities to have a job and reducing health inequalities. It also sets out what we will all commit to in our local areas to improve how people with learning disabilities are supported.

The refreshed approach will be underpinned by both local and wider Devon action plans.

2.7 Engagement Process

Healthwatch Torbay, Healthwatch Plymouth and Living Options Devon and Devon County Council engaged Learning Disabled people, carers and providers in their respective Local Authority areas. A systematic method of engagement was developed and replicated across the STP footprint. Living Well with a Learning Disability 2013 – 2016 established 15 commissioning intentions. The local engagement activity focused on these commissioning intentions and sought to understand the experiences of learning disabled people, carers and providers. The responses have informed the latest draft of this strategy. The strategy will be available in an Easy Read version.

3. Recommendation(s) / Proposed Decision

- 3.1 That the Elected Mayor be recommended to approve the Living Well with a Learning Disability 2018-2022 strategy set out at Appendix 1 to the submitted report.

Appendices

Appendix 1: Living Well with a Learning Disability 2018 – 2022

Appendix 2: Learning Disability Engagement Report

Appendix 3: Learning Disability Torbay Engagement Report

Appendix 4: Devon Learning Disability, Autism and Mental Health Housing Strategy

Appendix 5: LD Employment Campaign Summary



Living well with a learning disability in Devon

2018 – 2022

A joint strategy for adults with a learning disability in Devon, including young people who are approaching adulthood.

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Introduction

This strategy builds on the progress made since the publication of our 2014-2017 strategy and sets out our refreshed approach to improving the lives of adults who have a learning disability in Devon.

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

Across our health and care services in Devon, we want to promote the independence of people with learning disabilities and help people to achieve what matters to them. We want Devon to be a place where people with learning disabilities are confident, resilient and connected.

This refreshed strategy is informed by what people tell us is important to them. It sets out our vision for adults with learning disabilities across Devon, where we are now, our key areas of focus and how we will measure the impact of what we do.

The strategy encompasses the geographical area of Devon, which includes Plymouth and Torbay, and spans the work of two Clinical



Commissioning Groups and three Local Authority areas. It will support Local Authorities and the NHS to commission quality support that promotes the independence of people with learning disabilities, within the context of significant financial and capacity challenges.

Our refreshed strategy sets out what we will do together across Devon, Plymouth and Torbay that is best enabled by working at scale.

- We will work together to have more appropriate housing that meets the range of needs of people with learning disabilities. We will work together with Housing Authorities, District Councils and local communities to understand how people are currently supported. This will enable us to have a joint understanding of what is needed in the future to help people achieve what matters to them.
- We will support more people with a learning disability in Devon to have a job, helping people to develop their skills and also increasing the number of opportunities for employment across Devon, Plymouth and Torbay.
- We will work together to improve access to healthcare for people with learning disabilities, so that they have improved physical and mental health outcomes and live longer as a result.

The refreshed strategy also sets out what we will commit to in our local areas to improve how people with learning disabilities live their lives.

- We will increase the opportunities in communities for people to live as independently as possible, which means that a wide range of services need to be easy to use for people with a learning disability.
- We will support young people to develop independent life skills, so that they can lead fulfilling lives as adults.
- We want people with learning disabilities to be safe in their communities and to make sure that we always listen to people and their families/carers about their care and what matters to them.
- We will support carers to be able to care throughout the different stages of their lives.

The refreshed strategy will be underpinned by both local and joint action plans across Devon, Plymouth and Torbay.

Context: How this fits within the Sustainability and Transformation Partnership for Devon

This refreshed strategy sits within the overarching context of the Sustainability and Transformation Partnership (STP) for Devon.

The STP is working towards an aligned health and care system across Devon; to continually improve the health and care of people living in Devon, Plymouth and Torbay. It seeks to address the three key aims of the NHS Five Year Forward View to improve people's health and wellbeing, experience of care and cost effectiveness.

Across Devon, the STP is working to deliver better and more equal outcomes for more people and to do it sustainably, harnessing the value of partners coming together to tackle problems together. This refreshed strategy for adults with learning disabilities is part of the work of the STP to improve the lives and address health inequalities of people with learning disabilities.

Through the overarching STP for Devon we will change the way we work together by delivering a range of activities and initiatives that will be planned around our four strategic priorities. These have informed the refreshed strategy for adults with learning disabilities.

PRIORITY ONE
Enabling more people to be and stay healthy

PRIORITY TWO
Enhancing self-care and community resilience

PRIORITY THREE
Integrating and improving community care and care in people's homes

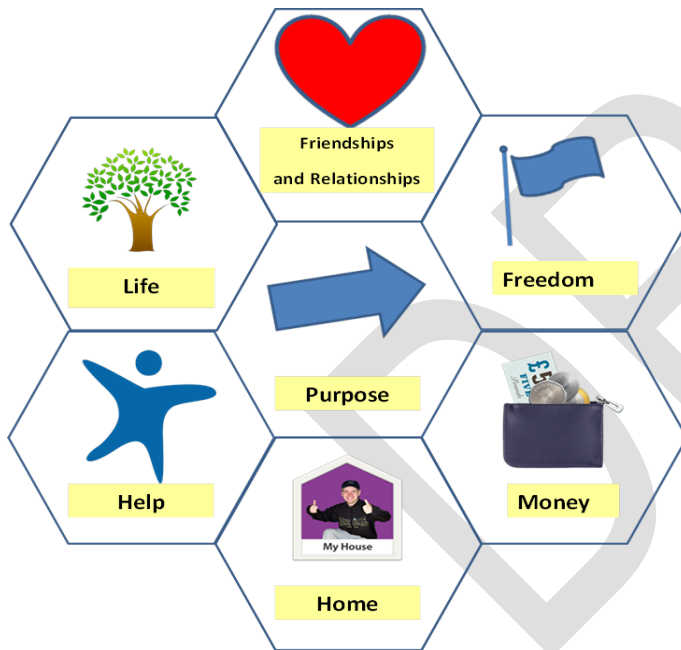
PRIORITY FOUR
Delivering modern, safe and sustainable services



Our vision

- We are ambitious for people with learning disabilities in Devon.
- We want people with learning disabilities to have the same opportunities as everyone else and to lead meaningful lives within their communities¹.
- What matters to people and how they achieve their potential will drive all we do.
- People with learning disabilities have the right to choice and control and to be treated with dignity and respect.
- Carers and families of people with learning disabilities have the right to the same hopes and choices as other families.

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¹ 7 keys to citizenship: Acknowledgement www.centreforwelfarereform.org a free on-line resource from the Centre of Welfare Reform Limited

Our Outcomes

There are eleven key outcomes that people want, which are expressed below as “I” statements.

- I am an active citizen and member of society.
- I have opportunities to meet friends, to join social groups and to benefit from community and leisure facilities.
- I can develop independent life skills to achieve my potential and use Technology Enabled Care and Support where appropriate.
- I have appropriate education and training opportunities to support me to learn the skills needed to have a job.
- I have information and advice that I can understand and access to support when I need it that is close to home and helps me to achieve my goals.
- I live in my own home, where possible, with appropriate accommodation and housing that meets my needs.
- I am supported to live an independent life that is right for me throughout my early life and as an adult.
- Where I have complex needs, specialist and intensive support is in place for when I need it.
- My family and/or carers are able to care for me if we both wish.
- I can access the healthcare I need and have improved physical and mental health outcomes and live longer as a result.
- I feel safe and can take positive risks because I am supported in the right way.

Why this is important and what people have told us

We know that people with disabilities and their families/carers do not generally want to be dependent on public services or be placed in a care setting if this can possibly be avoided. Instead, they tell us that they want to live with and/or be supported by their family and friends at home in the community, and remain connected to their interests.

In Devon we still have significantly more people using statutory services than the England average and the way that people with learning disabilities are supported is not always focused on enabling them to live as independently as possible.

Our understanding of the needs and experiences of people with learning disabilities and their families/carers both now and in the future has informed this strategy. We have highlighted throughout the strategy what people with learning disabilities and their families/carers have told us is important to them.

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There were 20,586 adults with a learning disability in Devon in 2017 (over 2% of the Devon population)

7% of adults with a learning disability are employed in Devon

There are 3530 adults living in Devon with a learning disability who receive social care services

£130m spend across Health and Social Care across Devon

What we have achieved so far

Transforming Care Partnership <i>Across Devon, care and treatment reviews have ensured thorough facilitated discussions between relevant professionals, families and helpful challenge from independent experts. Discharge planning for people is now more robust.</i> <i>Good practice examples in the development of local, person centred services for people with complex needs, including Beyond Limits and new housing development in Dawlish.</i> <i>Closer relationships between hospital and community providers.</i>		
Devon <i>Learning Disability Partnership Board and Council leaders committed to improving accessibility and support to promote people’s independence and support integration in communities. This includes making bus routes more accessible, ensuring bus drivers receive learning disability awareness training and providing people with accessible information to help them understand the different types of road crossings.</i> <i>Increased the number of internship places available in Devon to young people with disabilities. This included running Disability Confident meetings with Skills for Employment.</i> <i>Ran a targeted information campaign on dysphagia and choking risks.</i> <i>Agreed levels of shared support in Devon’s 90 Supported Living buildings, so that people can make more informed choices about where they live.</i>	Torbay <i>Learning Disabled people, commissioners and providers have coproduced a new Supported Living specification and framework for Torbay. Housing is separate from care and support. Learning disabled people have equal rights to tenancy agreements with clear outcomes based care and support.</i> <i>Project Aspire, delivered in partnership by South Devon College and Torbay and South Devon NHS Foundation Trust supports young people aged 18– 24 years to develop skills, gain qualifications and secure meaningful employment.</i> <i>SPACE an independent support planning service are working with Learning Disabled people in residential care to support them into greater independence. SPACE is also working with Learning Disabled people to support them into bespoke employment opportunities.</i>	Plymouth <i>Better housing with increased focus on promoting independence – 12 city centre flats with on-site support.</i> <i>Co-produced outcomes with people with learning disabilities and developed a quality mark to help people make informed decisions about their care.</i> <i>Invested in assistive technology to support people to live independently.</i> <i>Health and wellbeing hubs set up with time banking and volunteering opportunities for people with learning disabilities.</i> <i>Peer led project to educate young people with learning disabilities against sexual exploitation.</i> <i>Derriford Project Search and Funky Llama supported young people with learning disabilities to get paid employment.</i> <i>Plymouth Special Olympics supported people with learning disabilities to train as sports coaches and compete.</i>

Key area of focus: Opportunities in communities for people to live as independently as possible

It is very important that the outcomes underpinning this strategy are upheld in our local communities and also within the services we all use in our lives, such as support to have a job, accessible transport, leisure facilities and housing. This means that a wide range of services need to be easy to use for people who have a learning disability.

People have told us:

- I want to be accepted for who I am and to be able to get involved in my community.
- I want to have friendships like everyone else.

What we will do:

- We will work alongside local communities, bringing together people with skills, expertise and knowledge in an area to support people with learning disabilities to access the same opportunities as everyone else.
- We will create more opportunities for (unpaid) friendships and peer support in communities for people with learning disabilities. Friendship groups will include a matching service for people interested in the same type of activities.
- Devon County Council will develop an accessible website and online community for people with learning disabilities to better connect people with one another and their communities. Learning from this will be shared across Devon.
- Devon's Learning Disability Partnership Board will continue work to improve accessibility and support in communities to both promote people's independence and support integration in communities. This includes making bus routes more accessible, ensuring bus drivers receive learning disability awareness training and providing people with accessible information to help them understand the different types of road crossings.
- We will work with our partners to increase the number of Changing Places (toilets) in market towns across Devon and for information about recycling and refuse collections to be available in easy read format.
- We will work with universal services such as GP surgeries, hospitals, schools, businesses and employment support to ensure that they are easy to use for people who have a learning disability.
- We will consider how Technology Enabled Care and Support can either replace or complement the care and support that people receive, and to support them to live as independently as possible in their communities.

Key area of focus: More appropriate housing that meets needs

Independent living means all people with a learning disability having the same freedom, choice, dignity and control as other citizens at home, work and in the community. We want people to live in their own homes, where possible, and for there to be enough appropriate housing to meet need. **We will work together across Devon, Plymouth and Torbay to secure more appropriate housing that meets the range of needs of people with learning disabilities.** We will work together with housing authorities, District Councils and local communities to understand how people are currently supported and what is needed in the future to help people to achieve what matters to them.

People have told us:

- I want my own home and I want to live close to my friends and family.

What we will do:

- Many people with learning disabilities live in their own homes either alone or with family members or companions, and we will support them to continue to do so.
- Some people with learning disabilities, usually if they have significant support or care needs, require a different living environment to meet their health and care needs. Where this is the case, we want people to be supported in these settings to develop independent living skills.
- We do not want people with learning disabilities to be placed into a care home where their needs can be met elsewhere, or to remain in a care home unnecessarily. For those people currently living in care homes who have the potential to live more independently, we will help them to look at alternatives to residential care to better support them to achieve their goals.
- We will work with providers to develop supported living and extra care housing. These settings can promote independence in people while still providing up to 24 hours of support to meet their care needs.
- Across Devon, Plymouth and Torbay we will develop a housing plan to stimulate the development or sourcing of good quality accommodation for people with learning disabilities who display behaviours that challenge.
- We will improve our understanding of how providers support people with learning disabilities in Devon, to inform our work with the market to develop models that support people to develop independent living skills over time.
- People's needs change over time and we will work with providers to develop appropriate accommodation and housing that will support people through these changing circumstances. We will also consider the accommodation requirements of young people who will need health and social care support as adults.

Key area of focus: Support people to get a job where appropriate

Employment is one of the best ways to build on people's strengths and abilities, and to enable them to live independently within their communities. Yet, only 7% of adults with a learning disability in Devon, Plymouth and Torbay have a job. The recent National Development Team for Inclusion study into the effectiveness of different models of employment support for people with disabilities² concluded that supported employment is the most effective. This has been supported by a national focus on creating flexible employment opportunities for people with learning disabilities.

We will work together across Devon, Plymouth and Torbay to support more people with a learning disability to have a job. We will support people to develop their skills and also increase the number of opportunities for employment.

People have told us:

- I want to have a paid job so that I can help support myself and do the things I want.
- I find it difficult to get a job.

What we will do:

- Across wider Devon, we will increase the proportion of people with learning disabilities in Devon who are employed.
- We will create more supported employment opportunities and increase the number of Disability Confident employers across Devon.
- With our partners, we will promote the value that people with learning disabilities can bring to businesses and to the local community through a focused campaign across Devon.
- We will work with a range of partners, including Jobcentre Plus, Further Education colleges, Learn Devon, businesses and universities, to address the known barriers to employment and increase opportunities for volunteering, apprenticeships, internships and employment for people with learning disabilities. This work requires a multi-agency approach with all organisations taking responsibility for this ambition and taking steps to support people with learning disabilities to have and retain a meaningful job.
- The care and support that people receive will be focussed on supporting them to learn the skills they need to have a job, where appropriate.
- We will ensure that people have access to appropriate education and training opportunities to learn the skills they need to have a job.

² <https://www.ndti.org.uk/our-work/our-projects/employment1/employment-support-for-disabled-people>

Key area of focus: Tackling health inequalities

People with learning disabilities have markedly poorer health than their non-disabled peers and have a high prevalence of diagnosed health problems. They experience poorer physical and mental health, and significantly lower life expectancy. The recent study³ by the Learning Disabilities Mortality Review (LeDeR) programme into the deaths of people with learning disabilities indicated that this inequality continues.

We will work together across Devon, Plymouth and Torbay to improve access to healthcare for people with learning disabilities, so that they have improved physical and mental health outcomes and live longer as a result.

People have told us:

- I want to be understood.
- I don't know how to access health care when I need it.

What we will do:

- Increase the number of people with a learning disability on the GP learning disability register who have Annual Health Checks that lead to a Health Action Plan.
- Promote and implement the MENCAP campaigns of “Don't Miss Out” and “Treat me Right” and give particular focus on the inclusion of 14-17 year olds by working with schools.
- Promote and implement the STOMP anti-psychotic prescribing programme (Stop The Over Medication of People with a learning disability).
- Support people who have a learning disability to access those services that are appropriate to their needs as they grow older, including dementia related needs.
- Ensure that people with a learning disability and their families/carers have tailored support at the end of their life.
- Support and promote the process for learning from deaths of people with learning disabilities through the Devon Learning Disabilities Mortality Review (LeDeR) programme and will train more reviewers.
- Strengthen information sharing and effective communication between different care providers or agencies.
- Make sure that all people with learning disabilities with two or more long-term conditions (related to either their physical or mental health) have a local, named health care coordinator.
- Provide learning disability awareness training to staff, delivered in conjunction with people with learning disabilities.

³ <https://www.hqip.org.uk/resource/the-learning-disabilities-mortality-review-annual-report-2017/>

Key area of focus: Preparing young people for life as an adult

Many children and young people with learning disabilities will require health and care support as adults. However, young people and their families/carers regularly tell us that the transition from children to adult services is a challenging and uncertain time for them.

We want to support young people to develop independent life skills so that they can lead fulfilling lives as adults and achieve their potential.

People have told us:

- I don't want to have to fight for everything.
- I want to be listened to.
- I want someone to understand my situation.
- I want my young person/adult to be able to do things other young people their age are doing.

What we will do:

- We will work better together to support young people and their families/carers transitioning from children's services.
- We will make sure that support is focused on enabling young people with learning disabilities to live as independently as possible. This will include support for young people to develop independent living skill such as travel training, learning the skills needed to cook and, where appropriate, to have a job as an adult.
- Young people with learning disabilities and their families/carers will be able to access information and advice to support them to know what is available and to help them to live within their local communities.
- We will increase the number of young people who use Technology Enabled Care and Support to promote their independence.
- We will increase employment and training opportunities for young people, including within our own organisations.
- We will secure and use the information required to regularly plan for those young people with learning disabilities who will need health and care support as adults.
- We will help people to be steady and ready for the next real transition (not artificial or administrative transition) in their lives. This will include learning from testing new ways of working with young people to inform new approaches.
- We will build emotional resilience and increased ambitions of young people and their families as they move towards adulthood.

Key area of focus: Support for people with complex needs

The report stemming from the scandal of Winterbourne View⁴ highlights that: “*nationally there are still too many people placed in hospitals far away from home because their needs have not been met by local services*”. There are still people placed in care outside Devon when they have not chosen to be there.

Much progress has recently been made through our Devon- wide Transforming Care Partnership to ensure that more people with complex needs live in their own home, have choice over who supports them and are part of their communities. We want to increase the supply of the right skilled providers to support people with very complex needs.

People have told us:

- I want to be close to family and friends, and to go home.
- There is a lack of training, skills and support for families and carers in managing complex needs and behaviours.
- There is a lack of confidence in behaviour management and shared risk taking by practitioners, carers and families.
- We need to listen to carers and families as expert partners in care.

What we will do:

- We will reduce the number of people with learning disabilities placed in inpatient settings across the country.
- Our housing plan for people with learning disabilities who display behaviour that challenges will identify those likely to require accommodation on discharge from an out of area in-patient bed. We will work with local housing providers and the market to respond with housing and care solutions.
- We will develop Positive Behavioural Support services so that people get the right psychological support to help them manage crises without having to go to hospital.
- We will unblock the flow of patients in the Additional Support Unit (ASU) beds provided by Devon Partnership Trust (DPT) and Livewell so that the clinical teams can manage short term admissions when required.
- We will improve the planning of transition for young people and develop community forensic services.
- We will improve workforce development, recruitment and retention by closer working with partners, including Health Education England, Skills for Care, Universities and the National Learning Disability Nurse Consultant Network.
- We will work together as a system of services to put in place the right support for people whose needs touch a range of services, so that the support is seamless and focused on what matters to people.

⁴ The Winterbourne View inquiry occurred at Winterbourne View, a private hospital at Hambrook, South Gloucestershire. A 2011 Panorama investigation exposed the physical & psychological abuse suffered by people with learning disabilities & challenging behaviour at the care home.

Key area of focus: Keeping people safe

Keeping people with learning disabilities safe and helping them to stay safe is a key priority for us all. We need to ensure that staff are well trained to support prompt responses to any allegation of abuse and that the general public, volunteers and professionals have a good understanding of safeguarding. We will support individuals to speak out with the help of trained advocates if required.

People have told us:

- I do not always feel safe in Devon.
- I am worried about the care that my family member is receiving.

What we will do:

- Make sure that all services we provide or commission are fully up to date in training their staff, not only in safeguarding processes, but also in respect of the Mental Capacity Act in relation to the Deprivation of Liberty Safeguards.
- We will commission services that deliver kind and compassionate care that helps to keep people safe.
- We will carry out focus groups across Devon to understand the reasons why people don't feel safe.
- We will review how Local Authorities and safeguarding partners are managing safeguarding concerns to make sure that we are dealing with these quickly and proportionately.
- We will carry out a safeguarding publicity campaign to make sure people know what safeguarding is and how to get the help that they need when they need it.
- We will make sure that we are always listening to families and carers of people with a learning disability about the care their family member is receiving and what matters to them.

Key area of focus: Carers are able to care

People have told us:

- We want to be recognised and involved in planning with our family members.
- We want to understand what services are available for our family members and to be respected and involved by them, particularly in preparing for adulthood, living independently and preparing for later life
- We want to be put in touch with support which enables us as families and carers to maintain our health and wellbeing, resilience and to have a life of our own.

What we will do:

- The role of caring is important within the strategy and we acknowledge that whilst carers' needs are addressed in separate strategies, the needs of carers of people who have a learning disability are supported in tandem through the commissioning actions taken across Devon, Plymouth and Torbay.
- We will involve families and carers in the health and care support for people with learning disabilities.
- We will support carers to have a life of their own alongside caring, and to support them (and the people they care for) in any transition if they do not feel willing or able to continue caring.
- We will ensure a range of 'replacement care' solutions, to enable carers to have a break from caring
- We will support families and carers to plan for when they have gone or for a deterioration in their own health, wellbeing or ability to care and to build that planning into the support for their child.
- We will give help and information to families and carers as part of planning for support for people growing older with learning disabilities. For example, informing them of sources of support for people with learning disabilities after a family bereavement.
- We will support parents with disabilities to fulfil their parenting role for their children.
- We will offer every carer an assessment in their own right, proportionate to their need.

How we will measure our impact

Whilst there is much good work to build on, we recognise that this work is challenging in the context of limited resources across the health and care system in Devon. We need to commission and secure quality support that promotes the independence of people with learning disabilities, within the context of significant financial and capacity challenges.

It is really important that we continually monitor the impact of our work to better support people with learning disabilities across Devon.

We will review our progress in respect of the outcomes that we have developed with people with learning disabilities and their families/carers.

Alongside this, we will also consider the following indicators:

- Increased proportion of people with learning disabilities in employment.
- Increasing proportion of people with learning disabilities who are satisfied that they have a clear plan for progression.
- Fewer people in hospital and residential care/nursing provision, and independent out of county provision.
- Levels of support and associated costs reduce over time and fewer emergency placements/provision.
- Awareness by GPs of a young person's health needs going in to adulthood and as adults.
- Increased proportion of people with learning disabilities who have had an Annual Health Check.
- People with learning disabilities feel more able to be involved in their communities.
- Health and social care services are more effective and safer for people with learning disabilities, so they live for longer.
- Increased satisfaction of carers.

The improvements in care and support within this strategy will be monitored locally by each local authority and CCG, with regular reports to the Health and Wellbeing Boards in each Council area.

The Learning Disability Partnerships Boards will also have an important role in the monitoring of any local action plans, ensuring the full involvement of people who have a learning disability and their families and/or carers.

Getting involved

It is really important that we work closely with people with learning disabilities and their families and carers as we work to achieve our ambitions.

We want to understand what is important to people and to have regular conversations that inform the development and delivery of our work to improve support.

Devon, Plymouth and Torbay operate effective Learning Disability Partnership Boards, which include a range of service providers, carer representatives, commissioners and people who have a learning disability.

There are many ways that we monitor our progress and hear directly from families and carers and people with learning disabilities about what needs to be improved.

If you want to get involved, please get in touch.

Useful links

DEVON

<http://www.learningdisabilitydevon.co.uk>

<https://www.onesmallstep.org.uk>

<https://devoncarers.org.uk>

<https://www.pinpointdevon.co.uk>

Northern, Eastern and Western Devon CCG

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

Devon Partnership Trust

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

PLYMOUTH

Plymouth Council

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

Plymouth Community Healthcare

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

TORBAY

Torbay Council

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

Torbay and Southern Devon Health and Care Trust

http://www.tsdhc.nhs.uk/yourlife/adult_social_care/pages/learningdisabilityservices.aspx

Torbay and Southern Devon Clinical Commissioning Group

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



Living well with a learning disability in Devon

2018 – 2022

A joint strategy for adults with a learning disability in Devon, including young people who are approaching adulthood.

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Introduction

This strategy builds on the progress made since the publication of our 2014-2017 strategy and sets out our refreshed approach to improving the lives of adults who have a learning disability in Devon.

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

Across our health and care services in Devon, we want to promote the independence of people with learning disabilities and help people to achieve what matters to them. We want Devon to be a place where people with learning disabilities are confident, resilient and connected.

This refreshed strategy is informed by what people tell us is important to them. It sets out our vision for adults with learning disabilities across Devon, where we are now, our key areas of focus and how we will measure the impact of what we do.

The strategy encompasses the geographical area of Devon, which includes Plymouth and Torbay, and spans the work of two Clinical



Commissioning Groups and three Local Authority areas. It will support Local Authorities and the NHS to commission quality support that promotes the independence of people with learning disabilities, within the context of significant financial and capacity challenges.

Our refreshed strategy sets out what we will do together across Devon, Plymouth and Torbay that is best enabled by working at scale.

- We will work together to have more appropriate housing that meets the range of needs of people with learning disabilities. We will work together with Housing Authorities, District Councils and local communities to understand how people are currently supported. This will enable us to have a joint understanding of what is needed in the future to help people achieve what matters to them.
- We will support more people with a learning disability in Devon to have a job, helping people to develop their skills and also increasing the number of opportunities for employment across Devon, Plymouth and Torbay.
- We will work together to improve access to healthcare for people with learning disabilities, so that they have improved physical and mental health outcomes and live longer as a result.

The refreshed strategy also sets out what we will commit to in our local areas to improve how people with learning disabilities live their lives.

- We will increase the opportunities in communities for people to live as independently as possible, which means that a wide range of services need to be easy to use for people with a learning disability.
- We will support young people to develop independent life skills, so that they can lead fulfilling lives as adults.
- We want people with learning disabilities to be safe in their communities and to make sure that we always listen to people and their families/carers about their care and what matters to them.
- We will support carers to be able to care throughout the different stages of their lives.

The refreshed strategy will be underpinned by both local and joint action plans across Devon, Plymouth and Torbay.

Context: How this fits within the Sustainability and Transformation Partnership for Devon

This refreshed strategy sits within the overarching context of the Sustainability and Transformation Partnership (STP) for Devon.

The STP is working towards an aligned health and care system across Devon; to continually improve the health and care of people living in Devon, Plymouth and Torbay. It seeks to address the three key aims of the NHS Five Year Forward View to improve people's health and wellbeing, experience of care and cost effectiveness.

Across Devon, the STP is working to deliver better and more equal outcomes for more people and to do it sustainably, harnessing the value of partners coming together to tackle problems together. This refreshed strategy for adults with learning disabilities is part of the work of the STP to improve the lives and address health inequalities of people with learning disabilities.

Through the overarching STP for Devon we will change the way we work together by delivering a range of activities and initiatives that will be planned around our four strategic priorities. These have informed the refreshed strategy for adults with learning disabilities.

PRIORITY ONE
Enabling more people to be and stay healthy

PRIORITY TWO
Enhancing self-care and community resilience

PRIORITY THREE
Integrating and improving community care and care in people's homes

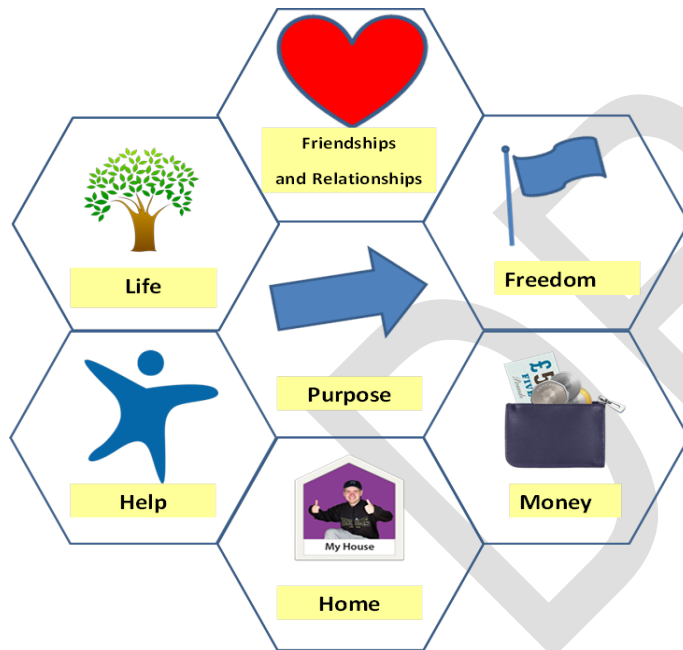
PRIORITY FOUR
Delivering modern, safe and sustainable services



Our vision

- We are ambitious for people with learning disabilities in Devon.
- We want people with learning disabilities to have the same opportunities as everyone else and to lead meaningful lives within their communities¹.
- What matters to people and how they achieve their potential will drive all we do.
- People with learning disabilities have the right to choice and control and to be treated with dignity and respect.
- Carers and families of people with learning disabilities have the right to the same hopes and choices as other families.

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¹ 7 keys to citizenship: Acknowledgement www.centreforwelfarereform.org a free on-line resource from the Centre of Welfare Reform Limited

Our Outcomes

There are eleven key outcomes that people want, which are expressed below as “I” statements.

- I am an active citizen and member of society.
- I have opportunities to meet friends, to join social groups and to benefit from community and leisure facilities.
- I can develop independent life skills to achieve my potential and use Technology Enabled Care and Support where appropriate.
- I have appropriate education and training opportunities to support me to learn the skills needed to have a job.
- I have information and advice that I can understand and access to support when I need it that is close to home and helps me to achieve my goals.
- I live in my own home, where possible, with appropriate accommodation and housing that meets my needs.
- I am supported to live an independent life that is right for me throughout my early life and as an adult.
- Where I have complex needs, specialist and intensive support is in place for when I need it.
- My family and/or carers are able to care for me if we both wish.
- I can access the healthcare I need and have improved physical and mental health outcomes and live longer as a result.
- I feel safe and can take positive risks because I am supported in the right way.

Why this is important and what people have told us

We know that people with disabilities and their families/carers do not generally want to be dependent on public services or be placed in a care setting if this can possibly be avoided. Instead, they tell us that they want to live with and/or be supported by their family and friends at home in the community, and remain connected to their interests.

In Devon we still have significantly more people using statutory services than the England average and the way that people with learning disabilities are supported is not always focused on enabling them to live as independently as possible.

Our understanding of the needs and experiences of people with learning disabilities and their families/carers both now and in the future has informed this strategy. We have highlighted throughout the strategy what people with learning disabilities and their families/carers have told us is important to them.

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There were 20,586 adults with a learning disability in Devon in 2017 (over 2% of the Devon population)

7% of adults with a learning disability are employed in Devon

There are 3530 adults living in Devon with a learning disability who receive social care services

£130m spend across Health and Social Care across Devon

What we have achieved so far

Transforming Care Partnership <i>Across Devon, care and treatment reviews have ensured thorough facilitated discussions between relevant professionals, families and helpful challenge from independent experts. Discharge planning for people is now more robust.</i> <i>Good practice examples in the development of local, person centred services for people with complex needs, including Beyond Limits and new housing development in Dawlish.</i> <i>Closer relationships between hospital and community providers.</i>		
Devon <i>Learning Disability Partnership Board and Council leaders committed to improving accessibility and support to promote people’s independence and support integration in communities. This includes making bus routes more accessible, ensuring bus drivers receive learning disability awareness training and providing people with accessible information to help them understand the different types of road crossings.</i> <i>Increased the number of internship places available in Devon to young people with disabilities. This included running Disability Confident meetings with Skills for Employment.</i> <i>Ran a targeted information campaign on dysphagia and choking risks.</i> <i>Agreed levels of shared support in Devon’s 90 Supported Living buildings, so that people can make more informed choices about where they live.</i>	Torbay <i>Learning Disabled people, commissioners and providers have coproduced a new Supported Living specification and framework for Torbay. Housing is separate from care and support. Learning disabled people have equal rights to tenancy agreements with clear outcomes based care and support.</i> <i>Project Aspire, delivered in partnership by South Devon College and Torbay and South Devon NHS Foundation Trust supports young people aged 18– 24 years to develop skills, gain qualifications and secure meaningful employment.</i> <i>SPACE an independent support planning service are working with Learning Disabled people in residential care to support them into greater independence. SPACE is also working with Learning Disabled people to support them into bespoke employment opportunities.</i>	Plymouth <i>Better housing with increased focus on promoting independence – 12 city centre flats with on-site support.</i> <i>Co-produced outcomes with people with learning disabilities and developed a quality mark to help people make informed decisions about their care.</i> <i>Invested in assistive technology to support people to live independently.</i> <i>Health and wellbeing hubs set up with time banking and volunteering opportunities for people with learning disabilities.</i> <i>Peer led project to educate young people with learning disabilities against sexual exploitation.</i> <i>Derriford Project Search and Funky Llama supported young people with learning disabilities to get paid employment.</i> <i>Plymouth Special Olympics supported people with learning disabilities to train as sports coaches and compete.</i>

Key area of focus: Opportunities in communities for people to live as independently as possible

It is very important that the outcomes underpinning this strategy are upheld in our local communities and also within the services we all use in our lives, such as support to have a job, accessible transport, leisure facilities and housing. This means that a wide range of services need to be easy to use for people who have a learning disability.

People have told us:

- I want to be accepted for who I am and to be able to get involved in my community.
- I want to have friendships like everyone else.

What we will do:

- We will work alongside local communities, bringing together people with skills, expertise and knowledge in an area to support people with learning disabilities to access the same opportunities as everyone else.
- We will create more opportunities for (unpaid) friendships and peer support in communities for people with learning disabilities. Friendship groups will include a matching service for people interested in the same type of activities.
- Devon County Council will develop an accessible website and online community for people with learning disabilities to better connect people with one another and their communities. Learning from this will be shared across Devon.
- Devon's Learning Disability Partnership Board will continue work to improve accessibility and support in communities to both promote people's independence and support integration in communities. This includes making bus routes more accessible, ensuring bus drivers receive learning disability awareness training and providing people with accessible information to help them understand the different types of road crossings.
- We will work with our partners to increase the number of Changing Places (toilets) in market towns across Devon and for information about recycling and refuse collections to be available in easy read format.
- We will work with universal services such as GP surgeries, hospitals, schools, businesses and employment support to ensure that they are easy to use for people who have a learning disability.
- We will consider how Technology Enabled Care and Support can either replace or complement the care and support that people receive, and to support them to live as independently as possible in their communities.

Key area of focus: More appropriate housing that meets needs

Independent living means all people with a learning disability having the same freedom, choice, dignity and control as other citizens at home, work and in the community. We want people to live in their own homes, where possible, and for there to be enough appropriate housing to meet need. **We will work together across Devon, Plymouth and Torbay to secure more appropriate housing that meets the range of needs of people with learning disabilities.** We will work together with housing authorities, District Councils and local communities to understand how people are currently supported and what is needed in the future to help people to achieve what matters to them.

People have told us:

- I want my own home and I want to live close to my friends and family.

What we will do:

- Many people with learning disabilities live in their own homes either alone or with family members or companions, and we will support them to continue to do so.
- Some people with learning disabilities, usually if they have significant support or care needs, require a different living environment to meet their health and care needs. Where this is the case, we want people to be supported in these settings to develop independent living skills.
- We do not want people with learning disabilities to be placed into a care home where their needs can be met elsewhere, or to remain in a care home unnecessarily. For those people currently living in care homes who have the potential to live more independently, we will help them to look at alternatives to residential care to better support them to achieve their goals.
- We will work with providers to develop supported living and extra care housing. These settings can promote independence in people while still providing up to 24 hours of support to meet their care needs.
- Across Devon, Plymouth and Torbay we will develop a housing plan to stimulate the development or sourcing of good quality accommodation for people with learning disabilities who display behaviours that challenge.
- We will improve our understanding of how providers support people with learning disabilities in Devon, to inform our work with the market to develop models that support people to develop independent living skills over time.
- People's needs change over time and we will work with providers to develop appropriate accommodation and housing that will support people through these changing circumstances. We will also consider the accommodation requirements of young people who will need health and social care support as adults.

Key area of focus: Support people to get a job where appropriate

Employment is one of the best ways to build on people's strengths and abilities, and to enable them to live independently within their communities. Yet, only 7% of adults with a learning disability in Devon, Plymouth and Torbay have a job. The recent National Development Team for Inclusion study into the effectiveness of different models of employment support for people with disabilities² concluded that supported employment is the most effective. This has been supported by a national focus on creating flexible employment opportunities for people with learning disabilities.

We will work together across Devon, Plymouth and Torbay to support more people with a learning disability to have a job. We will support people to develop their skills and also increase the number of opportunities for employment.

People have told us:

- I want to have a paid job so that I can help support myself and do the things I want.
- I find it difficult to get a job.

What we will do:

- Across wider Devon, we will increase the proportion of people with learning disabilities in Devon who are employed.
- We will create more supported employment opportunities and increase the number of Disability Confident employers across Devon.
- With our partners, we will promote the value that people with learning disabilities can bring to businesses and to the local community through a focused campaign across Devon.
- We will work with a range of partners, including Jobcentre Plus, Further Education colleges, Learn Devon, businesses and universities, to address the known barriers to employment and increase opportunities for volunteering, apprenticeships, internships and employment for people with learning disabilities. This work requires a multi-agency approach with all organisations taking responsibility for this ambition and taking steps to support people with learning disabilities to have and retain a meaningful job.
- The care and support that people receive will be focussed on supporting them to learn the skills they need to have a job, where appropriate.
- We will ensure that people have access to appropriate education and training opportunities to learn the skills they need to have a job.

² <https://www.ndti.org.uk/our-work/our-projects/employment1/employment-support-for-disabled-people>

Key area of focus: Tackling health inequalities

People with learning disabilities have markedly poorer health than their non-disabled peers and have a high prevalence of diagnosed health problems. They experience poorer physical and mental health, and significantly lower life expectancy. The recent study³ by the Learning Disabilities Mortality Review (LeDeR) programme into the deaths of people with learning disabilities indicated that this inequality continues.

We will work together across Devon, Plymouth and Torbay to improve access to healthcare for people with learning disabilities, so that they have improved physical and mental health outcomes and live longer as a result.

People have told us:

- I want to be understood.
- I don't know how to access health care when I need it.

What we will do:

- Increase the number of people with a learning disability on the GP learning disability register who have Annual Health Checks that lead to a Health Action Plan.
- Promote and implement the MENCAP campaigns of “Don't Miss Out” and “Treat me Right” and give particular focus on the inclusion of 14-17 year olds by working with schools.
- Promote and implement the STOMP anti-psychotic prescribing programme (Stop The Over Medication of People with a learning disability).
- Support people who have a learning disability to access those services that are appropriate to their needs as they grow older, including dementia related needs.
- Ensure that people with a learning disability and their families/carers have tailored support at the end of their life.
- Support and promote the process for learning from deaths of people with learning disabilities through the Devon Learning Disabilities Mortality Review (LeDeR) programme and will train more reviewers.
- Strengthen information sharing and effective communication between different care providers or agencies.
- Make sure that all people with learning disabilities with two or more long-term conditions (related to either their physical or mental health) have a local, named health care coordinator.
- Provide learning disability awareness training to staff, delivered in conjunction with people with learning disabilities.

³ <https://www.hqip.org.uk/resource/the-learning-disabilities-mortality-review-annual-report-2017/>

Key area of focus: Preparing young people for life as an adult

Many children and young people with learning disabilities will require health and care support as adults. However, young people and their families/carers regularly tell us that the transition from children to adult services is a challenging and uncertain time for them.

We want to support young people to develop independent life skills so that they can lead fulfilling lives as adults and achieve their potential.

People have told us:

- I don't want to have to fight for everything.
- I want to be listened to.
- I want someone to understand my situation.
- I want my young person/adult to be able to do things other young people their age are doing.

What we will do:

- We will work better together to support young people and their families/carers transitioning from children's services.
- We will make sure that support is focused on enabling young people with learning disabilities to live as independently as possible. This will include support for young people to develop independent living skill such as travel training, learning the skills needed to cook and, where appropriate, to have a job as an adult.
- Young people with learning disabilities and their families/carers will be able to access information and advice to support them to know what is available and to help them to live within their local communities.
- We will increase the number of young people who use Technology Enabled Care and Support to promote their independence.
- We will increase employment and training opportunities for young people, including within our own organisations.
- We will secure and use the information required to regularly plan for those young people with learning disabilities who will need health and care support as adults.
- We will help people to be steady and ready for the next real transition (not artificial or administrative transition) in their lives. This will include learning from testing new ways of working with young people to inform new approaches.
- We will build emotional resilience and increased ambitions of young people and their families as they move towards adulthood.

Key area of focus: Support for people with complex needs

The report stemming from the scandal of Winterbourne View⁴ highlights that: “*nationally there are still too many people placed in hospitals far away from home because their needs have not been met by local services*”. There are still people placed in care outside Devon when they have not chosen to be there.

Much progress has recently been made through our Devon- wide Transforming Care Partnership to ensure that more people with complex needs live in their own home, have choice over who supports them and are part of their communities. We want to increase the supply of the right skilled providers to support people with very complex needs.

People have told us:

- I want to be close to family and friends, and to go home.
- There is a lack of training, skills and support for families and carers in managing complex needs and behaviours.
- There is a lack of confidence in behaviour management and shared risk taking by practitioners, carers and families.
- We need to listen to carers and families as expert partners in care.

What we will do:

- We will reduce the number of people with learning disabilities placed in inpatient settings across the country.
- Our housing plan for people with learning disabilities who display behaviour that challenges will identify those likely to require accommodation on discharge from an out of area in-patient bed. We will work with local housing providers and the market to respond with housing and care solutions.
- We will develop Positive Behavioural Support services so that people get the right psychological support to help them manage crises without having to go to hospital.
- We will unblock the flow of patients in the Additional Support Unit (ASU) beds provided by Devon Partnership Trust (DPT) and Livewell so that the clinical teams can manage short term admissions when required.
- We will improve the planning of transition for young people and develop community forensic services.
- We will improve workforce development, recruitment and retention by closer working with partners, including Health Education England, Skills for Care, Universities and the National Learning Disability Nurse Consultant Network.
- We will work together as a system of services to put in place the right support for people whose needs touch a range of services, so that the support is seamless and focused on what matters to people.

⁴ The Winterbourne View inquiry occurred at Winterbourne View, a private hospital at Hambrook, South Gloucestershire. A 2011 Panorama investigation exposed the physical & psychological abuse suffered by people with learning disabilities & challenging behaviour at the care home.

Key area of focus: Keeping people safe

Keeping people with learning disabilities safe and helping them to stay safe is a key priority for us all. We need to ensure that staff are well trained to support prompt responses to any allegation of abuse and that the general public, volunteers and professionals have a good understanding of safeguarding. We will support individuals to speak out with the help of trained advocates if required.

People have told us:

- I do not always feel safe in Devon.
- I am worried about the care that my family member is receiving.

What we will do:

- Make sure that all services we provide or commission are fully up to date in training their staff, not only in safeguarding processes, but also in respect of the Mental Capacity Act in relation to the Deprivation of Liberty Safeguards.
- We will commission services that deliver kind and compassionate care that helps to keep people safe.
- We will carry out focus groups across Devon to understand the reasons why people don't feel safe.
- We will review how Local Authorities and safeguarding partners are managing safeguarding concerns to make sure that we are dealing with these quickly and proportionately.
- We will carry out a safeguarding publicity campaign to make sure people know what safeguarding is and how to get the help that they need when they need it.
- We will make sure that we are always listening to families and carers of people with a learning disability about the care their family member is receiving and what matters to them.

Key area of focus: Carers are able to care

People have told us:

- We want to be recognised and involved in planning with our family members.
- We want to understand what services are available for our family members and to be respected and involved by them, particularly in preparing for adulthood, living independently and preparing for later life
- We want to be put in touch with support which enables us as families and carers to maintain our health and wellbeing, resilience and to have a life of our own.

What we will do:

- The role of caring is important within the strategy and we acknowledge that whilst carers' needs are addressed in separate strategies, the needs of carers of people who have a learning disability are supported in tandem through the commissioning actions taken across Devon, Plymouth and Torbay.
- We will involve families and carers in the health and care support for people with learning disabilities.
- We will support carers to have a life of their own alongside caring, and to support them (and the people they care for) in any transition if they do not feel willing or able to continue caring.
- We will ensure a range of 'replacement care' solutions, to enable carers to have a break from caring
- We will support families and carers to plan for when they have gone or for a deterioration in their own health, wellbeing or ability to care and to build that planning into the support for their child.
- We will give help and information to families and carers as part of planning for support for people growing older with learning disabilities. For example, informing them of sources of support for people with learning disabilities after a family bereavement.
- We will support parents with disabilities to fulfil their parenting role for their children.
- We will offer every carer an assessment in their own right, proportionate to their need.

How we will measure our impact

Whilst there is much good work to build on, we recognise that this work is challenging in the context of limited resources across the health and care system in Devon. We need to commission and secure quality support that promotes the independence of people with learning disabilities, within the context of significant financial and capacity challenges.

It is really important that we continually monitor the impact of our work to better support people with learning disabilities across Devon.

We will review our progress in respect of the outcomes that we have developed with people with learning disabilities and their families/carers.

Alongside this, we will also consider the following indicators:

- Increased proportion of people with learning disabilities in employment.
- Increasing proportion of people with learning disabilities who are satisfied that they have a clear plan for progression.
- Fewer people in hospital and residential care/nursing provision, and independent out of county provision.
- Levels of support and associated costs reduce over time and fewer emergency placements/provision.
- Awareness by GPs of a young person's health needs going in to adulthood and as adults.
- Increased proportion of people with learning disabilities who have had an Annual Health Check.
- People with learning disabilities feel more able to be involved in their communities.
- Health and social care services are more effective and safer for people with learning disabilities, so they live for longer.
- Increased satisfaction of carers.

The improvements in care and support within this strategy will be monitored locally by each local authority and CCG, with regular reports to the Health and Wellbeing Boards in each Council area.

The Learning Disability Partnerships Boards will also have an important role in the monitoring of any local action plans, ensuring the full involvement of people who have a learning disability and their families and/or carers.

Getting involved

It is really important that we work closely with people with learning disabilities and their families and carers as we work to achieve our ambitions.

We want to understand what is important to people and to have regular conversations that inform the development and delivery of our work to improve support.

Devon, Plymouth and Torbay operate effective Learning Disability Partnership Boards, which include a range of service providers, carer representatives, commissioners and people who have a learning disability.

There are many ways that we monitor our progress and hear directly from families and carers and people with learning disabilities about what needs to be improved.

If you want to get involved, please get in touch.

Useful links

DEVON

<http://www.learningdisabilitydevon.co.uk>

<https://www.onesmallstep.org.uk>

<https://devoncarers.org.uk>

<https://www.pinpointdevon.co.uk>

Northern, Eastern and Western Devon CCG

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

Devon Partnership Trust

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

PLYMOUTH

Plymouth Council

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

Plymouth Community Healthcare

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

TORBAY

Torbay Council

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

Torbay and Southern Devon Health and Care Trust

http://www.tsdhc.nhs.uk/yourlife/adult_social_care/pages/learningdisabilityservices.aspx

Torbay and Southern Devon Clinical Commissioning Group

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

Report to **Learning Disability STP Leadership Group**

Report Title **Learning Disability Commissioning Strategy Engagement Report**

Author **Justin Wiggin, Strategic Commissioning Officer, Torbay Council**

Engagement by **Healthwatch Torbay**
Healthwatch Plymouth
Living Options Devon
Devon County Council

Date of report **24 August 2018**

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Introduction

Living Well with a Learning Disability 2013 – 2016 was the Learning Disability Commissioning Strategy panning the Devon STP footprint. The Learning Disability STP Leadership group has commissioned the refresh of the strategy. To ensure the refreshed strategy meet the needs of the population a series of local consultation and engagement activity was undertaken.

Healthwatch Torbay, Healthwatch Plymouth and Living Options Devon and Devon County Council engaged Learning Disabled people, Carers and providers in their respective Local Authority areas. A systematic method of engagement was developed and replicated across the STP footprint. Living Well with a Learning Disability 2013 – 2016 established 15 commissioning intentions. The local engagement activity focused on these commissioning intentions and sought to understand the experiences of learning disabled people, carers and providers. The table below indicates which groups were targeted for their views against each commissioning intention.

This report provides an account of the local engagement as a means to inform the refresh of a Devon wide Learning Disability Commissioning Strategy. This document is set out in three ways to provide the reader with different levels of access to information collated via the engagement activity:

1. **Executive Summary** – highlights key themes which are common across the Devon STP footprint
2. **Summary of Local Engagement** – this section provides a more in-depth review, summarising key themes expressed by Learning Disabled People, Carers and Providers against each individual commissioning intention. To provide context for the reader, questions asked of each target group are provided under the commissioning intention.
3. **Appendix** – The appendix provides detailed Local Engagement reports provided by Healthwatch Torbay, Healthwatch Plymouth and Living Options Devon and Devon County Council.

Table of Living Well with a Learning Disability 2013-2016 Commissioning intentions with engaged target group.

Commissioning intention	Learning Disabled people	Carers	Providers
We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through a range of services that are least restrictive and maximise the independence of each person according to their needs.	✓	✓	✓
We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.	✓	✓	✓
We will develop effective local housing options and care and support responses	✓	✓	✓
We will ensure that people are supported to have relationships of their choosing	✓		✓
We will improve the experience of young people and their carers as they move between child and adult services. This work will span health and social services together with benefits and direct payments		✓	✓
We will address the health inequalities of people who have a learning disability by ensuring that reasonable adjustments are made in services to enable faster diagnosis and treatment. Ensure LD clients are identified within GP Practices by ID marker and other services informed. In addition, we note that access to disease prevention needs to be improved in relation to obesity, diabetes, cardiovascular disease and epilepsy		✓	✓
We will provide fast and targeted help for people in times of crisis, with the aim of supporting each person as close to home as possible		✓	✓
We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets		✓	✓
We will continue to support the use of the Mental Capacity Act in services		✓	✓
We will support people who have a learning disability to access those services that they may need as they grow older, including dementia age appropriate services		✓	✓
We will review the provision of therapies for people who have a learning disability, concentrating on access and equity across Devon			✓
We will support parents who have a learning disability by offering specialist support to agencies working with them			✓
*We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life	✓	✓	✓
We will seek to influence other decision makers to ensure that citizens who have a learning disability will have improved access within our communities across Devon			✓
We will continue to help people keep safe, working within safeguarding processes and working closely with police and other public services to achieve this			✓

* Commissioning intention "We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life" was asked of all groups. Providers were the only group to respond.

Table outlining target group response by Local Authority area.

Area	Service Users	Carers	Providers
Devon	83	12	10
Plymouth	100	6	2
Torbay	91	28	10
Total	274	46	22

Housing

Whilst most adults with a learning disability stated they have chosen where they live, 74.2%. A large proportion of this group reside with a carer or in residential care. 23% would like to live somewhere else. The desire to have greater independence, living in their own flat or with people of a similar age is a motivating factor. Views from providers are mixed. Some providers see the benefit of people with a learning disability living with people of a similar age or ability. Others do not.

Location of accommodation is important in people feeling safe. Devon Home Choice, Sensitive Lettings and Torbay Supported Living are seen as positive steps forward. Supply of suitable social housing, quality of private rented and provision of wheel chair accessible accommodation were noted as concerns.

Employment

8.42% of responses from people with a Learning Disability engaged stated they were currently in employment. Over 40% of people respondents would like a paid job. 70% of carers stated the person they care for have not been encouraged to seek employment.

People with a learning disability are often offered volunteering opportunities, largely in charity shops. Those in paid employment tend to be in retail. A broader range of employment opportunities is required across different job types and sectors.

Improvements are being made for employment support but more is needed. Providers recommend more work with potential employers needs to be undertaken to see the value of employing Learning Disabled people. Job coaches, on the job training, training for employers to work with people with a Learning Disability and schemes such as Project Search are seen as ways to increase employment.

Health inequalities

72% of carers stated the person they care for had received an annual health check. Carers and providers noted the value and importance of annual health checks. 17% of carers felt the health check had improved the health and wellbeing of the person they care for.

Concerns were raised by Carers and providers relating to Learning Disabled people being able to access GP surgeries. Use of telephone appointments, prescribing over the telephone, reluctance to see learning disabled patients and ability to work with people with a learning disabilities were all raised as points of concern.

Both Carer's and Providers expressed the need identify signs of Dementia earlier and to access initial / baseline Dementia screening.

Carers noted poor experience of CAMHS and crisis dental care. It was felt that some urgent and emergency care staff do not have sufficient understanding or training about the causes of challenging behaviour.

Experience of Rapid Response Teams was good and person centred. Ability to respond quickly, due to capacity issues were perceived to be an issue. Across all areas access to therapies was perceived to be an issue. It was noted that there are long waiting lists for Occupational Therapist and Speech and Language Therapy. Availability of mental health services for people with a Learning Disability was a concern. It was perceived that many people with a Learning Disability do not meet eligibility requirements for Intensive Assessment and Treatment Teams or Community Mental Health Teams. Experience of A&E and Paramedic services was reported as excellent.

Promoting citizenship and independence

Learning Disabled people want to be independent, socially and physically active. There is a desire to live with people of a similar age and aspiration to gain meaningful employment. Friendships / relationships tend to be with family or with other residents. Connections and friendships independent of provider engaged activities or within the wider community is not evident. Learning disabled people want choice, to be involved in making decisions about what activities they do and not be offered the same activities.

Support from providers is recognised by Learning Disabled people as a key source of support to develop relationships. Carers noted in some cases reliability of support staff can issue.

Availability of funding to promote citizenship, independence and relationships in some cases is not flexible. Sufficiency of funding is also questioned. However, where care can be reduced due to a person's independence increasing, public sector partners can be hesitant to reduce levels of support.

39% of Carers utilise Direct Payments with the person they care for. Those who do not use Direct Payment's feel there needs to be more information provided and there is a perception that the process is too complicated. Increased choice of provision, monitoring and oversight is required.

There was no knowledge of specialist support for parents with a Learning Disability.

Transforming Care

Providers perceive there to be a need for more specialist inpatient beds to avoid out of area placements.

Additional themes

In addition to the above key themes training across public sector and provider organisations to effectively work with Learning Disabled people was highlighted as a need.

Better access to information, advice and guidance was also highlighted.

- 1. Commissioning intention - We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through a range of services that are least restrictive and maximise the independence of each person according to their needs.**

The following questions were asked of people with a learning disability:

- ***What do you like to do during the day?***
- ***What don't you like to do during the day?***
- ***Is there anything you would like to do that you don't do at the moment?***

People with a learning disability across the STP footprint stated they enjoyed being socially and physically active, listening to music, watching DVD's, spending time with friends and family. These activities take place in people's homes, day centres and in the community.

Frequent responses within Plymouth highlighted the use of technology as a means for keeping in contact with friends and family. References to social network largely relate to organised activity with support providers with the individual's own family (parents, siblings, partners and their own children).

Support providers are valued by people with Learning Disabilities in supporting them to "get out". It is unclear from the responses if people are doing activities independently in the community outside of any organised support.

People with a Learning Disability state they dislike being told what to do, being bored, staying in and in cases receiving injections or disruption to routine. It was recognised that activities are offered but they tend to be the same activities. People with a learning disability want choice and the opportunity to be involved in decision and plan their own activities.

A strong theme from people with Learning Disability across Devon, Plymouth and Torbay is a desire to gain employment, develop new skills and attend courses.

The following questions were asked of carers:

- ***How would you rate the level of professional support received in your role as a carer to someone who has a learning disability?***
- ***What extra support would increase your overall score above?***

65% of carers (30 of 46 responses) felt the level of professional support received was either satisfactory or better. This could be improved by:

- Better joined up working between health and education services.
- Improvement in information provided prior to and during the transition between child and adult services.
- Clarity for carers in knowing where to find and ask for help.
- Reliability of care and support workers also featured.

The following questions were asked of service providers:

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Across the Devon STP footprint there appears to be an inconsistent message and experience from providers. Across Torbay, Plymouth and Devon progress is being made to support people with a learning disability to be independent. All agree appropriate levels of funding are required to achieve this. Availability of funding is restricting flexibility. However some providers noted that public sector organisations appear reluctant to reduce packages of care when the person with a learning disability no longer requires a high level of support.

In one area access to GP surgeries for Learning Disabled people was raised as an area which could be improved. Providers have experienced GP surgeries only conducting phone appointments and prescribing over the telephone.

It was recognised the professionals which are in place are excellent but there are insufficient numbers of Primary Care Liaison Nurses, Physiotherapists and Occupational Therapists with the skills and knowledge to work with Learning Disabled people.

Support for people with a Learning Disability to gain meaningful employment was noted as an area which could be improved. Where this support is present there is a wider positive impact on a person's life.

2. Commissioning intention - We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.

The following questions were asked of people with a learning disability:

- ***Do you currently have a paid job?***
- ***Would you like a paid job?***
- ***Do you volunteer?***

Only a small number of people with a Learning Disability stated they currently had a paid job. 273 people responded to this question across Devon, Torbay and Plymouth. 8.42% (23 of 273 responses) confirmed they currently had a paid job.

288 people responded to the question “would you like a paid job?” Approximately 43% of respondents (123 of 288 responses) wanted to gain employment. Based on the responses those wishing to gain employment are approximately:

16% Torbay,
17% Plymouth,
9% Devon

Analysis of Devon responses indicate that people would like to work in retail, café’s, drive coaches, work outside or be a quality assessor.

Volunteering appears to be undertaken more by people with a Learning Disability, 30% of respondents currently volunteer (81 of 266 responses). Due to the questions asked above we are unable to make assumptions on the motivation for undertaking voluntary opportunities. Where detail was provided regarding voluntary placements, these were largely linked to a charitable organisation e.g. Oxfam.

The following questions were asked of carers?

- ***Has the person you care for been encouraged to take up employment?***

43 carers responded to this question. 30% of carers responded that the person they care for has been encouraged to take up employment. 70% had not. Comments included those cared for undertaking cleaning jobs or being involved in work placements. Some carers discussed the person they care for undertaking volunteering which is not considered work. One comment suggested the need for support and guidance when a Learning Disabled person finds work to help them to sustain the position.

The following questions were asked of service providers:

- ***What has worked well?***
- ***What hasn’t worked well?***
- ***What could be improved?***

Across Devon, Plymouth and Torbay providers experience is varied when supporting people into employment or working with employment support organisations. Providers recognise there is effort to improve support but more is needed.

Providers recognise that learning disabled people tend to gain voluntary or work experience in charity shops and retail. A broader range of opportunities is required; suggestions include factories, working with machinery and landscape gardening. Working with employers is perceived to be a barrier to learning disabled people gaining meaningful employment.

Due to its structure and consistent nature, schemes such as Project Search are seen as a positive way to support Learning Disabled people in to employment. Providers recommend more work with potential employers needs to be undertaken to see the value of employing Learning Disabled

people. Job coaches, on the job training and training for employers to work with people with a Learning Disability were suggested as potential ways forward.

3. Commissioning intention - We will develop effective local housing options and care and support responses

The following questions were asked of people with a Learning Disability:

- ***Did you choose where you are currently living?***
- ***Are you happy living there?***
- ***Would you like to live somewhere else?***

74.2% of people across the Devon STP footprint chose where they are currently living. 25.4% of people did not choose their accommodation and 0.4% did not know if they chose to live in their current accommodation. Torbay and Plymouth had a similar response rate to people with a learning disability choosing where to live, 26.9% and 26.5% respectively. 20.8% of people with a learning disability in Devon chose where to live.

Analysis of data provided by Devon and Plymouth reported a high number of people who chose where to live currently reside with their parents / carers or in a residential care home. Supported living and extra care housing were also key housing types but were not as prominent.

92% (175 of 192 responses) of people were happy with their current living arrangements. Torbay and Plymouth responses. This question was not asked in Devon. 77% (204 of 264 responses) of people would not like to live somewhere else. 23% would like to live somewhere else. The desire to have greater independence, living in their own flat or with people of a similar age were key reasons. Location of accommodation, being close to family and amenities was important. Feeling safe was attributed to good support networks. These were either people in the local community, friends / family / carers and support workers.

Whilst most people felt safe in their current accommodation a small number did not. In cases where people felt unsafe this was largely linked to other clients / residents being distressed, shouting or being aggressive. The location of where a person lived also featured in the response which contributes to people feeling unsafe.

The following questions were asked of carers:

- ***If you have accessed advice and support regarding housing for the person you care for, how would you rate this service?***

20 carers responded to this question. 65% responded positively to accessing advice and support regarding housing. Of those who provided commentary to this question, carers found communication to be a barrier to accessing advice and support. In addition to this lack of “social housing”, poor quality private rented properties and the need for a central register for those in wheelchairs requiring ground floor accommodation was also noted.

The following questions were asked of service providers:

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

The sensitive lettings offer via Devon Home Choice was identified as an area which has worked well but requires more properties.

There is a lack of suitable, affordable and appropriate properties across Devon, Plymouth and Torbay. Some providers feel having people of a similar age or ability living together is not inclusive, whereas other providers see the benefit of this.

One provider suggests a large facility, with 24 hour care has worked in the past and if planned properly "does not have to be an institution".

Development of Support Living in Torbay was noted as a positive step. Working with landlords to accept people with a Learning Disability as tenants was suggested as a way of accessing more housing. Ensuring consistency of provision and quality of housing and support were also stated as things which could be improved.

4. Commissioning intention - We will ensure that people are supported to have relationships of their choosing.

The following questions were asked of Learning Disabled people:

- ***Who do you have relationships with?***
- ***Do you feel you have a choice of who to have a friendship / relationship with?***
- ***Is there any support or information you need to help you make decisions about friendships / relationships you have?***

91% of respondents (241 of 264 responses) stated they had choice of who they have friendships / relationships with.

Based on the response to this question, adults with a learning disability almost exclusively consider their immediate family to be the people they have friendships / relationships with. This includes parents, siblings and partners. Support staff and people they live with or attend arranged activities with also featured. There was no reference to independent friendships within the community or within activities not arranged by support providers.

There was an indication that some support or information would be valuable in helping people with friendships or relationships, although most felt comfortable in developing relationships. Help from support workers or family featured in the response as a way to develop friendships. Barriers to developing relationships were individuals' being "shy" and "having to put up with other people" were noted.

The following questions were asked of service providers:

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers see this as a positive and important part of an individual's independence. One provider noted a couple with Learning Disabilities had been supported to get married. Supporting people to have relationships of their choosing can take longer than expected and can be challenging. Providers suggested training for support staff would be welcomed. Programmes for Learning Disabled People to understand relationships and sexual relationships would help. Providers suggested building based services are a good way to support people to have relationships.

5. Commissioning intention - We will improve the experience of young people and their carers as they move between child and adult services. This work will span health and social services together with benefits and direct payments.

The following question was asked of carers:

- ***Has the person you care for moved from children to adult services within the last 12 months? If yes please rate.***

Across Devon, Plymouth and Torbay only 1 carer responded to this question and rated their experience as satisfactory.

The following questions were asked of service providers:

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers' feedback in this area was limited. Providers' experience of young people transitioning between child to adult services differs across the Devon STP footprint, but also within Local Authority areas.

Of the limited response Providers suggest; start working on transition earlier, provide information to families about what services are available and include vocational work based providers in the transition process as an additional way to support employment.

6. Commissioning intention - We will address the health inequalities of people who have a learning disability by ensuring that reasonable adjustments are made in services to enable faster diagnosis and treatment. Ensure LD clients are identified within GP Practices by ID marker and other services informed. In addition, we note that access to disease prevention needs to be improved in relation to obesity, diabetes, cardiovascular disease and epilepsy.

The following questions were asked of carers:

- ***Has the person you care for received annual health checks from your GP Practice?***
- ***Has the health check improved the quality of the health and wellbeing of the person you care for?***

Of 43 responses, 72% stated the person they care for has received an annual health check from their GP. 17% (17 of 32 responses) stated the health check had improved the quality of health and wellbeing for the person they care for.

Comments by carers were positive about health checks and the importance of undertaking them. Where negative comments were made they were linked to difficulties a carer has experienced in receiving a “firm diagnosis” of Learning Disability.

The following questions were asked of service providers:

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers recognise the benefit of annual health checks. Access to GP's and quality of service lacks consistency. Follow up appointments are required after health checks are undertaken and providers require time to implement changes and support clients following recommendations from annual health checks. Some providers suggest better access to Dementia baseline screening and assessment is required.

7. Commissioning intention - We will provide fast and targeted help for people in times of crisis, with the aim of supporting each person as close to home as possible.

The following question was asked of carers:

- ***Have you had the need to access crisis / emergency support in the last 12 months?***

44 carers responded to this question. 13.6% confirmed they needed to access crisis / emergency support in the last 12 months.

Access to services was reported as an issue. Access to beds with people being placed 300 miles away was referred to. Poor quality of experience with CAHMS and crisis dental day care was

noted in the response. Availability of learning disability passports carrying information about medication was reported as an issue. It was felt that some urgent and emergency care staff do not have sufficient understanding or training about the causes of challenging behaviour. It was reported that this was more pronounced when staff were working under pressure.

Experience of A&E and paramedic visit was reported as excellent.

The following questions were asked of service providers:

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers highlight varied experiences. Comments from Devon and Torbay highlight good experiences of Rapid Response Teams. Plymouth providers suggest establishing a crisis team. Knowing who to contact in a time of crisis was raised as an issue. Ability of public sector services being able to respond quickly in a time of crisis, due to capacity issues was raised as a concern. Experience of services is person centred. Access and availability of mental health services for Learning Disabled people was raised as an issue. Providers also raised concerns over availability of specialist services in area and noted people with a Learning Disability having to access beds out of Devon in times of crisis.

8. Commissioning intention - We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.

The following questions were asked of carers:

- ***Are you aware of the services available to support you as a carer and the person you care for and how to access them?***
- ***Please provide details about your experience of the service?***
- ***Does the person you care for use direct payments?***
- ***If no, have you received information about direct payments, please provide details including why you have not proceeded with this route.***

54.5% (24 of 44 responses) of carers stated they were aware of services available to support them as a carer and the person they care for. A consistent area of support across the STP footprint relate to carer support agencies such as Torbay Older Family Carers Service, Devon Carers and Plymouth Parent Carer Voice.

39% of people cared for use a direct payment (17 of 43 responses). Consistent themes linked to why people have not pursued a direct payment include:

- Lack of information provided about direct payments.
- The process of using a direct payment is too complicated.

The following questions were asked of service providers:

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers see the use of direct payments as a positive way of supporting people with a Learning Disability to have choice. Some providers commented on the ability of learning Disabled people to combine commissioned services and direct payments would offer improved choice.

Providers noted concerns that there is sufficient choice of provision to meet a person's needs. Effective monitoring and support for clients who use direct payments is required. Coordination / matching of people and support providers is needed.

9. Commissioning intention – We will continue to support the use of the Mental Capacity Act in services.

The following questions were asked of carers:

- ***Do you have power of attorney or deputyship for financial and / or health for the person you care for?***
- ***If no, have you received information or been advised about the pros / cons for having this in place for the person you care for?***

52% (22 of 42 responses) of carers responded "yes" to the question do you have power of attorney or deputyship for financial and / or health for the person you care for? Of the 48% who stated no, reasons for not having power of attorney of deputyship were:

- Carers not having access to information.
- More paperwork.
- Cost of Deputyship being prohibitive.

Some carers noted they speak on behalf of the person they care for but do not have legal power of attorney. Others stated they "have nothing in writing but all doctors and benefits know to contact me".

The following questions were asked of service providers:

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers experience varies across Devon, Plymouth and Torbay as well as within individual Local Authority areas. Whilst some note an improvement others feel there is less understanding of MCA.

Timeliness to access services is important. Ability to offer information in a format that Learning Disabled people can access was also suggested.

10. Commissioning intention - We will support people who have a learning disability to access those services that they may need as they grow older, including dementia age appropriate services.

The following questions were asked of carers:

- *As you and the person you care for grow older, are you aware of appropriate services to support you both in planning and preparing for the future?*
- *Please share your thoughts and concerns about this?*

37.5% of carers (15 of 40 responses) stated they were aware of appropriate services to support planning and preparing for the future. Carers acknowledged the need to identify signs of dementia at an earlier stage. Linked to this is professional's awareness of the need to support carers to arrange lasting power of attorney at an early point in someone's dementia diagnosis.

Carers are anxious about the future due to carers becoming older and uncertainty of who will then take on the caring responsibility.

The following questions were asked of service providers:

- *What has worked well?*
- *What hasn't worked well?*
- *What could be improved?*

There was limited feedback from providers relating to this commissioning intention. Where providers did comment it was linked to the need for access to initial dementia screening, with follow up appointment and appropriate medication. Timely access to bereavement counselling who are Learning Disability aware and access to Will writing and funeral planning services for Learning Disabled people.

11. Commissioning intention - We will review the provision of therapies for people who have a learning disability, concentrating on access and equity across Devon

The following questions were asked of service providers:

- *What has worked well?*
- *What hasn't worked well?*
- *What could be improved?*

Across all areas, providers stated access to therapies is an issue for people with a Learning Disability. Concerns raised link to what are perceived to be long waiting lists for Occupational Therapists, Speech and Language Therapists. Providers feel many of their clients don't meet the eligibility criteria to access Intensive Assessment and Treatment Teams (IATT) or Community Mental Health Teams.

Providers commented on some treatment services offering a set number of sessions. Some clients require more sessions and have to be re-referred in to the service rather than continuing with the treatment.

Availability of building therapy services are located in do not enable easy access. Providers suggest specific counselling for bereavement, sexual relationships would be good to offer.

12. Commissioning intention - We will support parents who have a learning disability by offering specialist support to agencies working with them.

The following questions were asked of service providers:

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers across Devon, Plymouth and Torbay were not aware of any specialist support provided to agencies to support parents who have a learning disability. It was commented that a move away from specialist LD teams within social care has created a gap in this support.

Providers suggested parenting classes for people with a Learning Disability be provided. Where specialist services do exist more awareness of these services is required.

13. Commissioning intention - We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life.

The following questions were asked of service providers:

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Across all areas only one provider in Torbay commented with direct experience; "Life Books have provided for people with LD to carry information provided by family carers before the carer dies. This can be a great help in helping person with LD to have a good care plan and keep some sense of their family history for future care providers to have a better understanding of their personality and care needs. Have seen direct payments work very well and reduce cost of care package when family have good input on care plan."

14. Commissioning intention - We will seek to influence other decision makers to ensure that citizens who have a learning disability will have improved access within our communities across Devon.

The following questions were asked of service providers:

- *What has worked well?*
- *What hasn't worked well?*
- *What could be improved?*

There were no consistent themes across the Devon STP footprint relating to this commissioning intention. Comments included:

- The need for LDPB's, Provider Engagement Networks and opportunity for Learning Disabled people's voice to be heard.
- Access to GP's and services in times of crisis to be improved
- Inclusion in work – greater employment opportunities to be offered for Learning Disabled people across Local Authorities, Hospitals, Colleges, Police and DWP




15. Commissioning intention - We will continue to help people keep safe, working within safeguarding processes and working closely with police and other public services to achieve this.

The following questions were asked of service providers:

- *What has worked well?*
- *What hasn't worked well?*
- *What could be improved?*

Providers responded positively to improvements in safeguarding processes. It was suggested carers reporting safeguarding concerns can be difficult. Training for Police when the alleged offender has a Learning Disability is required to enable prosecution. Training for Police and other public services to deal with safeguarding issues which include Learning Disabled people is required.

Appendix

1	Local Engagement Report Torbay	 Torbay Local Engagement Report.1
2	Local Engagement Report Plymouth	 Plymouth Local Engagement Report.1
3	Local Engagement Report Devon	 Devon Local Engagement Report.1



Engaging With Learning Disability Residents In Torbay To Review The Past And Future Commissioning Intentions



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Introduction



Healthwatch Torbay (HWT) is the local consumer champion influencing, responding, improving and monitoring health and social care services in Torbay. It provides local people, community and voluntary groups with a voice to influence the planning, purchasing and provision of these services.

Context

The Joint Commissioning strategy for services for adults living with a learning disability in Devon 2014-17 is to be refreshed within the framework of the Sustainable Transformation Plan (STP) for Devon. Torbay Council, on behalf of the Learning Disability STP for Devon, asked HWT to bring together the voices of service users, family carers and service providers in Torbay. We were asked to collate evidence, opinion and stories to help discover if the original commissioning intentions have worked well and if not to identify suggestions for improvement. Where reliable evidence was brought to our attention, we have included what ‘good’ looks like.

To ensure HWT started this engagement work with local knowledge and expertise, we followed our standard practice by setting up a planning focus group, which included key voluntary groups, carers, and providers. As the time period to carry out the review was limited, we asked for and were given the generous support of local service providers, including the third sector and our own volunteers, especially those with lived experience of caring. Without their knowledge, skills and experience we could not have gained the insight we now have. We are especially grateful to people with lived experience of learning disability for their willingness to take part in the review. By working with their support carers and families they provided valuable insight into their life, living in Torbay.

The approach to supporting people within health and social care, in general, has shifted substantially since the previous 2013 strategy, including the introduction of integrated care and a new model of care for which Torbay is an early adopter. Personal wellbeing is now the agreed key target. To understand the background and the impact of this shift on people living with learning disability beyond 2018 we referred to:

- Department of Health, 2017. Strengths-based social work practice with adults: round-table report*
- National Institute for Health and Care Excellence, 2018. NICE guideline NG96: Care and support of people growing older with learning disabilities.
- NHS Improvement. 2018. The learning disability improvement standards for NHS trusts
- Office for National Statistics, 2018. Understanding well-being inequalities: Who has the poorest personal well-being?
- Parliament. Government Equalities Office. Equality and diversity forum. Equality Act 2010 What do I need to know? Quick start guide.
- Royal College of Speech and Language Therapists, 2013. Five good communication standards. London: RCSLT*
- Think Local Act Personal (TLAP). <https://www.thinklocalactpersonal.org.uk/About-us/> accessed July 2018.

- Torbay and Southern Devon Health and Care Trust, 2014. Operational Commissioning Strategy for People with Learning Disabilities.
- Torbay Council. Public Health. Joint Strategic Needs Assessment for Torbay 2018-2020 (and links to Public Health England Learning Disability profiles for Torbay)

(* Recommended by members of the steering group)

System challenges with an impact on this response

Contributors to our conversations emphasised that the reduction in funding for adult social care has challenged the capacity and capability of providers, the support given to carers and the personalised choices for service users, as it has nationally. They also emphasised that Torbay has additional challenges to the development of good practice and the sharing of innovation by:

- The lapse of the Learning Disability Partnership Board which provided a “round-table” for information sharing between commissioners and providers.
- The lack of a single point of contact, for families, the person and the network supporting them, giving practical information, emotional support and signposting to mainstream and specialist services available locally to support people as they grow older. (NG 96 1.2.3)



Methodology

Recruitment of expertise:

A manual search by the Torbay Disability Information Service gave 18 suitable organisations including Torbay Older Family Carers Initiative and Aspire (part of the employability hub created within Torbay and South Devon NHS Foundation Trust). All were informed (via e-mail or voice-mail) of the review and invited to participate in the planning workshop.

Data collection:

12 of these organisations became active as part of the planning focus group. (Appendix B)

- Workshops were organised either in their care home or in the place of day care/activity and across more than one location.
- HWT made contact with carers through mailing lists and group meetings.
- Expert HWT volunteers assisted by 1:1 conversations with service users using their knowledge of Makaton to do this.
- A “Have your say” was advertised using local media and social media, as drop-in sessions in the HWT office.
- A video chat kiosk was set up as a drop-in opportunity by Aspects in Paignton.
- The contributors recommended other specialist professionals or services able to add knowledge to the review.
- The recommended specialist professionals with additional expertise were followed up through telephone interviews.

Survey construction

The planning focus group participants, which also included carers, were invited to a workshop to share expertise and set the scene for the review. Subsequent workshops were used to refine the content of the survey questions. Following discussions with the LD Planning Focus Group, it was agreed that although the areas covering health inequalities and end of life are significant, it would be challenging to obtain this information via the existing survey format, and therefore the Group agreed to identify relevant related case studies to better highlight these areas.



The fifteen commissioning intentions from “Living well with a learning disability in Devon”

The 2014-2017 Joint Commissioning Strategy commissioning intentions were considered. It was agreed to ask the providers to comment on the full set. Carer responses would include comment on the issues important to the support they needed. The areas chosen were:

- Professional support
- Housing support
- Employment
- Health checks
- Crisis support
- Awareness of services
- Use of direct payments
- Legal powers
- Preparation for the future

It was agreed that a limited number of potentially high impact wellbeing statements would be chosen for response by people with lived experience of learning disability. These were:

- Support for independence
- Support for working or volunteering
- Support for housing
- Supporting positive relationships
- Support for End of Life
- Support for health inequalities

HWT and Healthwatch Plymouth (HWP) agreed a common approach to the format and production of the survey with HWP preparing a simplified easy read version. Volunteers and providers working with people with lived experience of learning disability were asked to engage in conversations covering the four wellbeing areas. Group responses would be valuable where 1 to 1 engagement was not achievable. Equally, responses written by or including the story of the individual person were to be encouraged.

Responses could be given by completing a paper copy of the survey, an online version or via summaries by e-mail. Most service users chose to complete a paper copy, usually working with support. All versions carried a statement about privacy and general data protection.



Findings

Numbers engaged

Number of service users: 91 individuals + Hollacombe Community Resource Centre as a group report. (It is estimated in the 2014-2017 Joint Commissioning Strategy that there are 810 adults known to services to be living with a learning disability in Torbay.)

Number of carer responses: 28

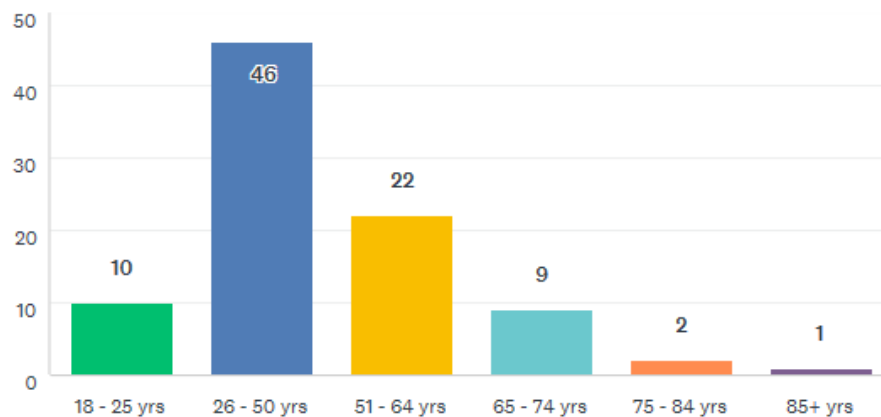
Number of organisations who responded to the survey: 10

19 providers/organisations (see Appendix B) actively promoted the survey and provided feedback from their service users. 8 other providers were also informed of the review. Although we cannot assess if this latter group contributed (collection anonymised) we noted responses which reflect some of these organisations. As the provider responses were anonymous, we could not include detailed information of provider here.

Age of responders

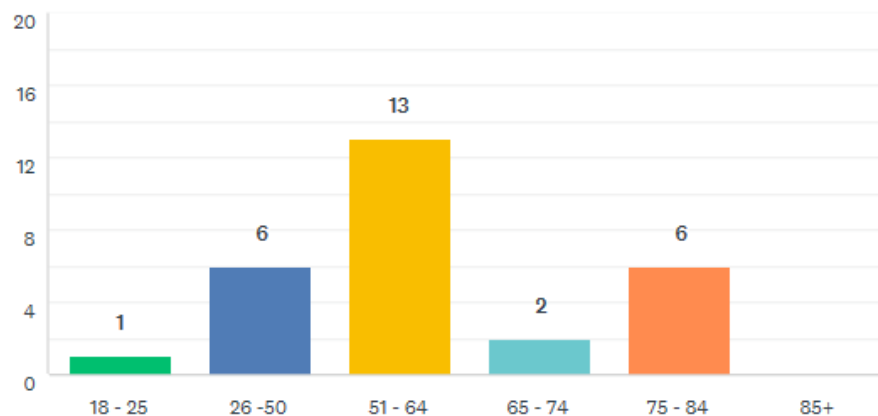
Service users:

Answered: 90 Skipped: 1



Carers:

Answered: 28 Skipped: 0



Engagement responses from the Service users - 91 responses

Of the 91 responses, 55 identified that the person answered with support from a carer or volunteer. Of the remaining 36 responses, there is no degree of certainty that all these were completed by the service user alone, but it is estimated that approximately 20 did complete the form themselves.

Commissioning Intention:

“We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through range of services that are least restrictive and maximise the independence of each person according to their needs.”

1. What do you like to do during the day?

Response Summary: of those surveyed, all appeared to be socially and physically active, based around craft and activities including music-based activities, hobbies and meeting friends. People attending Hollacombe reported the enjoyment of being able to choose what they want to do. Friendships and family are often identified as an essential part of the support network. Family may be parents or siblings but mention was also made of the person’s enjoyment of being with their own children. Organisations giving support were valued in enabling “getting out” and not being “bored”. The cost of travelling independently was identified as a barrier. Over 30% considered that they would like a job or to gain a new skill and knew what they would like to do. Concerns are similar to a public cross-section i.e. not understanding paperwork and needing help to complete, crowded buses and public attitudes.

18-25 age group (10 responses): socially active - indicative verbatim comments include:

“To be with my friends and family playing snooker, football, drinking with a splash, going to pubs, wine and cider”

“Walks, washing cars”

“Drama, classics, music”

“Bowling, walking, working, gardening with support”

26-50 age group (46 total responses): socially and physically active - including valuing day care which enabled activity and socialisation. There is a hint of loneliness in 2 comments. Indicative verbatim comments include:

“Meeting with friends. Coming to ROC, Creative photography”

“Going out with my dogs, playing samba, drama and doing my exercise. I like going to ROC”

“Samba band Gig, Drama, Dance. Swimming, beach, different pictures”

“Walking”

“See my friends, cup of tea”

“Getting out and about and enjoy club night is highlight of our week”

“Working for Torbay Council, Majorettes, Gateway”

“I like socialising and meeting friends I go to pubs to try and make friends”

“Walk dogs, travelling different towns going out with family in town doing shopping meeting friends going for meal music festivals”

“I like to go to SPOT on a Tuesday. I like to chill out in my bedroom”

51-64 age group (22 responses): although still active socially and physically, more introduce reports of sedentary activity. This group includes more responses referring to voluntary activity. Indicative verbatim responses include:

“I like to go shopping, listen to music, colouring, get my hair and nails done. I like going to SPOT every Tuesday. I like going to places like the discos”

“I like volunteering with support at a flower shop on a Monday, I like coming to SPOT on Tuesday I like to do lots of things. I go to co-ordin8 too. I like gardening I like helping out”

“I like to go out and meet people. I like going to the Wednesday night disco, summon bonum farm, SPOT and out for a drink with my brother. I enjoy karaoke”

“Listen to books, radio, TV.”

“Some time colouring, going out shopping, Day Services”

“Working”

65-74 age group (9 responses): socially active, perhaps indicative of a more sedentary life. Indicative verbatim responses include:

“Being active, working with people voluntary work being with people”

“Shopping, spending time with my bird, cooking, pub visits”

“Reading”

“Going out for drive”

75-84 age group (2 responses):

“Craft things e.g. knitting”

“Going out with ... and walking the dog and cleaning out rabbits going to Aspects and Cockington”

85+ 1 age response:

“Samba, Drama, Dance, Synagge, Watching DVD's”

2. What don't you like to do during the day?

Response Summary: Across all age groups the phrase “being bored” occurred on a regular basis. Negative comments indicate challenges to living. (81 total responses).

Indicative verbatim responses:

“I don't like staying in where I live I get bored. I live in a residential home. They don't do much”

“Going out on bus because we have to pay for tickets. Too much money staying at home, eat more food and get far because of bored at home, shop is bored in Torbay more this to look at”

Indication of the stresses of life:

“Arguments, tell me what to do”

“Sometimes I get scared when I get left on my own, in the weekend. Not enough staff”

“Sometimes buses are full so some time have to stand when we have sons when we have right to sit and then look at me and hubby say we need sit to all bus and things”

“Not having communal TV on day time”

“Don't like being indoors”

“Paperwork as I don't always understand it”

3. Is there anything you would like to do that you don't do at the moment? (78 total responses)

Response Summary: 21 stated “No” to this question. 24 indicated that they would like to do work, often indicating what they would like to do. This group also included those who wished to gain more skills. The remaining responses were related to hobbies and general activities.

Comments included:

“Would like to work”

“I would like to do a course at South Devon College”

“Singing”

“Swimming”

“Dog grooming”

“Work in a shop”

“Resume work (old people's home) College course (colour/design)”

“Would like to prepare veg.”

“Learn to tell time”

“Would like to do a bit more as I get bored at home. I would like to do volunteer work in an old people's home”

“Learn a hobby, learn a course, jobs, college.”

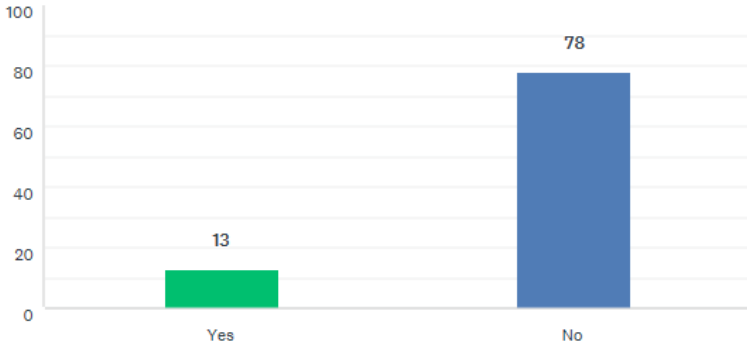
Commissioning Intention:

“We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.”

Response Summary: In the 65-74 age group (9), one person reported having a job and eight did not. No one in the 51-64 age group (22) reported having a job. In the 26-50 age group (46) ten had a job and 36 did not. In the 18-25 age group (10) two had a job and eight did not. 55% of responders (86) said they would like a paid job. This included those who had one already. 27% of all responders (91) reported having a volunteering role. One workshop asked to include studying amongst the range of options and the choice not to work.

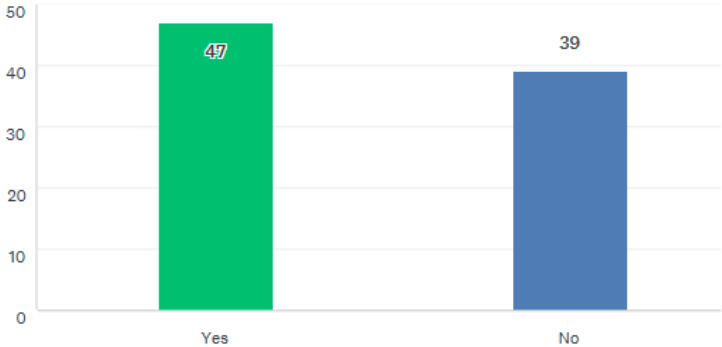
1. Do you have a paid job? (all responders)

Answered: 91 Skipped: 0



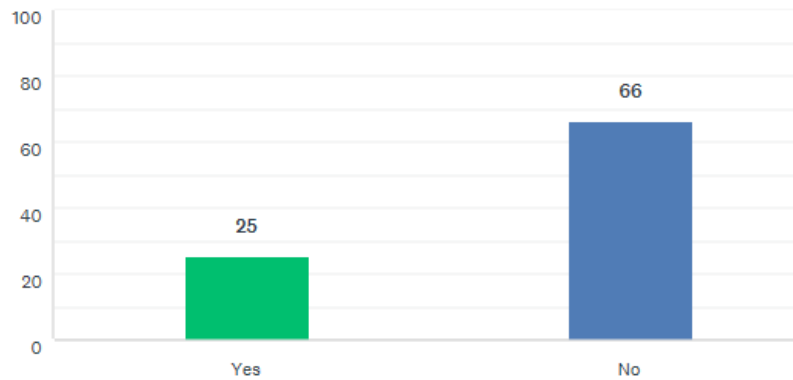
2. Would you like a paid job?

Answered: 86 Skipped: 5



3. Do you currently volunteer?

Answered: 91 Skipped: 0



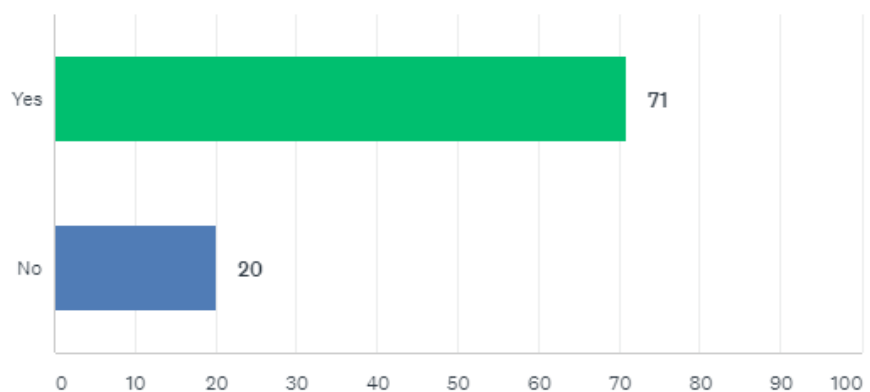
Commissioning Intention: (for questions 4 - 8)

“We will develop effective local housing options and care and support responses. What has worked well, what hasn’t worked well and what could be improved in the support offered to people with LD.”

4. Did you choose where you are currently living?

Response Summary: 78% (71 people) of all responders reported that they chose where they are currently living and are happy with their choice. Of those reporting that they did not make this choice (20), seven lived with their parents, five in a residential home and two lived alone.

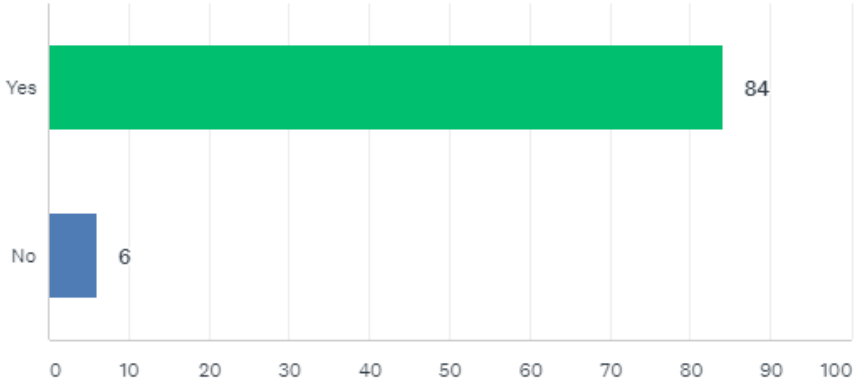
Answered: 91 Skipped: 0



5. Are you happy living there?

Response Summary: The significant majority (93%) of all responders (91) reported that they were happy living where they were.

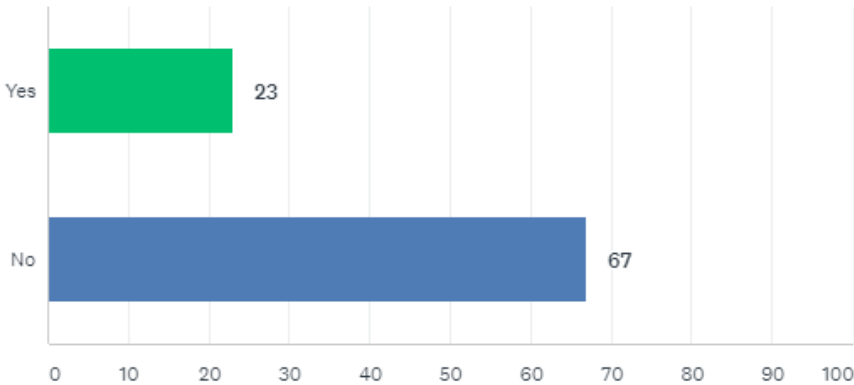
Answered: 90 Skipped: 1



6. Would you like to live somewhere else?

Response Summary: The majority (74%) of all responders (91) reported that they did not want to live somewhere else.

Answered: 90 Skipped: 1



7. Why would you like to live somewhere else? (free text)

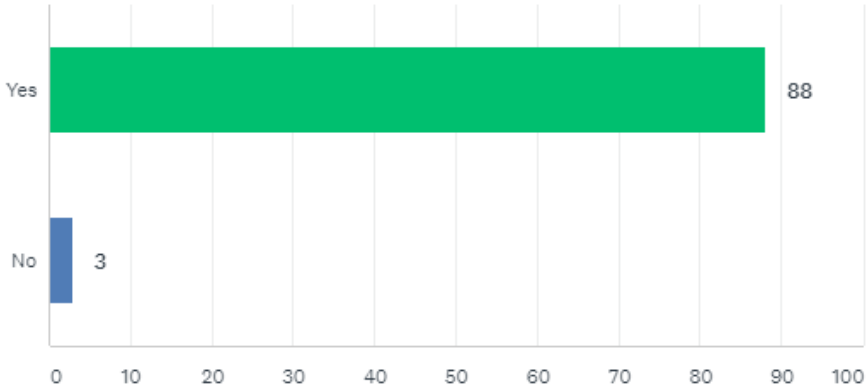
Reasons for wishing to change where they lived (6 responders) were:

- “Wishing to live with people of their own age group”
- “Feeling unsafe in the area”
- “Feeling lonely with poor support. Its lonely I find cooking really hard I have some support from ... but they turn up at different times and they only tell you on the day”
- “Having their own space”
- “Being nearer to parents”
- “The cost of housing not being ‘affordable’”

8. Do you feel safe where you currently live?

Response Summary: 97% (88) of responders felt safe where they lived. Their reasons for this were, overwhelmingly, knowing familiar people and the kindness of those they lived amongst.

Answered: 91 Skipped: 0



Verbatim responses:

“I feel safe because we have good staff and if I have any problems can go to staff anytime always”

“Staff lived here a long time.”

“I feel independent. I feel more safe now I have support”

“I know people in the area (Watcombe) that look out for me”

“Those attending Hollacombe CRC reported living at home, an interactive, happy life, mostly with parents or siblings”

“Feeling safe was also achieved by help to know the community they lived in.”

Commissioning Intention: (for questions 9 & 10)
“We will ensure that people are supported to have relationships of their choosing.”

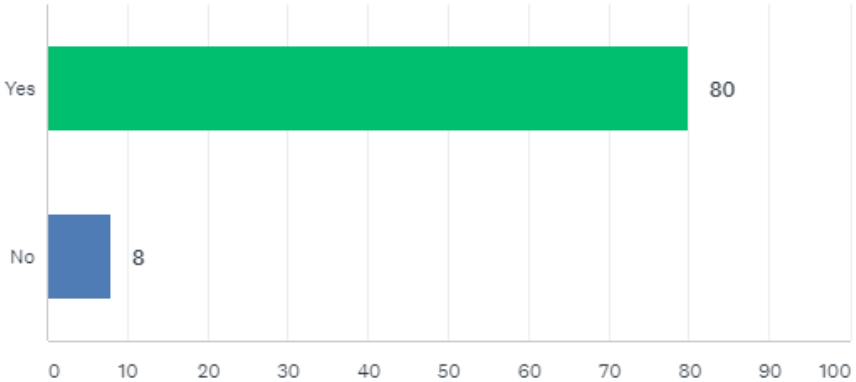
9. Who do you have relationships with? (free text)

Response Summary: Responders reported close networks of people whom they classed as friends. Most mentioned were parents and siblings and step-parents. Of the remainder this included close other family members - wife (1), fiancé (2), partner (7) and their own friends including mentioning boyfriends (3) and girlfriends (4). Although staff and carers were not mentioned in the prompt, “support worker” was identified (5) and carer (1). Friendships created at provider activities were also valued.

10. Do you feel that you have a choice of who to have a friendship/relationship with?

Response Summary: 91% (80) responders agreed that they had a choice of who to have a friendship/relationship with. Of those that did not have a choice, these also identified as lacking in friends and relationships.

Answered: 88 Skipped: 3



Comments:

- “Don’t see my family, don’t have many friends”*
- “Brother, I would like to have friends”*
- “Don’t know”*

When asked what support was needed to build friendships and relationships, responses included:

- “I want friends but I find it really hard. I’m shy”*
- “I would like support to make friends. Although I see people at the disco I don’t know how to make friends to see them outside of the disco”*
- “I have to put up with other people”*
- “Working through a relationship file”*
- “I am able to choose my friends, I sometimes need help to make arrangements to see them as I find this hard”*

Engagement responses: Carers - 28 responses

Responses to the survey specifically aimed at carers was low during this period of engagement. As per the engagement brief used elsewhere, we requested the assistance of specified local agencies to promote the survey across their wider service users. The same questions asked to service users were asked to carers of people with a learning disability.

Commissioning Intention: (for questions 1 - 4)

“We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through range of services that are least restrictive and maximise the independence of each person according to their needs.”

1. How would you rate the level of professional support you have received in your role as a carer to someone who has a learning disability?

Response Summary: 64% (18) of responses were positive. Reasons for poor rating included lack of continuity from carers, information not provided, inconsistency for health checks.

Answered: 28 Skipped: 0



2. What extra support would increase your overall score above? (free text)

Indicative comments include:

“Knowing where to find and who to ask for help.”

“We have had great support in our roles as carers for our child, but a lot more information as she approaches adult hood would be very welcome. Preferably a couple of years before her 18th Birthday would have been very helpful.”

“A good prompt care worker who didn't go on leave without notification of who replies to emails or telephone calls”

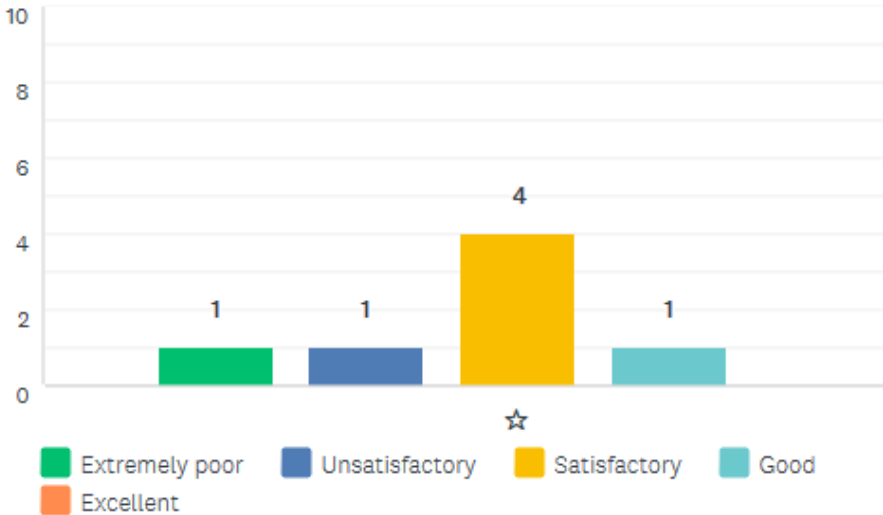
“GP support is poor, being usually generic advice and unsuitable for the person involved. They do not seem to have any in depth knowledge of the patient themselves.”

“Help, information and signposting to relevant groups post diagnosis.”

3. If you have accessed advice and support regarding housing for the person you care for, how would you rate this service?

Response Summary: 18% (5) answered positively, 7% (2) negatively and 75% (21) did not answer.

Answered: 7 Skipped: 21



4. Please describe which service you have used and why you have given the rating above? (free text)

No comments relating to satisfaction were provided. Verbatim negative indicative comments:

“Supported Living does not work for the profoundly handicapped. Using private companies to provide care has resulted in an unsatisfactory furnished building and a lack of qualified carers”

“No social housing available”

“Have been unable to access information regarding housing for my LD son”

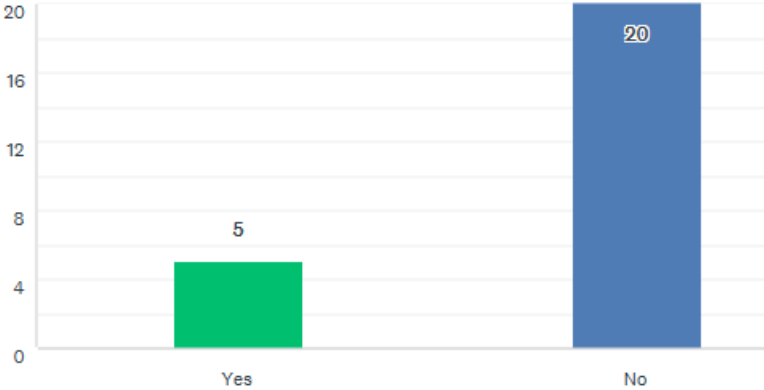
Commissioning Intention:

“We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.”

5. Has the person you care for been encouraged to take up any employment?

Response Summary: 18% (5) were encouraged, 71% (20) were not and 11% (3) did not answer.

Answered: 25 Skipped: 3



Comment:

“My college requested me as a parent to approach a local retailer as a placement for my son instead of the request coming from the College its self. (It was a No). They have not approached another branch under my request, but have offered my son work experience at the College shop for one week and only for 1 hour.”

Commissioning Intention:

“We will improve the experience of young people and their carers as they move between child and adult services. This work will span health and social services together with benefits and direct payments.”

6. Has the person you care for moved from children to adult services within the last 12 months? If yes, please rate below.

No responses received.

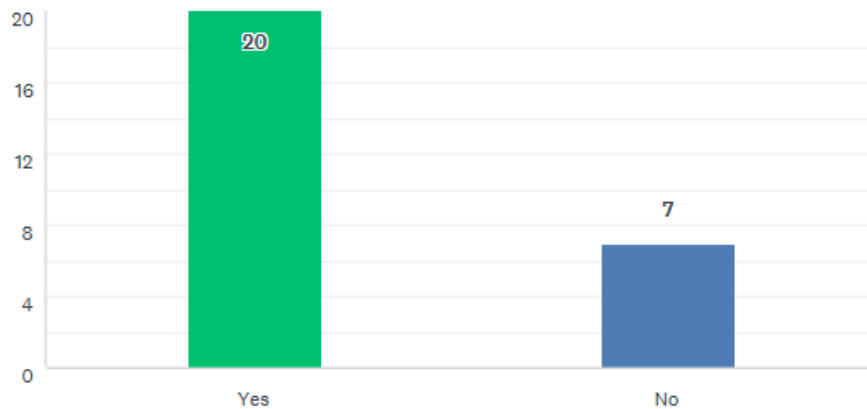
Commissioning Intention : (for questions 7 & 8)

“We will address the health inequalities of people who have a learning disability by ensuring that reasonable adjustments are made in services to enable faster diagnosis and treatment. Ensure LD clients are identified within GP Practices by ID marker and other services informed. In addition, we note that access to disease prevention needs to be improved in relation to obesity, diabetes, cardiovascular disease and epilepsy.”

7. Has the person you care for received annual health checks from your GP Practice?

Response Summary: 71% (20) said yes, 25% (7) said no and 4% (1) did not answer.

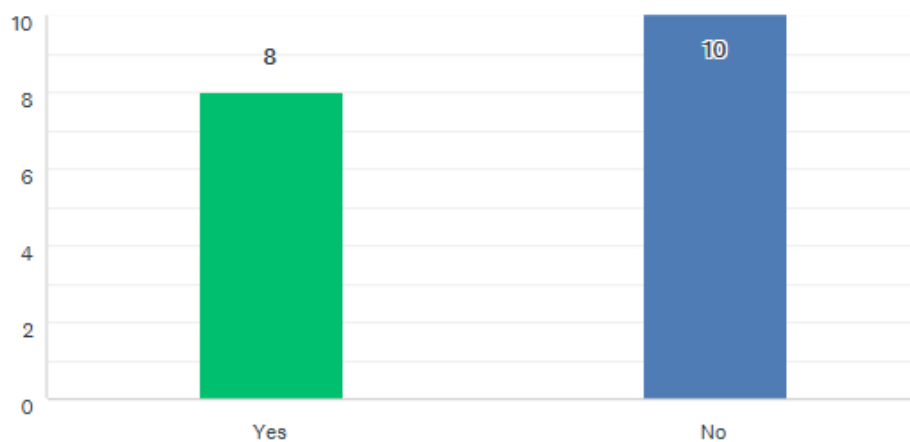
Answered: 27 Skipped: 1



8. Has the health check improved the quality of the health and wellbeing of the person you care for?

Response Summary: 28% (8) said yes, 36% (10) said no and 36% (10) did not answer.

Answered: 18 Skipped: 10



Comments were mixed but recognised that more than a health check is required:

“If they follow what the health team say yes, but most do not”

“On the whole it has been very good but there has been one or two problems.”

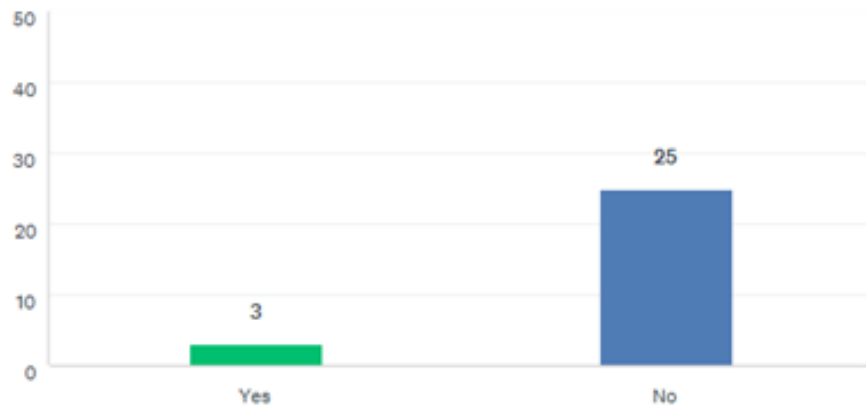
Commissioning Intention:

“We will provide fast and targeted help for people in times of crisis, with the aim of supporting each person as close to home as possible.”

9. *Have you had the need to access crisis/emergency support within the last 12 months?*

Response Summary: 11% (3) said yes, 89% (25) said no.

Answered: 28 Skipped: 0



Comments:

“Crisis dental day care was a very bad experience. A&E and paramedic visits have been excellent.”

“They had problems with the availability of learning disability “passports” carrying information about medication”

“They felt that some urgent and emergency care staff have a lack of understanding or /training about the causes of challenging behaviour relevant to learning disability. This is more noticeable when staff are working under pressure.”

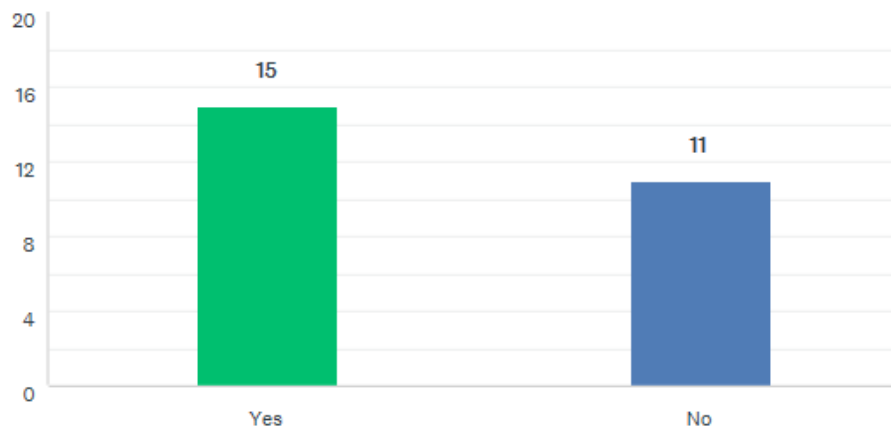
Commissioning Intention : (for questions 10 - 13)

“We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.”

10. *Are you aware of the services available to support you as a carer and the person you care for and how to access them?*

Response Summary: 54% (15) said yes, 39% (11) said no, 7% (2) did not answer.

Answered: 26 Skipped: 2



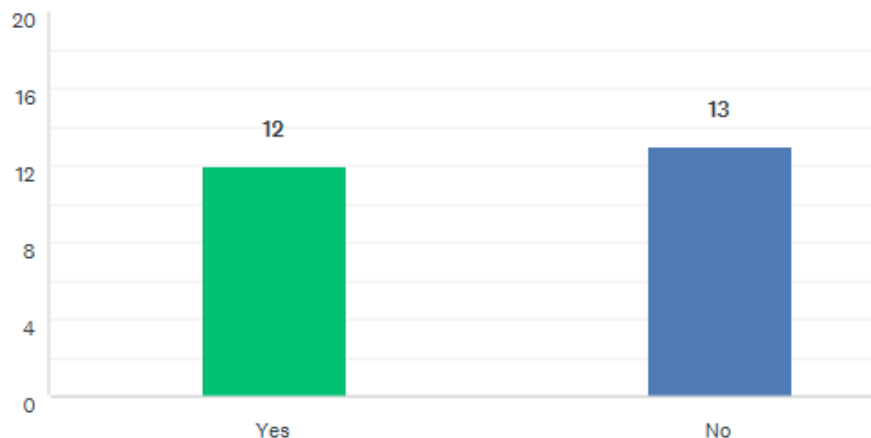
11. Please provide details about your experience of the service? (free text)

Comments indicated that Older Family Carers Service and GP support worker is used by those who are aware.

12. Does the person you care for use direct payments?

Response Summary: 43% (12) said yes, 46% (13) said no, 11% (3) did not answer.

Answered: 25 Skipped: 3



13. If no, have you received information about direct payments, please provide details including why you have not proceeded with this route. (free text)

Negative comments indicated that either little is known about the process, or that initial contact to discuss has not been followed through, or that it is just too much complexity to add to a caring role.

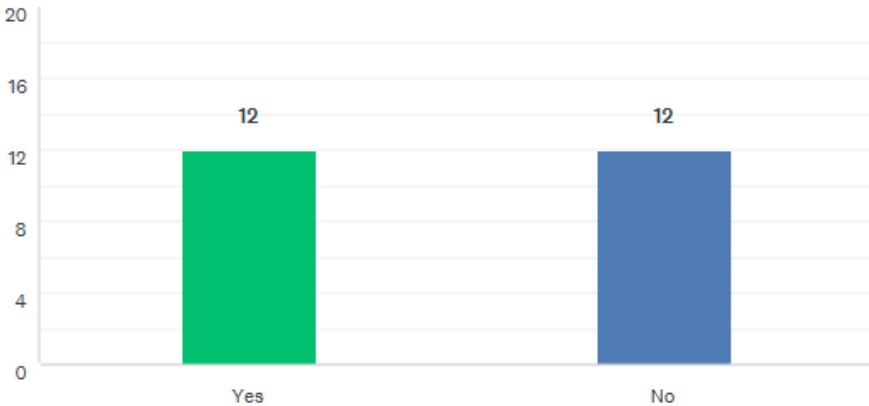
Commissioning Intention:

“We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.”

14. Do you have power of attorney or deputyship for financial and/or health for the person you care for?

Response Summary: 43% (12) said yes, 43% (12) said no, 14% (4) did not answer.

Answered: 24 Skipped: 4



15. If no, have you received information or been advised about the pros/cons for having this in place for the person you care for? (free text)

Comments indicate that of those who do not, they have delayed taking action or have not sought out information or believe that without formal powers or consent they are still able to speak for the one they care for.

“Don't have anything formally in writing but all doctors and benefits know to contact me.”

“When I say yes I can speak on behalf of her, but don't have legal power of attorney.”

“Too young”

“We have not received information about this yet.”

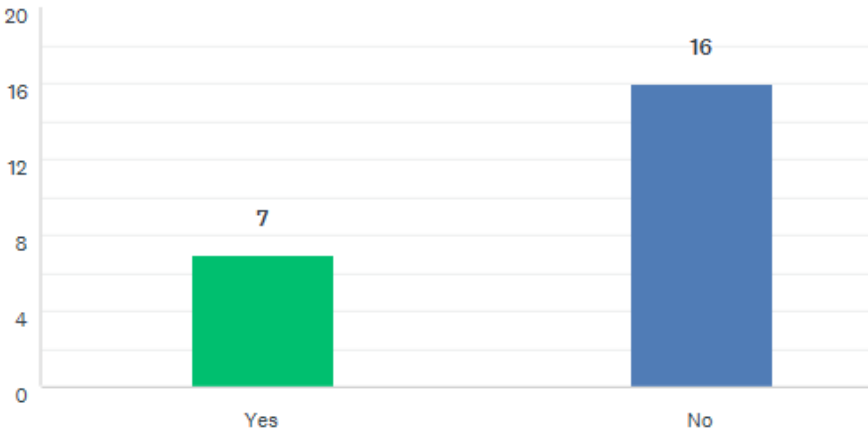
Commissioning Intention:

“We will support people who have a learning disability to access those services that they may need as they grow older, including dementia age appropriate services.”

16. As you and the person you care for grow older, are you aware of appropriate service to support you both in planning and preparing for the future? E.g. dementia services, end of life, housing support options, etc.

Response Summary: 25% (7) said yes, 57% (16) said no, 18% (5) did not answer.

Answered: 23 Skipped: 5



17. Please share your thoughts or concerns about this. (free text)

Comments for those without provision showed anxiety and lack of knowledge on the correct approach or who would give advice. There were concerns about people living in families where the main carers are themselves elderly.

“I do not want her to be alone as it will be very lonely as things are going or taken advantage of. I want her in a safe place.”

“Recognising signs of dementia in both the carer and the cared for”

“Lack of availability of appropriate respite care”

“Accommodating changing health and accommodation needs for both the carer and the cared for person.”

18. Finally, please feel free to share any other information/comments that are important to you as a carer to someone with a learning disability.

Verbatim comments:

“As long as I care, no one else will. When I stop, then the ????? will have to. Simple.”

“Nobody explains or tells you what services are out there.”

“Needed more emotional support when my son was first diagnosed (10 years ago). The process was very 'cold' and I suffered anxiety and guilt.”

“Please do not even think of closing the day centres, they are vital to the wellbeing of my daughter without them she would be left sitting, watching television, which she doesn't actually watching television, all day, carers lack imagination or energy to do anything about normal living, going out meeting people exploring their parameters”

“As a carer I constantly worry that my daughter will have her services cut hence putting more pressure on me. I do receive respite but I was given 6 less vouchers last year and now I have to contact someone to argue my case. It feels like life is one constant battle and all I want is what is best for my daughter, and not to feel under constant threat. Professionals will never understand, unless they live the life carers live, all that most carers want is a break and not to feel that we are a burden”

“I am a carer for my daughter. She has disability and learning difficulties. I think maybe in about six years' time I would like to look into this to help her for the future.”

“We have had very good support while caring for our child, but we literally have no idea what is available when she becomes as adult in the Autumn. If we were given this information a couple of years in advance of adulthood it would have helped with planning for her future.”

“Wish the agencies would listen to you, return phone calls or answer letters, and that you did not need to threaten them with the ombudsman, before they do anything. It is hard enough caring for somebody without the endless paperwork that seems to be constantly turning up in the letter box, regarding benefits, etc. The fab team now also send out assessment forms for you to fill in, so they don't have to make a home visit, which means you also have to send photo copies of documents, which when they came to carry out a home assessment they only had to see them. If you have been a Carer over a long period of time, you are get tired of the endless paperwork.”

“I worry about my daughter after I have gone!”

“There is a very small amount of support/guidance offered to carers. It feels very isolating and can have a negative impact on the carer as well as the individual who requires care.”

Engagement responses: Providers - 10 responses.

We asked the providers to comment on all of the fifteen commissioning intentions from the “Living well with a learning disability in Devon” 2014-2017 Joint Commissioning Strategy. 21 providers were invited to participate in the provider’s survey, of which, ten anonymous providers actively responded. Their concerns and verbatim comments are included below:

Commissioning statement 1 :

“We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through range of services that are least restrictive and maximise the independence of each person according to their needs.”

What has worked well?

- Some progress had been made here.

Comment:

“Good progress here, [but] funding needs to be individual, as shared funding does not work and restricts people moving forward.”

What hasn’t worked well?

- The lack of willingness to address personalisation and individual wellbeing.

Comment:

“If you can get the funding to support people to do this. As assessments aren't based on client need it is about how much it costs and if social workers can reduce packages then they do. I was told that going to the cinema was a WANT not a NEED and so any socialisation funding wasn't required. This person cannot leave the house without support so by not putting funding in they were massively restricting the person. Social workers need training around what is practical. I was told that a person should get a cleaner so funding could be cut as then they won't need support around maintaining their house! How is this promoting independence?”

- An inconsistent approach to prevention.

Comment:

“GP often won't see the person, they will prescribe over the phone. One surgery is very reluctant to for the person with an L/D to see the doctor and has to go through several appointments with other professional who cannot change or issue prescriptions. L/D yearly health check reviews are often a loose chat with carer. More follow ups often needed but pushed aside as they have a LD.”

What could be improved?

- **Specialist support from the primary/community care professionals.**

Comments:

“There is a lack of professionals (Primary Care Liaison Nurses, Physiotherapists, Occupational Therapists) with the skills and knowledge to work with people who have a learning disability and therefore the small few there are, are very stretched. The professionals that are in place are excellent.”

“Training, expectations of employees, standards are all different”

- **A forum for sharing knowledge and awareness of key issues.**

Comment:

“There is no 'overarching' body that is collating what goes on and what is on offer for individuals. The provision is patchy but more importantly most people would argue that they just don't know what is on offer for them to access.”

Commissioning statement 2 :

“We will develop effective local housing options and care and support responses. What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD.”

What has worked well?

- **Sensitive lettings offering additional support.**

Comment:

“There are some sensitive lettings that offer additional support but not many”

What hasn't worked well?

- **Lack of provision and respite providers leading to potential for poor quality lettings**

Comments:

“There is a lack of housing and organisations providing housing in the bay to ensure people have a good choice including, who they live with and where they live.”

“No competition between them to make them better.”

“Family carers do not complain about poor service in case it is withheld.”

- **Repeated concerns about isolation resulting in loneliness and vulnerability.**

Comments:

“The move to ensure people of similar abilities live together is not always conducive to ensure harmony or a balanced setting as most of us live in mixed groups regarding ages and abilities, for example more able people benefit from supporting less able and enjoy

noise /stimulating of a mixed group. People living alone can be very isolated and become deskilled by anxiety levels.”

“Pushing the need for people with an L/D to live independently in a flat on their own, opens up a whole can of worms for seclusion and possible abuse of many types.”

What could be improved?

- **Forward planning.**

Comment:

“The new supported living strategy looks promising. Concerned that recently people are just being placed according to budget rather than a person centred approach. Commissioners need to be aware of the numbers and needs of people with LD living in family home and their potential future housing and care needs.”

- **Communication and raising awareness.**

Comment:

“Work closer with landlords, awareness sessions etc. too many landlords do not understand and will not take if on benefits. Something needs to change.”

- **A more consistent approach.**

Comment:

“There is no consistency over the provision and quality of the housing and supported care. There is also no consistent pricing.”

Commissioning statement 3 :

“We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.”

What has worked well?

A positive response stated that *“this has worked well”*; however, of the seven responses, five were negative.

What hasn't worked well?

- **Lack of support.**

Comments:

“This needs drastically improving and more support offered to individuals to find meaningful employment.”

“It is hard to get jobs under normal circumstances let alone having a LD, more coaches to work alongside and support ongoing is needed.”

“The benefit side of things is too confusing and there is no central drive from Torbay to change this situation. Too many people with disabilities are unemployed and not represented in businesses.”

What could be improved?

- **Engagement with employers.**

Comments:

“Employers are not very willing to take a chance on someone with an LD that’s the difficulty”

“There is very little engagement by local employers in Torbay to work with people with disabilities.”

Commissioning statement 4:

“We will improve the experience of young people and their carers as they move between child and adult services. This work will span health and social services together with benefits and direct payments.”

What has worked well?

- **Transitioning from child to adult services**

Comments:

“Working with one individual to transition from child services to adult services ... its early days but appears to have a lot of support and multi-disciplinary approach.”

“Transitioning between Mayfield School and Hollacombe seems to work well.”

What hasn’t worked well?

- **Lack of social worker support**

Comment:

“Transition from school to adult services is messy. Parents often express the lack of support from social workers.”

- **Lack of information for parents**

Comment:

“We have found that most families do not have the information they need regarding the move into adult services - with our short break service it’s been more word and mouth than active input from social work teams.”

What could be improved?

- **More information on what is available**

Comment:

“There needs to be more information about what is available to the child as they transfer into adult social care as this seems to be lacking.”

- **More transition staff**

Comment:

“In the past we had great transition staff, this was stopped. People need to be supported forward from child to adult.”

Commissioning statement 5 :

“We will address the health inequalities of people who have a learning disability by ensuring that reasonable adjustments are made in services to enable faster diagnosis and treatment. Ensure LD clients are identified within GP Practices by ID marker and other services informed. In addition, we note that access to disease prevention needs to be improved in relation to obesity, diabetes, cardiovascular disease and epilepsy.”

What has worked well?

Positive response stated that *“no improvement needed”*; however, most responses highlighted the inconsistency of GP Practices.

What hasn't worked well?

- **Inconsistency across primary care**

Comments:

“We have a good relationship with the GP surgeries that our clients use although it can be difficult to get appointments at times that are suitable to our clients' needs due to the new booking in systems that they introduce.”

“We have found this is very dependent on the GP and the practice involved.”

“This varies depending on the GP. Some GP's are very good at supporting people who have an LD and others aren't.”

- **Communication**

Comment:

“There is a lack of communication/multidisciplinary approach. Decisions made within their particular area but nobody is looking at the overall picture and the consequence of changes to care without information being shared.”

What could be improved?

- **Regular health checks**

Comments:

“For this to be improved all GP’s need to ensure the person is having regular checks and following up on reviews such as asthma and diabetes - and highlight it if the person has missed appointments. GP’s need to review more frequently medication that is being given on repeat prescription and also be more mindful of prescribing medication over the phone without seeing the person.”

“We have an obese population of people with learning disabilities especially in supported living. We need to address this ASAP.”

- **Screening for Dementia**

Comment:

“Improved screening for dementia needed. GP’s seem reluctant to do base line screen for LD and it is not always easy to get a parents concerns about the person they care for showing possible signs of dementia heard. As a significant percentage of people with LD develop early onset dementia there should be better access to a baseline assessment.”

Commissioning statement 6:

“We will provide fast and targeted help for people in times of crisis, with the aim of supporting each person as close to home as possible.”

What has worked well?

Positive response stated that *““Rapid Response Team have provided excellent support at home for families in crisis”*”.

What hasn’t worked well?

- **Lack of respite support**

Comments:

“Closure of Baytree has worried many families. There is a concern about where an emergency bed may be found in event of a crisis.”

“Lack of respite support available to help in crisis situations.”

“On the two occasions I have worked with someone who became very stressed and had to be moved from their home one person was moved to Wales and the other to Cornwall. Therefore in my opinion there are not enough specialised support services in the area.”

“A person with profound learning disability and physical disability was in respite care due to go home. His parent was unable to care for him as she had ‘flu and was concerned about the risk to him. He had complex care needs and no other member of the family was able to support him. The respite provider was unable to continue his care. The extent of illness of the mother was challenged by senior staff who dismissed her concerns without empathy. No support care was provided. The person returned home and his sister cared for both on her own.”

What could be improved?

- **Communication**

Comments:

“Making a referral for someone considered to be reaching crisis point can be difficult due to 'gate keeping' when contacting 01803 219700 - would be easy for a family member to be put off asking for much needed help”

“Each person needs to have clear idea of who is their social team lead so they can contact, people do not see to know who to call and call support workers when not supported.”

Commissioning statement 7 :

“We will review the provision of therapies for people who have a learning disability, concentrating on access and equity across Devon.”

What has worked well?

Of the seven providers responding, two considered that there were no issues to report.

What hasn't worked well?

- **Service closures leading to long waiting lists**

Comment:

“All services seem to be closing ... huge waiting lists for OT (Occupational Therapist) Speech and language etc.”

- **Information available**

Comment:

“Dependent on social workers and their knowledge of facilities and opportunities.”

- **Cost of therapies**

Comment:

“The provision of therapies are patchy at best plus the cost prohibits universal access.”

What could be improved?

- **More LD therapy specialists**

Comment:

“Many of our clients don't fit into IATT (Intensive Assessment and Treatment Teams) or mental health remits and the DAS (Depression and Anxiety Service) service doesn't offer the longer term therapies they need so end up without any therapeutic treatment.”

Commissioning statement 8 :

“We will ensure that people are supported to have relationships of their choosing.”

What has worked well?

- **Level of support**

Comment:

“Good when relationships have been supported. Aware of a couple who have now been supported to get married after years of being discouraged due to their LD.”

“I believe as a provider we support people to do this well.”

What hasn't worked well?

- **Difficult to promote positive relationships**

Comments:

“We do what we can to promote positive relationships with family friends and the community but it can be difficult.”

“From what I have seen this is good, even when families may disagree.”

What could be improved?

- **Not ‘categorising’ people**

Comment:

“[This] will be hampered by banding people into categories of who they can live with.”

Commissioning statement 9 :

“We will support parents who have a learning disability by offering specialist support to agencies working with them.”

What has worked well?

Of the seven providers responding, two considered that there were no issues to report and that it “works well”.

What hasn't worked well?

- **Lack of Support**

Comment:

“LD Team Community Nurses previously provided good support for parents with LD. Loss of team seemed to create a gap. Understand that Devon Linkup are now providing support which is much needed and needs to be continued.”

What could be improved?

- **Flexibility of support**

Comment:

“There are events and courses put on during the day but this excludes many parents and carers who work. Also, these courses do not target what parents actually want.”

Commissioning statement 10 :

“We will support people who have a learning disability to access those services that they may need as they grow older, including dementia age appropriate services.”

What has worked well?

- **Availability of some services**

Comments:

“There are a lot of Dementia services accessible to us even though we don't use them currently.”

What hasn't worked well?

- **Access to services**

Comments:

“Need clear access to support and when people can access. Bereavement counselling that can have waiting lists over 6 months and not LD aware.”

“Where are these services??”

What could be improved?

- **Screening for Dementia**

Comment:

“Initial dementia screening is needed and then follow ups with access to appropriate medication.”

- **Personalisation of services**

Comment:

“Important that services suit the individual and not just fit a label of 'LD' or 'Dementia’”

Commissioning statement 11 :

“We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life.”

Only one service provider response was able to comment on this statement. Others expressed no knowledge. The one response was largely positive regarding ‘Life Books’ and ‘Direct Payments’. Comment:

“Life Books have provided for people with LD to carry information provided by family carers before the carer dies. This can be a great help in helping person with LD to have a good care plan and keep some sense of their family history for future care providers to have a better understanding of their personality and care needs. Have seen direct payments work very well and reduce cost of care package when family have good input on care plan.”

Commissioning statement 12 :

“We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.”

What has worked well?

Of the seven providers responding, one considered that there were “no issues”.

What hasn’t worked well?

- **Lack of Choice**

Comments:

“Due to the lack/choice of providers, some people have to access services which are not able to fully meet their needs, but there are no other alternatives.”

- **Lack of Support**

Comments:

“There is very little support for people to get help with this and those that are there to help are so overstretched. There is a real concern within our charity that people are missing out on money that they are entitled to and services suffer as a result.”

“Some carers find it difficult to know where to go to find someone to support the person they look after”

“As long as there is someone to help them manage this budget then that is ok, but there is a lot of room for abuse in this situation, i.e. not providing the hours expected, letting the person down by not turning up etc. without an organisation behind them.”

“There is a lack of coordination/organisation matching the right person to support someone who wants to purchase support through a direct payment.”

What could be improved?

- **Personalisation**

Comments:

“A truly personalised service can improve life of person and reduce costs.”

Commissioning statement 13 :

“We will seek to influence other decision makers to ensure that citizens who have a learning disability will have improved access within our communities across Devon.”

What has worked well?

Of the six providers responding, one considered that there were “no issues”.

What hasn't worked well?

- **Lack of public consultation**

Comments:

“Lack of LDPB (Learning Disability Partnership Board) has limited communication and opportunity for people to have their say.”

“Often decisions are made amongst senior managers but they have not consulted with providers, carers and people who use services and therefore there is still work to be done in this area.”

“Things happening in isolation need opportunity to bring people together to influence things within the community”

What could be improved?

- **Stronger community voice to speak out**

Comments:

“More speaking out groups and advocacy needed to ensure decision makers are hearing the voice of LD.”

“Who is championing these people? Where is the local and national voice?”

Commissioning statement 14 :

“We will continue to support the use of the Mental Capacity Act in services.”

What has worked well?

- **Carer Assessments**

Comment:

“More carers are being offered an assessment in their own right ensuring they get any support they need.”

What hasn't worked well?

- **Implementation of the Act**

Comment:

“Can be poorly implemented, recent example of an end of service questionnaire that was not accessible to people with LD but could not provide an easy read version as it had to be 'academically rigorous'. Did not give people with LD opportunity to complete and they were deemed to lack capacity when MCA says that information should be given in alternate format to give every opportunity to understand.”

What could be improved?

- **Funding**

Comment:

“The money and funding needs to be in place to successfully do this.”

Commissioning statement 15 :

“We will continue to help people keep safe, working within safeguarding processes and working closely with police and other public services to achieve this.”

What has worked well?

- **Response to Safeguarding Alerts**

Comment:

“Yes I have no concerns with the safeguarding team ... they are quick to respond and guide on incidents/ issues raised to them”

What hasn't worked well?

- **Safeguarding Processes**

Comments:

“Safeguarding processes are in place however they can take a long time to make changes for the person”

“Have found that reporting safeguarding issues through 01803 219700 can be difficult for family members particularly if they are raising a concern about the person they care for - 'gate keeping' again can be difficult”

“The police have no idea how to work with LD clients. They hide behind the capacity card and in many instances where we have reported assaults say that the person didn't have capacity to understand their actions. It's like they are immune from any prosecution”

What could be improved?

- **Support for vulnerable people**

Comment:

“Client lost his home... [after it was]...deemed too big for him, his benefits were stopped because he was confused about the situation and he did not get the right support. He got into debt and ended up in a hostel with loss of his flat and most of his possessions.”

Summary of Findings

Service Users

Of the 91 service user responses, all service users surveyed appeared to be socially and physically active, with friendships and family often identified as an essential part of the support network. Service users value organisations that enable them to ‘get out’ and not ‘be bored’, however, the cost of travelling independently was identified as a barrier.

Over 30% (of 91 people) considered that they would like a job or to gain a new skill and knew what they would like to do. Concerns included not understanding paperwork and needing help to complete, crowded buses and public attitudes.

The majority (78%, 71 people) of all responders reported that they chose where they are currently living and are happy with their choice. 97% (88) of responders felt safe where they lived, mainly due to knowing familiar people.

Responders reported close networks of people whom they classed as friends. Most mentioned were parents, siblings, step-parents and other family members. Friendships created at provider activities were also valued, with 91% (80) responders agreeing that they had a choice of who to have a friendship/relationship with.

Carers

64% (19) of the 28 carer responses rated the level of professional support they receive as positive. Reasons for poor rating included lack of continuity from carers, information not provided, and inconsistency for health checks. Housing advice and support was rated more positively than not by carer responders.

18% (5) of the 28 carer responders said the person they care for had been encouraged to take up employment. 71% (20) said the person they care for had received an annual health check from their GP, with 28% (8) saying it had improved their health and wellbeing. 43% (12) of carer responders said the person they care for used direct payments, with 43% (12) again saying they have power of attorney or deputyship for financial and/or health for the person they care for.

11% (3) of carer responders had needed to access crisis/emergency support within the last 12 months.

54% (15) of carer responders were aware of the services available to support them as a carer and the person they care for, and how to access them. 25% (7) were aware of appropriate services to support them both in planning and preparing for the future.

Providers

Of the ten providers who responded to this survey, there were mixed responses throughout to whether the fifteen commissioning intentions had worked well and what improvements were required.

Some providers commented positively regarding the progress that has been made, particularly praising some of the support services offered (e.g. sensitive lettings, transitioning from child to adult services, direct payments and dementia services).

The majority highlighted areas that weren't working so well, including a lack of support and lack of communication throughout the commissioning intentions. A lack of provider choice, available information, public consultation and personalisation to the individual were also mentioned, as well as inconsistencies in prevention and primary care.

When asked to identify what needs to improve, providers frequently commented on the need for improved communication and information available on services and how to access them, not just for service users but also for parents, carers, providers and employers. The need for more consistent, flexible and specialised LD support services (e.g. Dementia Screening, therapists) was also identified, as was the need for forward planning using the voice of the very people who access LD support services.

Thanks

HWT would like to thank the Planning Focus Group, which included:

- Volunteers
- 2 x local carer representatives
- Hollicombe Day Service
- Mayfield GP Practice Care Support Worker
- Torbay Older Family Carers for Mencap
- Torbay Mencap
- Secretary and Vice Chair for Torbay Mencap (local) Society and carer
- SPOT (Speaking Out In Torbay) Representative
- Parent representative supporting someone with LD
- Chief Officer Devon Link Up
- Co-ordin8
- ROC services manager
- Down South representative
- Project coordinator with national Mencap
- Healthwatch Torbay staff and volunteers

We would also like to thank all the service users, carers and providers who participated in this consultation to give us their valuable feedback.

Appendices

Appendix A - Questionnaires used

Service User Survey

Learning Disability Survey for people with lived experience

Healthwatch Torbay is working in partnership with the Learning Disability Sustainability and Transformation Partnership (STP) across Devon to undertake an independent survey to review and refresh the Devon wide Learning Disability Commissioning Strategy “Living Well with a Learning Disability in Devon 2014 – 17 to find out what has worked well, areas that could be improved and to ensure it supports your vision for your future. Healthwatch Torbay is an independent consumer champion for Health and Social Care services in Torbay, ensuring the voice of the community is used to influence and improve services for local people.

To have your say in shaping and improving the Living Well with a Learning Disability Strategy over the next three years, please could you complete and return this questionnaire. If you would like to speak to us direct then you can contact the Healthwatch Torbay office, Monday - Friday, 9.30am - 12pm, on the Freephone number 08000 520 029 and someone will complete the questionnaire with you over the phone.

If you wish to complete this online please use <https://www.surveymonkey.co.uk/r/LDLivedExperience>

Please note that all responses will be anonymous and the information you provide will be used in our report at the end when all the feedback is gathered and shared with commissioners.

Please complete the questions that are relevant to you, and submit the questionnaire even if you haven't completed all the questions as all of your input is important to us.

Please indicate your relationship to the person with learning disability e.g. key worker, carer, volunteer (you do not need to specify name)

To be completed on behalf of the person with learning disabilities

Please indicate your age range.

- 18 – 25 yrs
- 26 – 50 yrs
- 51 – 64 yrs
- 65 – 74 yrs
- 75 - 84 yrs
- 85+ yrs

Q1 - What do you do during the day?

E.G. What do you like to do during the day? What don't you like doing during the day? Is there anything you would like to do that you don't do at the moment?

Q1

E.G. - Do you have a paid job? Do you volunteer?

Q3 - Where do you live and are you happy living there?

E.G. - Did you choose where you are living? Who do you live with? Would you like to live somewhere else? Why? Do you feel safe where you live? What makes you feel safe/unsafe where you live?

Q4 - Do you see and friends or family?

E.G. - Who do you have relationships with e.g. family, friends, partner? Do you feel that you have the choice of who to have a friendship/relationship with? Is there any support or information you need to help you make decisions about relationships you have?

Thank you for taking the time to complete this questionnaire. Your feedback and responses are important to informing the revised strategy.

Carers Survey

1. Please indicate your age range.

18 - 25

26 -50

51 - 64

65 - 74

75 - 84

85+

Extremely poor Unsatisfactory Satisfactory Good Excellent

What extra support would increase your overall score above?

2. How would you rate the level of professional support you have received in your role as a carer to someone who has a learning disability?



Extremely poor Unsatisfactory Satisfactory Good Excellent

Please describe which service you have used and why you have given the rating above

3. If you have accessed advice and support regarding housing for the person you care for, how would you rate this service?



Comment

4. Has the person you care for been encouraged to take up any employment?

Yes

No

Extremely poor Unsatisfactory Satisfactory Good Excellent

What worked well or could be improved?

5. Has the person you care for moved from children to adult services within the last 12 months? If yes, please rate below



6. Has the person you care for received annual health checks from your GP Practice?

Yes

No

Please provide details

7. Has the health check improved the quality of the health and wellbeing of the person you care for?

Yes

No

If yes, please provide details about your experience of the service

8. Have you had the need to access crisis/emergency support within the last 12 months?

Yes

No

Please list the services you use or are aware of

9. Are you aware of the services available to support you as a carer and the person you care for and how to access them?

Yes

No

If no, have you received information about direct payments, please provide details including why you have not proceeded with this route

10. Does the person you care for use direct payments?

Yes

No

If no, have you received information or been advised about the pros/cons for having this in place for the person you care for? Please provide any comments

11. Do you have power of attorney or deputyship for financial and/or health for the person you care for?

Yes

No

Please share you thoughts/concerns

12. As you and the person you care for grow older, are you aware of appropriate service to support you both in planning and preparing for the future? e.g. dementia services, end of life, housing support options etc

Yes

No

13. Finally, please feel free to share any other information/comments that are important to you as a carer to someone with a learning disability

Thank you for taking the time to complete this questionnaire. Your feedback and responses are important to informing the revise strategy

Provider Survey

1. Commissioning statement- We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through range of services that are least restrictive and maximise the independence of each person according to their needs.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

2. Commissioning statement- We will develop effective local housing options and care and support responses.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

3. Commissioning statement- We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

4. Commissioning statement- We will improve the experience of young people and their carers as they move between child and adult services. This work will span health and social services together with benefits and direct payments.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

5. Commissioning statement- We will address the health inequalities of people who have a learning disability by ensuring that reasonable adjustments are made in services to enable faster diagnosis and treatment Ensure LD clients are identified within GP Practices by ID marker and other services informed. In addition, we note that access to disease prevention needs to be improved in relation to obesity, diabetes, cardiovascular disease and epilepsy.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

6. Commissioning statement- We will provide fast and targeted help for people in times of crisis, with the aim of supporting each person as close to home as possible.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

7. Commissioning statement- We will review the provision of therapies for people who have a learning disability, concentrating on access and equity across Devon.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

8. Commissioning statement- We will ensure that people are supported to have relationships of their choosing.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

9. Commissioning statement- We will support parents who have a learning disability by offering specialist support to agencies working with them.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

10. Commissioning statement- We will support people who have a learning disability to access those services that they may need as they grow older, including dementia age appropriate services.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

11. Commissioning statement- We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

12. Commissioning statement- We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

13. Commissioning statement- We will seek to influence other decision makers to ensure that citizens who have a learning disability will have improved access within our communities across Devon.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

14. Commissioning statement- We will continue to support the use of the Mental Capacity Act in services.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

15. Commissioning statement- We will continue to help people keep safe, working within safeguarding processes and working closely with police and other public services to achieve this.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

Thank you for taking the time to complete this questionnaire. Your feedback and responses are important to informing the revised strategy.

All information given will be kept in accordance with the General Data Protection Regulation 2016/679 (GDPR). Healthwatch Torbay follows standard security procedures to protect your data.

Please be aware you have the right to see the records Healthwatch Torbay holds about you and to be supported to have access to these.
Our Privacy Statement and Terms & Conditions can be found at www.healthwatchtorbay.org.uk

Appendix B - List of Learning Disability Providers

List of key organisations/providers who were given the opportunity to engage with Healthwatch Torbay and the Planning Focus Group during this consultation.

- United Response (ROC)
- Coordin8
- Hollacombe
- Mencap - Gateway
- St Michaels
- Braemar House
- Arundel House
- Burrow Down
- Maidencombe Manor
- Potins
- Summerlands
- Renaissance
- Aspire
- Mencap Society
- Down South Group
- Torbay Older Family Carers Initiative
- SPOT
- Devon Link Up
- Modus Care Ltd
- New Redvers

Details of engagement activity undertaken to gather feedback for Healthwatch Torbay by organisations and providers

- United Response (ROC) - attended Planning Focus Group, completed surveys and had video box at Aspects in Paignton Hyde Road.
- Coordin8 - ran a workshop with service users to gather feedback (supported by HWT Volunteer)
- Hollacombe - attended Planning Focus Group, gathered feedback, case studies and other national/local report, and invited HWT to attend their event in June

- Torbay Mencap - attended Planning Focus Group, gathered surveys through Gateway Club support by HWT volunteers
- St Michaels - SPOT and HWT volunteer completed surveys at St Michaels
- Summerlands - SPOT completed surveys at Summerland
- Renaissance Residential and St John's Supported Living - completed surveys with service users in both locations
- Summon Bonum -SPOT completed surveys at Summon Bonum
- Down South Group - provided valuable information HWT CEO
- Torbay Older Family Carers - attended Planning Focus Group, completed surveys with carers
- New Redvers - completed surveys with service users supported by HWT volunteer
- Torbay Carers Service - circulated survey online to all carers with an email address. HWT used recently completed report with carers for elements of this LD report
- Devon Link Up - attended Planning Focus Group, provided case studies, feedback from recent engagement held, feedback around advocacy and end of life,
- FAB (employment Support Group) - attended Planning Focus Group, gather feedback from service users.
- SPOT -attended planning Focus Group, completed surveys at 3 locations
- Carers - 2 local carers attended the Planning Focus Group and gathered feedback from Roc Creative
- LD Nurse Torbay Hospital - Shared information with HWT
- HWT ran drop in session for one week during the consultation period.

Appendix C Parent Carers Forum Evaluation about Annual Health Checks for Learning Disabilities in Torbay



Click on the image below to download the PDF of the report or visit

<https://healthwatchtorbay.org.uk/annual-health-checks-for-learning-disabilities-report/>

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Devon TCP/learning disability/mental health housing plan

2018/19 – 2020/21

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1. Introduction

Transforming Care Partnerships (TCP) are required to develop a housing plan to support the aims of the programme by helping people to remain living in their local community.

This document is the Devon Transforming Care Partnership's housing plan for people with learning disabilities and/or autism who display behaviour that challenges, including those with mental health needs.

The purpose of the housing plan is:

1. To identify the immediate cohort of inpatients likely to require accommodation on discharge from an out of area in-patient bed.
2. To consider planning for the long-term housing requirements of this cohort of people.
3. To stimulate the development or sourcing of good quality accommodation for people with learning disabilities and/or autism who display behaviour that challenges including those with mental health needs.
4. To identify local housing providers for this cohort of people and to work with the local housing market and invite them to respond with housing solutions.
5. To work with local authority (LA) colleagues and utilise the expertise of housing departments in delivery of the identified housing requirements.
6. To inform capital investment plans in relation to identified housing requirements and to take account of any changes in the future funding arrangements for supported housing.

Transforming Care is one of the four strands of work within the Learning Disability and Autism components of the Devon Sustainability and Transformation Plan (STP).

2. National context

This strategy is based on the principles of recent guidance "*Building the right support*¹" (2015) and "*Build the right home*²" (2015)

Building the Right Support identified three aims for Transforming Care:

- 1) Reduce the number of people who have a learning disability and or autism who also have challenging behaviour in hospital.
- 2) Ensure that people are only admitted if they have a clear need and for the shortest time possible
- 3) Ensure that people have good lives in our community

Building the Right Support and the National Service Model state that people should have choice about where they live and who they live with. Inappropriate accommodation and a lack of robust support arrangements could potentially lead to placement breakdown and may result in an admission or readmission to hospital.

Increasing housing options for people with a learning disability, autism, or both will enable access to the right accommodation with personalised care and support provided to offer sustainable solutions. It is anticipated that this underpinned by the necessary community infrastructure will reduce reliance on inpatient services. In order to do this, it is necessary that people have the right accommodation to meet their needs.

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

² <https://www.england.nhs.uk/learningdisabilities/wp-content/uploads/sites/34/2015/11/building-right-home-guidance-housing.pdf>

3. Existing provision of accommodation and housing

This section summarises the current accommodation circumstances of the cohorts of people this plan covers.

TCP cohort (Devon wide)

These are individuals currently living in inpatient settings. There are currently 38 people in this cohort including:

- 20 individuals placed and funded by Devon Clinical Commissioning Groups/local authorities
- 18 people placed by NHS England specialist commissioning services.

Clients at risk of in-patient admission (Devon wide)

These individuals are living in the community in a mix of accommodation including residential care and supported living.

People with learning disabilities/autism (excluding the TCP cohort and those at risk of inpatient admission)

Devon

In 2017/18 there were 2,670 people with learning disabilities aged 18 years and over who have been assessed by Devon County Council as being eligible for a service. Table 1 shows the current accommodation/housing arrangements for these people.

Table 1. Adults with learning disabilities: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in nursing care (in and out of borough)	19
Living in residential care (in and out of borough)	544
Living with family carers (of these, estimated no. living with family carers aged 70+)	920 (176)
Living in supported living	487
Living in extra care housing	1
Living in Shared Lives	95
Other (Not recorded elsewhere, including supported housing where recorded as care through the front door)	604
Total	2670

Source: Devon County Council

Residential care/nursing care services are 'spot purchased' placements in and outside of Devon.

People across the age-spectrum from 18+ are living with family carers, however the number of people living with family carers aged 70+ has been identified in terms of the likelihood of future need for alternative housing (section 4).

Supported living in Devon uses a mix of:

- Shared housing models with some level of on-site support
- Self-contained units within a block, i.e. individuals with learning disabilities each occupy a flat within the same building with some level of on-site support
- Self-contained units, i.e. single occupancy (this is applicable to only a small number of individuals in supported living arrangements).

The support arrangements in relation to supported living are categorised as follows:

- Permanent Care need, 2 people, one awake at night
- Permanent Care need, awake at night
- Permanent Care, 2 people, sleep in
- Permanent Care, sleep in
- Shared hours during day, sleep in
- Shared Sleep in
- Shared hours during day only

The percentage of existing supported living arrangement by different support arrangement are shown in table 2.

Table 2. Supported living by support categories.

Type of support arrangement	Percentage
Permanent Care need, 2 people, one awake at night	3
Permanent Care need, awake at night	8
Permanent Care, 2 people, sleep in	20
Permanent Care, sleep in	46
Shared hours during day, sleep in/Shared Sleep in	1
Shared hours during day only	22
Total	100

Source: Devon County Council

Shared Lives: this is a service provided by Shared Lives South West, an independent charity contracted by the local authorities in Devon and Cornwall.

Torbay

These are people aged 18 years and over who have been assessed by Torbay Council/Torbay and South Devon NHS Foundation Trust as being eligible for a service. In 2017/18 there were

573 people with learning disabilities in this 'cohort'. Table 3 shows the current accommodation/housing arrangements for these people.

Table 3. Adults with learning disabilities: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of borough)	116
Living with family carers (of these, no. living with family carers aged 70+)	163 (37)
Living in supported housing/supported living/extra care housing	136 (including 7 in extra care housing)
Living in Shared Lives	29
Other ³	129
Total	573

Source: Torbay Council

Residential care/nursing care services are 'spot purchased' placements in and outside of Torbay.

People across the age-spectrum from 18+ are living with family carers, however the number of people living with family carers aged 70+ has been identified in terms of the likelihood of future need for alternative housing (section 4).

Supported living in Torbay uses a mix of:

- Shared housing models with some level of on-site support
- Self-contained units within a block, i.e. individuals with learning disabilities each occupy a flat within the same building with some level of on-site support
- Self-contained units, i.e. single occupancy (this is applicable to only a small number of individuals in supported living arrangements).

Shared supported housing provides 81% of the supported living provision.

Self-contained housing provides 19% of the supported living provision.

Shared Lives: this is a service provided by Shared Lives South West, an independent charity contracted by the local authorities in Devon and Cornwall.

Plymouth

There are 982 people aged 18 years and over with a primary support reason of learning disability who have been assessed by Plymouth City Council as being eligible for care and support and in receipt of a service in 2017/18. Table 4 shows the current accommodation/housing arrangements for these people.

³ This will include people living in mainstream housing with a package of support and/or people whose circumstances have not been recorded within any of the other categories.

Table 4. Adults with learning disabilities: current housing arrangements (2017/18)

Housing/accommodation arrangement (ASC and Health)	Number of people
Living in nursing care	36
Living in residential care	171
Living with family carers (of these, estimated no. living with family carers aged 70+)	167 (27)
Living in supported living	442
Living in extra care housing	13
Living in Shared Lives	12
Other (Not recorded elsewhere)	141
Total	982

Source: Plymouth City Council

Residential care/nursing care services include placements in and outside of Plymouth.

People across the age-spectrum from 18+ are living with family carers; however the number of people likely to require alternative housing under this strategy has been identified from those people living with family carers aged 70+ (section 4)⁴.

Supported living in Plymouth uses a mix of:

- Shared housing models with some level of on-site support. Analysis completed in 2015/16 of shared housing allowed us to conclude that 158 people were living in 52 shared houses, with 36 sleep in staff being deployed.
- Self-contained units within a block, i.e. individuals with learning disabilities each occupy a flat within the same building with some level of on-site support this would include core and cluster models
- Self-contained housing; i.e. the persons own home in the community with support
- People living at home with families with a Supported Living package and a plan to move to their own home

Shared Lives: this is a service provided by Shared Lives South West, an independent charity contracted by the local authorities in Devon and Cornwall.

Extra Care: Plymouth benefits from a purpose built extra care scheme for people with a learning disability. The scheme comprises 8 x 1 bedroom flats with communal area and staff facilities. In addition, a further scheme of 12 x 1 bedroom flats is currently in development. A number of extra care schemes for older people are also available.

People with mental health needs

⁴ Number estimated living with family aged 70+ is based on clients aged 50+

Devon

These are people with mental health related needs who are known to Devon County Council and Devon Partnership NHS Trust. Table 5 shows the current accommodation/housing arrangements for these people.

Table 5. Adults with mental health needs: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of County)	172
Living in supported housing/supported living	217
Other ⁵	33
TOTAL	422

Source: Devon County Council

People living in supported housing/supported living are accommodated in a mix of shared housing and self-contained housing.

Torbay

These are people with mental health related needs who are known to Torbay Council and Devon Partnership NHS Trust. Table 6 shows the current accommodation/housing arrangements for these people.

Table 6. Adults with mental health needs: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of borough)	39
Living in supported housing/supported living	41
Other ⁶	7
TOTAL	87

Source: Torbay Council

People living in supported housing/supported living are accommodated in a mix of shared housing and self-contained housing.

Plymouth

There are 559 people with a primary support reason of 'mental health support' who are known to Plymouth City Council. Table 7 shows the current accommodation/housing arrangements for these people.

Table 7. Adults with mental health needs: current housing arrangements (2017/18)

⁵ This number includes clients who are supported as part of the enhanced community recovery service

⁶ This number includes clients who are supported as part of the enhanced community recovery service

Housing/accommodation arrangement	Number of people
Living in residential care	102
Living in supported living	64
Living in Extra Care	4
Living in Shared Lives	5
Other	384
TOTAL	559

Source: Plymouth City Council

People living in supported housing/supported living are accommodated in a mix of shared housing and self-contained housing.

Existing provision: summary headlines

There are 38 people in the TCP cohort current living in a variety of inpatient settings who need to be rehoused within the Devon STP 'footprint'.

Amongst the wider cohort of people with learning disabilities/autism:

- 21% are living in residential care (including nursing care) placements.
- 29% are living with family carers.
- 25% live in supported living. The most common type of supported living across Devon is small scale shared supported housing (up to 4-5 people sharing) with 24/7 on-site support.
- 3% live in shared lives.
- 21% live in 'other'⁷ arrangements.

Amongst people with mental health needs:

- 29% are living in residential care (including nursing care) placements.
- 31% live in supported housing. The most common type across Devon is small scale shared supported housing (up to 4-5 people sharing) with 24/7 on-site support
- 40% live in other housing arrangements, typically mainstream housing.

⁷ This is likely to include, due to coding differences, people living with family carers; people living in supported housing that has not been categorised as 'supported living'; people living in mainstream housing with a care package.

4. Housing demand assessment 2018/19-2020/21

Evidence in relation to housing demand has been identified and reviewed. This has been based on available client-level data from Devon local authorities and NHS organisations. This reflects NHSE guidelines and specific local requirements including future housing need for:

- Inpatients, i.e. the TCP 'cohort'.
- People who are not inpatients but who may be at risk of being admitted to inpatient settings.
- People with learning disabilities and people with autism (not covered by the above groups).
- Young people with learning disabilities/physical disabilities/mental health needs in 'transition' who may need housing.
- People with mental health needs including people leaving hospital settings or living in residential care.

This is set out for the Torbay, Plymouth and Devon (county) local authority areas.

TCP cohort

These are people who are identified as being part of the TCP 'cohort'.

There are 6 South Devon and Torbay CCG clients in this cohort in 2017/18. Most of these individuals have identified hospital discharge dates and, to varying degrees, an assessment of housing/accommodation requirements at discharge. Table 8 summarises:

- When are they due to be discharged, i.e. when housing required.
- The housing requirements for each individual (where currently determined).

Table 8. Future housing need for inpatient (TCP) cohort

Client	When housing required	Housing requirements
1	End of Q3 2018/19	Possible bespoke house/bungalow, good line of sight, enough space in garden for a sensory den (shed), close to family in East Devon close to countryside/seaside.
2	End of Q4 2018/19	Bespoke single person placement; no mobility specific requirements; not within walking distance of schools/parks.
3	End of Q1 2018/19	Residential care; living with others, needs access to community e.g. shops, gym
4	End of Q1 2018/19	Residential care; closer to family in Cornwall
5	End of Q2 2018/19	Residential care. Location to be agreed unlikely to be Devon
6	tbc	Unknown at present – individual life plan commissioned – await outcome.

Source: South Devon and Torbay CCG

These are people who are identified as being part of the TCP 'cohort'. There are 14 NEW Devon CCG clients in this cohort in 2017/18. Most of these individuals have identified hospital discharge dates and, to varying degrees, an assessment of housing/accommodation requirements at discharge. Table 9 summarises:

- When are they due to be discharged, i.e. when housing required.
- The housing requirements for each individual (where currently determined).

Table 9. Future housing need for inpatient (TCP) cohort

Client	When housing required	Housing requirements
1.	End of Q4 2018/19	Residential in Cullompton/Tiverton/Honiton area with easy access to Taunton.
2	tbc	Will not be discharged before the end of the programme, still requiring treatment. Could require bespoke accommodation in a remote location with a staff team. No preference on location.
3.	tbc	Needs to remain in hospital
4.	Unlikely to be discharged before end of Q4 2018/2019	Will be returning to supported living in Plymouth area
5.	Q1 2018/2019	Transferring to residential care
6.	Q1 2018/2019	Transition commenced to supported living in Exeter.
7	Q4 2018/2019	Supported living or residential care. Could be in Plymouth area
8.	Q1 2018/2019	Flat annexe to family home in Torquay
9	Q2 2018/2019	Bungalow in Exmouth area
10	Q1 2018/2019	Transfer to residential care. Then bungalow in Barnstaple area
11	tbc	MOJ involved. Potentially residential care in Devon
12	Q2 2018/2019	Essex
13	Q3 2018/2019	Detached bungalow in Plymouth
14	Unlikely to be discharged before end of Q4 2018/2019	Possibly supported living in Devon

Source: NEW Devon CCG.

In addition, there are 18 people in placements currently commissioned and funded by NHS England specialist commissioning services who need to be rehoused in Devon

Torbay

Context

Evidence from *Identifying the need for specialist housing in Torbay (2016)*⁸ provides contextual data in relation to the local population of people with learning disabilities and people with mental health needs in Torbay.

Table 10 shows the predicted population of people with learning disabilities, disaggregated by age range, to 2035. It should be noted that the number of people with learning disabilities who will be assessed by Torbay Council/Torbay and South Devon NHS Foundation Trust as eligible for a service will be a lower subset of this predicted population. However, this does show an estimated slight decrease in the learning disability population.

Table 10. Torbay: Number of people predicted to have a learning disability to 2035

	2017	2020	2025	2030	2035
People aged 18-24 predicted to have a learning disability	252	232	226	249	257
People aged 25-34 predicted to have a learning disability	346	354	354	329	336
People aged 35-44 predicted to have a learning disability	327	323	341	359	356
People aged 45-54 predicted to have a learning disability	443	416	364	351	377
People aged 55-64 predicted to have a learning disability	422	452	477	447	400
Total population aged 18-64 predicted to have a learning disability	1,790	1,777	1,761	1,736	1,726

Source: www.pansi.org.uk, prevalence rates have been applied to ONS population projections

Table 11 shows the predicted population of adults with mental health problems which shows an overall projected decrease in numbers by 2035. However, it should be noted that the majority of people with mental health problems will not be seen by specialist mental health services and it is likely that only a small minority would need supported housing.

⁸ <http://www.torbay.gov.uk/media/8980/specialist-housing-need-report.pdf>

Table 11. Torbay: Number of people aged 18-64 predicted to have a mental health problem to 2035

	2017	2020	2025	2030	2035
People aged 18-64 predicted to have a common mental disorder	11,939	11,880	11,739	11,539	11,415
People aged 18-64 predicted to have a borderline personality disorder	335	333	329	323	320
People aged 18-64 predicted to have an antisocial personality disorder	254	254	251	247	245
People aged 18-64 predicted to have psychotic disorder	297	295	292	287	284
People aged 18-64 predicted to have two or more psychiatric disorders	5,318	5,296	5,231	5,144	5,093

Source: www.pansi.org.uk, prevalence rates have been applied to ONS population projections

Evidence of future housing demand

Evidence of housing demand is summarised below for each client cohort.

People who are not inpatients who may be at risk of being admitted to inpatient settings

These are people who would meet the TCP criteria and who are known to Torbay Council/Torbay and South Devon NHS Foundation Trust and are also likely to be supported by Devon Partnership NHS Trust due to the complex nature of their support needs.

Torbay Council has 21 people identified within this category.

The current housing/accommodation position for these 21 individuals is:

- 11 live in residential care services.
- 6 live in supported housing/living arrangements.
- 4 people in settings where they are supported by Devon Partnership Trust due to their complex needs.

In relation to future housing/accommodation need, it is likely that up to 15% of those people living in residential care, i.e. 2 people, will require a supported housing/living alternative in Torbay during the next 3 years.

People with learning disabilities and people with autism (not covered by the above groups).

These are people aged 18 years and over who have been assessed by Torbay Council/Torbay and South Devon NHS Foundation Trust as being eligible for a service. In 2017/18 there are 573 people with learning disabilities in this 'cohort'. Table x3 in section 3 shows the current accommodation/housing arrangements for these people.

Work undertaken by Torbay Council/ Torbay and South Devon NHS Foundation Trust that provides evidence of future housing demand among these cohorts indicates the following.

There is not anticipated to be additional growth in the number of people living in residential care services. Amongst people living in residential care services currently, it is estimated that 15%, approximately 17 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years.

Amongst people currently living with family carers, particularly those adults with learning disabilities living with carers aged 70+, it is estimated that 20%, approximately 7 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support, or Shared Lives within the next 3 years.

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be 10-15% of this cohort, i.e. up to 19 people. Some of this demand will be for general needs housing, including through choice based lettings (CBL), although it is recognised that there are issues in using CBL for some people with learning disabilities.

Demand for shared lives is estimated to remain relatively static, apart from potential demand from some adults with learning disabilities living with older carers. However, it is intended to review the purpose, capability and future capacity of the Shared Lives service in 2018/19.

The demand for fully wheelchair adapted housing amongst this cohort is estimated to be 18% of future demand (of those moving from residential care and family homes) based on work done by another south west unitary local authority (based on a client case sample of 30% of adults with learning disabilities known to the authority).

Table 12 summarises the estimated future housing demand amongst people with learning disabilities/autism known to Torbay Council over the period 2018/19 – 2020/21.

Table 12. Adults with learning disabilities: estimated housing demand (2018/19-2020/21)

	Type of housing/accommodation	Number of additional units
1	No. in residential care who require supported housing/living	17
2	No. living with older family carers who require supported housing/living	7
	Of which no. of units required to be fully wheelchair adapted (of those moving from residential care and family homes)	4-5
3	No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	19
	TOTAL	43

Young people in 'transition'

These are young people aged 15-18 years with learning disabilities/physical disabilities/mental health needs who are known to Torbay Council Children's Services and are likely to be eligible for adult services when they reach 18 years.

Evidence of future housing demand is based on current client assessment data and evidence of past housing requirements from young people who have 'transitioned' to adult services over the last three years.

Table 13 summarises the estimated future housing demand amongst young people in 'transition' known to Torbay Council over the period 2018/19 – 2020/21.

Table 13. Young people in 'transition': estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. of young people who will 'transition' to Adults Services	39
No. young people requiring housing	12

Source: Torbay Council

People with mental health needs including people leaving hospital settings or living in residential care.

These are people with mental health related needs who are known to Torbay Council and Devon Partnership NHS Trust. Table 14 shows the current accommodation/housing arrangements for these people.

Table 14. Adults with mental health needs: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of borough)	39
Living in supported housing/supported living	41
Other ⁹	7

Source: Torbay Council

Work undertaken by Torbay Council that provides evidence of future housing demand among these cohorts indicates the following.

There is not anticipated to be additional growth in the number of people living in residential care services. Amongst people living in residential care services currently, it is estimated that 15%, approximately 6 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years.

⁹ This number includes clients who are supported as part of the enhanced community recovery service

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be 10-15% of this cohort, i.e. up to 6 people. There is currently a brokerage service reviewing these clients' needs including future housing need.

Table 15 summarises the estimated future housing demand amongst people with mental health needs known to Torbay Council over the period 2018/19 – 2020/21.

Table 15. Adults with mental health needs: estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. in residential care who require supported housing/living	6
No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	6
Total	12

Plymouth

Context

Table 16 shows the predicted population of people with learning disabilities, disaggregated by age range, to 2035. It should be noted that the number of people with learning disabilities who will be assessed by Plymouth City Council as eligible for a service will be a lower subset of this predicted population. However, this does show an estimated very slight increase in the learning disability population.

Table 16. Plymouth: Number of people predicted to have a learning disability to 2035

	2017	2020	2025	2030	2035
People aged 18-24 predicted to have a learning disability	955	935	919	1,027	1,040
People aged 25-34 predicted to have a learning disability	906	894	896	864	894
People aged 35-44 predicted to have a learning disability	738	759	796	798	798
People aged 45-54 predicted to have a learning disability	798	757	678	687	725
People aged 55-64 predicted to have a learning disability	679	720	739	691	624
Total population aged 18-64 predicted to have a learning disability	4,076	4,064	4,027	4,068	4,080

Source: www.pansi.org.uk , prevalence rates have been applied to ONS population projections

Table 17 shows the predicted population of adults with mental health problems which shows an overall projected decrease in numbers by 2035. However, it should be noted that the majority of people with mental health problems will not be seen by specialist mental health services and it is likely that only a small minority would need supported housing.

Table 17. Plymouth: Number of people aged 18-64 predicted to have a mental health problem to 2035

	2017	2020	2025	2030	2035
People aged 18-64 predicted to have a common mental disorder	26,581	26,443	26,198	26,303	26,202
People aged 18-64 predicted to have a borderline personality disorder	742	737	731	733	730
People aged 18-64 predicted to have an antisocial personality disorder	587	586	581	587	588
People aged 18-64 predicted to have psychotic disorder	660	657	651	653	650
People aged 18-64 predicted to have two or more psychiatric disorders	11,922	11,870	11,762	11,823	11,791

Source: www.pansi.org.uk, prevalence rates have been applied to ONS population projections

Evidence of future housing demand

Evidence of housing demand is summarised below for each client cohort.

People who are not inpatients who may be at risk of being admitted to inpatient settings

These are people who would meet the TCP criteria and who are known to Plymouth City Council and are also likely to be supported by Livewell Southwest NHS Trust due to the complex nature of their support needs. Plymouth City Council has 20 people identified within this category.

Table 18. Individuals at risk of admission to inpatient settings. Housing need.

People who are not inpatients but may be at risk of admission	Total number of people	Housing requirement
People on the risk register for May 18	20, of which 9 people are considered to have a red status and 11 amber	One person requires a bespoke individual placement

Source: Plymouth City Council

In relation to future housing/accommodation need, it is assessed that the majority of these individuals are suitably accommodated, however one individual is assessed as requiring a 'single person' placement in Plymouth during the next 3 years.

People with learning disabilities and people with autism (not covered by the above groups).

These are people aged 18 years and over who have been assessed by Plymouth City Council as being eligible for a service. In 2017/18 there are 982 people with learning disabilities in

this 'cohort'. Table 4 in section 3 shows the current accommodation/housing arrangements for these people.

Work undertaken by Plymouth City Council that provides evidence of future housing demand among these cohorts indicates the following:

The number of people living in residential care services is estimated to remain stable over the next 3 years, i.e. no estimated net increase/decrease.

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be 10-15% of this cohort, i.e. up to 24 people.

Amongst people currently living with older family carers (aged 70+), it is estimated that 20%, approximately 5 people¹⁰, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support, or Shared Lives within the next 3 years.

The need for shared lives provision is expected to increase, due in part from people living with older carers seeking alternative provision. The purpose, capability and future capacity of the Shared Lives service is currently being reviewed (May 2018/19).

The demand for fully wheelchair adapted housing amongst this cohort is estimated to be 18% of future demand (of those moving from residential care and family homes) based on work done by another south west unitary local authority (based on a client case sample of 30% of adults with learning disabilities known to the authority).

Table 19 summarises the estimated future housing demand amongst people with learning disabilities/autism known to Plymouth City Council over the period 2018/19 – 2020/21.

Table 19. Adults with learning disabilities: estimated housing demand (2018/19-2020/21)

	Type of housing/accommodation	Number of additional units
1	No. in residential care who require supported housing/living	0
2	No. living with older family carers who require supported housing/living	5
	Of which no. of units required to be fully wheelchair adapted (of those moving from residential care and family homes)	1
3	No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	24
	TOTAL	29

Young people in 'transition'

¹⁰ Estimated based on 70+ carer population assumptions applied in Torbay (20% of total 'living with family carers').

These are young people aged 15-18 years with learning disabilities/physical disabilities/mental health needs who are known to Plymouth City Council Children’s Services and are likely to be eligible for adult services when they reach 18 years. Evidence of future housing demand is based on current client assessment data and evidence of past housing requirements from young people who have ‘transitioned’ to adult services over the last three years. Table 20 summarises the estimated future housing demand amongst young people in ‘transition’ known to Plymouth City Council over the period 2018/19 – 2020/21.

Table 20. Young people in ‘transition’: estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. of young people requiring residential care	2
No. young people requiring supported housing	10

Source: Plymouth City Council

People with mental health needs including people leaving hospital settings or living in residential care.

These are people with mental health related needs who are known to Plymouth City Council. Table 21 shows the current accommodation/housing arrangements for these people.

Table 21. Adults with mental health needs: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of borough)	130
Living in supported housing/supported living	71
Living in Shared Lives	4
Living in extra care	9
Other ¹¹	152
TOTAL	366

Source: Plymouth City Council

There is not anticipated to be additional growth in the number of people living in residential care services. Amongst people living in residential care services currently, it is estimated that 15%¹², approximately 19 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years.

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be 10-15%¹³ of this cohort, i.e. up to 11 people. The Mental Health Programme Board in Plymouth will be completing a review of the housing needs of people who require support related to their mental health needs over the next 12 months.

¹¹ This number includes clients who are supported as part of the enhanced community recovery service

¹² Estimate based on Torbay percentage of need for alternative housing

¹³ Estimate based on Torbay percentage of need for alternative housing

Table 22 summarises the estimated future housing demand amongst people with mental health needs known to Plymouth City Council over the period 2018/19 – 2020/21.

Table 22. Adults with mental health needs: estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. in residential care who require supported housing/living	19
No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	11
TOTAL	30

Devon

Context

Table 23 shows the predicted population of people with learning disabilities, disaggregated by age range, to 2035. It should be noted that the number of people with learning disabilities who will be assessed by Devon County Council as eligible for a service will be a lower subset of this predicted population. However, this does show an estimated very slight increase in the learning disability population.

Table 23. Devon: Number of people predicted to have a learning disability to 2030

	2017	2020	2025	2030	2035
Devon: People aged 18-24 predicted to have a learning disability	1,655	1,571	1,549	1,716	1,739
Devon: People aged 25-34 predicted to have a learning disability	2,047	2,109	2,077	1,955	2,012
Devon: People aged 35-44 predicted to have a learning disability	1,989	2,015	2,179	2,303	2,283
Devon: People aged 45-54 predicted to have a learning disability	2,546	2,400	2,164	2,151	2,318
Devon: People aged 55-64 predicted to have a learning disability	2,399	2,551	2,693	2,544	2,318
Devon: Total population aged 18-64 predicted to have a learning disability	10,636	10,647	10,663	10,669	10,670

Source: www.pansi.org.uk, prevalence rates have been applied to ONS population projections

Table 24 shows the predicted population of adults with mental health problems which shows an overall projected decrease in numbers by 2035. However, it should be noted that the majority of people with mental health problems will not be seen by specialist mental health services and it is likely that only a small minority would need supported housing.

Table 24. Devon: Number of people aged 18-64 predicted to have a mental health problem to 2030

	2017	2020	2025	2030	2035
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Devon: People aged 18-64 predicted to have a common mental disorder	70,881	70,811	70,798	70,556	70,170
Devon: People aged 18-64 predicted to have a borderline personality disorder	1,984	1,981	1,980	1,972	1,960
Devon: People aged 18-64 predicted to have an antisocial personality disorder	1,523	1,526	1,531	1,535	1,537
Devon: People aged 18-64 predicted to have psychotic disorder	1,762	1,760	1,759	1,753	1,743
Devon: People aged 18-64 predicted to have two or more psychiatric disorders	31,625	31,613	31,630	31,557	31,425

Source: www.pansi.org.uk, prevalence rates have been applied to ONS population projections

Evidence of future housing demand

Evidence of housing demand is summarised below for each client cohort.

People who are not inpatients who may be at risk of being admitted to inpatient settings

These are people who would meet the TCP criteria and who are known to Devon County Council and are supported by Devon Partnership NHS Trust due to the complex nature of their support needs.

There are 13 clients with a 'red status' people identified within this category¹⁴. In relation to future housing/accommodation need, it is likely that up to 15%¹⁵ of these people, i.e. approximately 2 people, will require a supported housing/living alternative in Devon during the next 3 years.

People with learning disabilities and people with autism (not covered by the above groups).

These are people aged 18 years and over who have been assessed by Devon County Council as being eligible for a service. In 2017/18 there are 2,670 people with learning disabilities in this 'cohort'. Table 1 in section 3 shows the current accommodation/housing arrangements for these people.

Work undertaken by Devon County that provides evidence of future housing demand among these cohorts indicates the following.

There is not anticipated to be additional growth in the number of people living in residential care services. Amongst people living in residential care services currently, it is estimated that 15%, approximately 82 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years.

¹⁴ As at May 2018

¹⁵ Based on same assumptions applied to this cohort for Torbay

Amongst people currently living with family carers, particularly those adults with learning disabilities living with carers aged 70+, it is estimated that 20%, approximately 35 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support, or Shared Lives within the next 3 years.

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be 10-15% of this cohort, i.e. up to 73 people. Some of this demand will be for general needs housing, including through choice-based lettings (CBL), although it is recognised that there are issues in using CBL for some people with learning disabilities.

Demand for shared lives is estimated to remain relatively static, apart from potential demand from some adults with learning disabilities living with older carers. However, it is intended to review the purpose, capability and future capacity of the Shared Lives service in 2018/19.

The demand for fully wheelchair adapted housing amongst this cohort is estimated to be 18% of future demand (of those moving from residential care and family homes) based on work done by another south west unitary local authority (based on a client case sample of 30% of adults with learning disabilities known to the authority).

Table 25 summarises the estimated future housing demand amongst people with learning disabilities/autism known to Devon County Council over the period 2018/19 – 2020/21.

Table 25. Adults with learning disabilities: estimated housing demand (2018/19-2020/21)

	Type of housing/accommodation	Number of additional units
1	No. in residential care who require supported housing/living	82
2	No. living with older family carers who require supported housing/living	35
	Of which no. of units required to be fully wheelchair adapted (of those moving from residential care and family homes)	21
3	No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	73
	TOTAL	190

The estimated housing demand is shown by District Council area in table 26. It should be noted that this disaggregation of estimated housing need by District is tentative at this stage.

Table 26. Adults with learning disabilities: estimated housing demand by District (2018/19-2020/21)

District	Need: Residential to	Need: Living with	Need: Supported
-----------------	-----------------------------	--------------------------	------------------------

	Supported Housing/Living	older family carer that may need to move	Living to self-contained Supported Housing or General Needs Housing
East Devon	8	6	15 (21% of placements currently in East Devon)
Exeter	6	5	14 (19%)
Mid Devon	8	4	8 (11%)
North Devon	10	4	2 (2%)
South Hams	8	4	7 (10%)
Teignbridge	19	6	15 (21%)
Torrige	10	3	5 (5%)
West Devon	13	3	7 (10%)
TOTAL	82	35	73

Young people in 'transition'

These are young people aged 15-18 years with learning disabilities/physical disabilities/mental health needs who are known to Devon County Council Children's Services and are likely to be eligible for adult services when they reach 18 years.

Evidence of future housing demand is based on current client assessment data and evidence of past housing requirements from young people who have 'transitioned' to adult services over the last three years.

Table 27 summarises the estimated future housing demand amongst young people in 'transition' known to Devon County City Council over the period 2018/19 – 2020/21.

Table 27. Young people in 'transition': estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. of young people who will 'transition' to Adults Services	250-300
No. young people requiring housing	75-90

Source: Devon County Council

People with mental health needs including people leaving hospital settings or living in residential care.

These are people with mental health related needs who are known to Devon County Council and Devon Partnership NHS Trust. Table 28 shows the current accommodation/housing arrangements for these people.

Table 28. Adults with mental health needs: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of County)	172

Living in supported housing/supported living	217
Other ¹⁶	33
TOTAL	422

Source: Devon County Council

Work undertaken by Devon County Council that provides evidence of future housing demand among these cohorts indicates the following.

There is not anticipated to be additional growth in the number of people living in residential care services. Amongst people living in residential care services currently, based on analysis of QAP review work and other analysis of client need, it is estimated that approximately 18-33 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years.

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be approximately 22-33 people.

Table 29 summarises the estimated future housing demand amongst people with mental health needs known to Devon County Council over the period 2018/19 – 2020/21.

Table 29. Adults with mental health needs: estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. in residential care who require supported housing/living	18-33
No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	22-33
TOTAL	40-66

The estimated housing demand is shown by District Council area in table 30. It should be noted that this disaggregation of estimated housing need by District is tentative at this stage.

¹⁶ This number includes clients who are supported as part of the enhanced community recovery service

Table 30. Adults with mental health needs: estimated housing demand by District (2018/19-2020/21)

District	Number Residential to Supported Housing/Living	Number Supported Living to self-contained Supported Housing or General Needs Housing
East Devon	1-2	1-3
Exeter	7-14	10-14
Mid Devon	1-2	1
North Devon and Torridge	4-8	7-9
South Hams	2-3	1-2
Teignbridge	2-3	1-2
West Devon	1	1-2
TOTAL	18-33	22-33

5. Future need and gaps

Evidence of housing demand is summarised below for each client cohort.

Inpatient cohort

Table 31. Future housing need for inpatient (TCP) cohort

Client	When housing required	Housing requirements
1	End of Q3 2018/19	Possible bespoke house/bungalow, good line of sight, enough space in garden for a sensory den (shed), close to family in East Devon close to countryside/seaside.
2	End of Q4 2018/19	Bespoke single person placement; no mobility specific requirements; not within walking distance of schools/parks.
3	End of Q1 2018/19	Residential care; living with others, needs access to community e.g. shops, gym
4	End of Q1 2018/19	Residential care; closer to family in Cornwall
5	End of Q2 2018/19	Residential care. Location to be agreed unlikely to be Devon
6	tbc	Unknown at present – individual life plan commissioned – await outcome.
7.	End of Q4 2018/19	Residential in Cullompton/Tiverton/Honiton area with easy access to Taunton.
8	tbc	Will not be discharged before the end of the programme,

Client	When housing required	Housing requirements
		still requiring treatment. Could require bespoke accommodation in a remote location with a staff team. No preference on location.
9.	tbc	Needs to remain in hospital
10.	Unlikely to be discharged before end of Q4 2018/2019	Will be returning to supported living in Plymouth area
11.	Q1 2018/2019	Transferring to residential care
12.	Q1 2018/2019	Transition commenced to supported living in Exeter.
13	Q4 2018/2019	Supported living or residential care. Could be in Plymouth area
14.	Q1 2018/2019	Flat annexe to family home in Torquay
15	Q2 2018/2019	Bungalow in Exmouth area
16	Q1 2018/2019	Transfer to residential care. Then bungalow in Barnstaple area
17	tbc	MOJ involved. Potentially residential care in Devon
18	Q2 2018/2019	Essex
19	Q3 2018/2019	Detached bungalow in Plymouth
20	Unlikely to be discharged before end of Q4 2018/2019	Possibly supported living in Devon

Source: NEW Devon CCG/South Devon and Torbay CCG

In addition, there are 18 people in placements currently commissioned and funded by NHS England specialist commissioning services who need to be rehoused in Devon

People who are not inpatients who may be at risk of being admitted to inpatient settings

Table 32. Future housing need for clients at risk of inpatient admission (2018/19-2020/21)

Torbay	Plymouth	Devon	Total
2	1	2	5

It is anticipated that these individuals will require a mix of 'bespoke' individual housing solutions or access to existing supported housing/living options.

People with learning disabilities and people with autism (not covered by the above groups).

Table 33. Adults with learning disabilities: estimated housing demand (2018/19-2020/21)

	Type of housing/accommodation	Torbay: Number of additional units	Plymouth: Number of additional units	Devon: Number of additional units	Total
1	No. in residential care who require supported housing/living	17	0	82	99
2	No. living with older family carers who require supported housing/living	7	5	35	62
	Of which no. of units required to be fully wheelchair adapted (of those moving from residential care and family homes)	4-5	1	21	26-27
3	No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	19	24	73	116
	TOTAL	43	29	190	262

Amongst people living in residential care services currently, it is estimated that:

- Approximately 99 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years. Of these:
 - 17 people need alternative housing in Torbay
 - 82 people need alternative housing in Devon (locations identified at section 4)

Amongst people currently living with family carers, particularly those adults with learning disabilities living with carers aged 70+, it is estimated that:

- Approximately 47 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support, or Shared Lives within the next 3 years. Of these:
 - 7 people need alternative housing in Torbay
 - 35 people need alternative housing in Devon (locations identified at section 4)
 - 5 people need alternative housing in Plymouth

It is estimated that 26-27 will need fully wheelchair adapted housing.

Amongst people living in shared supported housing it is estimated that:

- Approximately 116 people could potentially move to self-contained supported housing or general needs housing, including through choice-based lettings (CBL), although it is recognised that there are issues in using CBL for many people with learning disabilities. Of these:

- 19 people need alternative housing in Torbay
- 73 people need alternative housing in Devon
- 24 people need alternative housing in Plymouth

Young people in 'transition'

Table 34. Young people in 'transition': estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Torbay: Number of additional units	Plymouth: Number of additional units	Devon: Number of additional units	Total
No. of young people who will 'transition' to Adults Services	39	200-250	250-300	489-589
No. young people requiring housing	12	10 <i>tbc</i>	75-90	97-112

Evidence of future housing demand is based on current client assessment data and evidence of past housing requirements from young people who have 'transitioned' to adult services over the last three years.

Between 489-589 young people with disabilities will 'transition' to Adult Services. It is estimated that 97-112 of these young people will need housing/supported living. Of these, approximately:

- 12 young people need alternative housing in Torbay
- 75-90 people need alternative housing in Devon (locations identified at section 4)
- 10 people need alternative housing in Plymouth

People with mental health needs including people leaving hospital settings or living in residential care.

Table 35. Adults with mental health needs: estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Torbay: Number of additional units	Plymouth: Number of additional units	Devon: Number of additional units	Total
No. in residential care who require supported housing/living	6	19	18-33	43-58
No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	6	11	22-33	39-50
Total	12	30	40-66	82-108

Amongst people living in residential care services currently, it is estimated that:

- Approximately 43-58 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years. Of these:
 - 6 people need alternative housing in Torbay
 - 18-33 people need alternative housing in Devon (locations identified at section 4)
 - 19 people need alternative housing in Plymouth

Amongst people living in shared supported housing it is estimated that:

- Approximately 39-50 people could move to self-contained supported housing or general needs housing, including through choice-based lettings (CBL). Of these:
 - 6 people need alternative housing in Torbay
 - 22-33 people need alternative housing in Devon (locations identified at section 4)
 - 11 people need alternative housing in Plymouth

6. Approach to housing delivery

To be drafted following 'roundtable' event with housing providers



Ready When You Are is a campaign to support businesses to attract , recruit and retain more people with learning disabilities, autism and mental health needs in Devon

The campaign is part of a wider programme of work in Devon to create conditions which provide people with disabilities better opportunities to fulfil their potential and live the life they choose

- **Why** - People have told us that they would really like a job but are put off applying through fear of the stigma faced in recruitment selection processes.
- **Aims** - Challenge preconceived ideas and **build positive perceptions**

Inspire employers to think differently about recruitment and their future workforce and benefit from the free support from Job Centre Plus's employer engagement team and **sign up** to the **Disability Confident** scheme.
- **How** - Using a range of real life stories and testimonies from employers, employees and job seekers showing they are committed, skilled and ready to work. All advertising will direct employers to a **dedicated webpage** and bespoke support from Job Centre Plus

Campaign Delivery

A three month media plan, using a mix of digital and external advertising.

Website

www.readydevon.org.uk

Advertising will be targeted at business decision makers and HR personnel

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Media Coverage

Local Press

- Western Morning News
- Exeter Express & Echo
- Mid Devon Gazette
- North Devon Journal

To tap into local interest

Social Media

Using the platforms of LinkedIn and Facebook to promote blog posts, video views and website clicks.

All advertisement drives traffic to the webpage.

Radio

To reach people during their daily commutes advertising in breakfast and evening rush hours.

Delivered through Heart South West

Campaign Delivery



Google Paid Advertising

AdWords Keyword search terms associated with the campaign to ensure **readydevon.org.uk** ranks highly in searches

Ad Display Network Ads will appear in popular places and media sites, targeting people looking for related information

YouTube Pre-roll The 30 second video will be targeted to YouTube users based on their interests and websites visited



Billboards

Located in Devon, Plymouth and Torbay

Cinema

- Exeter Picturehouse
- Ilfracombe Embassy
- Lynton Cinema
- Merlin Cinema Kingsbridge
- Okehampton Carlton Cinema
- Plymouth Reel
- Tiverton Tivoli
- Torquay Central Cinema
- Torrington Plough Arts Centre
- Vue Plymouth
- Vue Torbay (Paignton)

READY WHEN YOU ARE

Advertising on buses is a great way to spread the message

Areas and routes covered

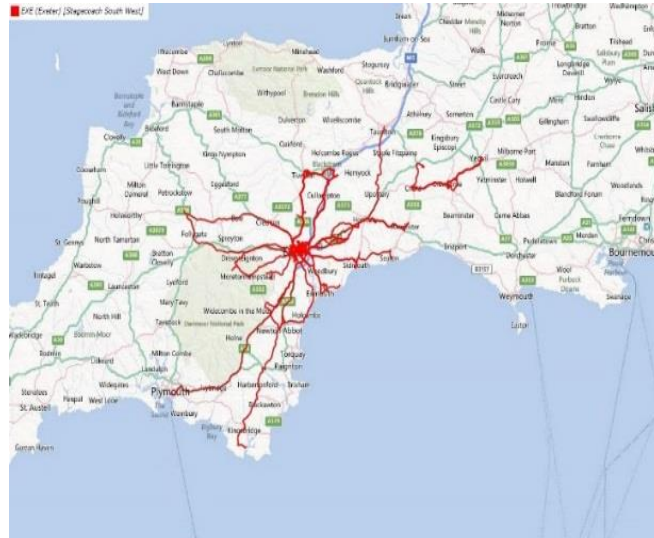


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Barnstaple



Exeter



Plymouth



Torquay



Please
promote the
campaign!

Thank you 😊



Please like / share / retweet social media messages with your own Facebook, Twitter, LinkedIn or Instagram accounts and encourage friends to do the same.

It's easy and can be done when you check your own social media feed.

Just make sure you are following Devon County Council on Twitter (@DevonCC), Facebook (@OfficialDevonCC), Instagram (devoncountycouncil) and LinkedIn (Devon County Council), and look out for any messages that mention **Ready Devon** and use the hashtag **#disabilityconfident**.

Encourage people to visit the website

www.readydevon.org.uk



Title: **Draft Private Voluntary and independent sector workforce strategy and workforce actions**

Wards Affected: **All Wards in Torbay**

To: **Policy Development and Decision Group** On: **1st October 2018**

Contact Officer: **John Bryant**
☎ Telephone: **01803 208796**
✉ E.mail: **John.bryant@torbay.gov.uk**

1. Key points and Summary

- The workforce strategy for the private, voluntary and independent sector (PVI) for Adult Social Care is in draft form and being developed in the light of the work is taking place across a number of projects.
- Torbay has engaged with a number of different partners and organisations to develop an integrated approach, for example working closely with Health Education England.
- The challenges for care in community setting is nationwide.
- The challenges for care in health and social care settings exists across hospitals and primary care and at all levels.
- There is a requirement to develop new capacity and new roles to create that capacity.
- A transformation in care is being sought with competency based working enabling an ongoing evolution in care.

2. Introduction

- The challenges of workforce are well-documented and form key components of the Sustainability and Transformation Plans, as well as most councils' strategies.
- Torbay has implemented a number of initiatives such as
 - Fair Train, for work experience,
 - Proud to Care, to support retention and recruitment,
 - introduced Care Capacity Collaboration meetings that have proved highly valuable in bringing the system providers together to agree actions through collaborative working.
 - Supported the Care Managers Network which is proving increasingly successful.

- Further transformation work requires improved data on which to base discussions and collaboration and projects have been developed to achieve this.

3 Proposal

- The draft strategy has been produced to provide a framework for further development.
- Whilst short term actions are being undertaken to support the present demand a series of projects will produce the detail for a strategy that begins to address future challenges.
 - Mapping and modelling the workforce – jointly with Health Education England
 - ADASS (Associate of Directors of Adult Social Services) – workforce mapping for SW region
 - National Minimum Data Set – improvement initiatives with providers
 - Proud to Care Torbay and Proud to Care South West – campaigns to improve profile of social care and health roles
 - National Recruitment Campaign – Department of Health and Social Care – input and shaping to campaign
 - Live Working week – collecting data and producing information for frontline staff to begin to redesign roles and support care staff to work to the top of their licence
 - Living Well@Home – transformation of care in the community through care at home.

4 Risk

- There is a need to move at pace given the system and care demands whilst being cognisant of the constraints of funding change initiatives.
- There are significant opportunities for career progression, more satisfying roles and improved continuity of care however there is also the potential for staff to be anxious as to the changes and what the new roles may require.
- Clients and patients will need to be kept well informed as they will be a key part in not only learning more about their care and what they may have to offer others through their experience (experts by experience). Their natural anxieties over changes in care and who and how it is delivered need to be considered front and centre within the implementation of a strategy.

5 Sustainability and Partners and Expansion

- Torbay works with a series of partner organizations both those within Torbay delivering care but also those supporting this work such as Health Education England and colleagues from the Academic Health Science Network.
- The strategy will help deliver sustainable, quality care and will be in support of the duties within the Care Act 2014.
- Devon County Council and the Devon STP are kept advised.

6 Coordination and Governance

- All parties to the Risk Share Agreement for Adult Social Care meet at the Market Management Group which is kept informed of this work along with the appropriate groups and boards of the individual organisations.

7 Outcomes

- More staff choosing to stay in care and feeling increasingly valued for the work they do (improving retention / reducing costs)
- New applicants for roles in care both social and health (increasing capacity and meeting demand)
- Increasingly skilled and flexible workforce able to adapt to future care demands and delivery models
- Those that undertake care informally, family or voluntary carers feeling increasingly competent and confident in their caring roles valued
- A developed community sector
- Better Care of Clients (Patients)
- Better Care of Staff
- Better Capacity for All

Caroline Taylor
Adults Housing Transformation

Appendices

Appendix 1 – background information

Appendix 2 – Presentation slides

Documents available in members' rooms

None

Background Papers:

None

Title	Torbay and South Devon Community, Private, Voluntary and Independent Workforce Strategy		
Presented to			
Authors	Jenny Turner John Bryant	Contributors	Helen Limmer Tracy Collins Julie Turnbull
Date		Version	Draft 4.2

1. Strategy and Principles

The strategy is designed to ensure delivery capacity for the immediate and future system (new model of care) recognising the need to:

- Produce flexibility and robustness within the system
- Meet the priorities locally and of the STP
- Respond to the evolving nature of care

The complexity of the future care capacity, spanning a system that will encompass paid and unpaid care, professionally accredited staff and competently trained citizens, requires an approach that will enable articulation to a wide audience and the provide modelling to encourage engagement and informed discussions.

At the heart of this strategy is Person Centred Care. That person includes to those delivering care as well as those receiving it. Care workers, carers, are themselves consumers of health and care, and to that end their physical and mental health is to be considered in the actions to deliver a wellbeing careforce. Being the right thing to do in itself, this will increase capacity and reduce costs through improved retention, reduced recruitment costs, reduced sickness and absence rates, improved learning and development.

This strategy works to the following principles which will serve as reference for further iterations and the underpinning actions:

Principle 1: Wellbeing is at the heart of care, care quality and care capacity.

- Better Care of Clients (Patients)
 - Better Care of Staff
 - Better Capacity for All
2. All staff should be supported to work towards the top of their licence and skill base
 3. Responsible autonomy is supported throughout the care-force
 4. Prevention is the first priority and most rewarding endeavour for those caring

V4

May 2018

Projections show that 190,000 more care staff are required in the NHS by 2027, 700,000 in adult social care by 2030. The system is unaffordable in staffing furthermore it will be unaffordable in the management of those staff numbers.

A new way of working, with improved retention and organic recruitment allied to increased prevention is the long term imperative that this strategy begins to address. This will be achieved by building on the success of the short term interventions in improving the numbers, skills and lives of those caring and those being cared for which are the short term aims captured within this document.

5. Purpose and scope

The purpose of this document is to identify current workforce capacity in the private, independent and voluntary sector; assess required capacity and plan how statutory bodies (Torbay and South Devon NHS Trust, Torbay Council and South Devon and Torbay Clinical Commissioning Group) can support private, voluntary and independent sector organisations to meet the required workforce capacity. This could include support with recruitment, retention and development health and care workers.

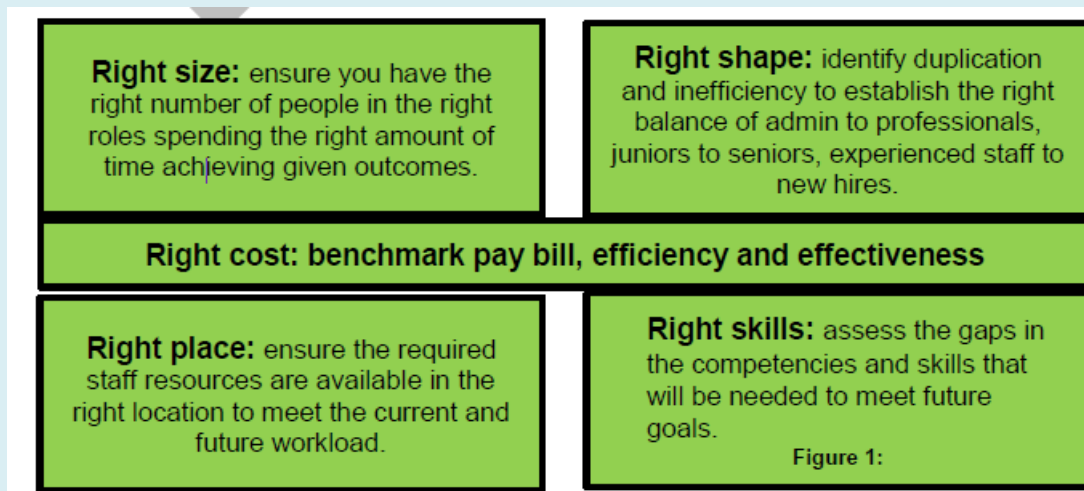
6. Context

Capacity is a combination of available skills sets and willingness to provide them. Across many areas of the care system retention is poor, recruitment is difficult and activities of care are locked in to role based allocation.

There are a number of workforce initiatives in progress to support the Private, Voluntary and Independent (PVI) sector with workforce recruitment, development and retention that are being undertaken in isolation with no overarching strategy and importantly little coordination linking these together. Lack of this can result in an at worst chaotic and at best unfocussed approach.

There is therefore a need to co-ordinate this work, identify gaps, ensure consistency and facilitate a quality, coherent approach to support that results in sufficient care capacity across the system.

The Strategy will ensure it aligns with the overarching Devon Interim Workforce strategy as determined by the STP with an initial focus on the PVI sector in Torbay. It will be built on the same five right's principle that is set out in the 'One Devon' workforce strategy being:



Areas that will be addressed through iterations of the strategy and allied work will include:

1. Who have we got (workforce mapping) [what do we know / not know / where are the gaps / how robust is the data]
2. Where are the (workforce mapping)
3. What do they do (activity mapping)
 - a. What can they do (competencies)(Hive) - [New model of care]
4. What could they do / do we need them to do
 - a. What will it take to get them there
- 5.
6. What are the things that are in place and being delivered/happening that can be built upon / accelerated – Map of activity within first presented draft
7. Where are the retention
 - a. Good practice areas – system and provider
 - b. Hotspots – heated areas
8. What model can be used to explore and discuss the issues (scenario modelling)
9. Particular consideration to data viability / validity – what can be done to improve it – note independent and VCSE particularly

7. Aims and deliverables

Two parallel elements to the overall strategy addressing the short-term and immediate capacity challenge and

The medium and long term care strategy to produce a resilient, sustainable care capacity to deliver the new model of care

Our key aims are to:

- map current initiatives that support the recruitment, development and retention of staff within the private, independent and voluntary sector.

- identify gaps and training needs within this sector based upon the top five indicators as determined by the acute Trust,
- identify opportunities to support the PVI sector in recruitment, retention and development

Short-term Strategy (see appendix 1 for additional actions)

People need care and staff need to feel valued and enjoy their work if the retention rate is to improve.

Immediate actions are available and this includes communicating the good things that are already happening and being put in place, those that are going to happen in the short term and importantly a vision for care the milestones against which people are able to judge that this is being delivered. This will be key in developing their confidence in those that are managing this development and in making choices about being part of that future, in so doing drawing in people that have not previously been attracted to care.

Implementing recommendations and supporting providers in implementing recommendations as described in Saving Social Care (Neil Eastwood – Sticky People)

Medium/Long term Strategy

PHASES

Phase 1 – July-Nov 2018

Establish the capacity including known gaps in intelligence and data for the workforce and care-force within the Torbay and South Devon

Seek to understand and map the competencies across the system to produce a baseline for a future flexible and secure delivery-capacity (work/care-force)

Determine and recommend effective retention strategies

Phase 2

Skills passport established through the STP and to regional level to enable staff to move easily within the wider system, within roles, providers, sectors and geographically

Establish learning and development above repeated training,

Establish retention programme as a priority to recruitment (linking to STP OD strategy – Tracey Cotham)

Produce scenario modelling tool to inform decision taking and evolution of new model of care

There are a number of interested parties in the output of this work and these are recorded in appendix 2

8. Current PVI sector Workforce

Adult Social Care Workforce (data provided by Skills for Care)

In Torbay there were an estimated 4,800 jobs in adult social care split between local authorities (0%), independent sector providers (94%) and jobs for direct payment recipients (6%). As at March 2017 Torbay contained 120 CQC regulated services; of these, 94 were residential and 26 were non-residential services.

In the South West the adult social care workforce has grown by 4% since 2012 with an estimated 103,000 people employed by the independent sector to provide direct care, 55,000 of those employed by residential services and 42,000 by domiciliary care services. The estimated number of adult social care jobs in the Torbay area in 2016 was 4,800 including 400 managerial roles, 150 regulated professionals, 3,600 direct care (including 2,750 care workers), and 700 other-non-care proving roles. The majority (82%) of the workforce in Torbay were female and the average age was 43 years old. Those aged 24 and under made up 12% of the workforce and those aged over 55 represented 23%. Given this age profile approximately 1,100 people will be reaching retirement age in the next 10 years.

	Adult Social care									
Division	≤25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	≥60	Grand Total
Managerial	2,320	8,120	10,440	12,760	13,920	18,560	20,880	16,240	13,920	116,000
	2	7	9	11	12	16	18	14	12	100
Regulated profession	1,300	5,200	6,500	7,150	8,450	9,100	9,750	9,100	10,400	65,000
	2	8	10	11	13	14	15	14	16	100
Direct Care	107,800	117,600	107,800	98,000	98,000	117,600	127,400	107,800	98,000	980,000
	11	12	11	10	10	12	13	11	10	100
Other	15,750	12,250	14,000	14,000	15,750	21,000	26,250	26,250	29,750	175,000
	9	7	8	8	9	12	15	15	17	100
Grand Total										1,335,000
	10%	11	10	10	10	13	13	12	12	100%

Nationality varied by region, in England 83% of the workforce were British, while in the South West this was 86%. An estimated 89% of the workforce in Torbay had a British nationality, 7% were from within the EU and 4% from outside the EU, therefore there was a greater reliance on EU workers than non-EU workers.

If the workforce grows proportionally to the projected number of people aged 65 and over then the number of adult social care jobs in South West will increase by 35% (from 170,000 to 230,000 jobs) by 2030.

Skills for Care estimates that the turnover rate in Torbay was 25%, this was lower than the region average of 32% and lower than England at 28%. Not all turnover results in workers leaving the sector, of new starters in this area over half (54%) were recruited from within the adult social care

sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.

Adult social care has an experienced 'core' of workers. Workers in Torbay had on average 8.8 years of experience in the sector and 70% of the workforce had been working in the sector for at least three years.

Skills for Care estimates that in Torbay, 2.0% of roles in adult social care were vacant, this gives an average of approximately 100 vacancies at any one time. This vacancy rate was lower than the region average, at 6.9% and lower than England at 6.6%.

9. Current Initiatives to support recruitment

- **Grow our own workforce:** Apprenticeship strategy
- **Proud to Care:**

The Proud to Care SW regional report evidences the positive impact that this campaign has had and Devon's work on this initiative has been class leading. The enthusiasm that it has built among providers and relationships that it has developed with the council attest to its beneficial effect with good feedback from providers and those working in care. This latter point is of significance as the statistics on successful recruitment and longevity in care demonstrate a disproportionate weighting in favour of those that have been referred by those already in care or that have a history of care experience in the family. This means that the positive image of care is an essential element to have within our care system.

Coordinated and joint working with Devon on the Proud to Care STP footprint will be undertaken being supported initially by funding through the improved Better Care Fund.

As this is a live project already this will be capable of early development and acceleration

This will deliver improved retention and increased organic recruitment. Support the unpaid carers who are a key part of the Proud to Care campaign. Establish increased parity between health and care roles and the associated esteem. Increase the quality of care delivery as well as capacity. Reference is made to 'Saving Social Care' by Neil Eastwood which this initiative demonstrates support for

- **Work experience:** current work experience scheme working with local schools

10. Current Initiatives to support training/development

- **Career pathways**
- **Apprenticeships**
- **Health Hub training** – offered free to all independent sector providers

11. Vacancies within the PVI sector

The 'Projecting Older People Population Information System' (POPPI) uses figures taken from Office for National Statistics to project forward the population aged 65 and over from 2016 to 2030. This population is projected to increase between 2016 and 2030 from 1.2 million to 1.59 million people in the South West, an increase of around 33%. In the short and medium term this poses potential challenges for the adult social care sector and workforce.

Skills for Care brings together adult social care workforce estimates with population projection information to forecast the number of adult social care jobs that may be needed to keep up with demand in the future. These projections should be treated as 'base case' projections as they only account for demographic and population change over the period. They do not account for any political, economic, technological or social factors that could have an impact on the future size of the workforce.

Skills for Care forecasts show that if the adult social care workforce grows proportionally to the projected number of people aged 65 and over in the population between 2016 and 2030, an increase of 35% (60,000 jobs) would be required by 2030.

The 75 and over population is forecast to grow at a faster rate than those aged 65-74, and if the workforce increases proportionally to this demographic then a 53% (90,000 jobs) increase would be required.

It is acknowledged that other factors, as previously mentioned, could have a large influence on the size of the workforce over the next 15 years. The projections do, however, give an indication on the pressures created by demographic change on the size of the adult social care workforce.

12. Training Needs analysis

Undertaken by Trust Training team this took the form of a questionnaire sent to xx organisations. Responses were received from 67 organisations outlining a demand for a number of courses mixed between e-learning 11,635 places and face to face 8,477 places. A summary of the demand is outlined below:

- Conflict Resolution 680
- Dementia Awareness 833
- Specializing, Dementia and Safe Approaches 686
- Safe Approaches 595
- Purple Angel (Dementia Awareness) 648
- Mental Capacity Act - Level 2 865
- Equality , Diversity & Human Rights 917
- Fire Safety Awareness 943
- Food Hygiene 917
- Health & Safety 966
- Emergency First Aid - Level 2 1,014
- First Aid at Work - Level 3 564
- First Aid at Work Refresher - Level 3 444

- Reducing Antimicrobial Resistance: An introduction 544
- Infection Control 998
- Information Governance 692
- Information Governance Refresher 402
- Moving & Manual Handling Non Patient Refresher 749
- Moving & Manual Handling Patient Handler (Community) 633
- Foundation Course in Moving and Handling and Risk Assessment 548
- Safeguarding Adults - Level 1 990
- Prevent (Healthwrap training) 491
- Advance Care Planning & Care after Death Which one do we want to offer? 491
- Advance Care Planning. *Trust Priority* 487
- Care of Carers & Bereavement 559
- Communication Skills in End of Life Care 603
- Individual Care Planning at End of Life 499
- Recognising dying & what are the priorities as EOL approaches 527
- Symptom Management & Medication in Palliative & End of Life Care 468
- Verification of the Expected Death (VOED) 359

13. Proposals/Opportunities

a) Proud To Care

Implement in Torbay with a focus on increasing the workforce from currently under-represented groups including young people, parents returning to work and newly retired people. This will deliver:

- One brand across health and social care
- Jobs Board for all vacancies
- Signposting for all work placements
- Signposting for all education opportunities
- Proud to Care Ambassadors

b) Employability Hub

Focus on reaching young people, parents returning to work and newly retired people through:

i. Recruitment fairs

- Schools and Colleges
- Apprenticeship events

ii. Work experience programme

Expand the opportunity for potential recruits to take part in work experience programmes by :

- Encourage organisations to offer work experience
- Develop a 4 week work experience programme for the summer across health and social care organisations.
- Implement FairTrain initiative

c) Rotational apprenticeship programme – health and social care

- Large scale recruitment – class of 20
- Locally delivered
- Community settings include domiciliary care, care homes, community health and social care teams

d) Training Hub

There's training for everyone from Level 2 diploma – degrees to masters. Continue free offer to PVI organisations to support staff training and development.

e) Want a change/progression – career pathways

Develop a careers pathways hub for all staff working in PVI sector in care so they can access high quality:

- Mentoring and coaching
- Careers clinic and advice
- Leadership Development
- Talent Management System

f) Recognition Programmes

- Staff engagement/Peer support networks
- Annual awards ceremonies

Appendix 1 – Short term actions for capacity and meeting iBCF Criteria as a benchmark

1. Reducing Pressure on the NHS
2. Meeting Adult Social Care need generally
3. Stabilising the provider market

Action	Output / Positive Consequence
Increase use of HIVE by the providers	Collation of training data, and gathering of workforce data
Apprenticeship action plan – shared with providers – targets set across provider network with support required being established by the providers	Use of levy to stimulate supply within local care economy
Fair Train – implementation and accreditation	Increased recruitment through improved work experience – apprenticeships, internships, trainees
Care Certificate Accreditation – target set, marketed and delivered	Begin standardisation of certification for one workforce
Mutual support agreement – obtain feedback and support for its efficacy, adopt, adapt, accelerate for other areas of the market	Flexible workforce to manage demand – support networks built, improved system resilience – likely improved retention
NMDS – ASC – awareness and marketing activity	Improved ASC and system data for decision taking
Proud to Care Torbay	Development of the Devon and regional work for increased care awareness and appreciation in Torbay
Unified system for care management	Ability to introduce better rounds for mobile care workers to minimise travel and maximise earning
Care homes skills and leadership programme	
Secure Social media platform	Supporting peer to peer support, exchange for building client circles of support, and learning and assurance for increased care responsibilities

Appendix 2 – Stakeholders / Interested Parties

Health Education England
Local Government Association
Clinical Education Provider Network
Allied Health and Science Network

Appendix 3 – Transforming Care - Strategic Mapping and Data Gathering



Workforce Projects
and Mapping Work

Appendix 4 Associated Work – foundation work or concurrent projects

Live Working Week	Lorraine Webber		
Practice Nurses competency framework	Vanessa Crossey		
	ICE Creates		
Proud to Care			
OD programme	Chris Edworthy		
Making Every Contact Count	Nannette Tribble		
Skills for Care – National Minimum Data Set	Lee Stribling		

Facing the Facts Shaping the Future Actions

Torbay Council Policy Development and Decision Group – October 2018

As presented to Devon STP – workforce strategy group (July 2018)

John Bryant

John.Bryant@torbay.gov.uk

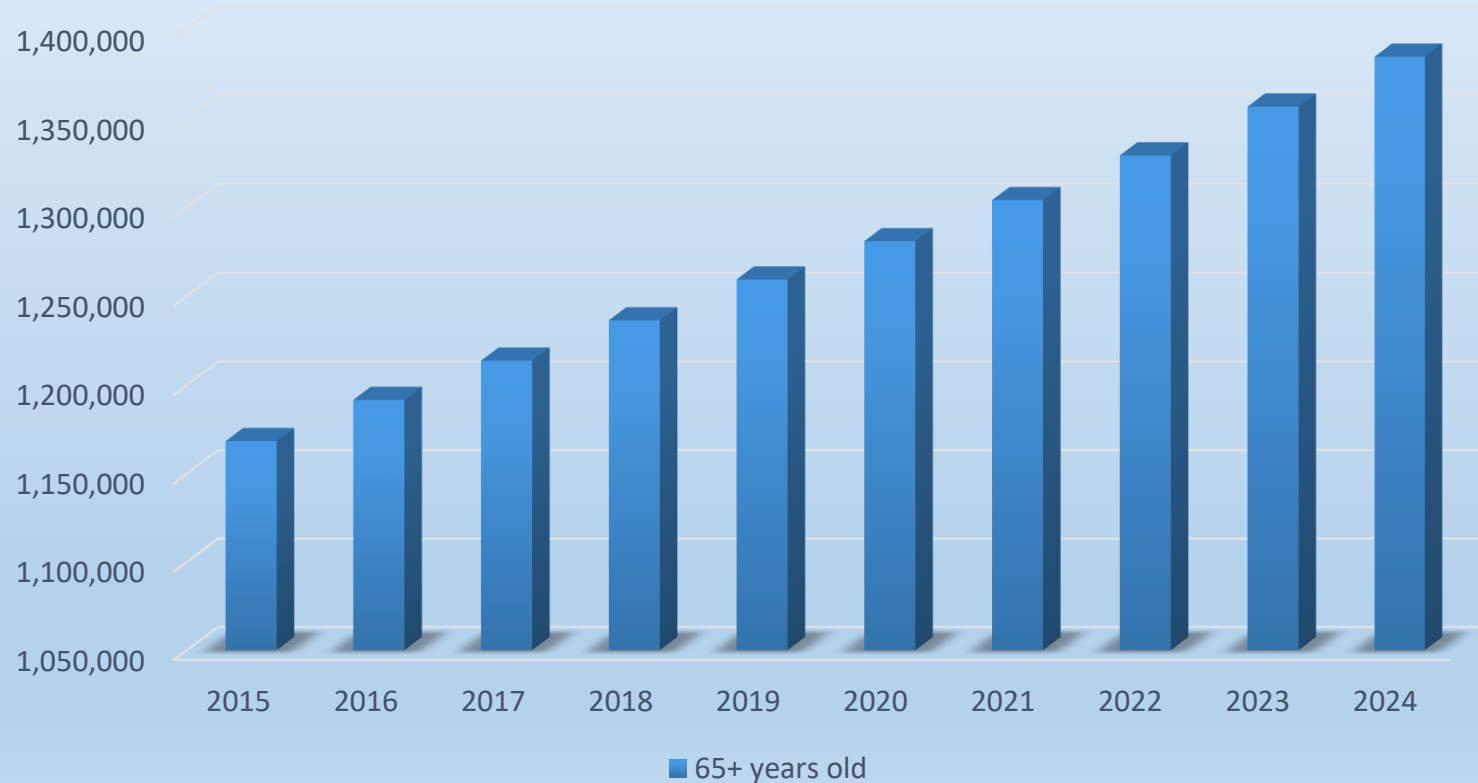
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Who Cares?

Number	Detail
5,000	More nurses leaving NHS (not retiring) 2016/17 - 2011/12
16,000	Additional nurses if we'd kept the rate 2011/12 (7.1%)
190,000	Additional clinical posts 2027 to meet demand
700,000	Additional adult social care jobs by 2030 relative to 75+ pop.
249 million	Hours of care delivered per annum in social care
1.4 million	Unpaid carers – caring more than 50 hours per week
70 million	?
3 million	Regular volunteers across health and care

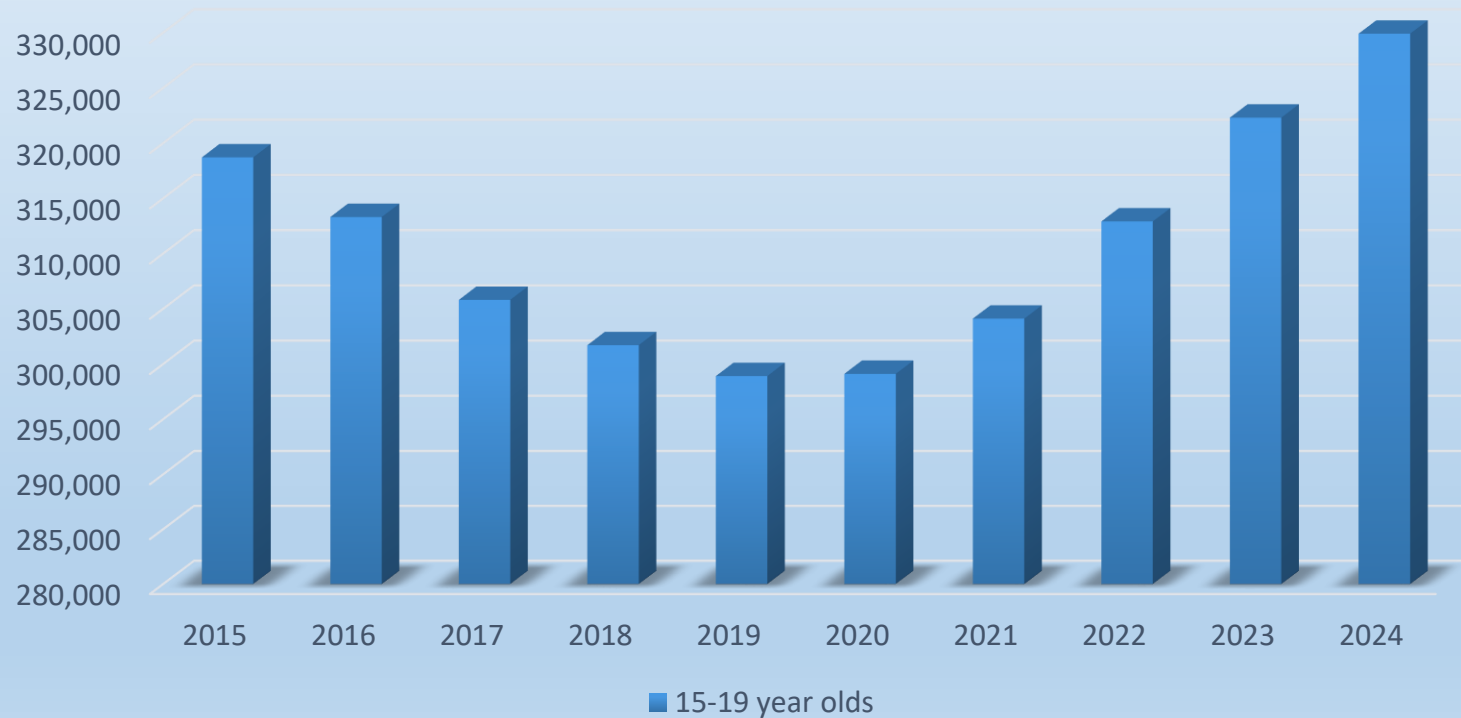
65 years+ population projections

ONS 2014-based Subnational Population Projections, South West



15–19 year old population projections

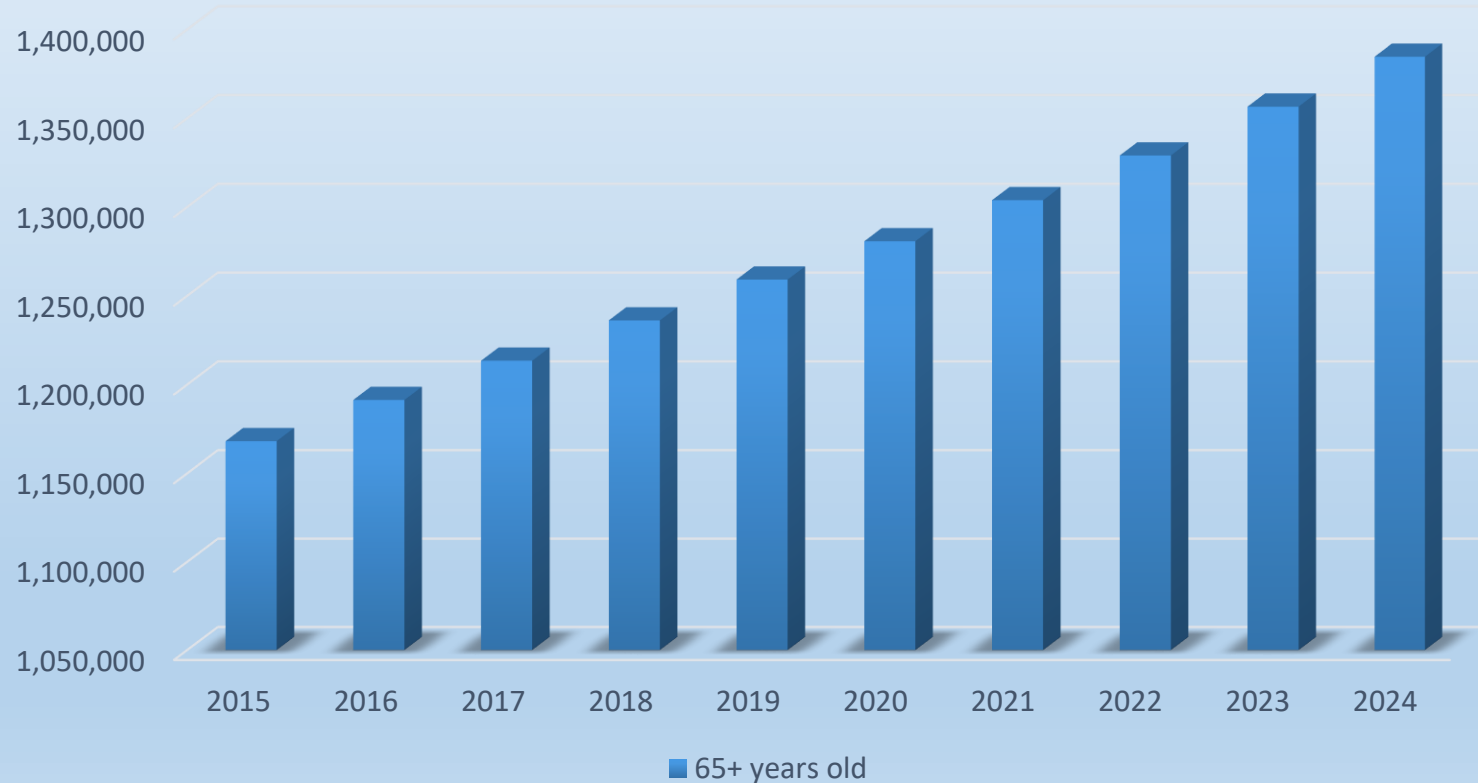
ONS 2014-based Subnational Population Projections 15-19 year olds South West



65 years+ population projections

Provocation - Problem or Solution?

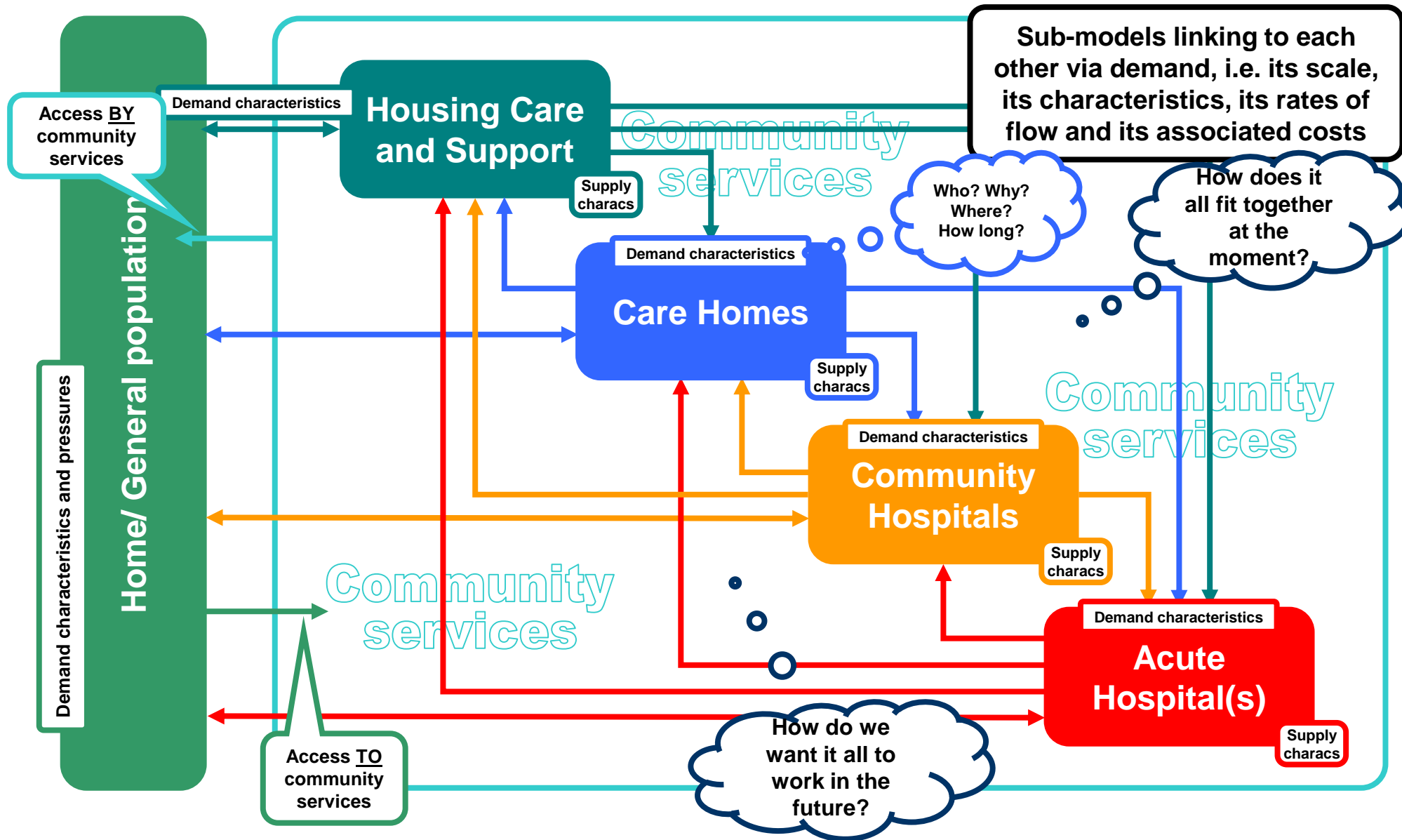
ONS 2014-based Subnational Population Projections, South West



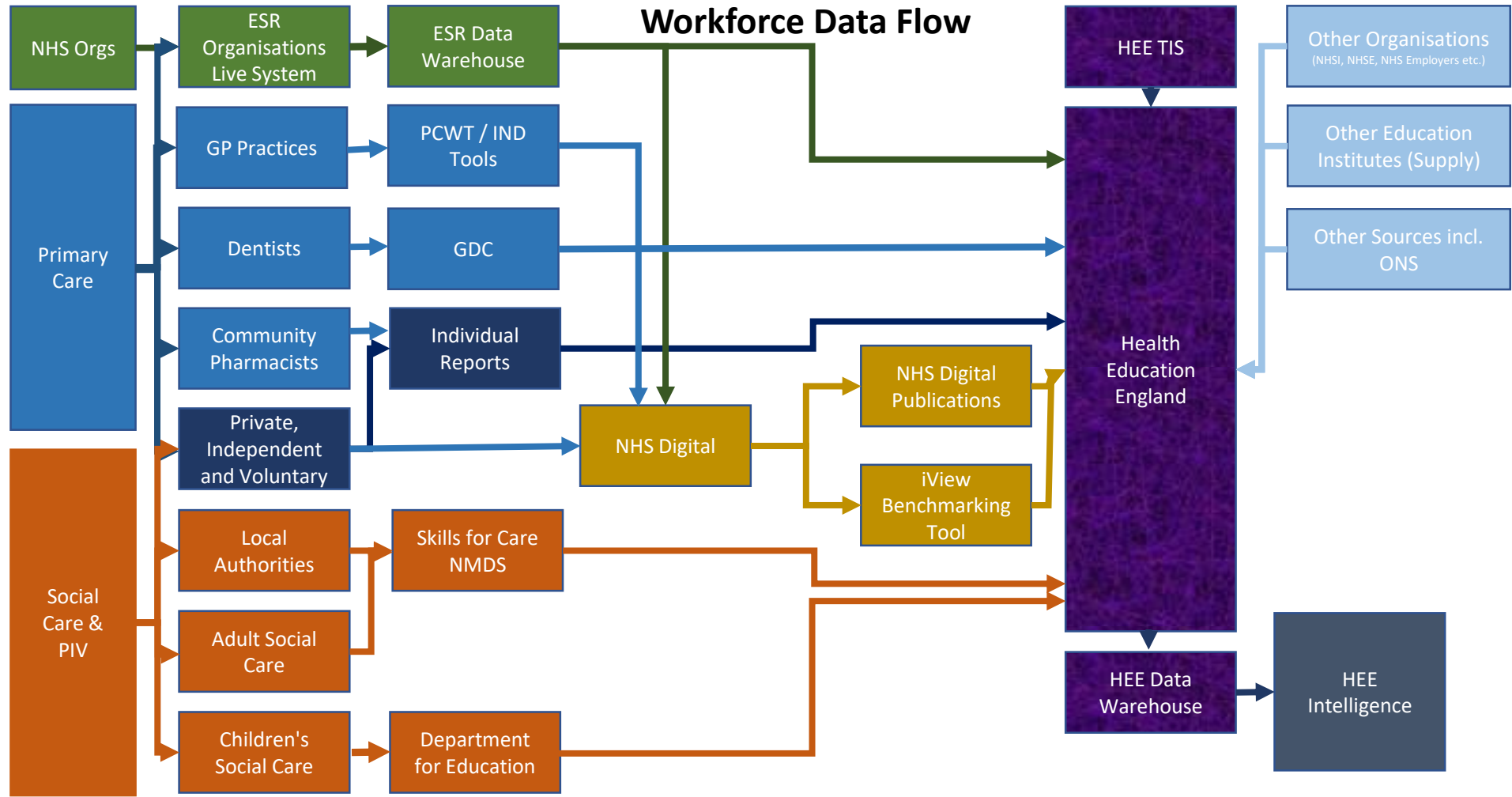
Torbay Care Trust – Whole System Modelling

Our approach to key capacities and flows

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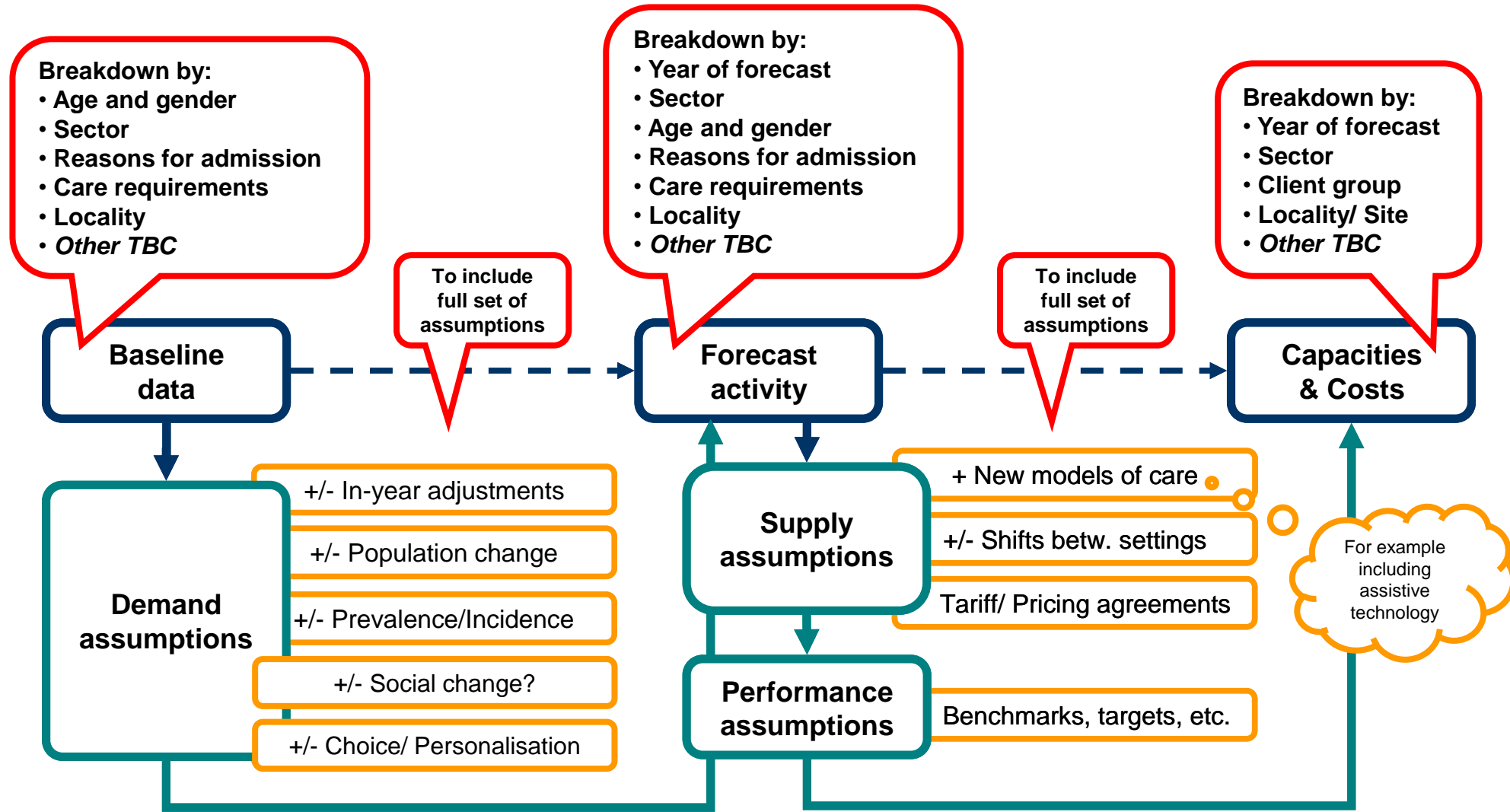
	Workforce Mapping	Activity Mapping – Live Working Week
Directly involved	HEE and Torbay	Torbay - STP
Issue	<p>Who have we got and where are they? Capacity, training/competency view of system</p> <p>Data / information for discussions and joined up / integrated decision taking</p> <p>Note <u>Professor Ian Cumming</u> a) Not disadvantaging another part the system b) Prevention is the first priority</p>	<p>What do they do?</p> <p>Beyond the role description Volume of activities System barriers to productivity – e.g. travel Added Value (or lack thereof e.g. travel!)</p>
Purpose	<p>Data sharing protocol Connected data sources One version of the system truth Areas for data improvement Scenario modelling – pathway modelling for task and costs</p>	<p>Competencies in community settings Activity levels to prioritise</p> <p>Data to become information to support frontline and staff side in co-producing where redesign and shift can take place to optimise skills sets at every system point</p>
Output	Scenario modelling tool for ongoing care evolution and	Improved care quality, retention and system



Torbay Care Trust – Whole System Modelling

Focus on Care Homes: The model behind the tool

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	Proud to Care South West	ASC Regional Mapping
Directly involved	16 Local Authorities Ministry of Housing, Communities and Local Govement / DoH	ADASS SW Bournemouth University
Issue	Profile of care (social) Capacity - Retention and Recruitment, VCSE, Carer resilience	A challenging future (700k) – baseline What do we (not) know about the workforce (data) [robustness, assumptions, informal and voluntary sector capacity and training Education & /training - what will be the demand
Purpose	Improve Esteem and profile of care to develop capacity Support direct care workforce Support micro-enterprises Environment for Community Catalysts	Investigative work to produce to the scope for further detailed analysis Ensure value and synergy of further work to support collaboration and informed task and cost shift
Output	Campaign producing direct and indirect positive consequences for capacity	Commitment of funds from ADASS +/- others

	National Minimum Data Set – improvement work	Living Well@Home – enhanced care & support
Directly involved	Skills for Care ADASS SW	Torbay
Issue	Variability in the returns to establish Adult Social Care Workforce Mechanism for input	Domiciliary care will not deliver future capacity or skills sets Present arrangement of support can be more person centred and responsive
Purpose	Encourage greater engagement in returns and provide enhanced understanding of the value of involvement Improve the mechanisms for input	Further system integration – permeable boundaries Widened multi-disciplinary teams Locality teams (Buurtzorg+) – self-managing community groups
Output	Robustness of data Move towards parity with ESR Accurate decision	Improved capacity Enhanced wellbeing of care worker, cared for and carer Reduced costs of delivery and poc provided Reduced demand

	Workforce Mapping	Activity Mapping – Live Working Week
Primary Stakeholders		
Secondary Stakeholders		
Interdependent Projects		
People to connect with		



Meeting: Policy Development and Decision Group (Joint Commissioning Team)

Date: 1 October 2018

Wards Affected: All

Report Title: Adults Health and Care-Continuation of the Risk Share

Is the decision a key decision?

When does the decision need to be implemented? 1 October 18

Executive Lead Contact Details: Councillor Julien Parrott, Executive Lead for Adult Social Care

Supporting Officer Contact Details: Caroline Taylor-Director of Adults and Housing, telephone (01803) 207336

1. Proposal and Introduction

The contractual and financial environment in operation in the local system since the formation of Torbay and South Devon NHS Foundation Trust as an Integrated provider of health and adult social care, is a multi-year block contract with a Risk Share Agreement, to which South Devon and Torbay CCG, Torbay and South Devon NHS Foundation Trust and Torbay Council are all parties. This contract at present sets the income level for the Trust for 2018/19 years and this level of income / expenditure is reflected in the respective plans of the CCG, Trust and Torbay Council.

The advent of Sustainability and Transformation Plans (STP) has required health and social care systems to work together to produce plans to deliver service and financial sustainability over the medium term.

The overall aim from this review is the continued development of the risk share arrangements in the community, including a review of delivery so far with a view to arriving at a place where the intentions and commitment of all parties is clear and negotiations start for the RSA which would need to be in effect from 1st October 2020.

This would require 3 way agreement and commitment to continuation of ASC contract and extension of RSA with the supporting financial framework effective 1st April. This secures continued investment in the integrated system since October

2015, and the contract for ASC since 2005; It is our intention that this would need to be negotiated and agreed by end of March 2019;
There is therefore a working assumption that minor additions/variations to the RSA may take place, which we remain open to, but all three parties remain with the agreement.

2. Reason for Proposal and associated financial commitments

- 2.1 Torbay Council is asked to set out its intention as a principle to continue to be party to a financial risk share for the provision of health and care in our community for a further period, currently considered as a 5 year period.
 - 2.2 At this stage this is a commitment in principle and if agreed officer of the 3 organisations will do detailed work on the improved outcomes and financial case to be brought back for consideration and agreement in Spring 2019.
-

3. Recommendation(s) / Proposed Decision

- 3.1 That the Elected Mayor be recommended that Torbay Council in principle commits to a further period of integrated care in order to improve outcomes for our community and officers are asked to continue the financial risk share as part of ensuring resources are used to best effect. Officers are asked to develop a detailed proposal for consideration and agreement by Torbay Council, Torbay Clinical Commissioning Group (CCG) and Torbay and South Devon NHS Foundation Trust (TSDFT) by March 19.

- Appendix 1 Memorandum of Understanding for the three parties
- Appendix 2 Review of original ICO business plan
- Appendix 3 Strategy on a page
- Appendix 3 Draft future commissioning intentions

**Draft Memorandum of Understanding for the continuation of the Risk Share Agreement
between the South Devon and Torbay CCG, Torbay Council and Torbay & South Devon
NHS Foundation Trust**

1. Background to current position

The contractual and financial environment in operation in the local system since the formation of Torbay and South Devon NHS Foundation Trust as an Integrated provider of health and adult social care, is a multi-year block contract with a Risk Share Agreement, to which South Devon and Torbay CCG, Torbay and South Devon NHS Foundation Trust and Torbay Council are all parties. This contract at present sets the income level for the Trust for 2018/19 years and this level of income / expenditure is reflected in the respective plans of the CCG, Trust and Torbay Council.

The advent of Sustainability and Transformation Plans (STP) has required health and social care systems to work together to produce plans to deliver service and financial sustainability over the medium term.

2. Aim

The overall aim from this review is the continued development of the risk share arrangements in the community, including a review of delivery so far with a view to arriving at a place where the intentions and commitment of all parties is clear and negotiations start for the RSA which would need to be in effect from 1st October 2020.

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There is therefore a working assumption that minor additions/variations to the RSA may take place, which we remain open to, but all three parties remain with the agreement;

3. Process

This process is being undertaken by the members of the Risk Share Oversight Group/Joint Executives. Representation was provided by:

CCG: John Dowell, Derek Blackford, Jo Turl,

Torbay Council: Caroline Taylor, Martin Philips, Anne-Marie Bond

T&SDNHSFT: Paul Cooper, Rodney Muskett, Ann Wagner

Recommendations when produced will be presented to the CCG Governing Body, Torbay Council and T&SDFT Board for approval.

4. Timeline

This paper was developed for approval through Organisations' Governance Processes in autumn 2018.

The key points on the timeline are: *(please also refer to flow diagram)*

1st October – Policy Development Group, agreement of principles;

7th November – Trust Board, T&SDFT;

18th October – Finance Committees in Common, SD&T CCG & NEW Devon CCG;

5. Context and Regulatory Framework

It is anticipated at present that the agreement would continue/be renegotiated in its present legal format but consideration needs to be given to the following:

- *NHS England consulting on a contract for Integrated Care – new form of standard NHS contract available to work in context of integrated/single system; All parties should take part in the consultation and give feedback and this will need to be reviewed as we progress towards negotiation and agreement and eventual contract form;*
- *Commissioners to review original Adult Social Care contract by end of November to inform development;*

A review of the arrangements for Governance/oversight potentially with amendments to the current framework; It is anticipated that this would ensure that Risk Share Oversight Group feeds into a fully functioning Joint Executive Committee, with oversight of transformation plans and delivery against the ambitions set out and would exist separately to each of the existing organisations own governance arrangements;

It should also be the intention to review Social Care Programme Board/Contract Review Meeting/Joint Technical Working Group etc. to ensure the right level of focus and attention on this development; with Joint Executives or Risk Share Oversight Group sub-group sponsorship etc., with membership, ownership and accountability pitched at the right level for each.

6. Position Statement from each partner

a. South Devon and Torbay CCG

All partners in the Devon STP have signed a Memorandum of Understanding that sets out some core principles of how we will work together. With regard to contractual arrangements, these should seek to support the MoU principles.

The CCG supports the continued development of the approach taken to date for this community within the Devon STP. In this context we do not think a return to standard terms and conditions NHS contract would best support this and therefore we seek to negotiate variation to the current Risk Share Agreement.

The CCG is under Legal Directions issued by NHS England, primarily due to a deteriorating financial position in 2015/16 through to 2017/18, and its financial plan for 2018/19 currently holds a £5m deficit on behalf of the community. As a result of this, we are subject to NHS England scrutiny from a national perspective and a focus on the return to financial balance and therefore delivery against the financial recovery plan, set for 2019-20.

There is, in fact, a legal duty placed on the CCG, as the Organisation currently accountable for managing to a capitated budget, which may place direct restrictions on our ability to sign up to a contract which makes financial commitments beyond the financial allocation made to us for the local population.

As referenced above, The CCG is subject to a local and National Level review and challenge which will continue to require options to be presented for how expenditure can be reduced to within the allocation provided for the population. It is clear therefore, that any contractual agreement entered into by the CCG must demonstrate how this will be achieved over the term of the contract.

b. Torbay Council

The Council needs support the needs of our community, particularly vulnerable people, and to grow our economy, and to reach a sensible, prudent financial position whilst being compliant with our statutory duties. We continue to play a central role in the quality of life of the residents,

businesses and communities of Torbay through the services and employment we provide, the purchases we make and partnerships in which we work. Over recent years, we have had to reprioritise our investment and reduce the extent and breadth of our service offer. Inevitably, the savings the Council has made have had an impact on service delivery and the headcount of the Council has reduced by 400 staff across all services.

Moving forward, to achieve financial stability, we need to narrow our focus further onto:

- Reducing the costs of our high-cost services
- Reducing the demand for and into our high-cost services
- Increasing the Council's income from Council Tax, National Non-Domestic Rates, fees, charges, rents and investments

We will continue to deliver the best Core Offer we can around:

- Health, Adult Social Care and Public Health Integration
- Children's Social Care
- Waste Collection and Disposal

This will be underpinned by our Core Offer for our Place and our plans for Growth. We will continue to base everything we do on three main principles:

- Use reducing resources to best effect
- Reduce demand through prevention and innovation
- Take an integrated and joined up approach

We will continue to contribute towards early intervention where this will prevent, delay or reduce need.

We are committed to working, through the Local Government Association, with Government to ensure that the needs of Torbay as a small coastal unitary authority are recognised. We will be clear with Government that we are already close to the Core Offer. We will work with other authorities and organisations such as the Association of Directors of Adult Social Services, the Association of Directors of Children's Services and F40 (representing the group of the lowest funded education authorities in England) to ensure that the costs associated with these areas of the Council's statutory responsibility are fully recognised by the Government. And we will continue to raise awareness within our communities about the financial pressures facing the Council and the inter-relationships between social care and growth.

c. Torbay & South Devon NHS Foundation Trust

Torbay and South Devon NHS Foundation Trust remains fully committed to deliver and extend the ambitions sets out in the ICO business case in October 2015; we firmly believe that delivering integrated care through partnership working delivers the best, most cost effective service to the population that we serve.

This document describes significant achievements thus far and, as we move into the next phase of our integration journey we will focus on:

1. Wellbeing at Work

Supporting each other to experience fulfilment and joy at work, to act with autonomy and to feel engaged by a clear sense of purpose.

2. Right Care in the Right Place

Providing care, closer to home. Working differently to support care to be accessible in the best place and in an environment that is safe and promotes the best experience for people.

3. Sharing Information

Working together to share information so that care is coordinated and person centred and people only have to tell their story once. Whenever we can use the best technology to help us to do this.

4. Strengthening Partnerships

Working with our partners across all care sectors to create sustainable services that accomplish the best outcomes for people.

5. Staying Well

Working with our communities so that people can stay well and live full lives.

As we move forward we see great value in extending the scope of our system's integrated model towards the care of children, young people and their families, those with mental health conditions and to a better integration of Trust and primary care delivered services.

The Trust has, in 2017/18 delivered a significant turnaround in its financial position, largely as a result of delivering on the ICO business case, moving back into a surplus position. The financial outlook does, however remain challenging. In that context, the Board believe that the principles of the Risk Share Agreement should remain central to our approach going forward. The existing agreement has ensured that our collective system has a single, joint focus on delivering quality and reducing the direct cost of delivery; maintaining that focus in the face of future pressures will be important.

7. Consideration of Alternative Contract form

The following contract options have previously been considered and may be reviewed against a range of criteria, aimed at balancing the various organisational imperatives, the desire to continue the strategic development of an Accountable Care Delivery System and the Regulatory environment:

- a. *Retain Current Risk Share Agreement – in the form of RSA2;*
- b. *Current RSA with Opportunity to expand RSA as strategy develops in support;*
- c. *NHS Integrated Contract;*
- d. *National T&Cs, standard NHS contract;*

The matrix summarising the advantages and disadvantages of each option against the chosen criteria will continue to be developed and therefore included in future iterations of this paper.

8. Financial Considerations

8.1 Stated Financial Planning Assumptions incl. confirmation of baseline assumptions:

A review of the opening Baseline assumptions has been shared and agreed in the initial development meeting but work continues through the finance leads of the three parties to understand and set out the financial framework and therefore determine the respective contributions in support of the agreement.

Whilst it is expected that this will continue to be incredibly challenging as it has been in each of the last two financial years, the partners will work together to agree financial planning assumptions and the associated savings plan and outcomes/deliverables alongside an affordability assessment and consideration of alternatives for comparative purposes.

It is anticipated that we will set out the timeline which should see negotiations conclude toward the end of December 2018 or as part of the normal planning process that would take us into 2019-20 with the Director of Finance/Chief Finance Officer of three bodies concluding on the approach to CIP planning and risk share buyout arrangements as a result;

8.2 Comparison of contract payments driven by Proposed Variation versus a PbR based valuation

An Initial draft has been developed which needs to be discussed and finalised between partners which is intended to illustrate the financial implications for each organisation as a potential alternative to the agreement of risk share;

8.3 Comparison of cost of provision of Adult Social care versus current contributions and risk share buyout arrangement

An Initial draft has been developed which needs to be discussed and finalised between partners which is intended to illustrate the financial implications for each organisation as a potential alternative to the agreement of risk share;

9. Review of Original Business Plan and Delivery of Outcomes against Care Model

Whilst the care model benefits realised by the end of year 3 may not be to the level originally forecast in some areas due to changing circumstances, the qualitative and quantitative results that are emerging do demonstrate positive impact and return on investment. The detailed review and appraisal is included in support of this document but the conclusions include:

- Health and well-being has improved significantly, with many positive stories of lives turned around with significant improvements in independence reported. At 68.4% client satisfaction with adult social care in Torbay was higher than England, South West and comparator group averages, and in the top quartile of England Local Authorities in 2016/17. Latest 2017/18 demonstrates a further improvement to 69.2%.
- 40% of people cared for at home enabling a reduction of 99 beds
- Delayed transfers of care remain amongst lowest in Country
- Fewer people admitted to a care home as their permanent residence - for those funded by adult social care aged 65+
- Workforce shape changed and overall headcount reduced from 5,369 (2014/15 baseline year) to 5,101
- Service utilisation significantly improved overall, when nationally have seen an increase in demand - e.g. total bed days used reduced by 21.2% compared to national reduction of 2.1% with bed days used by the over 65s reduced by 27.8% compared to national reduction of 2%
- Total £13.23m recurrent cash releasing system savings generated of which £6.4m reinvested in care model and £19.9m of cost avoided by reducing

demand which, when added to general efficiencies delivered over the period derive a total benefit calculated at £69.35m.

10. Commissioning Intentions/Strategy

The draft documents are attached in support of this document and set out the Commissioning Intentions and STP plan on a page as they are currently described;

11. Appetite for Revision/Variation to Existing Risk Share Arrangements

The partners remain committed to the Risk Share Agreement in its current form but also leave open the possibility of extending this subject to the appropriate consideration, due diligence and agreement of all parties

12. Conclusion

The preferred option is to process a variation to the current block contract and risk share agreement in line with the continued development as described. This option represents the best balance of recognising all the individual organisational imperatives and the overall system conditions.

It also avoids the need to return to a standard national terms and conditions contract, e.g. with Payment by Results for acute services, and the Local Authority returning to more traditional arrangements for adult social care which would be contrary to the national direction of travel.

The CCG, Trust and Council have worked together to ensure that we have an agreement which seeks to preserve the strategic direction for the community, allows continued development of the Integrated care model in order to maximise the amount of transformational change that can be delivered and delivers a clear plan for return to financial balance in the total community.

13. Recommendation

The CCG Governing Body, Council Members and Trust Board are asked to note the stated intentions and support the continued development as described, acknowledging that the financial and contractual environment we are seeking to achieve must clearly reach the best accommodation of 3 very clear imperatives:

- I. Trust to be able to set credible plan for delivery of control total without an unacceptable level of delivery risk associated with cost reductions linked to change in demand profile for its services;
- II. Council to achieve a total block (capped risk) contract;

- III. CCG to have a contract which demonstrably shows how the value will reduce to the affordable level for the resources allocated to it for its population, supporting its return to financial balance;



Review of ICO performance measured against original 5 years business case with a focus on delivery of care model outcomes

1 Introduction

The creation of the Integrated Care Organisation (ICO) in 2015 through the acquisition of Torbay & Southern Devon Health & Care NHS Trust by South Devon Healthcare NHS Foundation Trust was underpinned by a 5 year business case that had at its core a new model of integrated care, designed to empower individuals to take ownership of their own health and care needs. This re-ablement focus and restorative and capacity-building approach focussed on empowering citizens to retain or improve their independence - an important factor in improving the management of demand in the system. The aim was that this strength-based approach would result in a shift of resources from a reactive diagnosis and treatment medical model, to a more holistic, joined-up model of health and social care.

This paper describes what we set out to achieve; the criteria for measuring success; the outcomes we expected to achieve and a high level assessment of what has been delivered so far benchmarked against national trends and set against changing context.

2 What did we set out to achieve?

The **aim** of the integrated care model was for people to stay as active as possible for as long as possible through the course of their lives, supported in taking responsibility for their own health and wellbeing. Instead of assuming ever-increasing dependency or constant decline, the aim was to retain or improve independence and self-worth but also to recognise that there can come a time in life when intensive medical intervention is the best course of action.

The original ICO business case described 5 high level **goals** and 8 national and local **priorities** that applied across the whole system of health and care provision:

High level goals:

1. Improve people's experiences of health and care;
2. People should have a bigger say, not only in the priorities we set and the care we provide, but also to support people in managing their own health and to help people improve their wellbeing;
3. Reduce inequalities in health and care;
4. Continue to support and develop a motivated, flexible workforce with the right staff and right resources in the right place; and
5. Maintain a financially stable and sustainable health and care system.

National and local priorities:

Urgent and emergency care	Community health and social care
Dementia care	Long-term conditions
Joined-up professional practice	Seven day health and care
Troubled families	Substance misuse, (alcohol and smoking)

Underpinning the business case was a belief that the expansion of personal social care and personal health budgets would act as a catalyst to empowering citizens to take greater ownership for managing their own health and care needs.

The business case was informed by **priorities of local people** following a range of public engagement and consultation events where people shared what was important to them:

Table 1: Community Services Engagement Reports: what's important to local people?	
Accessibility of services	Opening hours, public transport and buildings that are fit for purpose. Also, access to information.
Communication and coordination	Joined-up IT systems and information for patients, so people know who to contact.
Education, prevention and self-care	People want to know more about their condition – what it is and how to manage it themselves
Reliability, consistency and continuity of services	People want to know who will come to see them and when they will come. Building relationships with carers is important in making people feel safe.
Support to stay at home	There is a great range of statutory and voluntary services that people consider important to help them stay in their own homes.
Wellbeing and community support	Making more use of voluntary services to help people live at home, using support already in communities – ‘neighbourliness.’

To achieve these goals and address the priorities, a number of **work streams** were created to deliver the fundamental changes to the care model being sought by commissioners and local people to deliver what was important to them. These work streams were organised around the principal that “services should wrap around the person and family to create a single system of health and care delivery” and included:

Table 2: ICO Integration Work streams	
development of a single point of contact	<i>a multi-media gateway to both signpost appropriately and to mobilise the appropriate assessment and equipment needed</i>
realignment of community resources including looking at existing community hospitals and utilising them in a different way	<i>to further support the self-care and prevention agenda and to help move from a reactive model of care to a proactive model of care</i>
new frailty pathway	<i>a whole system pathway of care starting with risk stratification of the most vulnerable patients and integration of community, social care and medical teams to better support the cohort of frail elderly patients.</i>
introduction of a new Multiple Long Term Conditions service for people with multiple LTCs	<i>to provide coordinated multidisciplinary management of coexisting medical conditions in one place at one time; outside of the acute setting where possible and avoiding multiple appointments per condition</i>
outpatient service redesign	<i>the development of a number of clinical service innovations with the objective of providing care closer to home, self-care and assessment avoiding multiple appointments per condition</i>
inpatient innovation	<i>series of clinical service transformation projects with the aim of reducing length of stay or avoiding an admission</i>

3 What benefits did we expect to see?

Delivery of these work streams was expected to **drive significant change in service utilisation** including a reduction of acute and community hospital beds, a reduction in outpatient appointments and a reduction in A&E attendances with resources freed up to be reinvested in a new model of care to better meet the needs of individuals. Many tangible and qualitative outcomes were anticipated through a shift in resources as a result of the new care model, including improvements in citizens health and wellbeing, enhanced patient experience and staff experience and more resilient services and communities.

In addition to the care model benefits, the physical creation of the ICO via the vertical integration of a high performing small DGH trust with a high performing, international exemplar community health and social care provider was expected to **deliver tangible system benefits** through the following:

Table 3: ICO vertical integration system benefits

Increasing the pace of service developments	<i>without organisational boundaries, transactional barriers and conflicting incentives impeding decision-making</i>
Improving the scale of development opportunities	<i>With more clear oversight and influence along a much greater proportion of pathways, the scale of ambition can realistically be greater</i>
Removing boundaries to align incentives and reduce transactions	<i>where patient benefits and community-wide interests are prioritised above individual organisational concerns; many other benefits to the quality and experience of care, and service efficiency arise from the alignment of incentives and the removal of interfaces between services and reduction of transactions between organisations</i>
Integrating the workforce to deliver the new care model	<i>bringing together teams to share a single set of values, maximise their effectiveness in delivering organisational goals and provide the best quality for service users</i>
Delivering financial return on investment	<i>maximising the benefits arising from delivering integrated care at pace through organisational consolidation, optimising the economies of scale through management integration, and offering greater value for money through better contracting arrangements</i>
Enabling change and mitigating risk through a Risk Share Agreement	<i>building on the principles of the Better Care Fund to pool the resources available and align financial incentives across the community in the best interests of service users. The intention was to balance the risks across the key local partner organisations, and incentivise all signatories to make best use of resources for the local community</i>

Integrating the health and care workforce was expected to **deliver significant workforce benefit:**

- fewer staff working on the acute hospital site;
- greater numbers of staff working in community settings;
- changing ratios between registered and non-registered staff in community settings, moving away from a very profession-centric workforce to one of skilled care workers;
- new generic roles in community settings at both a professional and care worker level;
- new professional roles for physicians' associates and surgical care practitioners;
- holistic approaches to care in all settings; and
- more specialist medical support in community settings.

By creating the ICO and delivering the planned service developments the following **financial benefits** were anticipated:

Back office and supporting function cost reduction	(£1.9m)
Care model cost reduction	(£12.4m)
Care model investments in community settings	£6.1m
Net cost reduction	(£8.2m)

Note: In the business plan and accompanying Risk Share Agreement the financial benefits were phased across the first three years, with most of the care model benefits accounted for in years two and three. There would be a deficit anticipated in the first two years, moving to a surplus by year three. Cash reserves would be maintained and were expected to be generally improving by year five.

4 What were the key tests to demonstrate success?

The following **criteria** describe the agreed **key tests** included in the business plan to demonstrate the ICO's success in delivering the integrated care model:

- maintain and improve the **quality of health and care outcomes** delivered for the community it serves, reflecting the changing nature of the community's needs;
- move the balance of services away from reactive to proactive, with a **greater focus on prevention and self-management**;
- provide services in the most appropriate locations, as **close to patients' homes** as possible – central to this was an intention to review and redesign community hospitals;
- **reduce interfaces** between separate health and care services, within and without the ICO;
- meet all **mandatory performance and financial targets**;
- **manage increasing demand within a restricted cost base**, with greater flexibility to invest resources for the benefit of the community;
- develop an appropriately **skilled and dedicated workforce**; and
- ensure that service users and commissioners feel **engaged** with existing services and future service developments.

5 What were the expected activity and financial outcomes of the care model?

The following tables are taken from the original business case and set out the anticipated activity and financial impact of the care model. This was the anticipated position at the time of submission (February 2015) and was the basis on which the ICO creation and acquisition was assessed by the regulator with an expectation the ICO would be established on 1 April 2015.

Table 5: ICO creation: care model activity impact

Service line	Demand scenario	Baseline 2014/15 FOT	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
A&E attendances	Demand without ICO	80,972	81,931	83,537	85,142	86,748	88,353	89,959
	ICO impact	-	(8,485)	(25,454)	(33,938)	(33,938)	(33,938)	(33,938)
	Demand with ICO	80,972	73,447	58,083	51,204	52,810	54,415	56,021
Non-elective admissions	Demand without ICO	34,713	35,071	35,416	35,780	36,158	36,550	37,001
	ICO impact Care Homes	-	(188)	(563)	(750)	(750)	(750)	(750)
	ICO impact LTCs	-	(927)	(2,782)	(3,709)	(3,709)	(3,709)	(3,709)
	ICO impact MH	-	(36)	(107)	(142)	(142)	(142)	(142)
	ICO impact emergency	-	(102)	(307)	(409)	(409)	(409)	(409)
	Demand with ICO	34,713	33,818	31,658	30,770	31,148	31,540	31,991
Outpatient attendances	Demand without ICO	408,594	412,479	422,172	431,864	441,557	451,249	460,942
	ICO impact	-	(7,493)	(22,478)	(29,971)	(29,971)	(29,971)	(29,971)
	Demand with ICO	408,594	404,987	399,694	401,893	411,586	421,278	430,971

Table 6: ICO creation: care model financial impact

Element	Activity Changes			Savings		Investments		Net impact
	Bed reduction	ED attendance reduction	Outpatient appointment reduction	Pay £	Non pay £	Pay £	Non pay £	
Acute Frailty	24	4,000	-	893,405	169,743	849,224	-	
Community frailty	-	-	-	175,000	-	310,000	-	
Single Point of Contact	-	-	-	-	-	-	20,000	
Community Localities	-	-	-	383,790	63,980	425,580	610,332	
Community Hospitals	18	3,000	-	2,016,579	1,318,105	-	101,000	
Acute Innovations	15	24,000	29,500	4,767,850	1,683,171	1,374,420	30,000	
MAAT	8	4,000	-	399,196	65,543	289,312	10,000	
Intermediate Care	-	-	-	-	499,276	-	-	
A&E Investment	-	-	-	-	-	1,275,000	-	
Medical skill mix*	-	-	-	-	-	-	-	
Sub total	65	35,000	29,500	8,635,820	3,799,818			
TOTAL				12,435,638		6,055,804	6,379,834	

The tables reflect an expectation that as a result of the vertical integration and introduction of the new care model the following impact would be realised:

- **a reduction in A&E attendances** – from 80,972 in 2014/15 to 56,021 by March 2021
- **a reduction in non-elective admissions** – from total of 34,713 in 2014/15 to 31,991 by March 2021
- **a reduction in outpatient attendances** – from 408,594 in 2014/15 to 401,893 by March 2021
- **a reduction in beds** – 65 beds would be taken out as a result of the care model changes

together with anticipated savings of £12.4m in response to investment of £6.05m – a return on investment of £6.3m.

6 What has been delivered?

Due to delays in national decision making, the ICO go live originally planned for 1 April 2015 was delayed with go live date actual being 1 October 2015. Therefore at the time of producing this report the ICO has been operating as an integrated care organisation for nearly 3 years.

For the purpose of measuring progress against the original care model activity and financial impact outcomes, the tables that follow use the latest full year outturn position (2017/18) as the review point.

During the period 2014/15 to 2017/18 the overall population of Torbay and South Devon grew by 1.98%. The over 65s – the population that the new model of care was particularly targeted at – grew by 7.24%.

Set against this growing population context, the following tables demonstrate that when comparing 2017/18 against the 2014/15 base year, population growth was accommodated and service utilisation changed as follows:

- **total A&E attendances reduced by 3.7%** compared to a national increase of 5.7%
- **A&E attendances by the over 65s reduced by 1.5%** compared to a national increase of 13.8%
- **Total bed days used reduced by 21.2%** compared to national reduction of 2.1%
- **Bed days used by the over 65s reduced by 27.8%** compared to national reduction of 2%
- **Total outpatient attendances reduced by 3.5%** compared to national increase of 10.9%
- **Outpatient attendances for the over 65s reduced by 0.9%** compared to national increase of 13.2%

Table 7: Context: National trends and population change 2014/15 – 2017/18 actual

	All A&E Attendances %	65+ A&E attendances %	Bed days used %	65+ Bed days used %	OP Attendances %	65+ OP Attendances %
National trend	5.7	13.8	-2.1	-2.0	10.9	13.2
ICO change	-3.7	-1.5	-21.2	-27.8	-3.5	0.9
Population growth	1.98	7.24	1.98	7.24	1.98	7.24

Table 8: ICO creation: care model activity impact actual against plan

Population context:

- From 2015/15 to 2017/18 whole population grew by 1.98% from 284,720 to 290,364
- From 2014/15 to 2017/18 the care market target segment (over 65 population) grew by 7.24% from 69,222 to 74,236

Service line	Demand scenario	Baseline 2014/15 FOT	2017/18 plan	2017/18 actual
A&E attendances	Demand without ICO	80,972	85,142	
	ICO impact	-	(33,938)	
	Demand with ICO	80,972	51,204	75,061

Comment:

- 2017/18 actual activity reduced by 7.3% against the business case 2014/15 FOT baseline
- 2017/18 difference from plan was an additional 23,857 attendances
- Nationally A&E attendances increased overall by 5.7% between 2014/15 and 2017/18 compared to the ICO activity which saw a reduction in A&E attendances of -3.7%
- Nationally A&E attendances for over 65s increased by 13.8% between 2014/15 and 2017/18 compared to ICO activity which saw a reduction in A&E attendances for over 65s of -1.5%

Service line	Demand scenario	Baseline 2014/15 FOT	2017/18 plan	2017/18 actual
Non-elective admissions	Demand without ICO	34,713	35,780	
	ICO impact Care Homes	-	(750)	
	ICO impact LTCs	-	(3,709)	
	ICO impact MH	-	(142)	
	ICO impact emergency	-	(409)	
	Demand with ICO	34,713	30,770	37,159

Comment:

- 2017/18 actual activity increased by 7% against the business case 2014/15 FOT baseline
- 2017/18 difference from plan was an additional 6,389 attendances

Service line	Demand scenario	Baseline 2014/15 FOT	2017/18 plan	2017/18 actual
Outpatient attendances	Demand without ICO	408,594	431,864	
	ICO impact	-	(29,971)	
	Demand with ICO	408,594*	401,893	412,038

Comment:

- 2017/18 actual activity increased by 1% against the business case 2014/15 FOT baseline
- 2017/18 actual activity ahead of plan by 10,145 attendances

Note: this table does not include the additional investment in social care (£9m in Torbay 2017/18) and additional efficiencies made in the ICO in 2017/18 which exceeded the Trust's total £42m savings and income target to deliver its overall control total.

Care model: financial impact

The financial impact of the first 3 years of the care model (see following tables) is calculated as:

- **Total £13.23m recurrent cash releasing system savings generated** of which £6.4m reinvested in care model
- **Further efficiencies, associated with avoiding growth in expenditure** of £19.9m
- **Total £69.35m system benefit** derived during this period, including cost avoidance calculation using national trends and PBR and other, general efficiencies delivered by the Trust.

Table 9: ICO care model: actual financial impact 2017/18 and 2018/19 forecast

Care model development	ICO Business Case Target £m	Savings Actual 2017/18 £m	Forecast savings 2018/19 £m	Grand total Recurrent savings £m	Comment
Further acute beds – frailty/front door	1.06	0.00	0.00	0.00	16 further acute beds for front door removed from plans
Recurrent care model/intermediate care/MAAT	4.92	5.52	1.51	7.04	
Acute outpatient innovations	3.00	0.00	0.00	0.00	OP Innovations work is absorbing growth and reducing waiting lists - not cash releasing
Acute inpatient innovations	3.45	1.93	0.00	1.93	
Other Trust recurrent integration related savings above original ICO schemes	0.00	4.06		4.06	
Non recurrent community other	0.00	1.64			these were investments in the IC teams that slipped due to vacancies in 2017/18
Subtotal delivered Trust	£12.44	£13.15		£13.03	
Primary care savings - prescribing		0.20		0.20	
TOTAL delivered across CCG & ICO	£12.44	£13.35		£13.23	

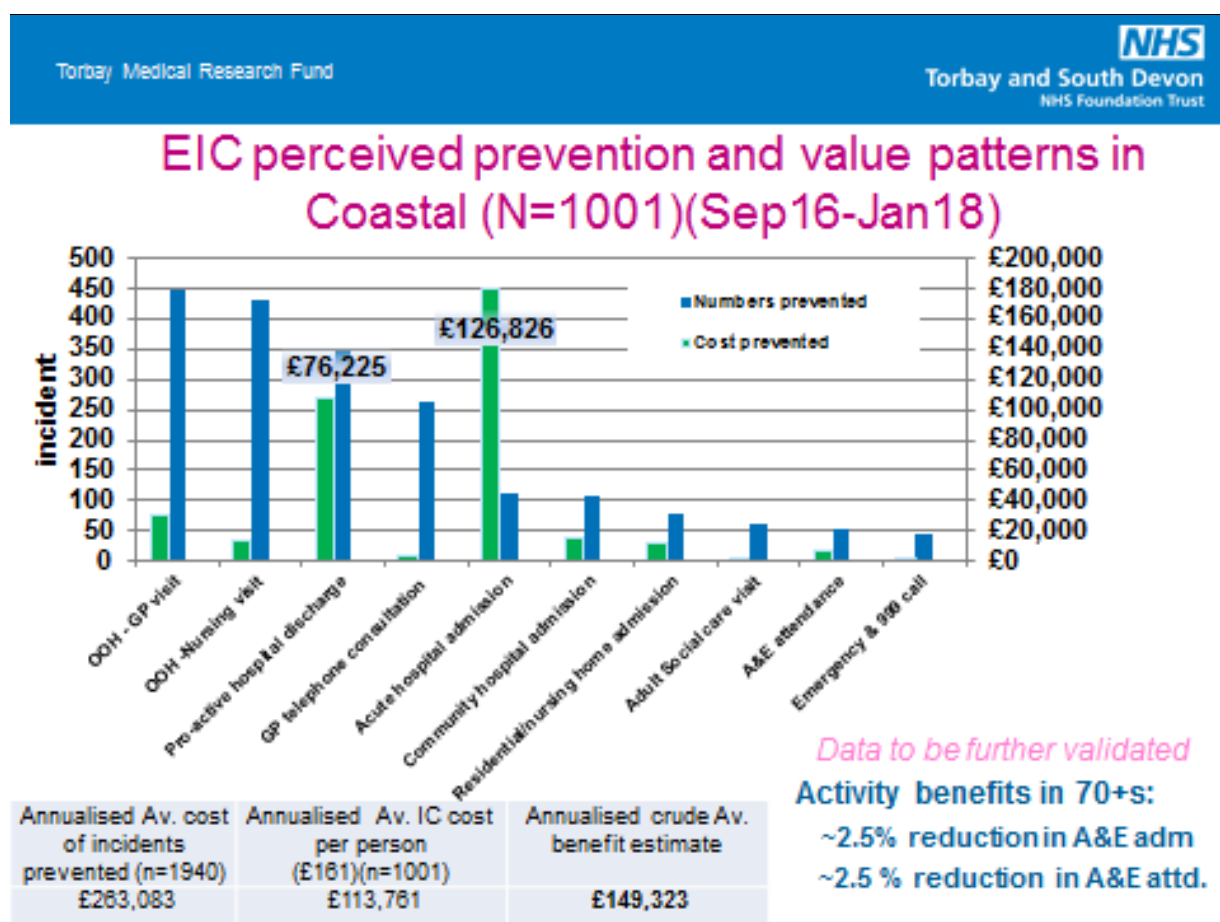
Table 10: ICO care model: system benefit calculation 2015/16-2017/18

Service utilisation indicator	£
A&E attendances less than national average (PBR value)	974,255
Bed day reduction compare to national position (PBR value)	9,941,926
Outpatient reduction compared to national average (PBR value)	9,050,831
Care model (excluding bed savings)	4,060,000
- Other care model	742,000
- Care Model MATT	1,640,000
- NR Community	200,000
- Primary care prescribing	1,900,000
- Back office merger savings	
ICO system efficiencies, excluding care model and additional commissioner income	40,842,500
Total	69,351,512

Additional economic impact of elements of the care model have been estimated by independent Researchers in Residence from the Universities of Plymouth and Exeter who have been evaluating the impact of enhanced integrated care in the Coastal locality for the period Sept 2016-Jan 2018.

They have calculated the potential value of savings accrued through prevention of hospital admissions, avoidance of A&E attendances and proactive hospital discharges as an annualised benefit of £149k for that locality when costed against tariff for expected activity without the care model.

Their analysis also demonstrates benefits to the wider health system, particularly general practice, and not just the acute and community services.



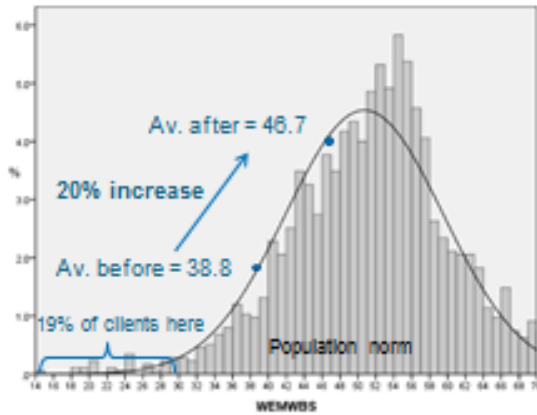
Care model: Qualitative impact

The Researchers in Residence have also undertaken a qualitative study of the wellbeing coordination (WBC) service – a key care model programme. Through their evaluation they have demonstrated:

- **WBC programme has helped over 1,500 people over 50 years ≥2 LTCs**, many frail and elderly in the first year
- **Health and well-being improved significantly**, with many positive stories of lives turned around
- **a statistically significant improvement in quality of life** for the cohort of citizens interviewed using both the Warwick Edinburgh Mental health and Well-being scale (WEMWBS) and Patient Activation Measures (PAM)
- **a positive impact on frailty** with a significant improvement in independence reported using the Rockwood score scale

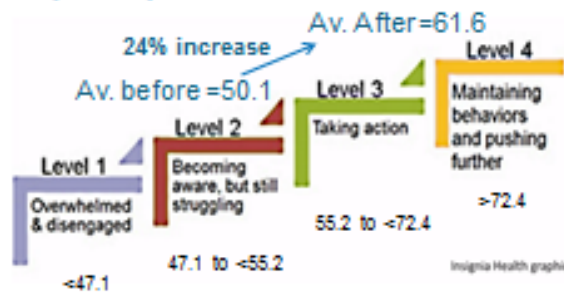
Impact on health and well-being and activation

Warwick Edinburgh Mental Health and Well-being scale (WEMWBS)



There was a statistically significant improvement in quality of life (n=92)

Patient Activation Measure (PAM)



Impact on frailty

Rockwood score scale



6 Moderately Frail - People need help with all outside activities and with keeping house inside. They often have problems with stairs and need help with bathing and might need occasional assistance (using, standby) with dressing.



5 Mildly Frail - These people often have more evident slowing, and need help in high order IADLs (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.



4 Vulnerable - While not dependent on others for daily help, often symptoms limit activities. A common complaint is being "slowed up" and/or being tired during the day.



3 Managing Well - People whose medical problems are well controlled, but are not regularly active beyond motor walking.



Dependency for ADLs

Av. score 4.71



41% reduced
1-2 levels

Av. score 4.35



Independence

Care model: client satisfaction

The 2016/17 Adult Social Care (ASC) Survey (latest published benchmarked data available) showed that at 68.4% service user satisfaction in Torbay was higher than England, South West and comparator group averages, and in the top quartile of England Local Authorities.

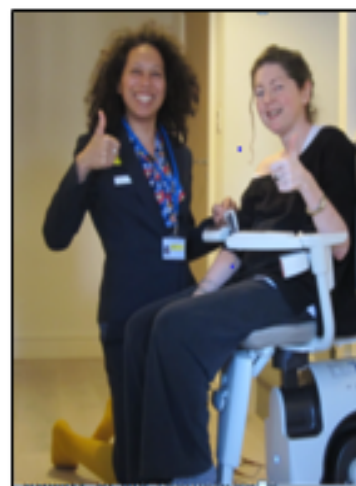
Note: 2017/18 data demonstrates a further improvement to 69.2% .

Table 11: ICO Care model: client satisfaction

ASCOF Measure	2016/17 S. West ave	2016/17 Comparator group ave	2016/17 England ave	2016/17 Torbay
(3A) Overall satisfaction of people who use service with their care and support	67.4%	66.6%	64.7%	68.4%

Making a difference

- **40% more people** cared for **at home** enabling reduction of **99 hospital beds**
- Emergency **NHS bed usage** for 65+ is the **3rd lowest** in the South of England
- **Delayed Transfers of Care** consistently amongst **lowest** in country
- **Fewer people** admitted to a **care home** as their **permanent residence** (for those funded by social care aged 65+)
- More people in **Torbay** say they have **good social care related quality of life** (compared to comparator group)



Care model: workforce impact

The original ICO business case assumed that the shape and size of the integrated work force would change as a result of the creation of the new integrated care organisation and implementation of the care model and corresponding new ways of working.

The following table sets out the original indicative projection for overall establishment figures for the ICO after all organisation and service changes in the first five years with a planned 13.5% reduction in staff over seven years.

Staff group	2014/15 (Baseline)	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Consultants	184	183	176	170	169	167	165	165
GP	9	9	9	9	9	9	9	9
Dental	11	11	11	11	11	11	11	11
Junior Medical	227	226	222	221	220	220	220	220
Nursing, midwifery & health visitors (exclude HCAs)	1,818	1,786	1,759	1,667	1,640	1,629	1,624	1618
Other clinical staff -social workers	234	234	234	234	234	234	234	234
Other clinical staff costs (include HCAs)	473	475	444	358	323	311	305	299
Scientific, therapeutic & technical	582	575	562	562	546	531	523	515
Non clinical staff	1,831	1,754	1,729	1,684	1,649	1,614	1,594	1574
Total	5,369	5,252	5,144	4,916	4,800	4,725	4,683	4644

The following table demonstrates by the end of March 2018 the workforce had reduced overall from 5,369 (2014/15 baseline year) to 5,101 – albeit not to the full extent of the original assumptions of a planned reduction to 4916.

Staff in Post by staff Group	2015 / 09	2016 / 03	2016 / 09	2017 / 03	2017 / 04	2017 / 05	2017 / 06	2017 / 07	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03
Table 1																
Add Prof Scientific and Technic	274.87	270.11	282.27	295.47	297.23	296.89	294.47	298.28	286.21	286.06	278.68	286.70	281.92	292.11	289.95	297.48
Additional Clinical Services	1,016.24	1,039.05	1,058.88	1,079.29	1,070.59	1,075.01	1,076.72	1,068.81	1,070.32	1,068.69	1,059.85	1,055.60	1,059.49	1,091.59	1,079.62	1,080.89
Administrative and Clerical	1,345.55	1,342.79	1,340.26	1,292.95	1,268.78	1,265.77	1,267.43	1,258.83	1,259.13	1,256.09	1,244.10	1,244.19	1,230.87	1,250.64	1,252.45	1,241.09
Allied Health Professionals	403.03	398.12	397.08	405.45	401.10	402.55	400.26	401.56	403.33	403.50	396.19	395.15	391.76	404.09	403.18	398.95
Estates and Ancillary	389.95	389.27	399.86	392.86	380.83	378.78	375.22	375.56	372.50	368.07	363.74	368.03	365.91	368.77	368.04	362.10
Healthcare Scientists	92.69	91.59	93.75	91.85	92.27	91.47	90.47	91.13	88.13	89.13	94.23	85.93	86.93	85.77	85.77	84.17
Medical and Dental	425.99	414.22	437.41	435.50	436.88	432.43	431.28	488.13	488.13	467.03	465.11	463.99	458.94	465.75	468.89	469.83
Nursing and Midwifery Registered	1,182.09	1,197.97	1,192.79	1,196.66	1,178.26	1,174.52	1,173.08	1,161.42	1,161.89	1,166.97	1,168.77	1,160.94	1,154.69	1,168.25	1,177.70	1,166.40
Students	5.99	5.09	3.90	1.50	3.50	2.00	2.00	2.00	2.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Grand Total	5,196.11	5,148.21	5,206.14	5,186.13	5,148.49	5,139.21	5,130.91	5,145.74	5,111.65	5,105.54	5,070.66	5,060.52	5,090.52	5,126.97	5,125.60	5,100.71
Table 2																
Bands 1 - 7	4461.09	4492.38	4531.51	4525.20	4467.81	4462.16	4456.01	4434.46	4421.27	4418.27	4385.30	4376.00	4353.44	4453.69	4473.39	4418.62
Band 8 and Above	249.02	241.61	237.22	225.36	223.74	224.62	223.62	223.15	222.15	220.25	220.25	220.53	218.13	207.53	183.33	212.26
M&D	425.99	414.22	437.41	435.57	436.88	432.43	431.28	488.13	488.23	467.03	465.11	463.99	458.94	465.75	468.89	469.83
Grand Total	5,196.11	5,148.21	5,206.14	5,186.13	5,148.49	5,139.21	5,130.91	5,145.74	5,111.65	5,105.54	5,070.66	5,060.52	5,090.52	5,126.97	5,125.60	5,100.71
Table 3																
Bands 1 - 7	86.86%	87.26%	87.04%	87.26%	86.78%	86.83%	86.85%	86.18%	86.49%	86.54%	86.48%	86.47%	86.54%	86.87%	87.28%	86.63%
Band 8 and Above	4.85%	4.69%	4.56%	4.35%	4.35%	4.37%	4.36%	4.34%	4.31%	4.34%	4.36%	4.34%	4.06%	3.58%	4.16%	
M&D	8.29%	8.05%	8.40%	8.40%	8.87%	8.80%	8.80%	9.49%	9.16%	9.15%	9.17%	9.17%	9.12%	9.08%	9.15%	9.21%
Grand Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Table 4																
Non-Executive Directors	14.00	6.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	8.00	8.00	8.00
Grand Total	14.00	6.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	7.00	8.00	8.00	8.00
Table 5																
Chief Executive	2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Clinical Director - Medical	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Director of Nursing	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Finance Director	2.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Other Directors	3.00	4.50	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Grand Total	9.00	8.50	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00

The tables opposite show the WTE in post figure by staff group back to September 2015, the month before the Integrated Care Organisation (ICO) commenced, up to March 2018.

Table 1 shows current whole time equivalent staff in-post by staff group from September 2015 (prior to the ICO commencing) to February 2018.

Table 2 shows the number of staff by pay bands. Those staff in Band 8 are predominantly in management roles.

Table 3 shows the same pay bands by ratio.

Tables 4 and 5 show the number of Non-Executive Directors and Executive Directors over the same period.

Notes: In addition to the 9.00 WTE Executive Directors shown above in 2015/09 there were 2 further Senior Managers as ISDHCT acting in Executive Director Roles and remunerated accordingly.
 A further 2 Directors from SDHFT at 2015/09 were also covering Director Roles at ISDHCT
 At 2015/09 the role of Medical Director at ISDHCT was vacant
 In total across SDHFT and ISDHCT there would normally have been a complement of 14.00 WTE Executive Directors
 Medical and Dental staff numbers from April 2017 includes the adjustment for hosting a cohort of GP Trainees
 Total year reductions to date are 84.82% as at the end of March against the 162.99 target by the end of March 2018 which is 99.43 behind original plan

This difference reflects changing circumstances including:

- the delayed go live date which coincided with increased demand in the system compared to when the workforce modelling was developed for the original business case;
- changed requirements in terms of new junior doctors contract implementation;
- growth in demand particularly in cancer related specialties; and
- quality improvement requirements in response to CQC safety concerns e.g. Emergency Department staffing, safe staffing on wards and specialising has grown with the more complex patient groups including mental health related complications.
- other workforce growth areas outside of the care model eg Torbay Pharmaceuticals expansion and other income generation areas.

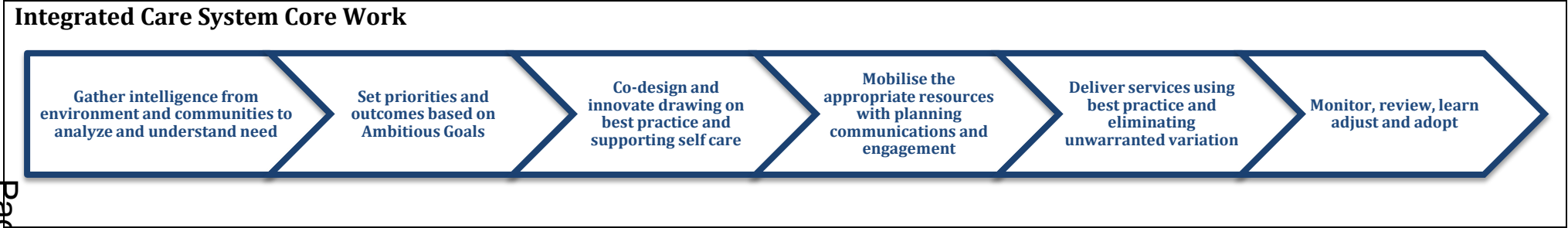
Overall savings were made to a greater extent in non-pay related rather than the 70: 30 split assumed in the business case assumptions.

7 Conclusions

Whilst the care model benefits realised by the end of year 3 may not be to the level originally forecast in some areas due to changing circumstances, the qualitative and quantitative results that are emerging do demonstrate positive impact and return on investment and include:

- **Health and well-being has improved significantly**, with many positive stories of lives turned around with significant improvements in independence reported. At 68.4% client satisfaction with adult social care in Torbay was higher than England, South West and comparator group averages, and in the top quartile of England Local Authorities in 2016/17. Latest 2017/18 demonstrates a further improvement to 69.2%.
- **40% of people cared for at home** enabling a reduction of 99 beds
- **Delayed transfers of care** remain amongst lowest in Country
- **Fewer people admitted to a care home as their permanent residence** - for those funded by adult social care aged 65+
- **Workforce shape changed** and overall headcount reduced from 5,369 (2014/15 baseline year) to 5,101
- **Service utilisation significantly improved overall, when nationally have seen an increase in demand** - eg total bed days used reduced by 21.2% compared to national reduction of 2.1% with bed days used by the over 65s reduced by 27.8% compared to national reduction of 2%
- **Total £13.23m recurrent cash releasing system savings generated** of which £6.4m reinvested in care model and **£19.9m of cost avoided by reducing demand** which, when added to general efficiencies delivered over the period derive a **total benefit calculated at £69.35m**.

Purpose	<i>Together, building thriving lives, support and services for everyone</i>				
Ambitious Goals	A world class system that makes the best use of our resources to achieve great outcomes for everyone	Eliminate inequalities in opportunity , access and experience and improve outcomes for everyone in Devon	Collaborate to connect all people to build thriving, resilient and resourceful communities to prevent the causes and consequences of ill-health	Provide outstanding services that work with people to live their lives to the max	Inspire people to join and stay in our workforce that is achieving excellence, innovation, ambition and joy in work



Current Strategic Focus	Enable more people to be and stay healthy	Enhance self-care and community resilience	Integrate and improve community services and care in people’s homes	Deliver modern, safe and sustainable services
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System Design Criteria	...make clear decisions”	...be agile and adaptable”	...exercise good governance “	...operate and encourage innovation at neighbourhood, place and system level whilst embracing complexity”	...deliver involvement and influence at every level”	...be digitally enabled”
“We are creating an ICS that can.....”	So that resources can be mobilized to meet the needs of the people of Devon; improve performance; jointly risk enable; reduce inequality; drive prevention and put the system first	In order to operate dynamically and evolve to meet future needs	So that there is engagement; transparency; easily understood decision making; public and democratic accountability; shared risk and mutual support and innovation	In order to maximize the benefits of local and system working for optimal outcomes	In order to support self-care; effective collaboration built on trust and ownership and to enable co-design and co-production	In order to drive change and innovation; offer more flexible services; allow staff to deliver care at the top of their skill set; address capacity shortfalls and improve quality and safety of care by sharing information that empowers the citizen

Commissioning Intentions (Final)

South Devon & Torbay

What next for Torbay and South Devon as an integrated health and care system care and population health?

What next for Torbay and South Devon as an integrated health and care system care and population health?

Integrated care happens when NHS, Local Government and third sector and communities work together to meet the needs of their local population. To date the focus has been on improved care and enabling care to be closer to home, mainly focused on the adult population in a situation of overall reduction in the taxpayer pound that can be spent on health and care. The most ambitious forms of integrated care aim to improve population health by tackling the causes of illness and the wider determinants of health. This is the intended focus of the next 5 years of the health and care system in Torbay and South Devon, in a context of continuing financial pressure in the public sector.

NHS Northern, Eastern and Western Devon Clinical Commissioning Group
NHS South Devon and Torbay Clinical Commissioning Group

Context

Strong history of integration between partners

- Health and social care teams
- Integrated Care Organisation
- Risk share agreement
- Joint commissioning arrangements for health and social care
- Primary and secondary care integration
- Acute services review – hospital network

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Progress so far

- Successful consultation and implementation of service changes, including health & wellbeing teams
- Reduction of 99 community and acute beds
- Increase in Intermediate Care referrals of x%
- Successful procurement of IUCS service and implementation of GP streaming
- GP federations and collaborative board in place
- Reduction in GP referrals of over 4%
- Achievement of 4 hour trajectory in Q1-3
- DToC within the tolerance
- Reduction in TCP cohort
- Increased use of consistent MIU offer
- Reduction in length of stay in acute and community

Case for change

- Increasing demand driven by aging population, wider determinants and health inequalities, multiple LTCs, technology and drugs
- Workforce constraints: medical (physical and mental health), nursing, GPs, domiciliary care, paramedics, social workers
- System deficit of £12m plus capital constraints
- Performance resilience in A&E waiting times, RTT waiting times, 52 week waiters, cancer 62 days waits, diagnostic waits, physical health checks for patients with MH conditions, ambulance handovers, cat 1 response times, 111 conversions to 999/ED Patients (children and adults) waiting for mental health placements on physical health wards
- Patient flow, leading to long waits in ED, stranded patients, inefficiencies
- Standardised emergency and readmission admission rates are higher than expected
- Insufficiency of complex care home placements
- Integration of physical and mental health at a local level
- Insufficiency of good affordable housing stock
- High levels of poverty, deprivation and homelessness

System priorities

Devon Integrated Care System

We will focus everything we do on:



Improving **health**
and **wellbeing**



Delivering **safe** and
high-quality care



Providing
cost-effective care

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System Quality Assurance indicators

- Under utilisation of care
- Care delivery
- Experience of care delivery
- Over utilisation of care
- Reduction of long-term independence

System outcomes

Strategic Commissioner Outcomes Framework (draft)

- More people will be **living independently** in resilient communities
- More people will be choosing to **live healthy lifestyles** and less people will be becoming unwell
- There will be a reduction in **premature mortality** and **inequalities** of health across the population
- People who do have health conditions will have the **knowledge, skills and confidence** to better manage them
- The healthcare system will be equipped to **intervene early and rapidly**, to avert deterioration and escalation of health problems
- More care will be **available in the community** and less people will need to visit, or be admitted to, hospital
- People will have **far greater control** over health services and will be **equal partners in decisions** about their care
- People who need treatment will be **treated effectively and quickly** in the most **appropriate care setting**
- People will go into hospital when necessary and will be **discharged efficiently and safely** with the right support in their community

Urgent and emergency care

Strategy

To make it easy for people to choose the most appropriate service through a consistent offer and a single point of access. Identify gaps and improve pathways, particularly working with primary care. Commission safe and high quality urgent and emergency care services.

Delivery

- Implementation of 111 online by Jun'18
- Implement plans to reduce dispositions to ED/999 through IUCS validation
- Designation of an Urgent Treatment Centre in Newton Abbot Mar'19. Plans for other sites to be finalised and further integration with primary care in 18/19
- Direct booking into primary care from IUCS by Mar'19
- Improve patient flow through embedded use of SAFER, red/green days, daily review of stranded patients and focus on complex discharges
- Implementation of 24/7 psychiatric liaison
- Implementation of alternatives to 999 ambulance services for low-acuity services
- Alternative pathways for ambulance services including rapid response

Measurement

- Achievement of the 4 hour A&E trajectory (90% by Sep'18, 95% by Mar'19)
- Reduction in conveyances from 111 to ED/999 based on national comparator
- Reduction in time lost to ambulance handovers based on national comparator
- Improved Ambulance Response times
- Increase in weekend discharges
- Reduction in length of stay

Integrated Care

Strategy

To work with the public and our partners to design and implement out of hospital services which help people to stay well, independent and in their own homes for as long as possible. We will do this through providing information, advice and support specific to individuals needs. Services will be delivered locally where appropriate and of high quality.

Delivery

- Implementation of the Integrated Care Model (ICM) Blueprint, including risk stratification and the care homes framework
- Full implementation of Health & Wellbeing Hubs?
- Workforce trained in 'Making Every Contact Count'
- Integration of mental health into Health & Wellbeing Hubs
- Work with the voluntary sector to identify gaps and any support needed
- Review the use of intermediate care to identify further improvements
- Further roll-out of pooled budgets between health and social care

Measurement

- Increase in number of people referred to non-bed based intermediate care
- Reduction in emergency admissions from care homes and ACS conditions
- Reduction in length of stay
- Reduction in social isolation
- Reduction in residential care
- Increase in number of Personal Health Budgets (PHBs)
- Patient/user feedback

Health & Wellbeing Hubs

Universal

Effective website, service directory & digital offer and high quality, consistent and effective information and signposting across all universal services

Targeted

Will support the local universal network and act as a focal point for services that respond holistically to people and communities (including mental health), co-located where possible.

Example interventions/services:

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- Community 'bridging' roles
- Advice and information
- Healthy lifestyles
- Peer support / volunteering
- Domestic abuse support
- Group work – self care and management, healthy lifestyles, parenting, employment
- Housing, education, employment and training advice
- One to one enabling support

Specialist

Develop a new model of care where specialist clinical health and care services are delivered in a local community setting, driven by need and may include:

Community health services/social care/community beds/rehabilitation and reablement/mental health/specialist clinics/complex diagnostic (e.g. imaging, pathology)/therapy services (e.g. physiotherapy)/children's health services/follow up / outpatient appointments

Primary Care

Strategy

Provision of stable, resilient and high quality General Practice as part of a safe and holistic health and care system. Identification of improved pathways and appropriate contribution to delivering such, including through redesign of workforce and expansion of delivery models including online. Provision of safe, effective and efficient prescribing.

Delivery

- Improved access for 100% of population by October 2018
- Online offer (econsult) available to 100% of GP Practices by March 19
- 'At scale' transformational plans delivered by March 19 under terms of agreed MoUs
- Delivery of operational and community level operational plan aligned to GP strategy
- Further integrated working with health and wellbeing teams
- Connecting patients to community-led, non-medicalised groups and activities that promote health and wellbeing (health navigation/social prescribing)
- Increased appropriate use of intermediate care
- CCG led (delegated light) commissioning of General Practice
- Enhanced influence in commissioning of community pharmacy
- Application of Time for Care High Impact Changes across General Practice
- Delivery of £4m prescribing efficiency programme

Measurement

- All GP practices to have good or outstanding CQC ratings
- Patient satisfaction ratings to be above national average and on upward trajectory
- Programme specific rollout, activity and satisfaction evaluation
- Financial evaluation for each work-stream within prescribing efficiency programme

Mental Health

Strategy

To promote mental health and wellbeing, focusing on preventing mental illness as early as possible through personal and community resilience. To support people with serious mental illnesses to live their lives and avoid escalation of their illness. When patients need inpatient care this should be delivered close to home to enable patients to resume their lives as easily as possible.

Delivery

- Whole system approach to delivery of integrated mental and physical health services
- Integration into Health & Wellbeing Hubs to support families
- Robust alternatives to admission for children and adults e.g. assertive outreach, intensive home treatment
- Commission a high quality community eating disorder services
- Commission high quality services to support people with dementia
- Roll-out of IAPT support for people with long-term conditions
- Work with the voluntary sector to identify gaps and any support needed
- Commission an all age First Response service
- Work with primary care to support appropriate referrals through advice and support
- Better access to employment and housing

Measurement

- Reduce out of area admissions to 0 by 20/21
- Reduce admissions for eating disorders
- Reduce number of inappropriate referrals to community mental health teams
- Reduce admissions to acute trusts for dementia and mental illnesses

Long-term conditions

Strategy

To promote health and wellbeing, reducing the number of people with long-term conditions and multiple long-term conditions. Commission information, advice and support for people with long-term conditions to help them live independent lives and avoid unnecessary hospitalisation. To commission long-term condition services based on clinical evidence and NICE guidelines

Delivery

- Implementation of the diabetes transformation project, including full rollout of Eclipse and virtual clinics to practices and the national diabetes prevention programme
- Implement a polypharmacy review across Devon
- Implementation of a standard App to support multiple long-term conditions
- Implementation of Patient Activation Measures (PAM) and Help Overcoming Problems Effectively (HOPE) to support self-care
- Completion of home oxygen review across Devon
- Work with Health & Wellbeing Hubs to support people with long-term conditions / frailty
- Commission a comprehensive leg ulcer service across Devon

Measurement

- Improved compliance with diabetes treatment targets
- Reduce unplanned admissions linked to polypharmacy
- Reduce unplanned admissions linked to COPD, asthma, diabetes, and CVD
- Reduced spend on home oxygen
- Reduce unplanned admissions linked to frailty
- Improved health rates for leg ulcers

Children and young people

Strategy

Working with our providers and partners to deliver improvements in the pathways of care which support children, young people and their families across Devon, which is based on the Thrive Framework.

Delivery

- Deliver successful procurement, which started 4th February 2018. Work with the successful provider(s) ready to start delivery of the contract by 1st April 2019 and ensure that they are a genuine system leader
- Successful procurement of an integrated 0-19 service between Torbay Public Health and children's services

Whole system approach to delivery of children's services

Commission improved access to communication support e.g. speech and language services

Address the wait times for diagnostic services in particular in relation to ASD and ADHD

- Work to embed new processes which support timely response to Education Health and Care Plan request and address service pressure areas
- Working STP wide, review and update the Asthma pathway addressing inconsistencies and variations

Measurement

- Reduce by half the number of children and young people awaiting an Autistic Spectrum Disorder diagnosis/treatment
- Continue to meet CAMHS waiting times during 18/19
- Reduce family breakdown, placements out of area for children/young people presenting with complex emotional health or challenging behaviours
- Reduce emergency attendances and admissions due to asthma/wheeziness

Maternity

Strategy

To ensure that local maternity services are integrated into a Devon-wide, robust and sustainable, integrated maternity system, through operating shared clinical governance across organisations. To deliver the Seven Key Themes from Better Births (continuity of carer, safer care, better postnatal and perinatal mental health care, multi-professional working, working across traditional boundaries and a reformed payment system).

Delivery

- Targeted focus in areas of deprivation to ensure that women have healthy pregnancies and babies have the best start in life
- Choice of antenatal and postnatal care that is close to home and easy to access
- Continuity of care to be provided in both the antenatal and postnatal period; continuity may not be deliverable in the intrapartum period
- Women able to choose their place of birth between obstetric-led unit, alongside midwifery-led unit, free standing midwifery-led unit, and home
- Implementation of the “Saving Babies’ lives” guidelines

Measurement

Improving choice and personalisation of maternity services so that:

- all pregnant women have a personalised care plan
- all women are able to make choices about their maternity care, during pregnancy, birth and postnatally
- most women receive continuity of the person caring for them during pregnancy, birth and postnatally
- more women are able to give birth in midwifery settings (at home, and in midwifery units)
- continuity of carer for 20% of women
- reduced rates of stillbirth and neonatal death, maternal death and brain injuries during birth by 20% by 2020 and 50% by 2030

Learning Disabilities

Strategy

- To improve outcomes for people who have a learning disability by ensuring care and support is personalised, co-ordinated and easy to use, through tackling health inequalities, promoting citizenship and optimising independence, and developing the workforce and market.

Delivery

- Transforming Care Programme – compliance with national case for change
- Implement and deliver STOMP programme (over-prescribing of anti psychotropic medication)
- Better support and access to mainstream physical and mental health services
- Implement a Mortality Review (LeDeR) when notified, and to understand and reduce lower life expectancy, sharing best practice across Devon
- Implement Welcoming Communities campaign and support Market Management work stream
- Development of a sustainable provider market that meets the needs of individuals, including housing

Measurement

- Number of people with a learning disability, autism, challenging behaviours currently in hospital under a MHA section is within national trajectory. 100% of Care Treatment Reviews are completed within timescales
- Increase uptake of Annual Health Checks and Screening Programmes and develop a quality assurance process for AHC's
- People with learning disabilities have equal access to universal healthy living services

Planned Care

Strategy

To commission planned care services based on clinical evidence and NICE guidelines. Review existing services to identify how these are best delivered across Devon within the financial envelope. Patients waiting for planned care treatment should wait an appropriate amount of time based on clinical risk and need.

Delivery

- Deliver a safe and sustainable waiting list position, particularly but not only, for patients on high risk pathways e.g. cancer
- Implement demand management based on Patient Reported Outcome Measures
- Complete acute service reviews in Orthopaedics, Ophthalmology and Dermatology
- Cost-effective implementation of clinical review of referrals and provision of better patient level support for shared decision making
- Embed alternatives to face to face appointments including advice and guidance

Measurement

- Waiting list size will not increase during 18/19 and RTT performance will not fall below 82%
- There will be no patients waiting >52 weeks for treatment end Q1 18/19
- 97% of patients will waiting no longer than 6 weeks to test
- Reduction in GP referrals in appropriate specialties
- Reduction in face to face appointments

Cancer

Strategy

To design and standardise cancer pathways that respond to individual needs and aim to reduce the steps from diagnosis to treatment in order to consistently achieve waiting times targets and improve survival waits.

Delivery

- Ensure all 8 waiting time standards for cancer are met. The '10 high impact actions' for meeting 62 day should be implemented
- Support the implementation of the new radiotherapy service specification
- Ensure implementation of the nationally agreed rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers
- Progress towards the 2020/21 ambition for 62% of cancer patients to be diagnosed at stage 1 or 2 and reduce the proportion of cancers diagnosed following an emergency admission
- Support the rollout of FIT in the bowel cancer screening programme during 18/19
- Ensure implementation of the new cancer waiting times system in April 2018 and data collection in preparation for 28 day faster diagnosis standard by 2020

Measurement

- Achieving and sustaining all the performance standards
- Achieving implementation milestones for lung, prostate and colorectal cancer pathways including Fit rollout
- Improvement in staging data
- Trust ready to collect data for new waiting times

Market sufficiency

Strategy

To ensure there is sufficiency in the market both in terms of quantity and quality so that people are able to remain in their own homes with both formal and informal support from within their community. Aids, adaptations and assistive technology are easily available to support independent living and high quality domiciliary care will be available with people having a choice of care through a care agency and or a personal assistant. Where people need to move, there will be a range of accommodation based options to suit individual need and optimise independence.

Delivery

Implementation of Care Home Strategy

Review of Domiciliary Care Strategy

Review of Personal Health Budgets, direct payments and individual service funds

- Procurement for aids, adaptations and assistive technology
- Development of Workforce strategy for private, independent and voluntary sector skilled staff
- Review of contract arrangements for independent providers

Measurement

- Increase in number of care homes providing high quality services with a good or outstanding CQC rating
- Increase in care homes able to meet the needs of people with complex needs
- Reduction in number of unsourced packages of care
- Increase in number of people using personal health budgets, direct payments and individual service funds

Housing

Strategy

- Increase supply of affordable housing fit for all stages of life, through a partnership approach to provision of accommodation and support for vulnerable people including, rough sleepers, people experiencing domestic abuse and young people.

Delivery

- Transforming Care Partnership housing strategy to identify need and housing supply for people with learning disabilities, autism and poor mental health
- Recommissioning of community equipment services with Home Improvement and DFG service linked to assistive technology strategy
- Housing company business plan to identify sites and development opportunities
- Design and develop extra care housing as an alternative to residential care
- Transition to specialist housing procurement framework for supported living
- Develop Housing First approach to reduce homelessness and rough sleeping
- Revised 'whole system' approach to aids and adaptations
- Work with landlords to improve standards in private rented sector accommodation

Measurement

- Affordable housing targets (tbc)
- An extra care housing scheme developed by 2020
- Housing standards – warmth, hazards, homes in multiple occupation and empty homes (tbc)
- Housing First team in place and % reduction (tbc) in single homelessness and rough sleeping

How will we deliver

- Governance arrangements (see next slide)
- Organisations working together to deliver as teams, using the best people for the right jobs regardless of organisation
- Single PMO to co-ordinate work plans
- Taking best practice from other LCPs and wider
- Fully participating in STP work programmes
- Working closely with the Mental Health LCP
- Doing once across Devon where appropriate
- Involving patients and users at the beginning
- Working closely with communities and local councillors
- Commissioning based on evidence and value for money
- Measuring changes and quantifying benefits
- Locality based delivery models within ICO
- Networked service delivery where appropriate
- Working in collaboration with the Digital work stream

Governance

South Devon & Torbay Local Care Partnership

System groups

Leadership:

- *SD&T Execs Group*
- *SD&T Partnership Group*
- *Health and Wellbeing Boards*

Strategic:

- *Community Services Transformation Group*
- *A&E Delivery Board*
- *Prevention Board*

Operational:

- *Care Model Delivery Group*

Organisational groups

- *Governing Bodies/Boards*

Other

- *Health Overview and Scrutiny*
- *Joint Collaborative Commissioning Group*
- *Primary Care Collaborative Board*

Governance still to be agreed



Meeting: Policy and Development Decision Group (Joint Commissioning Team)

Date: 1st October 2018

Wards Affected: All

Report Title: Looked After Children and Corporate Parenting Strategy 2018/2020

Is the decision a key decision? No

When does the decision need to be implemented?

Executive Lead Contact Details: Cindy Stocks, Executive Lead for Children and Housing, cindy.stocks@torbay.gov.uk

Supporting Officer Contact Details: Alison Botham, Director of Children's Services, 01803 208949, alison.botham.torbay.gov.uk

1. Proposal and Introduction

- 1.1 The Children and young people who are Looked After by Torbay Council and our Care Leavers face a number of challenges as they grow up and develop in care and then move on to independence.
- 1.2 The Children Looked After and Corporate Parenting Strategy has been developed alongside a number of other strategies and plans to ensure that we deliver the objectives within the Torbay Children and Young People's Plan for all those that are in care.

2. Reason for Proposal

- 2.1 Torbay council believes that one of the most important responsibilities it has is to ensure the effective care and protection of those children that are looked after by the local authority.
- 2.2 The strategy builds on Torbay's commitment to multi-agency working knowing that the best outcomes for children looked after and carer leavers will be achieved through effective partnership working across the system. The Council, officers, foster carers, independent providers, our NHS and Education partners, the Police

and voluntary sector organisations all contribute to improving the lives of our children and young people in care.

- 2.3 In relation to Corporate parenting the Ofsted inspection in July 2018 recognised some improvements in the services provided for Children in care and Care Leavers and particularly for those children where the permanency plan was for Adoption. The improvement in the councils delivery of its Corporate parenting duty was also recognised but there continue to be areas that were not considered adequate in meeting the needs of the children and young people in care. The Corporate parenting strategy has included in the action plan the areas for improvement which have been identified by Ofsted relating to Children and Young people in care and Care leavers.

3. Recommendation(s) / Proposed Decision

- 3.1 That the Looked After Children and Corporate Parenting strategy attached at Appendix 1 be approved and that Director of Children's Services be given delegated authority to make any final changes in consultation with key stakeholders.

Appendices

Appendix 1: Looked After Children and Corporate Parenting Strategy 2018/2020



2018 – 2020

DRAFT Children Looked After and Corporate Parenting Strategy

Ensuring all our children are safe, happy and healthy and reach their full potential



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Version Control: V3 – Amended version back from Amanda White

1 Introduction

The Children and Young People's Plan sets out Torbay Council's objectives and priorities for all services which directly affect children and young people across all of the communities which make up Torbay. The Council's objective is:

To ensure that all of our children, young people and care leavers are safe, happy and healthy in order that they can reach their full potential.

This Children Looked After and Corporate Parenting Strategy has been developed, alongside a number of other strategies and plans, to ensure that we deliver that objective for those children and young people who are in the care of the Council.

Children and young people who are Looked After by the Council and our care leavers face a number of challenges as they grow up and develop in care and then move on to independence. In order to make this journey through care as smooth as possible and to ensure they go on to fulfil their potential, it is vital that all Councillors, Officers and Services across the Council work together in their interests.

This Strategy is exclusively focused on achieving the best possible outcomes for the children looked after and care leavers for whom we are Corporate Parents. It provides the framework for all of Torbay Council to fulfil its role in the lives of these children and young people.

In Torbay, we believe that ensuring the effective care and protection for children who are looked after by the local authority is one of the most important responsibilities we hold. In order to provide high quality services we must all work together to meet their needs.

The Strategy builds on Torbay's commitment to multi-agency working as we know that the best outcomes for children looked after and care leavers can only be achieved through effective partnership working. The Council, our foster carers and independent providers, our NHS and education partners, the Police and voluntary sector organisations all contribute to improving the lives of children and young people in our care.

This Strategy builds on the progress we have made in improving our services to children looked after and care leavers as a Council.

The Council remains committed to raising the quality of life of everyone living within Torbay. For children in particular, the Council aims to provide high quality opportunities for learning and ensure children are safe, happy and healthy. We will provide such care, education and development opportunities that we would afford to our own children.

2 Context

Legal Duties

Under the Children Act 1989, a child is defined as “looked after” by the Council if he or she is:

- Provided with accommodation for a continuous period for more than 24 hours
- Subject to a care order
- Subject to a placement order.

A young person stops being classed as looked after when he or she turns 18. At this point, they become a young adult eligible for help and assistance from the Council as a care leaver. The Council continues to provide a level of financial and transitional support to its care leavers until they are 25.

When a child or young person becomes looked after, Torbay Council becomes their Corporate Parent. This means that the Council (its elected members, its officers and its partner agencies) has collective responsibility to provide the best possible care and safeguarding for the children and young people it is looking after. A child or young person in the care of the Council looks to the Council as a whole to be the best parent it can be.

Every councillor and employee has the statutory responsibility to act for the children or young people in the Council’s care in the same way that a good parent would act for their own child.

Our Children Looked After

After a period of stability, our population of children looked after has grown appreciably over during the first five months of 2018 from around 301 in January to 325 in July. Detailed analysis has identified that these are the right children coming into care and that no children have been unnecessarily subject to care proceedings. Where those children are young babies we are undertaking good work to achieve a permanent placement at the earliest opportunity. We are also providing a more robust response to those 16+ young people who present as homeless.

The chart on the following page shows the educational attainment of children looked after by Torbay (who may live and be educated outside Torbay) against the performance of all pupils in Torbay schools.

At 31 March 2018, 42% of Torbay’s care leavers were Not in Employment, Education or Training. The improvement in our delivery of services to our care leavers is having a positive impact on outcomes for Care Leavers with NEET performance better than statistical comparators. As part of its Corporate Parenting offer the Council has offered 11 apprentice opportunities all of which will be prioritised for Care Leavers prior to be released to other young people.

The differential between attainment and post-16 outcomes for Children Looked After and their peers also extends into others areas such as health, mental health, income and crime. These statistics emphasise the huge importance of our role as corporate parents in helping these children and young people overcome the challenges they face.

Outcomes 2017						
Performance indicator		Torbay children in care %	National children in care %	Torbay all pupils %	National all pupils %	RAG Based Torbay CLA v national CLA
EYFS % reached GLD	↑	75%	Not available	71.7%	70.7%	Green
KS1 % Reached at least expected standard - Reading	↑	57.1%	52%	74%	76%	Green
KS1 % Reached at least expected standard - Writing	↑	42.8%	41%	68%	68%	Green
KS1 % Reached at least expected standard - Maths	↑	42.8%	48%	75%	75%	Amber
KS1 % Reached at least expected standard – Reading, writing and maths	↑	42.8%	36%	Not available	Not available	-
KS2 % Reached at least expected standard - Reading	↑	50%	45%	72%	71%	Green
KS2 % Reached at least expected standard - Writing	↑	45%	48%	75%	76%	Amber
KS2 % Reached at least expected standard - SPAG	↑	50%	50%	76%	77%	Green
KS2 % Reached at least expected standard - Maths	↑	55%	46%	55%	75%	Green
KS2 % Reached at least expected standard - Reading, Writing and maths	↑	35%	32%	59%	61%	Green
KS4 % 5+ GCSEs at grades A*-C including English (Grade 4+) and Maths (Grade 4+)	↔	13.6%	15%	Not available	Not available	Amber
KS4 % 5+ GCSEs at grades A*-C	↑	22.7%	Not available	Not available	Not available	-
KS4 % gaining a strong pass in both English and maths at Grade 5+	new	13.6%	7%	48.7%	39.1%	Green
KS4 % gaining a Grade 5+ in English	new	18.2%	16%	62.6%	Not available	-
KS4 % gaining at least a Grade 4 in English		22.7%	Not available	Not available	Not available	-
KS4 % gaining a Grade 5+ in maths	new	18.2%	11%	53.4%	Not available	-
KS4 % gaining at least a Grade 4 in maths	↓	27%	Not available	Not available	Not available	-
KS4 Attainment 8 score		22.84	18.9	47.9	44.2%	Amber
KS4 Progress 8 score	↓	-1.41	-1.19	-0.03	Not applicable	Amber
Y1 – Y11 % attendance 2016-17	↑	96%	96.1%(2016)	96% (2016)	Not yet available	Amber
% receiving at least one fixed term exclusion	↑	3.7%	10.4%(2016)	5.05% (2016)	Not yet available	Green
% receiving a permanent exclusion	↓	0	0.14%(2016)	0.13% (2016)	Not yet available	Green
KS5 number following and completing a L3 qualification		2	Not available	Not available		-
Total of 18-24 year old care leavers participating in Higher Education	↔	4.9%	7% (2016)	-		Red

Key: Red – well below national CLA outcome
Amber – in line with national CLA outcome
Green – above national CLA outcome

3 Objectives, Principles and Priorities

Objectives

In the same way that we want all of Torbay's children and young people to be safe, happy and healthy in order that they can reach their full potential, the Objectives of this Children Looked After and Corporate Parenting Strategy are:

To ensure that all the children that the Council looks after, and its care leavers,:

- are safe, happy and healthy in order that they can reach their full potential; and
- have all the opportunities that good parents afford their children.

Overarching Principles

We will measure all of our work against the impact that it will have on the children and young people we look after and our care leaver. Reflecting on the principles with the Council's Corporate Plan, the principles within this Children Looked After and Corporate Parenting Strategy are:

- We will use our resources where they will maximise the impact on the child or young person
- We will use prevention and innovation to reduce the impact on children and families from key risks such as domestic abuse, alcohol/substance misuse and child exploitation
- We will take an integrated and joined up approach towards commissioning and delivery for children and families

Corporate Parenting Principles

In order to thrive, children and young people have certain key needs that good parents generally meet. In relation to all the children and young people we look after, Torbay Council will have regard to the following principles when exercising our functions in relation to those children and young people:

- We will act in their best interests, and promote their physical and mental health and wellbeing.
- We will encourage them to express their views, wishes and feelings.
- We will take into account their views, wishes and feelings.
- We will help them gain access to, and make the best use of, services provided by the Council and our partners.
- We will promote high aspirations and seek to secure the best outcomes.
- We will ensure they are safe and have stability in their home lives, relationships, education and work.
- We will prepare them for adulthood and independent living.

Priorities

Torbay Council will be an effective and trustworthy corporate parent to all the children and young people who are in our care through focussing on the following priorities.

Priority 1: Our placements are safe and meet the needs of our children and young people

We will always listen to you and take your views into account to ensure you are getting the right support to achieve your goals. These will be set out in your Care Plan.

We will be upfront and honest about we can and cannot do for you.

We will work with your carers to make it the best placement for you.

We will provide you with information about your rights in a way that suits you.

Priority 2: Our children looked after and care leavers fulfil their educational potential

We will respect your privacy and work to ensure that you are not singled out at school or in other places.

We will work closely with your school and not move you without good reason. We will also discuss with you the reasons for any move and take your views into account.

We will encourage and support you to take up opportunities in education, employment and training until the age of at least 21, in ways that suit you.

Priority 3: Our children looked after and care leavers are emotionally, mentally and physically healthy

We will celebrate your achievements with you in the ways that you would like.

We will provide a workforce to work with you to develop the life skills to achieve your goals and have the best opportunities for the future.

Priority 4: Our children looked after and care leavers develop into independent, confident and responsible adults

We will plan activities and visits in advance and involve you in those plans.

We will help you to stay in contact with your family if you want that and explain the reasons if this is not possible.

We will talk to you about the ways we will be working to keep you safe (safety planning).

We will develop a plan of the things you do in school called a Personal Education Plan.

We will develop a plan to ensure you are healthy and making good choices called a Personal Health Plan and give you advice and support on harmful issues such as smoking, drinking alcohol or taking drugs.

We will support you to access regular health and dental checks and any appointments or treatment you may need.

4 Corporate Parenting Standards

As effective corporate parents, Torbay Council has identified a set of standards which will assist in enabling us to meet the objectives and priorities of this Children Looked After Strategy. The Council's Senior Leadership Team will identify, progress and monitor any actions required across the Council to ensure that these standards can be met.

1. There is a golden thread through the Council's Strategic Vision, Corporate Plan and Children and Young People's Plan that clearly articulates our aspirations for children looked after and care leavers.
2. Key decisions, policies, procedures and performance in relation to Children's Services are subject to robust scrutiny and oversight through the Council's decision making and scrutiny processes.
3. Elected members and senior officers participate within a programme of corporate parenting training to equip them to understand how corporate parenting can be accommodated within their respective portfolios.
4. Priority interviews are offered to children looked after and care leavers for apprenticeships and work experience opportunities within Torbay Council, prior to these being advertised externally.
5. Dedicated support, advice and guidance is provided to care leavers to assist or sustain them in employment.
6. Locally commissioned services for adults including mental health, substance misuse and domestic abuse have child safeguarding as an integral element within service provision.
7. Family focused interventions such as 'Breaking the Cycle' are under development in Torbay to support families to provide effective parenting when capacity is compromised by health related issues.
8. As vulnerable groups that do not readily access services, care leavers and young offenders have direct support from community/primary health care services.
9. Torbay Council housing policy explicitly acknowledges care leavers as a vulnerable group, with appropriate support provided.
10. Care leavers are provided with individualised support to ensure they are in suitable and safe accommodation.
11. Care leavers have an exemption from Council Tax until the age of 25.
12. Care leavers and children looked after receive support to access cultural, sporting and leisure activities free of charge or at a reduced rate.
13. The achievements and progress of our children looked after and care leavers is recognised and celebrated on a regular basis, in accordance with their wishes and preferences.
14. The work of the Community Safety Partnership acknowledges that children looked after and care leavers are vulnerable groups who can become over represented within the criminal justice system and work together to avoid this.

15. Local arrangements for identifying and case managing adults who may pose a risk to children are fully integrated through a robust multi-agency tasking model.

5 Governance

The Council's Corporate Plan sets out its aspirations for the community of Torbay including children and young people. The Council's objective is to ensure that all of our children and young people are safe, happy and healthy in order that they can reach their full potential.

This objective is delivered for children looked after through a range of groups who collectively work to ensure that outcomes for children looked after and care leavers are comparable to their peers. Performance for children in care and our care leavers is an integral part of our performance and quality assurance arrangements. These are contained within the range of performance reports considered by the Children's Improvement Board, Corporate and Children's Services Senior Leadership, and Audit Committee.

Whilst corporate parenting is the responsibility of the Council as a whole and of its partners, on a day-to-day basis our arrangements for children looked after and care leavers are subject to oversight and scrutiny via the Groups set out below.

Corporate Parenting Panel

This Panel is chaired by an elected member who is also one of the Children's Champions and comprises of a wider group of members drawn from all political groups together with partner representatives and senior officers from Children's Services. Work is underway to ensure young person representatives form a standing part of the Group to build on the ongoing dialogue with children and young people in care that is currently in place.

The Group meets every two months and forms a key element within the Council's Constitution. The terms of reference of this Group are at Appendix 2.

Corporate Parenting Operational Group

This is an officer group chaired by the Assistant Director – Safeguarding or, in her absence, the Head of Service for Specialist Services. Bringing together relevant Children's Services officers and partner representatives, the Group acts to ensure the delivery of Council's corporate parenting responsibilities outlined in an annual action plan. The operational lead from Children's Services and partner agencies will present progress against the action plan as part of the rolling agenda to the Panel.

Virtual School

Torbay Virtual School provides the framework through which the educational needs of children looked after are met working closely with educational providers, carers, social care and health practitioners, and children and young people. The work of the Virtual School is overseen by a Governing Body and led by the Virtual School Headteacher.

Educational attainment and progress for children looked after is subject to regular review to determine the effectiveness of the arrangements put in place for each child via their Pupil Education Plan. The Virtual School also produce an annual report for the consideration of the Governing Body, Corporate Parent Members Group and Council.

Children in Care Club (CiCC)

The CiCC is facilitated by the Youth Service and brings a representative group of children in care together on a regular basis for activities and to obtain their views on the effectiveness of our arrangements for children in care. Their views have been instrumental in developing Torbay's Pledge towards our children in care.

Care Leavers Group

This Group is facilitated by Torbay Care Leavers Service and brings together a representative group of care leavers to ensure their views are heard in the development and delivery of our services for care leavers. Their work has been fundamental to the recent revision of our pathway plans and clarifying care leaver entitlements.

Appendix 1: Action Plan – To be completed and finalised

Priority 1: Our placements are safe and meet the needs of our children and young people

Action	Responsibility	By when?	Impact Measure
Deliver the Sufficiency Statement Action Plan	Director of Children's Services	March 2020	
Develop a Framework Approach with peninsula local authorities to increase capacity			
Increase our foster care capacity particularly for adolescents with complex needs			
Work with Devon County Council to explore residential capacity on a risk share basis			

Priority 2: Our children looked after and care leavers fulfil their educational potential

Action	Responsibility	By when?	Impact Measure
Continue to focus on outcomes at Key Stage 4 and Key Stage 2	Virtual Headteacher/ Assistant Director – Education and Schools		
Improve the monitoring and tracking at Key Stage 5 through effective links with Further Education and other post 16 providers	Virtual Headteacher/ Assistant Director – Education and Schools		
Enhance links with Early Years' providers to ensure effective monitoring of the Early Years cohort and use of Early Years PP	Virtual Headteacher/ Assistant Director – Education and Schools		

Ensure educational continuity for children placed for adoption	Virtual Headteacher/Head of Service – Specialist Services		
Ensure SEN work in a timely manner to secure appropriate schooling for those with an EHCP including those moved in an emergency	Virtual Headteacher/Head of Service – Special Educational Needs		
Ensure all Personal Education Plan are at least rated Good	Virtual Headteacher		
Improve the voice of the child through the Personal Education Plan process	Virtual Headteacher		

Priority 3: Our children looked after and care leavers are emotionally, mentally and physically healthy

Action	Responsibility	By when?	Impact Measure
Care Leavers' Personal Assistants and social workers to make care leavers and children looked after aware of the Torbay Leisure Card and encourage uptake		April 2018 and ongoing	
Explore opportunities for children looked after and care leavers to both attend and participate within the Council's programme of events.	Director of Corporate Services and Operations	June 2018	
Therapeutic Services to provide capacity for Care Leavers and Children Looked After Teams			
With Torbay Youth Trust, develop leisure/youth activities for Children Looked After and Care Leavers			

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Priority 4: Our children looked after and care leavers develop into independent, confident and responsible adults

Action	Responsibility	By when?	Impact Measure
Deliver the Corporate Parenting Standards Action Plan	Chief Executive	July 2019	
Identify apprenticeship and work experience opportunities across the Council with children looked after and care leavers being offered priority interviews	Director of Corporate Services and Operations	April 2018 and ongoing	
Specialist training to be provided to Care Leavers' Personal Assistants to enable them to provide support, advice and guidance to care leavers to assist and sustain them in employment	Director of Corporate Services and Operations	April 2018 and ongoing	
Care Leavers' Personal Assistants to share with care leavers the employment opportunities within Torbay Council which are all available online		April 2018 and ongoing	
Care Leavers' Personal Assistants to encourage care leavers to attend regular Jobs Fair (and other related events) held in Torbay		April 2018 and ongoing	
Specialist training to be provided to Care Leavers' Personal Assistants to assist in ensuring care leavers can access appropriate, safe and sustainable accommodation	Executive Head – Community Safety	April 2018 and ongoing	
Care Leavers' Personal Assistants to provide individualised support to help care leavers sustain suitable and safe accommodation		April 2018 and ongoing	
Develop a joint protocol with accommodation providers to avoid the criminalisation of children in care	Director of Children's Services		

Appendix 2: Corporate Parenting Panel

Terms of Reference

Purpose

To lead on behalf of the Council and partners of the Local Authority to ensure that all services directly provided for children and young people in care and care leavers are delivered to a high standard and to all statutory requirements.

To raise the aspiration, ambitions and life chances of children and young people in care, narrowing the gap of achievement and outcomes between children in care and their peers.

To ensure that children in care are protected and supported to develop as healthy citizens, able to participate fully in their community.

To ensure that all elected members are aware of their corporate parenting responsibilities and that all Council services are mindful of the needs of children in care and respond accordingly within their particular remit.

Functions of the Panel

To receive regular reports in relation to the adoption, fostering, commissioning, children looked after services, care leavers and the virtual school with a view to identifying any areas of underperformance and recommending any changes.

To ensure that the principles of corporate parenting are incorporated within key plans, policies and strategies of the Council including interagency working arrangements.

To review reports relating to complaints from looked after children to ensure officers have dealt with these appropriately and made any recommendations for change.

To raise awareness in Torbay Council and amongst its partners and the wider community by promoting the role of members as corporate parents and the Council as a corporate family with key responsibilities;

To raise the profile of the needs and achievements of children looked after and care leavers through a range of celebratory events/activities determined by children looked after and care leavers.

To ensure that leisure, cultural, further education and employment opportunities are provided and taken up by our children looked after and care leavers.

To ensure that the views of children and young people are regularly heard through the Corporate Parenting Panel to improve educational, health and social outcomes.

To meet with children and young people in care, frontline staff and foster carers to inform the panel of the standards of care and improvement outcomes for children looked after.

To monitor the ongoing commitment to providing support, training and clarity of expectations for foster carers to provide excellent and high quality care.

To appoint elected members as Champions for Children in Care in respect of the following strands:

- Housing

- Employment and training opportunities within council departments and with partner agencies
- Health (including mental health)
- Educational Attainment and access to Higher Education
- Foster carer recruitment and retention
- Response to those who go missing.

Children in Care Council

Representatives from the Children in Care Council will regularly contribute to the Corporate Parenting Panel through methods and approaches agreed with children looked after and care leavers.

Work Programme

The Corporate Parenting Panel will meet every two months, supported by an annual work programme to be reviewed at each meeting. In reviewing the work programme, the Panel may request reports on particular matters of their own preference or as advised by the lead officer.

Performance Monitoring

The Corporate Parenting Panel will regularly scrutinise and monitor outcomes for children in care and care leavers. The Panel's work will be underpinned by a core data set considered at each meeting. Additional detailed monitoring reports will be presented in accordance with the agreed work programme.

Membership of the Panel

The membership of the Panel will comprise five members of the Council appointed in accordance with political balance requirements and to include the Executive Lead responsible for Children. The Council will appoint the Panel at its Annual Meeting.

Other Members of the Council will be invited to discuss issues and raise questions within a standing agenda item.

The Executive Lead responsible for Children will chair the panel. A vice chairman will be appointed by the Panel at the start of each Municipal Year.

Membership will also include a foster carer and representatives from the Children in Care Council.

Membership will include key partners to support the delivery of key priorities in particular a senior local police officer, a Head Teacher, and designated health lead.

Officer support

The Director of Children's Services is responsible for ensuring that the Panel has sufficient officer support. The Assistant Director – Safeguarding will be the lead officer for the Panel supported by the Head of Specialist Service, the Head of the Virtual School and the Children's Rights lead.

Training

Appropriate training will be commissioned for members of the Corporate Parenting Panel as required and will form part of the Members Development Programme.

Frequency of meetings

Meetings will be bi-monthly preceded with agenda setting informed by the members of the Panel, annual work programme, performance monitoring and the views of children looked after and care leavers.

Reporting Mechanisms

The Corporate Parenting Panel will report to the Local Safeguarding Children Board, the Overview and Scrutiny Board, Health and Wellbeing Board and the Children's Improvement Board as required.



Meeting: Policy and Development Decision Group (Joint Commissioning Team)

Date: 1st October 2018

Wards Affected: All

Report Title: Annual Youth Justice Plan 2018/9

Is the decision a key decision? No

When does the decision need to be implemented?

Executive Lead Contact Details: Cindy Stocks, Executive Lead for Children and Housing, cindy.stocks@torbay.gov.uk

Supporting Officer Contact Details: ALison Botham, Director of Children's Services, 01803 208949, alison.botham@torbay.gov.uk

1. Proposal and Introduction

1.1 There is a statutory requirement for each local authority to set out an annual plan for the delivery of the Youth Justice Service within their area. Torbay Youth Offending Service co-ordinates the provision of youth justice services across Torbay.

1.2 Torbay Youth Justice Service is multi-agency comprising the Police, National Probation Service, health and Local Authority. It's work is overseen by a Joint Peninsula Partnership Board until recently chaired by the Director of Children's Services for Torbay and the chair has now been handed to Devon. In the coming year the oversight of the service will also occur via the Torbay Community Safety Partnership Board. The Youth Offending service works in partnership to achieve the national youth justice strategic priorities:-

- Preventing new entrants to the criminal justice system;
- Reducing re-offending;
- Increase victim and public confidence;
- Ensure the safe and effective use of custody

1.3 A copy of Torbay's Annual Youth Justice Plan for 2017/18 is attached as Appendix 1.

2. Reason for Proposal

- 2.1 Torbay's performance on re-offending and use of custody compares well with statistical comparators first entrants which have fallen in number but remain at a rate that is above South West and National levels. This is a key area for focus in the 2018/19 Plan.
- 2.2 There were 70 young offenders receiving a substantive outcome in Torbay in 17/18. 35% decrease from 108 in 16/17 and this is 0.73% of the 10-17 year old population in Torbay. The YOS is increasingly working with children characterised by more persistent and serious offending which is reflected within the 2017/18 Plan and seeking to support young people to change behaviours.
- 2.3 There has been ongoing reductions in funding from the YJB and local partners in recent years, however, the 2018/19 budget is sufficient to ensure secure service viability and compliance with National Minimum Standards.

3. Recommendation(s) / Proposed Decision

- 3.1 That the Youth Justice Plan 2018/19, attached at Appendix 1 is approved.

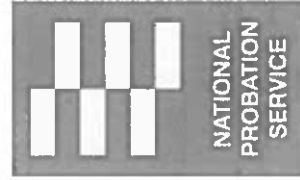
Appendices

Appendix 1: Youth Justice Plan 2018/19

TORBAY

ANNUAL YOUTH JUSTICE PLAN

2018/2019



DEVON & CORNWALL
CONSTABULARY



PCC
Office of the Police and
Crime Commissioner
Devon and Cornwall



South Devon and Torbay
Clinical Commissioning Group

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A. Introduction

The Torbay Youth Offending Team (YOT) sits within a wider adolescent service known as Integrated Youth Support Services (IYSS). This team incorporates youth justice services, care leavers services, youth homelessness, and healthy relationships.

The Youth Justice element of this team is referred to as the YOT and remains a multi-agency partnership between Torbay Council, Devon and Cornwall Police, National Probation Service, South Devon and Torbay Clinical commissioning group, and the Devon and Cornwall Police and Crime Commissioner. Under the Crime and Disorder Act 1998, this team is responsible for the delivery or commissioning of statutory youth justice services.

The YOT and the wider IYSS is committed to the provision of high quality youth justice services, in partnership with other services and organisations, with the aim of preventing offending and re-offending by children and young people. In addition to the services provided to young people in or at risk of entering the Youth Justice System, the service recognises the role it has in increasing public confidence in the Youth Justice System and increasing victim satisfaction through their involvement in restorative and reparative processes.

There were 70 young offenders receiving a substantive outcome in Torbay in 2017/18 (a 35% decrease from 108 in 2016/17, and a smaller decrease from 80 in the previous year). This represents 0.73% of the 10-17 year old population in Torbay.

The YOT remains subject to the three national key priorities and performance indicators:

1. Reducing the numbers of young people entering the criminal justice system for the first time
2. Reducing reoffending
3. Reducing the use of custody

1.1 Summary of Achievements 2017/2018

The following table describes the areas for improvement identified in the 2017/2018 plan and the progress made during the year.

Outcome	Risk	Plan	Outcome	Future Work
First Time Entrants	Rate of First Time Entrants per population is higher than the national average. Risk of this pattern continuing. No ongoing performance management	Measure effectiveness of Early Help in respect of preventing offending. Utilise data from Supporting (Troubled) Families to identify and target work with partners	Rate of FTE continues to be an area of concern. However, data analysis has identified that police process is having a large impact on this. Police process have been amended and improved performance is anticipated.	Ongoing monitoring of the impact of change in police processes.
Re-Offending	Service to maintain low re-offending rate. No current data	Benchmark against statistical neighbours Identify positive practice in relation to reducing re-offending. Use of re-offending toolkit Training for Performance Manager	Achieved. Ongoing good performance. Practice is supporting reducing re-offending. Re-offending Toolkit is now presented to YOT board.	Embedding of re-offending toolkit.

		Collaborative work with Devon and Plymouth Youth Offending Teams.	Completed. Completed. Shared data support role established.	
Use of custody	Service to maintain low numbers of young people in custody	Continued use of qualitative information to inform service development via post-custody reviews Continued links with partners to offer viable alternatives to custody Analysis of risk of custody cases to identify best practice	Post custody reviews completed for everyone who enters custody.	Ongoing

Area for Improvement	Action	Success Criteria	Outcome	Future Work
Increase in Child to Parent Violence	Staff trained in accredited interventions in relation to	Reduction in repeat Child to Parent violence for	Child to parent violence continues to form a significant	Review outcomes of Domestic Violence

	Child to Parent Violence Child to Parent Violence to be integrated into Torbay local strategy	known young people. Reduction in Child to Parent violence in First Time Entrants cohort	number of cases	Groups. Parenting work outcomes set against child to parent violence.
Improve governance and viability of YOT through Joint Board. Improve overall practice and make efficiencies in sharing resources.	Develop joint YOT Board with Plymouth and Devon	Functioning YOT Board	Joint YOT Board is established and 4 meetings have taken place. Partner attendance and participation in the Board is improved.	Ongoing work to develop governance and a local board offer.
Ensure that all actions from National Standards Audit result in sustained improvement in relation to work in the Courts.	Maintain practice changes in relation to Court processes and recording	Re-run National Standards Audit	Reduction in management capacity has deferred this.	Pulled forward into the current plan.
Develop Feedback tool to replace ViewPoint survey	Use best practice tools to ensure young people influence service development.	50% of Young People known to YOT providing feedback	Feedback tool designed and young people are responding.	Collation of feedback meeting.
Ensure that there is an effective Quality Assurance process following Asset Plus implementation support ending	Develop QA process and policy	Ongoing good quality assessments, plans and interventions with young people	Quality assurance process in place. Supported by Peer Audits.	
Understand Young People in	Produce Health Needs	Measurable indicators	This has been	Ongoing work in needs

the Youth Justice System's needs in relation to ASD	Assessment for Young Offenders	for improving the health of the YOT cohort	subsumed into wider needs assessment work.	assessment.
Develop Youth Justice response to Violence with Injury and Violence without Injury	Engage with Devon and Cornwall police on developing a strategy	Reduction in "violence" crimes		Bring forward to next plan.

1.2 Key Developments in 2017/2018

During 2017/18 the YOT Manager, Amanda Paterson had a period of maternity leave, and the role was covered by Gail Rogers, one of the previous YOT Managers. This provided a consistent approach where progress could continue to be made. At the end of June 2018 Andy Dempsey left his role as Director of Children's Services in Torbay and stood down as the Board Chair. A joint board has been established with neighbouring authorities, Plymouth and Devon, this was chaired by Andy Dempsey and will now be chaired by Devon's Director of Children's Services.

The joint board has been a significant development for Torbay Youth Offending Team. It was recognized that partner engagement was a concern, and the potential for closer working between the local Youth Offending Teams was seen as an opportunity to both improve practice and provide efficiencies. The board has already demonstrated improved partner engagement and attendance. Joint training, shared approaches to data management and a peer review have all been positive outcomes from the joint board at this stage. As the board has progressed, it has become apparent that the Terms of Reference need reviewing and a forum for addressing specific local issues needs to be established. An operational board for Torbay will sit within the Community Safety Partnership.

In June 2018 Torbay Children's Services went into partnership with Plymouth Children's Services. This partnership arrangement has been negotiated to support Torbay in an ongoing improvement journey following an inadequate rating by OFSTED. The immediate impact of this is that Torbay and Plymouth now have a shared Director of Children's Services. As the partnership matures opportunities to bring the two areas together to consolidate and improve practice will be sought. An increase in reported crime in the area has led to a policing restructure so that a new Basic Command Unit can focus on specific local crime patterns. This is in the context of a move towards the merger of the Devon and Cornwall and Dorset force areas. A number of possible changes in the scale of delivery across the youth crime partnership may provide opportunities over the coming years, and the Youth Justice Plan needs to be plastic to accommodate any changes over the next year.

Following the end of the HMI Probation Viewpoint questionnaire, young people are now approached for feedback using a local feedback tool. The feedback from young people is positive, and this is under continuous review.

Torbay Youth Offending Team has not been subject to an inspection or screening by HMI Probation during 2017/18. HMI Probation have now published the new framework for inspections. Torbay are likely to receive an inspection in the near future. In preparation for this there have been team briefings and a Peer Review is currently being undertaken. The Management Board are also completing a self-assessment and action plan to ensure good practice. The Joint Inspection of Out-of-court disposal work will inform future developments in the out of court and prevention offer from Torbay.

A significant development in 2017/18 has been the successful application for health funding in respect of early intervention and speech and language therapy. There is a new Mental Health post in the YOT focusing on screening and support for early intervention cases. The speech and language therapist started in post in July and will be providing screening and support for all young people through YOT. Close performance monitoring of these two posts is hoped to demonstrate improved outcomes for all young people who receive a service.

B. Structure and Governance

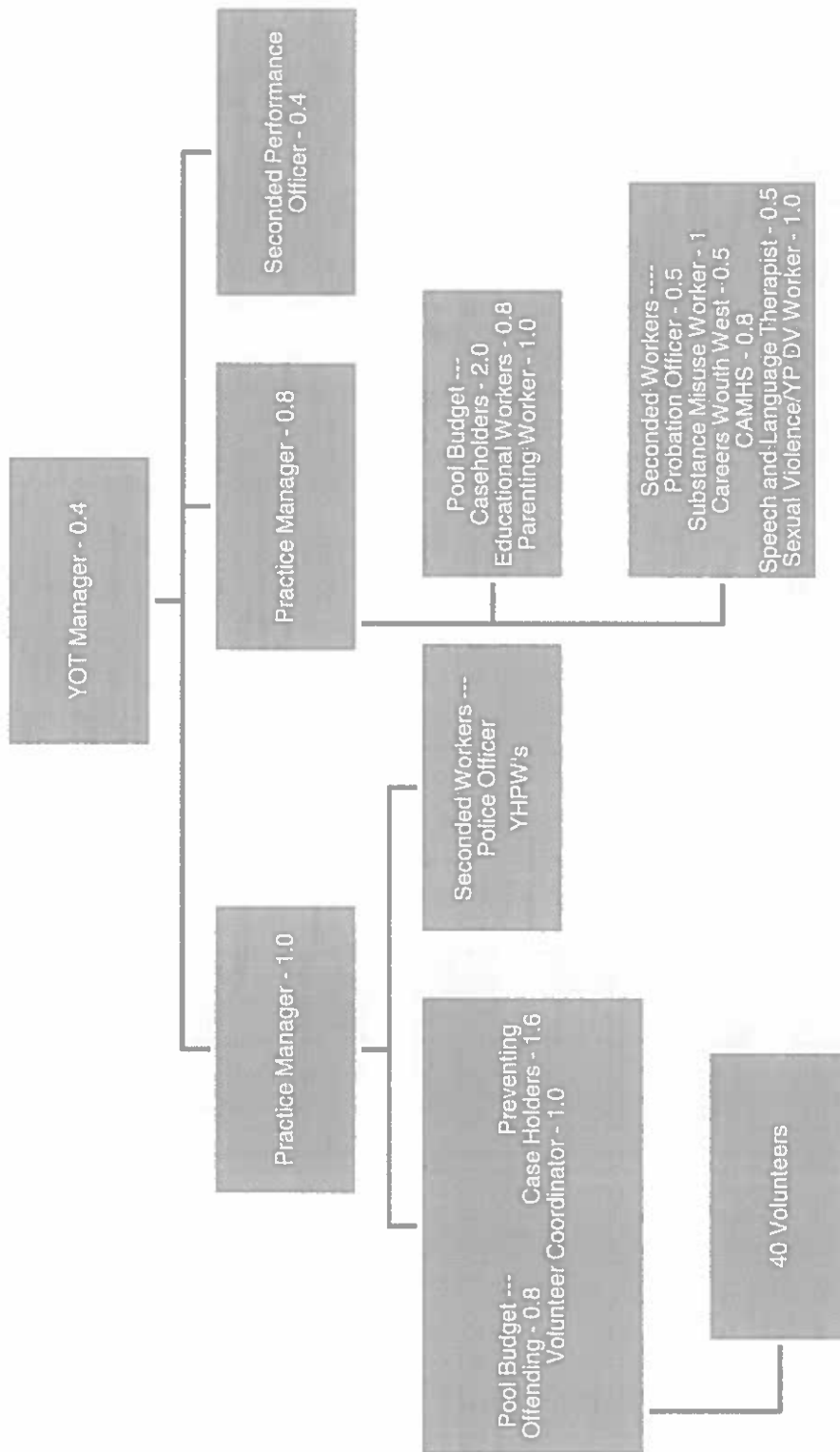


Table 1- Youth Justice Staff

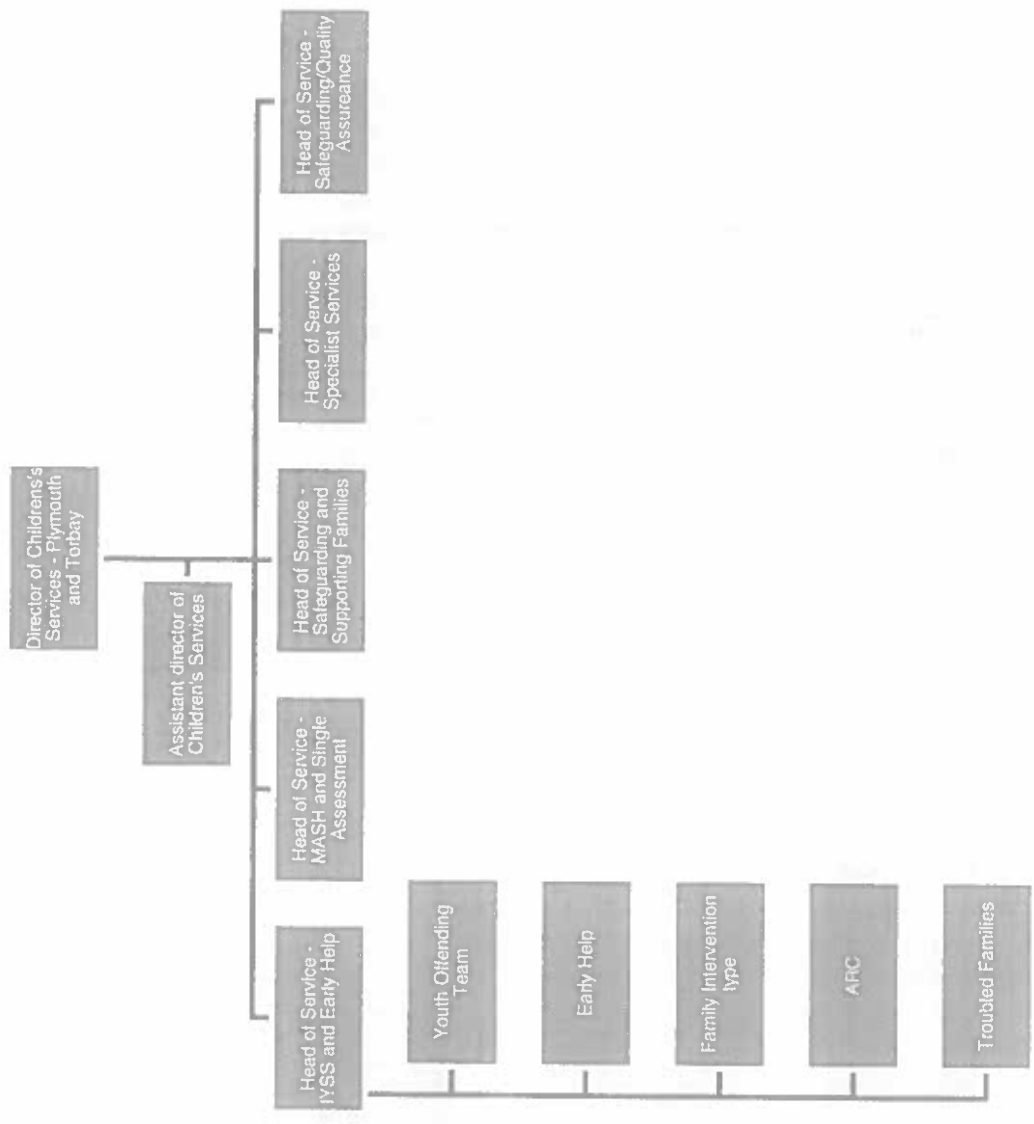


Table 2 Structure within Children's Services

Table 1 Identifies the lines of accountability within the YOT structure.

Table 2 identifies the links between the Youth Offending Team and other areas of provision in the Local Authority.

The YOT Manager is a member of the Children’s Services Senior Management Team, including all Heads of Service across the local authority. Through weekly meetings, this provides the Youth Offending Team with links across Children’s Services. Internal and external links ensure that Youth Justice outcomes are promoted across the partnership. The YOT Manager role sits within the post “Head of Service for YJSS and Early Help”. This now includes the Troubled Families scheme, which draws together a theme of targeted work to prevent adverse outcomes for children and young people in Torbay.

The YOT Manager monitors and ensures that the YOT meets the conditions of any grants through a monthly meeting with the allocated finance officer in the Local Authority. Placement information is countersigned by the practice managers to ensure accuracy. Reviews of safeguarding incidents are also the responsibility of the YOT Manager and are specified within the Torbay Children’s Services Scheme of Delegation.

The Youth Offending Team sits within Children’s Services in Torbay Council. The YOT Manager is line managed by the Assistant Director of Children’s Services. The Early Help offer is linked to the Early Help Panel in Children’s Services, and the Youth Homelessness Prevention work links the Youth Offending Team to housing via a joint commissioning arrangement.

The service is overseen by the Management Board. A Youth Justice Forum, coordinated by Devon and Cornwall Police, leads on scrutiny of specific issues. An ongoing theme for this has been Young People held in police custody overnight. The Youth Justice Forum and Youth and Crime panel within the police have recently been integrated, providing opportunities for the Youth Offending Teams to contribute to the analysis of police held data and the upcoming response to the current Child Centred Policing National Action Plan. Devon and Cornwall Police, The Office of the Police and Crime Commissioner and the local Youth Offending Teams are developing and improving scrutiny of Out of Court Disposals. The Community Safety Partnership will oversee the operational work in Torbay.

The YOT Manager participates in the Torbay Safeguarding Children Board, and the Education Subgroup, and is also the Head of Service for Early Help and Targeted Intervention.

C. Resources and Value for Money

3.1 Budget

The YOT budget is detailed in Table 1 in the appendix, with planned spending in Table 2.

Spending on staffing is anticipated to stay at this level as it represents a minimum level of staffing to ensure YOT viability. The pooled budget and secondment arrangements currently provides for 5.1 case holding staff (including a National Probation Service Seconded) . A breakdown of the YOT spending for 2016/17 has been provided in Table 2. No areas for saving have been identified. Provision of Youth Justice Software is the highest cost area aside from staffing. Following an increase in the software costs in 2017/18 we have negotiated with the provider to ensure that there are no unplanned cost increases over the next three years.

Spending of the Youth Justice grant has been allocated to the salaries of the Head of Service, Practice Manager and 1.5 Youth Offending Team Officers, as well as a contribution to the Youth Justice software fees. Whilst operationally this delineation does not impact the team, this approach meets the need for transparency in Youth Justice Grant spending against YOT outcomes as all of these roles work exclusively with Youth Justice Outcomes measures, where other roles fulfil additional tasks within IYSS (for example, Youth Homelessness) which is agreed via the partnership board.

Reduced budget and staffing numbers mean that a pooled budget can be used more efficiently to achieve a range of outcomes for young people and ensure a resilient specialist Youth Offending Team. The Torbay Youth Offending Team Board has agreed this model given the links between the different services provided in IYSS and the Youth Justice Outcomes.

Budget reporting to the operational board is a key priority. In 2017/18 an underspend in the pooled budget as a result of staff slippage has been absorbed back into the Children's Services budget. Decision making in relation to this needs to be transparent and accountable in future budgets.

D. Partnership Arrangements

4.1 Local Arrangements

The Pan Devon Board brings together representatives from key agencies who work across the Local Authority areas, whilst also having representation from each area where appropriate.

Name	Organisation
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Pan Devon Representation	
Alastair Camp	South & West Devon Bench Youth Panel
Fiona Reed	Careers South West
Siobhan Grady	Head of Joint Commissioning, NHS South Devon and Torbay
Wendy Rowden Lyn Gooding	Office of the Police and Crime Commissioner
Anna Miller	Legal Team Manager for North & East Devon Bench, HM Courts & Tribunals Service
David Moffitt	National Probation Service
Sam McAuley	NHS
Jim Gale	Partnership Superintendent, Devon BCU
Jon Nason	NPS
Torbay	
Anne Osborne	Assistant Director Children's Services Torbay
Amanda Paterson	Torbay Council IYSS and Early Help (YOT Manager)
Tara Harris	Community Safety, TC
Plymouth	
Kevin Bakewell	YOT Manager, PCC
Siobhan Wallace	Head of Service - PCC
Tracy Green	Family Support Service Manager, PCC

Devon	
Thor Beverley	YOT Manager, DCC
Caroline Taverner	YOT Performance Manager, DCC
Darryl Freeman	Head of Service for Children's Social Care, DCC
Mark Kastner	DCC Education

Representatives from the Youth Offending Team attend the following local and regional forums to ensure that there are clear links with other key service providers:

- Children's Services Management Team
- Children's Services Practice Managers Meetings
- 0-19 Commissioning Board
- Torbay Safeguarding Children's Board
 - o Early Help Subgroup
 - o Education Subgroup
- Targeted Help Panel
- South West YOT Managers Meeting
- Multi-Agency Child Sexual Exploitation meeting
- Youth Court Users Group
- Pupil Referral Panel
- Youth Homelessness Prevention Panel
- Young Person's Steering Group

- Devon and Cornwall Youth Justice Forum
- o Youth Overnight Custody Subgroup
- Torbay and Devon Out of Court Disposal Scrutiny Panel
- Sexually Harmful Behaviour Steering Group
- MAPP
- Quarterly Probation Review meetings
- MARAC
- Torbay Social Work Forum
- Online Safety Reference Group
- Missing Mondays
- Community Safety Partnership Tasking (Anti-Social Behaviour)
- Adverse Childhood Experiences Partnership Group
- Quality Review Meetings
- o Youth Homelessness Prevention Service
 - o Substance Misuse Service
 - o Careers South West
 - o CAMHS commissioning

4.2 Commissioning and Youth Justice Outcomes

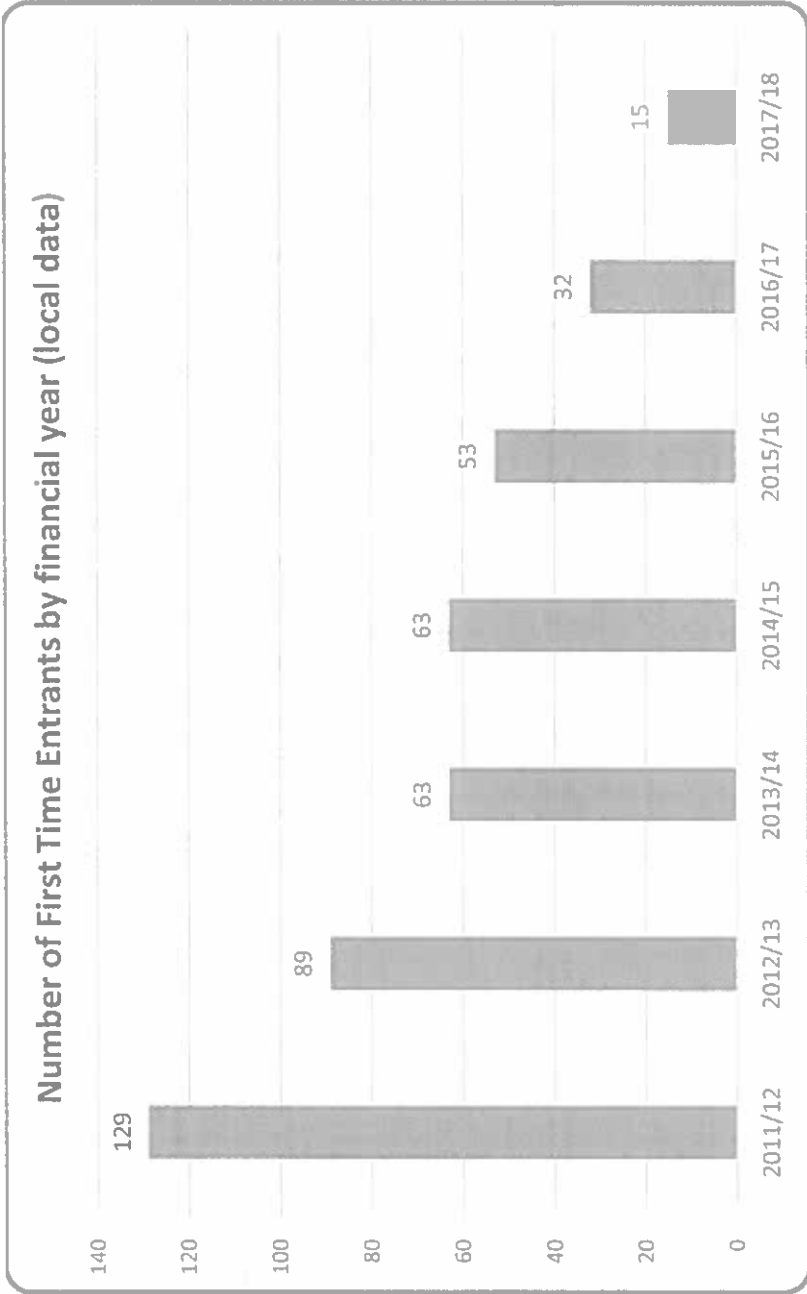
Torbay Youth Offending Team provides a prevention service which can offer interventions for young people who have been identified as being at risk of becoming First Time Entrants. Referrals from both the Anti-Social Behaviour tasking meeting and Targeted Help Panel ensure that where there are risky behaviours identified a prevention offer is delivered.

Across the children's workforce there is recognition that effective prevention starts before risky behaviours become apparent. The Supporting (Troubled) Families scheme legacy will be of an outcomes based commissioning framework for Early Help. From 2019 a group of Early Help services will be joint commissioned with the provider reporting on an outcomes basis. The Supporting (Troubled) Families framework has already integrated Youth Justice Outcomes and as a result this is embedded in commissioning in Torbay. The capacity to draw more services into the offer has been designed into the plan, and will provide increasing opportunities to attend to Youth Justice Outcomes.

By integrating the Operational YOT Board within the Community Safety Partnership the opportunity arises for the Strategic Needs Assessment to be at the centre of both YOT and Early Help delivery in relation to youth crime prevention.

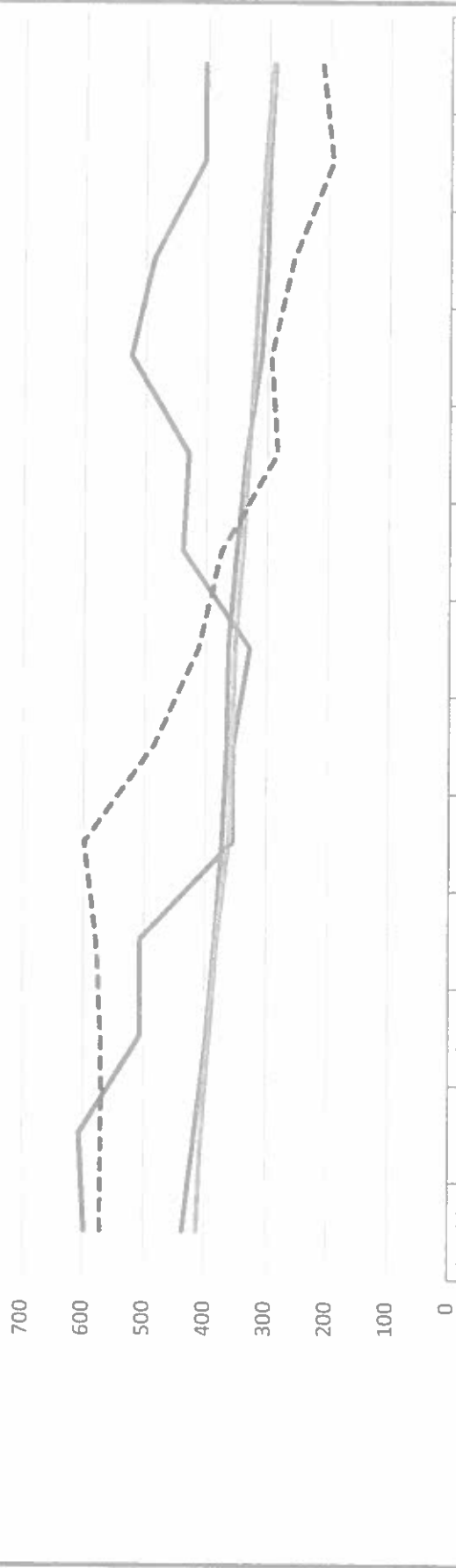
E. Risks to future delivery against the youth justice outcome measures

5.1 First Time Entrants



Source: Local case management system

First Time Entrants Rate (per 100,000 10-17 year olds) rolling 12 month period

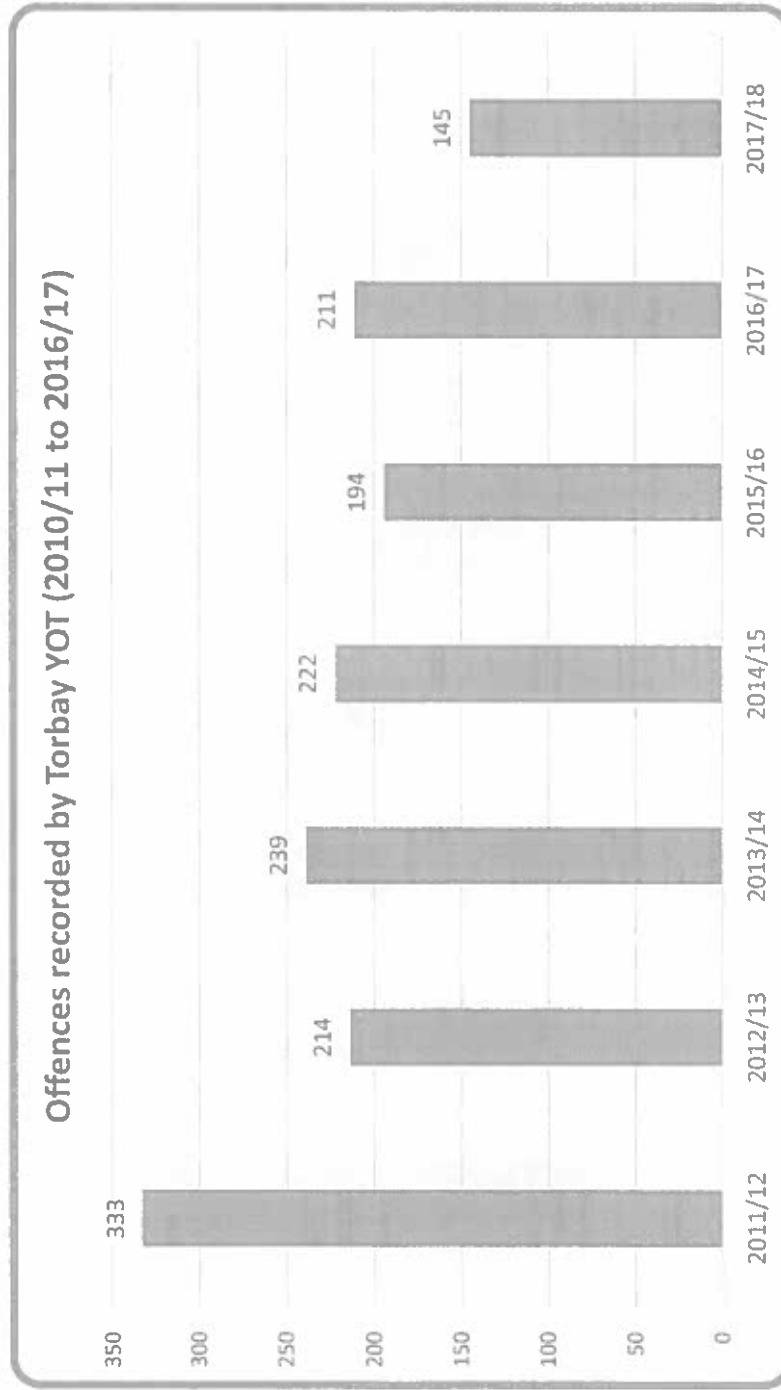


Source: The YOT Data Summary (YDS) for England April – March 2017

Local data shows that the number of First Time Entrants (FTE's) into the Youth Offending Team continues to decline with only 15 young people receiving their first substantive outcome in the year 2017/18. The nationally published data presents a different picture though. The Ministry of Justice (MoJ) take information from the Police National Computer (PNC) to calculate rates of FTE's per 100,000 10-17 year olds across different local authorities. The use of a standard rate allows comparisons to be made across areas of different sizes. The most recently published data, for the period January 17 – December 17, gives Torbay a rate of 404 FTE's per 100,000 10-17 year olds. This rate puts Torbay above both the South West and National averages and 106th out of 137 local authorities in England. If the rate is calculated using data direct from the local case management system a much lower figure is derived that would place Torbay below both those averages. Torbay YOT have worked in partnership with Devon and Cornwall Police to submit a request to the MoJ to have access to this data set so the discrepancy can be identified and accounted for as necessary. Unfortunately the MoJ has had to put on hold all new PNC data sharing requests received from YOTs due to a high volume.

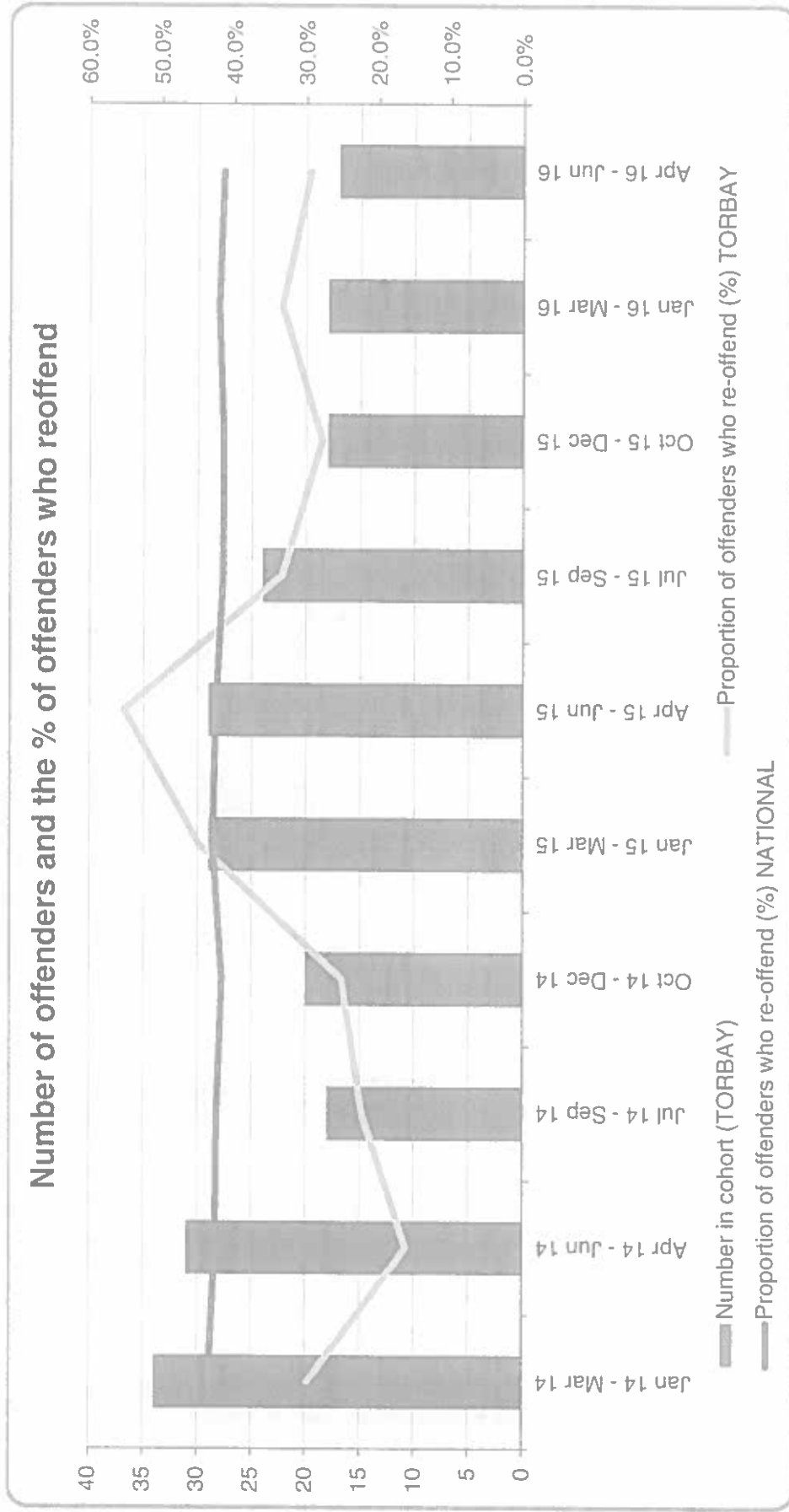
5.2 Offending and Re-offending

Offending



Source: The YOT Data Summary (YDS) for England April – March 2018

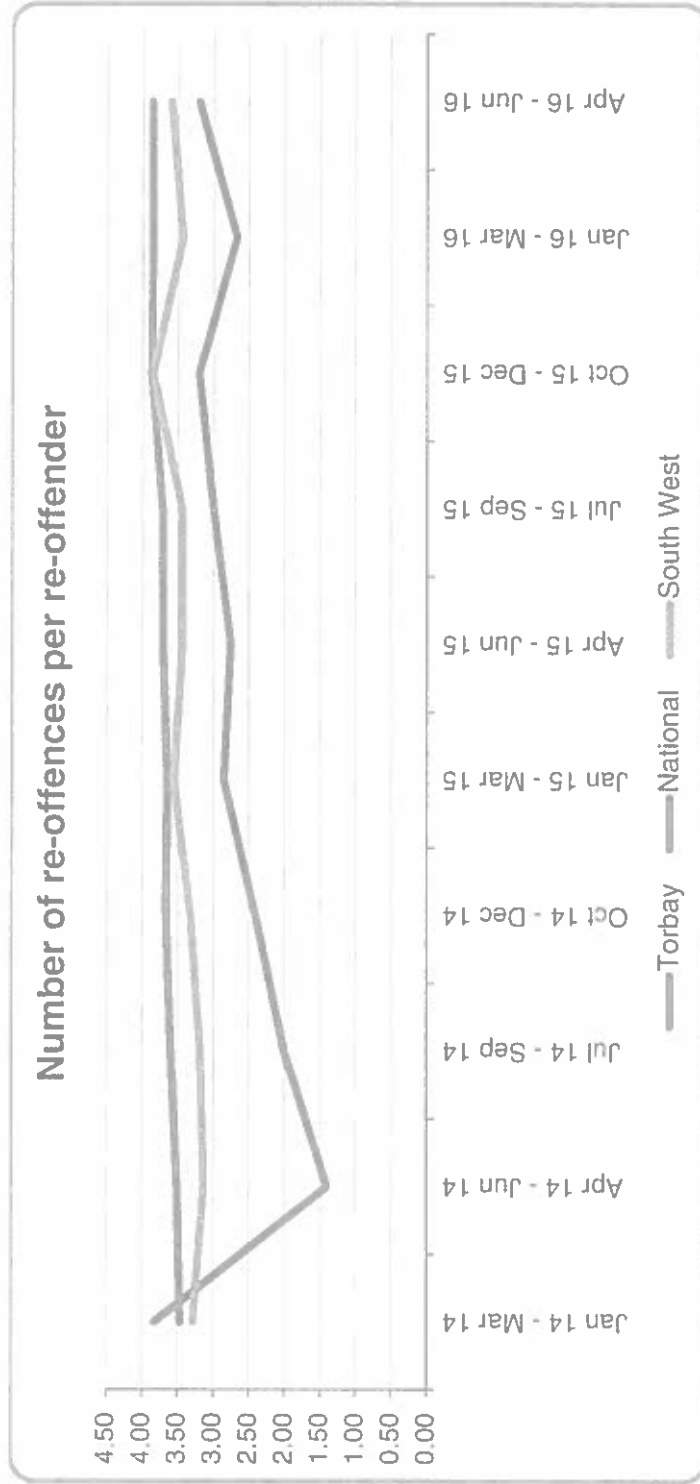
Reoffending



Source: The YOT Data Summary (YDS) for England April – March 2018
 The MoJ has changed the methodology for measuring reoffending since the last Youth Justice Plan was published. There has been a move to a three month cohort rather than a 12 month cohort. The cohort will still be tracked for over 12 months so, for instance, the Apr 16 – Jun 16 cohort in the chart above

would have received a substantive outcome during that period before being tracked for the subsequent 12 months to see if they have reoffend and how many times.

The proportion of offenders in Torbay who go on to reoffend continues its downward trend from a peak of over 50% for the April 15 – June 15 cohort. Indeed Torbay's reoffending rate performs consistently below the national average and the most recent rate (April 16 – June 16) is the 14th lowest of all English local authorities.



Source: The YOT Data Summary (YDS) for England April – March 2017

This measure calculates the number of re-offences committed by those young people who go on to reoffend in each cohort. The average number of reoffences for reoffenders in Torbay continues to sit below both the national and regional averages. The most recent data places Torbay 37th out of all English local authorities.

5.3 Use of custody

There were 2 young people sentenced to custody this year from Torbay. This represents an increase from one young person in the previous year. As a rate per 1,000 10-17 year olds this equates to 0.18, compared to 0.19 (South West) and 0.38 (National).

Multi-Agency Post Custody Reviews are written and submitted to the Management Board to ensure ongoing learning with a view to preventing further custodial outcomes for young people.

Youth Justice Outcomes Plan

Outcome	Risk	Plan	Who	By When
First Time Entrants	Rate of First Time Entrants per population is higher than the national average. Risk of this pattern continuing.	Introduction of Triage Scheme as recommended by police. Work with Justice Innovation Fund to develop diversion scheme. Re-allocate resources in the team to diversion activities. Include FTEs in commissioning outcomes.	Practice Managers and police. Justice Innovation Fund practitioners. Youth Trust. Early Help Board.	October 2018

<p>Re-Offending</p>	<p>Service to maintain low re-offending rate.</p>	<p>Ongoing quality assurance of YOT delivery. Recognition that a reduction in FTE may lead to an increase in re-offending. Gather information on re-offenders using live data to monitor whether re-offenders had a voluntary offer after their Order had finished.</p>	<p>Practice Managers</p>	<p>Ongoing</p>
<p>Use of custody</p>	<p>Service to maintain low numbers of young people in custody</p>	<p>Report all use of custody to YOT Management Board.</p>	<p>YOT Manager</p>	<p>Ongoing</p>

Service Plan

Area for Improvement	Action	Success Criteria	Responsible	Deadline
Quality of practice across OOC and Court Orders	<ul style="list-style-type: none"> - Inspection preparation - Peer Audits - Self assessment 	Inspection Ready	YOT Manager	September 2018
Improve evidence of use of research in assessments and plans.	All staff to have Research in Practice Account	<ul style="list-style-type: none"> - Research use monitored via QA processes. - Research referenced in all assessments of Court Orders. 	Practice Managers	November 2018
Improve access to Speech and Language Assessments	<ul style="list-style-type: none"> - SALT worker to screen all cases including prevention. - Discuss with NHS funders 	All young people who come into IYSS to have a SALT screening	Practice Managers	November 2018
Embed Trauma Recovery Model in practice across the team.	<ul style="list-style-type: none"> - Trauma Recovery Model post implementation support session to be arranged. - ACE Scores to be recorded for young people - YOT Manager to sit on ACE working group 	<ul style="list-style-type: none"> - Qualitative evidence of Trauma informed practice - Data reporting of impact of ACEs 	YOT Manager	January 2019
Identification of mental health needs at the earliest opportunity	<ul style="list-style-type: none"> - All young people open on prevention agenda to receive mental health 	<ul style="list-style-type: none"> - Data returns to NHS commissioning 	Practice Manager	April 2019

	screening			
Improve visibility of Management Oversight	- YOT Supervision tool to be revised	- Spot check evidences Management Oversight	YOT Manager	November 2018
Ensure victim work is included in all cases	- QA to focus on victim work	- QA outcomes	Practice Managers	November 2018

Risk Register

Risk	Mitigation
Ensuring a local offer alongside the Joint Management Board. Ensuring the Pan-Devon approach does not cause governance gaps for youth justice work	Embed local operational board within Community Safety Partnership. Report to YJB to ensure that the governance arrangements are sufficient. Management Board self-assessment against inspection framework.
Inspection performance in a new framework	Preparation for inspection work.
No YOT reserves, budget allows for minimum number of staff to ensure YOT is operational.	Develop IYSS to provide services needed by Children's Social Care.

Appendix

Table 1: Partner contributions to the youth offending partnership pooled budget 2017/18

Agency	Staffing costs (£)	Payments in kind – revenue (£)	Other delegated funds (£)	Total (£)
Local authority*	248, 200	n/a	n/a	

Police Service			n/a			
National Probation Service	17, 557		5000		0	
Health Service	16, 347		n/a		953	
Police and crime commissioner**	65, 091		n/a		3, 795	
Welsh Government	n/a		n/a		n/a	
YJB Youth Justice Grant (YRO Unpaid Work Order is included in this grant)	n/a		£188, 715			
Other- Joint Commissioning	66, 919		n/a		4143	

Youth Justice Grant Spending

YOT Manager 0.4 FTE	£28, 274
Practice Managers 1 FTE	£56, 318
Youth Justice Workers 1.6 FTE	£58, 959
Total	£192, 362
Total Grant	£188 715
Contribution from pooled budget	£3, 674 towards Youth Justice Worker posts

Table 2 YOT Budget 2017/2018

PAY - APT & C STAFF	447,600
ADD HRS - APT & C STAFF	0
NI - APT & C STAFF	45,300
NI ADD HRS - APT & C STAFF	0
PENS - APT & C STAFF	56,600
PENS ADD HRS - APT & C STAFF	0
TRAINING GENERAL	1,900
RECRUITMENT POLICE CHECKS CRB	500
ENERGY - ELECTRICITY	0
STAFF PUBLIC TRANSPORT	2,500
PUBLIC TRANSPORT COSTS-OTHER	1,000
EMPLOYEES MILEAGE	5,000
NON EMPLOYEES MILEAGE	2,000

SERVICES - GENERAL	19,915
COMMUNICATIONS - GENERAL	500
COMPUTING - H/WARE PURCHASES	0
COMPUTING - S/WARE MTCE & LIC	7,500
OTHER EXPENSES - GENERAL	2,200
SUBS - OFFICERS	500
MISC - GENERAL	0
INTERNAL - GENERAL	0
ASSISTANCE TO FAMILIES	2,000
SS MISC - GENERAL	500
CONTRIBS FROM OTH LAS - OS VAT	(70,100)
HEALTH INCOME OS VAT	(16,300)
ATL INTERNAL TRANSFERS	(72,200)
TOTALS	436,915

This plan has been reviewed by

<p>Name</p> 	<p>Organisation</p> <p>Torbay Children's Services</p>	<p>Date</p> <p>31st August 2018</p>
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This plan has been approved by

<p>Name</p>  <p>Alison Botham</p>	<p>Organisation</p> <p>DCS Torbay Children's Services</p>	<p>Date</p> <p>31st August 2018</p>
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