

OVERVIEW AND SCRUTINY BOARD

A meeting of **Overview and Scrutiny Board** will be held on

Wednesday, 10 July 2019

commencing at **5.30 pm**

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

Members of the Board

Councillor Brown
Councillor Bye
Councillor Mandy Darling
Councillor Foster

Councillor Heyse
Councillor Howgate
Councillor Kennedy
Councillor Loxton

Co-opted Members of the Board

A prosperous and healthy Torbay

For information relating to this meeting or to request a copy in another format or language please contact:

Kate Spencer, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207014

Email: scrutiny@torbay.gov.uk

OVERVIEW AND SCRUTINY BOARD AGENDA

1. **Election of Chairman**
To elect a Chairman of the Board for the 2019/2020 Municipal Year.
2. **Apologies**
To receive apologies for absence, including notifications of any changes to the membership of the Board.
3. **Appointment of Vice-chairman**
To consider appointing a Vice-chairman of the Board for the forthcoming Municipal Year.
4. **Overview and Scrutiny Lead Members**
To confirm the areas of responsibility for each of the Overview and Scrutiny Lead Members.
5. **Minutes** (Page 4)
To confirm as a correct record the minutes of the meeting of the Board held on 28 March 2019.
6. **Declarations of Interest**
 - a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
 - b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
7. **Urgent Items**
To consider any other items that the Chairman decides are urgent.
8. **Budget 2018/2019 - Quarter 4 (Outturn) Monitoring Report** (Pages 5 - 21)
The Head of Finance to present the Quarter 4 (Outturn) budget monitoring report for 2018/2019.

The Cabinet Member for Finance to answer any of the Board's questions.

The Board to consider making any recommendations to the Cabinet.

- 9. Adult Social Care Local Account** (Pages 22 - 53)
To consider the draft Local Account for adult social care and to consider making any comments for inclusion within the final document.
- 10. Overview and Scrutiny Work Programme 2019/2020** (To Follow)
To agree the Overview and Scrutiny Work Programme for the forthcoming Municipal Year.
- 11. Climate Change** (To Follow)
To consider the proposed scope and key lines of enquiry in relation to the proposed work of the Board on climate change and to determine whether to issue a Call for Evidence.



Minutes of the Overview and Scrutiny Board

28 March 2019

-: Present :-

Councillor Lewis (C) (Chairman)

Councillors Bye, Darling (S), Long and Sykes

(Also in attendance: The Elected Mayor and Councillors Carter, Mills, Parrott, Stocks and Thomas (D))

55. Apologies

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Board had been amended to include Councillors Bye and Sykes in place of Councillors Bent and Barnby, respectively.

56. Minutes

The minutes of the meetings of the Board held on 30 January and 19 February 2019 were confirmed as a correct record and signed by the Chairman.

57. Torbay's Strategy for Supporting Disadvantaged Children's Learning

The Board had before it details of a call-in by five Members of the Council of the decision of the Elected Mayor to approve the Torbay Strategy for Supporting Disadvantaged Children's Learning. The Call-in Promoter explained his reasons for call-in to the Board and the Elected Mayor responded.

Resolved: (i) that no further action be taken in respect of the call-in; and

(ii) that the implementation of the Strategy for Supporting Disadvantaged Children's Learning be monitored by the Overview and Scrutiny Board on a six monthly basis.

58. Overview and Scrutiny Annual Report

Resolved: that the Overview and Scrutiny Annual Report be adopted.

Chairman



Meeting: Overview and Scrutiny Board

Date: 10 July 2019

Wards Affected: All Wards

Report Title: Budget Monitoring 2018/19 – Quarter Four – Outturn

Is the decision a key decision? No

When does the decision need to be implemented? n/a

Cabinet Lead Contact Details: Darren Cowell, Cabinet Member for Finance,
Darren.cowell@torbay.gov.uk

Supporting Officer Contact Details: Martin Phillips, Head of Finance,
Martin.phillips@torbay.gov.uk, 01803 207285

1. Purpose and Introduction

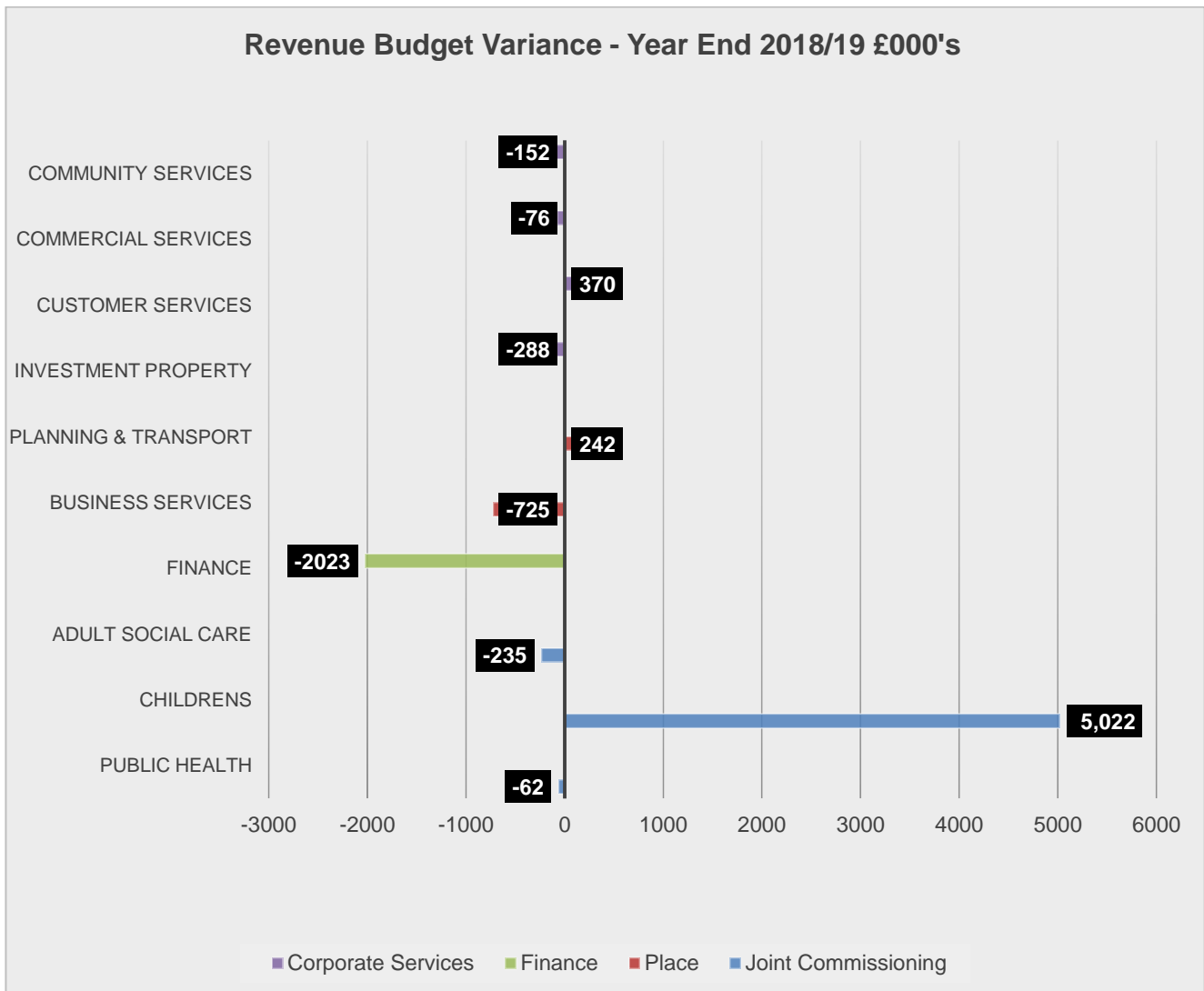
- 1.1 This report provides a **high level** budget summary of the Council's revenue and capital income and expenditure for the financial year 2018/19.
- 1.2 As at the end of 2018/19 the Council's **Revenue** budget is reporting an under spend of £0.5m for the financial year after the application of the previously reported one off funding. This was an improvement from the quarter three position as year-end figures and the moratorium continued to deliver financial savings. However this whole Council position is in the context of the overspend within Children's Services increasing to be £5.0m by the end of the year.
- 1.3 The year end position was in part achieved as following the Council's Senior Leadership Team putting in place in August 2018 arrangements for a moratorium on all spend or recruitment that was not urgent or required to meet statutory duties. The Chief Finance Officer also arranged additional processes to monitor and challenge orders and contracts placed by officers across the Council.
- 1.4 The Capital Plan Budget totals £212 million over the 4 year period. Capital expenditure of £67m was incurred in 2018/19 of which £35m related to the purchase of Investment Properties. The Capital Plan now requires approx. £2.1 million from (new) capital receipts and capital contributions over the life of the Plan to fund historic expenditure.
- 1.5 Under the officer scheme of delegation the Chief Finance Officer has approved the carry forward of unspent capital budgets (for expenditure or work in progress, together with their funding) from 2018/19 to 2019/20.

2. Recommendation (s) / Proposed Decision

2.1 That the Board consider the report and make any comments and/or recommendations for consideration by the Cabinet.

3. 2018/19 Revenue Budget Summary Position

3.1 As at year end the Council's revenue budget is reporting an under spend for 2018/19 of £0.5m after the application of one off funding. Within this position there is a £5.0m overspend in Children's Services, offset by under spends in other services and the application of one off funding. A bar chart summarising the budget variance by service for 2018/19 is as follows:



Children's Social Care

3.2 The 2018/19 budget for Children's social care was increased by £3m, a 10% increase on the 2017/18 budget to reflect the levels of spend, in particular on Looked After Children. As previously reported in the six months to end of June 2018 the service experienced a 20% increase in Looked After Children numbers (in December 2017 the number of looked after children was 293 which had increased to 358 by the end of June 2018). Anecdotally other Councils in the south west and nationally also experienced a rise in numbers, but not at the percentage increase Torbay has experienced. Since June the total number of looked after children has stabilised, although with monthly variations in cases, their relative complexities and associated

cost. As at end March 2019 there were 361 looked after children, of which 34 were in residential placements. The number of residential placements has increased further to 43 (as at end May 2019).

3.3 The outturn position is an overspend of £5.0m. The reasons are as previously documented, namely, a clear trend that the complexity and unit cost of many care plans are increasing, and in part as a result of the national increase in demand for children's social care there is an ongoing challenge to attract and retain experienced social care staff. These challenges are in the context of the "inadequate" OFSTED judgement for the service in July 2018.

3.4 Based on recent activity it could be expected that, despite the allocation of £4.4m of additional funds to this service as part of the 2019/20 budget, the impact of the 2018/19 overspend will impact further on 2019/20. This is in particular a risk around the increase in the number of residential placements which are the highest cost placement type, where typical costs per child are between £5,000 to £10,000 per week. As a result the net underspend for 2018/19 will be transferred to the Comprehensive Spending Review Reserve to be held as a contingency for the costs of residential placements in 2019/20.

Higher Needs Block – Special Education Needs

3.5 As previously reported the schools' higher needs block in the Dedicated Schools Grant (DSG) has been under financial pressure as a result of an increasing level of referrals from schools for higher needs support for children, resulting in a forecast over spend in 2018/19 of £2.2m. The Council does not receive any funding for schools therefore the over spend will remain in the DSG to be funded in future years and is not a cost that the Council will fund. The cumulative deficit balance on the Dedicated Schools Grant reserve is now £2.8m.

Investment Property

3.6 In the fourth quarter of 2018/19 the Council completed the forward purchase of a property east of Exeter that will be developed as a distribution centre with an agreed tenant, for a total of £16m including purchase costs of which £2.3m was incurred in 2018/19. The costs of the borrowing required for the purchases are to be funded from future rental streams. Council approved a revised Minimum Revenue Provision (MRP) Policy in February 2019 which changed maximum asset lives used in the calculation based on the MHCLG statutory guidance issued in 2018. This change has been applied in 2018/19 generating an additional saving of £0.4m which is shown as a treasury management saving.

3.7 Detailed Position- The budget position for each service is shown in the table below:

Service	2018/19 Budget			Forecast Full Year Variance
	Expenditure £000s	Income £000's	Net £000's	£000's
Adult Social Care	52,740	(12,513)	40,227	(235)
Children's Services	82,709	(50,848)	31,861	5,022
Public Health	10,097	(721)	9,376	(62)
Joint Commissioning	145,546	(64,082)	81,464	4,725
Business Services	31,206	(16,853)	14,353	(725)
Planning and Transport	10,219	(2,599)	7,620	242
Director of Place	41,425	(19,452)	21,973	(483)
Community Services	4,559	(2,469)	2,090	(152)
Commercial Services	6,965	(2,090)	4,875	(76)
Customer Services	66,890	(63,468)	3,422	370
Investment properties	5,908	(8,961)	(3,053)	(288)
Corporate Services	84,322	(76,988)	7,334	(146)
Finance	21,113	(19,878)	1,235	(2,023)
Gross Revenue Budget	292,406	(180,400)	112,006	2,073
Sources of Funding	397	(112,403)	(112,006)	(496)
Net Revenue Budget	292,803	(292,803)	0	1,577
Application of one off funding				(2,121)
Net Revenue Budget				(544)
Transfer to CSR for CSC in 2019/20				544

A narrative of the position in each service area is as follows:

Service	Variance to Budget £m	Main Variances in 2018/19
Adult Social Care	(0.2)	Fixed payment agreed with ICO for 2018/19, with small underspends on some client budgets.
Children's Services	5.0	As detailed earlier
Public Health	(0.1)	Primarily a ring fenced budget

Director of Place	(0.5)	Agency staff & consultancy costs in spatial planning, offset by the impact of the moratorium of expenditure, higher than forecast savings in concessionary fares and lower than budgeted waste tonnages. In addition the revised car park tariffs generated higher income than forecast. The service also has allocated £0.450m to fund highways spend in 2019/20 as per the approved 2019/20 budget.
Corporate Services	0.2	Shortfall on printing income and lower than anticipated housing benefit subsidy offset by the impact of the moratorium and staffing savings.
Finance and Central	(2.0)	Primarily the £0.6m additional gain on NNDR Pilot and the £0.4m gain on a revised MRP calculation with confirmed reductions on pension costs, additional investment income, higher than forecast harbour surplus, release of unallocated contingency and a net saving within financial services.
Investment Properties	(0.3)	As detailed earlier
Sub Total	2.1	
Sources of Funding	(0.5)	One off release of 2018/19 NNDR funding by MHCLG announced in 2019/20 provisional local government finance settlement.
Application of one off Funding	(2.1)	Release of unspent capital budgets and earmarked reserve
Total	(0.5)	Projected under spend

4 Risks & Sensitivity

4.1 There are a number of financial risks facing the Council as shown below:

Risk	Impact	Mitigation
Achievement of approved savings for 2019/20	Medium	2019/20 Budget monitoring and "saving tracker" monitored by senior staff.
Achievement of Children's Services cost reduction plan	High	Regular monitoring of performance and recovery plan, due to be revised for 2019/20
Identification, and achievement, of £18m of savings for 2020/21 to 2022/23 per Medium Term Resource Plan March 2019	High	Transformation Team set up to coordinate the implementation of potential transformation savings. Senior Leadership Team and Cabinet will need to consider options for future years.
Unable to recruit staff and need to use agency staff.	High	Children's Services have experienced difficulties for several years. This issue is now appearing in other services including planning and legal services.
Pressure achieving income targets in some services	Low	A small number of services are not meeting their income targets (which increase by 3% each year).
Additional demand and cost pressures for services particularly in children's social care	High	19/20 Budget monitoring, use of service performance data and recovery plan.

Investment Property Income changes	Low	Regular review of income and tenant negotiation
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5 Statement of Accounts 2018/19

- 5.1 The Council's statutory accounts for 2018/19 were "authorised for issue" on the 31st May in line with legislation. The Accounts are available on the Council's website and will be audited by the Council's external auditor, Grant Thornton.

6. Balance Sheet issues

Borrowing

- 6.1 In quarter four the Council borrowed a further £18m, primarily to fund investment property loans and acquisitions in 2018/19. Total borrowing as at 31 March was £303m. Borrowing is still below the approved Operational and Authorised limits for the year.

Council Subsidiary Companies

- 6.2 The Council has interests in a number of companies. The financial performance for 2018/19 of these companies is included in the Council's statement of accounts (link below). <http://www.torbay.gov.uk/council/finance/statement-of-accounts/>
- 6.3 All of these companies form part of the Council's group boundary, therefore Members should be aware of the assets and liabilities of these companies.
- 6.4 In April 2019 the TDA, a Council subsidiary, acquired the shares in C&A Consultancy Limited.

Debtor – Write offs

- 6.5 The total value of debtor "write offs" in the fourth quarter of 2018/19 was:

Service	Number of records written off	Value of write offs £000's
Council Tax	594	175
NNDR	17	182
Housing Benefit	337	106

- 6.6 Exempt Appendix 2 contains details of write offs over £5,000.
- 6.7 The 2019/19 "in year" collection rates for both Council Tax and NNDR were both higher compared to 2017/18.

Council Tax	96.3%	(up from 95.6% in 2017/18)
NNDR	96.6%	(up from 96.4% in 2017/18)

7 Capital Plan Summary Position

7.1 The Capital Plan Budget total £212 million over the 4 year period. Capital expenditure of £67m was incurred in 2018/19 of which £35m related to the purchase of Investment Properties.

7.2 Appendix One shows the expenditure on each scheme in 2018/19 compared to level of spend estimated at quarter three. The final column shows the balance that will be carried forward to fund capital expenditure in future years.

7.3 Protecting Children

7.4 Spend of £3.2m in 2018/19 including ongoing repairs and maintenance for schools, enhancements at both Ellacombe and Brunel academies plus an enhancement at Torquay Academy for secondary school places.

7.5 More Prosperous Torbay

7.6 Spend of £19.3m in 2018/19. The premises at White Rock leased to Graphics Control became operational with spend in year of £1.6m. The EPIC building at White Rock is close to completion with spend of £5.6m in the year. Land at Edginswell was purchased in the year for a cost of £2.9m and proposals for the site will be brought forward to Members in 2019. Land for housing at two locations were surrendered by TCCT to the Council for £2.4m, again proposals for the site will be brought forward to Members in 2019. Ongoing major highway works at Western Corridor (£2.4m) and other highways spend (£2.9m) including payments in relation to the South Devon Highway.

7.7 Works also continued on the Claylands site for regeneration, Oxen Cove jetty, and the Hotel development on the Terrace car park. Although most of these schemes were in progress, the actual spend in year was lower than forecast by the project managers.

7.8 A loan agreed by Council to the TDA including the loan for industrial units in Paignton in December 2018 were not drawn down in year. The first drawdown took place in April 2019.

7.9 There was a significant variation in the payment due to Devon County Council for payments in relation to South Devon Highway compared to previous forecasts supplied.

7.10 Spend in year was lower than forecast on a number of schemes including ongoing delays in the Claylands development in relation to both the site and the proposed "pre let".

7.11 Attractive and Safe Place

7.12 Spend of £5.6m on a wide range of schemes including a loan to Parkwood Leisure for investment at Clennon Valley leisure centre (£1.1m),

7.13 A significant number of other schemes commenced in the year including toilet refurbishment, Brixham Victoria breakwater, CCTV system replacement, Harbour Lights in Paignton, Haldon and Princess Pier work and Beacon Quay decking. Although most of these schemes were in progress, the actual spend in year was lower than forecast by the project managers.

7.14 In addition there were a number of schemes where although the intention was to progress a number of schemes further by the financial year end in a number of cases some expenditure has been delayed to 2019/20. These include Brixham Breakwater and Oxen Jetty, where there were issues in obtaining the appropriate licenses prior to work commencing, although both schemes are now progressing.

7.15 Supporting Vulnerable Adults

7.16 Spend of £2.2m in 2018/19 including spend of £0.9m on Disabled facility Grants and £1.3m on the purchase of a site in Torquay for extra care housing.

7.17 The only significant variances was the carry forward of unspent allocations for affordable housing and adult social care capital. In addition although the actual spend on disabled facilities grants was close to the 2018/19 allocation, the underspend carried forward from previous years was not fully spent on schemes in the year.

7.18 Corporate Support

7.19 Spend of £1.0m including £0.2m IT investment and £0.3m on office accommodation improvements to Electric House. These works have been part funded from revenue.

7.20 Investment Properties

7.21 Spend of £35.2m in the year. The expenditure reflects the purchase of investment properties at Gloucester, Bodmin, Exeter and Babbacombe. In addition the first tranche of payments in relation to a forward purchase on a distribution depot in Exeter.

7.22 The loan for the hotel development in Torwood Street was not drawn down in 2018/19 with the first drawdown occurring in April 2019. In addition no other property purchases occurred in the last quarter of the year therefore the balance of the Fund profiled for 2018/19 purchases is to be carried forward.

8 Funding

8.1 A summary of the funding of the 2018/19 Capital Plan is shown in the Table below:

2018/19 Funding	Totals @ Q4 £m
Unsupported Borrowing	47
Grants	14
Contributions	1
Revenue	2
Reserves	0
Capital Receipts	3
Total	67

9. Grants

9.1 The Council has been notified of the following **2018/19** capital grant allocations in the fourth quarter.

- a) MHCLG – Coastal Revival Grant - £50,000. A small grant to support Paignton and Preston Community Partnership to support the restoration of the sea front shelters. £20,000 was allocated to the Partnership in March 2019.
- b) Department for Education – SEND Grant (additional) - £233,000.
- c) Department for Education– Devolved Formula Capital Grant - £158,000.
- d) Great Western Railway – Edginswell Contribution - £8,000

9.2 The Council has also been notified of the following **2019/20** capital grant allocations in the fourth quarter.

- e) Department for Education – Schools Condition Funding - £418,000.
- f) Department for Education – Devolved Formula Capital Grant - £81,000.
- g) Department for Transport – Highways Grants – “potholes” - £95,000

9.3 All the above grants will be included in the Council’s 2019/20 capital budget.

10. Capital Receipts

10.1 To date in 2018/19 under £1.0m of capital receipts have been generated of which £0.8m was received in February 2019 linked to the TCCT land purchase approved by Council in December 2018. The next largest receipt was under £0.1m from the disposal of Torhill Road day centre. Currently, primarily linked to the expenditure on the surrender of land from the TCCT, the approved Plan relies upon the generation of a total of £2.1 million additional capital receipts from asset sales.

11. Capital Contributions – S106 & Community Infrastructure Levy

11.1 In 2018/19 under £0.7m of capital contributions were generated. Of this value, £0.3m was from s106 agreements and the balance being contributions to specific schemes by other partners.

11.2 The Council’s Community Infrastructure Levy (CIL) scheme came into effect in 2017/18. The main capital project identified for funding from CIL receipts is the South Devon Highway. No significant CIL funds have yet been received in 2018/19.

Appendices:

Appendix 1 - Capital Plan expenditure and funding summary – Quarter Four 2018/19
 Appendix 2 – EXEMPT – write offs over £5,000.

CAPITAL PLAN - QUARTER 4 2018/19 - EXPENDITURE

		Revised 4-year Plan May 2019									
	Cost Centre	Latest Est Scheme Cost	Expend in Prev Years (active schemes only)	Actuals 2018/19 Qtr 4	Total 2018/19 Revised	Total carry forward to 19/20	2019/20	2020/21	2021/22	Total for Plan Period	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
PB = Approved Prudential Borrowing schemes											
Protecting children and giving them the best start in life											
	Brookfield Site / Brunel Academy Phase 1	YEC10	1,050	497	498	553	55			608	
	Brunel Academy Ph 2 Vocation Classrooms	YEC14			22	250	228	750		1,228	
	Capital Repairs & Maintenance 2014/15 (incl. Furzeham)	YEE39	743	743	0	0	0			0	
	Capital Repairs & Maintenance 2016/17 and 2017/18	YEE41	113		112	113	1			114	
	Capital Repairs & Maintenance 2018/19	YEE42	378		224	358	134	20		512	
	Cockington Primary expansion	YEA24	3,144	3,142	2	2	0			2	
	Devolved Formula Capital	YEE10			91	156	65			221	
	Early Years - Ellacombe Academy Nursery	YEA41	908	275	617	633	16			649	
	Early Years - White Rock Primary Nursery	YEA40	420	406	3	14	11			25	
	Education Review Projects	YET01			40	3	(37)	125	729	820	
	Healthy Pupils Capital Fund	YEE50	39		39	39	0			39	
	Medical Tuition Service - relocation	YEC13	601		43	396	353	205		954	
	New Paignton Primary school	YEA39	609	7	2	2	0	600		602	
	Roselands Primary - additional classroom	YEA42	599		97	40	(57)	559		542	
	Secondary School places	YEB22	2,187	937	1,202	1,250	48			1,298	
	PCSA Expension	YEB24	0	0	5	0	(5)			(5)	
	Special Provision Fund (SEND)	YEC12	616		165	282	117	167	167	733	
	Torbay School Relocation	YEC11	1,200	182	2	18	16	500	500	1,034	
	Youth Modular Projects	YEF11	372	372	0	0	0			0	
			19,540	6,561	3,164	4,109	945	2,926	1,396	0	9,376
Working towards a more prosperous Torbay											
PB	Claylands Redevelopment	YNA12	10,400	185	538	1,529	991	7,310	1,376	11,206	
	DfT Better Bus Areas	YJC02	1,183	1,095	0	88	88			176	
PB	Edginswell Business Park	YNA14	6,620	25	2,912	3,095	183	3,500		6,778	
PB	Employment Space, Torbay Business Park	YNA13	6,644	5,011	1,634	1,633	(1)			1,632	
PB	Innovation Centre Ph 3 (EPIC)	YNA05	7,749	777	5,642	6,295	653	677		7,625	
PB	Investment Fund	YAB42-44	200,200	119,744	35,163	49,883	14,720	30,573	0	95,176	
	Land acquisitions from TCCT	YNA33	2,444		2,360	2,444	84			2,528	
	Land Release Fund projects	YNA30-32	0	0	0	0	0	0		0	
	Old Toll House, Torquay	YCE26	20	9	19	11	(8)			3	
PB	Oxen Cove Landing Jetty	YMB05	1,966	119	619	1,847	1,228			3,075	
	Oxen Cove Shellfish processing facility -design work	YMB06	0	0	0	0	0	0		0	
PB	South Devon Highway - Council contribution	YJC07	20,224	17,694	600	2,123	1,523	407		4,053	
PB	TEDC Capital Loans/Grant	YNA11 / 06	4,040	1,965	0	2,075	2,075			4,150	
PB	Town Centre Regeneration Programme	YNA20-23 / Y	25,016		311	266	(45)	16,750	8,000	24,971	
	Transport Highways Structural Maintenance	YJA01/YJB01			1,326	2,201	875	1,174	1,174	5,424	
	Transport Integrated Transport Schemes	YJC01/YJD01			896	787	(109)	550	562	1,790	

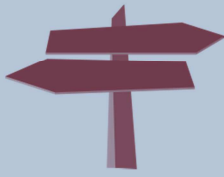
CAPITAL PLAN - QUARTER 4 2018/19 - EXPENDITURE

		Revised 4-year Plan May 2019									
	Cost Centre	Latest Est Scheme Cost	Expend in Prev Years (active schemes only)	Actuals 2018/19 Qtr 4	Total 2018/19 Revised	Total carry forward to 19/20	2019/20	2020/21	2021/22	Total for Plan Period	
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
PB = Approved Prudential Borrowing schemes											
	Transport - Torquay Gateway Road Improvements	YJC18	2,927	1,050	56	63	7	1,764	50	1,884	
	Transport - Torquay Town Centre Access	YJC17	530	414	6	116	110			226	
	Transport - Tweenaway Junction	YJC06	4,899	4,899	4	0	(4)			(4)	
	Transport - Western Corridor	YJC14	12,271	7,324	2,435	2,877	442	1,870	200	5,389	
PB	Upton Place, Lymington Road (Student Accom - Town Hall Car Park)	YNA15	0		0	0	0	0		0	
			307,133	160,311	54,521	77,333	22,812	64,575	11,362	0	176,082
Ensuring Torbay remains an attractive and safe place to live and visit											
	Babbacombe Beach Road	YJE02	70	0	0	70	70			140	
	Brixham Harbour - Breakwater	YMB04	3,853	0	2,496	3,853	1,357			5,210	
	Brixham Harbour - Fendering	YMB07	300	6	(6)	294	300			594	
PB	CCTV equipment	YBD02	472	0	226	152	(74)	320		398	
	Torbay Community Partnership	YCE31	20	0	20	0	0			0	
	Clennon Valley Sport Improvements	YCE28	70	2	30	68	38			106	
	Flood Alleviation - Cockington	YKA30	328	6	37	125	88	197		410	
	Flood Alleviation - Monksbridge	YKA31	412	10	39	200	161	202		563	
	Flood Defence schemes (with Env Agency)	YKA17/20/21/	630	630	0	0	0			0	
PB	Freshwater Cliffs Stabilisation	YKA27	375	330	1	45	44			89	
	Haldon Pier - Structural repair Phase I&2	YMA04	3,045	3,045	0	0	0			0	
	Hollicombe Cliffs Rock Armour	YKA26	1,351	1,330	21	21	0			21	
	Libraries Unlimited ICT Upgrades	YCA04	107	0	0	107	107			214	
PB	Paignton Harbour Light Redevelopment	YMC01	600	0	78	100	22	500		622	
PB	Parkwood Loan re Torbay Leisure Centre	YCE29	1,700	515	1,185	1,185	0			1,185	
	Princess Gardens Fountain	YCE30	122	117	65	5	(60)			(55)	
	Princess Pier - Structural repair (with Env Agency)	YMA04	1,683	85	721	950	229	648		1,827	
PB	Public Toilets Modernisation Programme	YKA29	1,180		558	780	222	400		1,402	
	Torbay Leisure Centre - structural repairs	YCE21	541	541	0	0	0			0	
	Torre Abbey Renovation - Phase 2	YCB04	5,010	4,992	0	18	18			36	
	Torre Abbey Renovation - Phase 3 (Torbay Council commitment)	YCB06	0		0	0	0	0		0	
	Torre Valley North Enhancements	YCE25	127	40	0	87	87			174	
	Torquay Harbour - Beacon Quay Decking	YMA11	98		98	80	0			80	
	Torquay Harbour - Town Dock Pontoons Replacement	YMA10	276	263	13	0	0			0	
			22,370	11,912	5,582	8,140	2,609	2,267	0	0	13,016
Protecting and supporting vulnerable adults											
	Adult Social Care	YQD10			42	780	738			1,518	
	Affordable Housing	YTB05	2,883	1	0	497	497	2,385		3,379	
	Extra Care Housing		1,400		1,301	0	(1,301)	1,400		99	
PB	Housing Rental Company - Loan	YTB52			0	0	0	12,500	12,500	25,000	

CAPITAL PLAN - QUARTER 4 2018/19 - EXPENDITURE

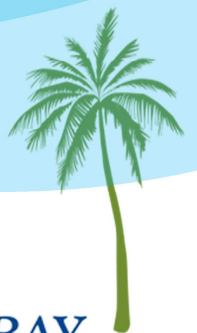
		Revised 4-year Plan May 2019								
	Cost Centre	Latest Est Scheme Cost	Expend in Prev Years (active schemes only)	Actuals 2018/19 Qtr 4	Total 2018/19 Revised	Total carry forward to 19/20	2019/20	2020/21	2021/22	Total for Plan Period
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
PB	= Approved Prudential Borrowing schemes									
	Housing Rental Company - Aff Hsg Developments	100		0	100	100				200
	Sanctuary HA - Hayes Road Pgn	250	250	0	0	0				0
	Disabled Facilities Grants			897	1,497	600				2,097
	Empty Homes Scheme	43	43	0	0	0				0
	Private Sector Renewal			0	0	0				0
		4,676	294	2,240	2,874	634	16,285	12,500	0	32,293
	Corporate Support									
PB	Corporate IT Developments	1,035	417	243	618	375				993
PB	Council Fleet Vehicles	4,771	333	0	130	130	2,694	1,614		4,568
PB	Essential Capital repair works	872	0	65	0	(65)	872			807
	Enhancement of Development sites	327	125	(18)	202	220				422
	Flexible Use of Capital Receipts (NB. Not Capital expenditure)	657	300	357	357	0				357
	Office Rationalisation Project - Electric House refurbishment	700	326	254	374	120				494
	Payroll Project	370	358	1	9	8	3			20
	Capital expenditure from Revenue		0	99	0	0				
	General Capital Contingency	631	0	0	0	0	631			631
		9,363	1,859	1,001	1,690	788	4,200	1,614	0	8,292
	TOTALS		180,937	66,508	94,146	27,788	90,253	26,872	0	239,059
	CAPITAL PLAN - QUARTER 4 2018/19 - FUNDING									
	Unsupported Borrowing			46,499	67,684	21,093	73,907	23,470		186,154
	Grants			13,686	19,991	6,751	10,315	3,336		40,393
	Contributions			512	781	352	1,485			2,618
	Revenue			2,210	735	(1,492)	1,640	203		1,086
	Reserves			504	1,045	2,410	526	(137)		3,844
	Capital Receipts			3,097	3,910	(1,326)	2,380			4,964
	Total			66,508	94,146	27,788	90,253	26,872	0	239,059

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Adult Social Care Local Account

Torbay Annual Report 2018-19



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

We are celebrating some great work in health and social care this year, including some exciting innovation and a strengthened commitment to communities. This is despite ongoing and very real, financial challenges being experienced by all partners and across the whole of geographical Devon.

We have made a strong commitment to working with communities in Torbay to enable them to support people to use their own strengths to stay well and independent. We couldn't do our work without the amazing people of Torbay who volunteer, and the community and voluntary sector organisations who work so hard. It's also important that we continue to thank and support unpaid carers, who make such a vital contribution.



A great example of this is the Brixham Friends Centre's opening earlier this year, a fantastic resource where people can access a range of services and support.

Adult Social Care has continued to perform well in Torbay; and we're now looking at how we can improve access and support by introducing 'Talking Points' in local community venues, where people can talk to a social worker, community builder and the people in their neighbourhood about the help they need.

The Sustainability and Transformation Plan (STP) work is now well established across geographical Devon and we're working hard to make sure the voice of the people of Torbay is heard in this important conversation and plan.

If course, I must point out that our financial challenges are very real and there are difficult decisions to be made. However, there is a solid and real commitment to the people of Torbay from the council and all of our partners and we will continue to work together to ensure quality is at the centre of everything we do.

Thanks to everyone who works in health and social care, both paid and unpaid

Councillor Jackie Stockman
Cabinet Member for Adult Services and Public Health



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

We are very proud to be celebrating some major achievements in the arena of adult social care in Torbay this year. These successes – which we hope to see evolve and grow - have been made possible through strong leadership, an appetite to innovate and take risks, enhanced partnership working, and a lot of very hard work.



We would like to pay tribute to the tireless commitment of Caroline Taylor who recently retired, having served the people of Torbay as Director of Adult Social Services for many years. During that time Caroline devoted herself to the role, navigating the complex financial and political landscape and always keeping sight of the outcomes that the social care service is there to bring about - to provide the help, care and support to those in need. (Jo Williams, Fellow of NICE with over 25 years of experience in the social care field succeeds Caroline as Interim Director of Adult Social Services.)

Torbay social care teams successfully bid to take part in the National Development Team for Inclusion's (NDTI) Community Led Support Programme. This enables our social care teams to work more collaboratively with other organisations, share ideas and learning, and ultimately shape the future of social care for Torbay in a way that works for Torbay, with less emphasis from centrally controlled directives.

Through our partnership with the Windmill Centre, a charity that has social welfare at its heart, we have together explored how we could enhance the social care options available to people outside of the traditional agency model. Since the contract was issued to Windmill in December we have already seen savings which will be reported at the end of 2019/20, while providing greater choice and control to many people. We hope to see this partnership go from strength to strength.

Another partnership that has evolved this year is that with SPACE, a voluntary organisation that supports people with learning disabilities to get into work, including paid work as well as voluntary work. At Torbay Hospital we are now supporting and encouraging more people through offering volunteering roles as Wayfinders, helping on reception desks and with gardening projects. Through volunteering, with SPACE we can support people towards paid employment where they can make a contribution and feel really valued. We want to continue to build on the work we have done with SPACE, so that more people with learning disabilities have more opportunities.

The above gives a snapshot of how our Local Care Partnership is becoming a reality. We know there is lot more work to do to keep the momentum going.

Thank you to everyone working in the sector – paid and unpaid - for your continued efforts and commitment to maintain Torbay's reputation as a leader in quality, integrated adult social care.

Sir Richard Ibbotson
Chair

Liz Davenport
Chief Executive

Introducing themes for Torbay Social Care for the next five years



Welcome to the 2018/2019 Local Account of Social Care Services in Torbay, intended to report on the performance and use of resources for this crucial area of the Council.

We have the benefit of a locally integrated system, and are a partner in regional planning within the Sustainability and Transformation plan. Nationally, it has been acknowledged that Adult Social Care is experiencing critical difficulties and that our model needs transform and evolve alongside partners in order to survive.

Locally, we remain positive and excited by our strengthened commitment to the working with the local community. This year we have changed our approach to Social Care, meeting people and having conversations in community centres and GP surgeries. Working with the community, the voluntary sector and individuals is our focus for 2019/20, to build on the amazing work that's already happening across Torbay. This, of course, includes support for our fantastic unpaid carers.

A variety of new projects such as our focus on Technology Enabled Care, started in 2018/19, will deliver independence and choice going forward. The integrated health and social care system, with partners, has continued to focus on safeguarding vulnerable adults and has invested in services to help people with Mental Health problems access help when they need it. We will continue this work into 2019/20 and continue to ensure we have high quality care in Torbay.

Looking forward, this year we will be working closely with our providers and planning for a new home care contract. We're also partners in the 'Proud to Care' initiative which is celebrating care as a career and working to attract local people into the profession.

I look forward to the opportunity to be a part of this stage of our journey and am very excited about what we can achieve with the people of Torbay.

Joanna Williams
Interim Director of Adult Social Care Services
Torbay Council

Torbay Social Care in 2018/19

Adult social care is provided by Torbay and South Devon NHS Foundation Trust and commissioned by Torbay Council. We support adults who have care needs to be as safe and independent as possible



At a glance

Some of the ways we do this are:

Managing future demand for services by supporting schemes that prevent ill health, and reduce and delay the impact of long term health conditions

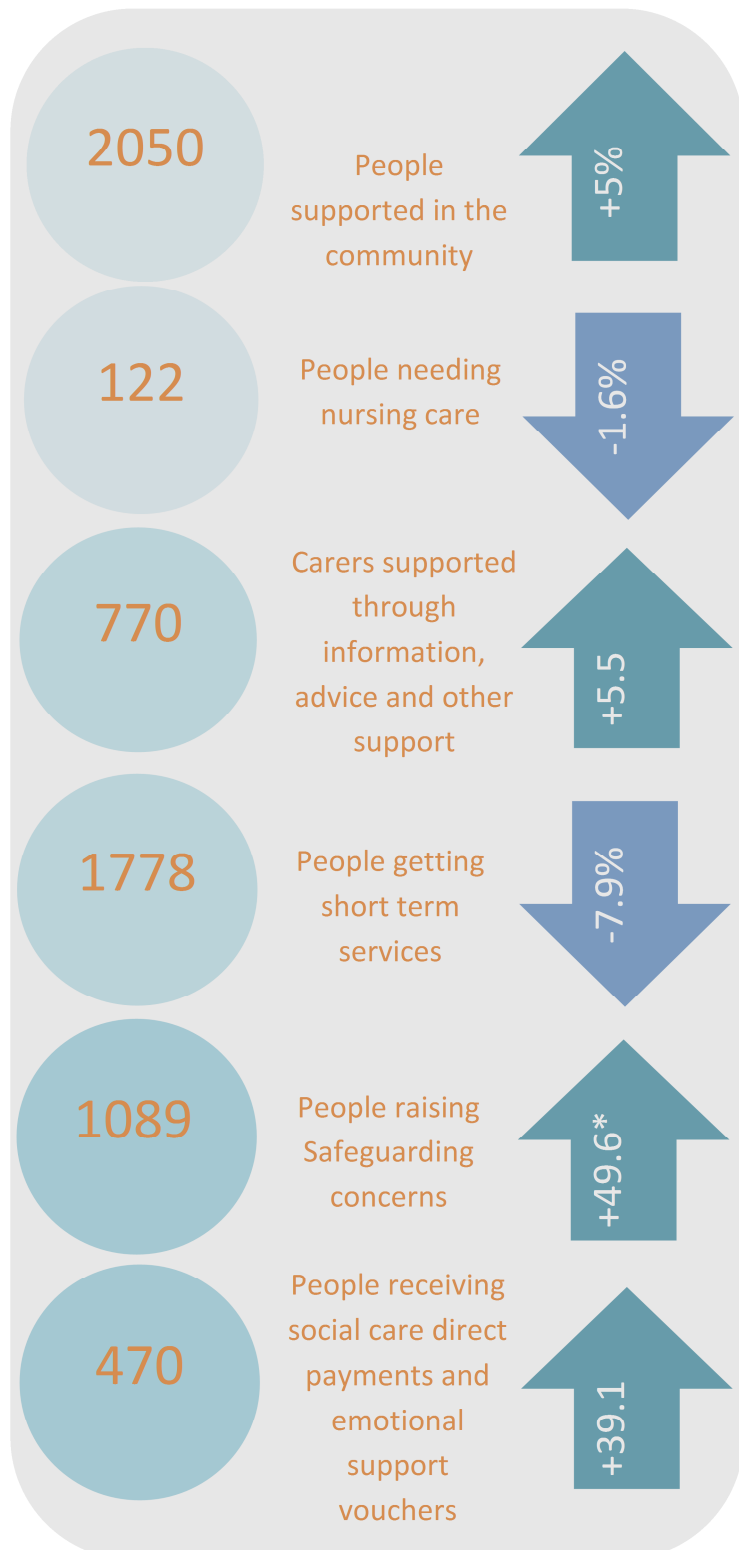
Providing Integrated Services with high quality community support with the voluntary sector, housing and enhanced intermediate care to help people return to health after illness or injury where possible in their own home.

Supporting carers offering information and advice to continue to support their loved ones in the community

Offering choices in how people want to live through adapting homes, using technology and the development of sheltered accommodation and extra care schemes and high quality residential and nursing care

Safeguarding people whose circumstances make them vulnerable to abuse or neglect

Helping people to direct their own care by offering personal budgets to people who want them



Facts and figures

*Data collection error in 2017/18

Outcome 1: Enhancing the quality of life for people with care and support needs

Our aim is for all adults in the Torbay community to be enabled to live their lives to the full, maintain their independence and receive the right level of high quality support. Often this is about providing services at the right time and in the right place to maintain the person’s desired quality of life.

How are we performing?

We have good performance in carrying out assessment of people’s needs in a timely way and keeping people informed about the proposed cost of care. We have stable performance in people receiving care in a timely way, and in arranging Direct Payments to people. Direct Payments give people the freedom to arrange to buy their own care instead of social care services, where people meet thresholds for financial assistance.

Working with partners in 2018/19, we are actively engaged in working to improve the quality of life and services for people in relation to wider determinants of health and wellbeing. Key areas of focus are promoting independent living and/or employment for people experiencing poorer mental health and a learning disability; supportive services for people with dementia and access to services for people with no current abode.

Focus on Mental Health

We are continuing to develop individual personal care planning in Torbay to understand the needs of all adults in a more personalised way. We continue to work together as partners within the Devon Sustainability and Transformation Plan to address the difficult but known barriers to employment for people experiencing poorer mental health; with a learning disability and autism. Partners include Job Centre Plus, Further Education colleges, the NHS, Learn Devon, and businesses.

The aim is to increase opportunities for volunteering, apprenticeships and employment.

**ICO – Integrated Care Organisation*

Performance at a glance

Good

- Social care related quality of life
- The number of people who use services who have control over their daily life
- The number of people using social care who receive self-directed support, aged over 18 yrs
- The number of people using social care who receive self-directed support, carers
- The number of adults using social care who receive direct payments
- The number of carers using social care who receive direct payments
- The number of adults with a learning disability in paid employment
- The number of adults with a learning disability who live in their own home or with their family
- Number of clients receiving a review within 18 months
- Timeliness of social care assessments

Performance Improvement Needed

- Carers’ quality of life
- Number of carers who reported that they had as much social contact as they would like
- Number of adults in contact with secondary mental health services in paid employment (commissioned outside ICO*)
- Proportion of adults in contact with secondary mental health services who live independently, with or without support (commissioned outside ICO*)

Focus on Learning Disability

As part of our focus on promoting the independence of adults with learning disabilities we will take actions to support more working age adults into employment. This will include a campaign to local employers to employ people with disabilities, promoting the value brought to businesses and to the local community across the Devon in 2019/20.

A new supported living service framework has been in place since 1st April 2018 and as a result people in supported living are offered the equivalent of a “real tenancy”. This enables more clarity in reporting performance targets and performance is expected to improve.

Focus on Dementia

In 2017/18 we started a new, innovative, multi-disciplined team collaboration between Torbay and South Devon NHS Foundation Trust (TSDNFT) and Devon Partnership Trust (DPT) that focused on improving the quality of life for people with dementia in care homes. The case study below on page 10 describes the impact of this intervention and how the team worked with the provider to improve the quality of life for that person. The Care Home Education and Support Team (CHES) continue to build effective enabling working relationships with Residential and Nursing Homes within the Torbay area. This model has been so successful that a collaboration between DPT and Devon County Council (DCC) is being trialled in South Devon and TSDFT is investigating whether the model could work with people who have a Learning Disability. 62.5% of care homes surveyed said the CHES team had a positive impact on the person’s quality of life. 85% of care homes survey respondents said there was a positive impact on their knowledge of working with residents with dementia.

In 2018/19 we have expanded the service further and the CHES team are now working with people in their own homes supporting families and carers to maintain their loved one in an environment that is familiar to them.

Focus on Homelessness

In 2018/19 we have further developed our approach to working with people who are street homeless. An integrated team consisting of a social worker, drug and alcohol treatment worker, housing staff, outreach team and the new Housing First team have worked to remove barriers for people who are homeless to access housing, health and care services. The new Housing First team work with those whose needs have not been previously met; housing people straight from the streets into the community, and providing intensive support to help people maintain the accommodation. The team work across 7 days a week and have a case load of only 5 people to ensure that they can provide the levels of support that people need.

In summary

Despite the challenges we face of an increasing older population and resultant social care activity, we have good and stable performance in timely assessment of needs and in people receiving the care they need. We will continue expand our approaches to improving the quality of life for all sections of the community demonstrated in our case studies below.

Case studies

Integrated Personal Commissioning

Simon is a 45 year old war veteran who lives alone and has struggled to adapt to civilian life turning to alcohol as a way to cope with his unresolved mental health issues.

Simon engaged in a 'what's important to me' conversation with his key worker and together they developed a care and support plan around the things that really mattered to him. As a result Simon started to attend a local fitness club to use the swimming pool and gym equipment and provided with transport to get him out and about.

At the 6 month point Simon was reporting improvements in his mental health and wellbeing and quality of life, his overall use and the cost of the services he required also declined dramatically. Simon believes that: *".....Having been in a hospital bed for 6 months, I lost the use of my legs causing muscle weakness/wastage. My keyworker arranged for me to go to a fitness club to do swimming to exercise my legs. My legs are now improving. It also gets me out of my flat and mix with other people, reducing my isolation.*

IPC has improved my life immensely with a focus on what is important to me and using a personal budget.....My objective is now to be back to normality by Christmas. I give a big thank you to the team for improving my life....."

Case studies continued

CHES Team

Mrs Brown is an 84 year old person with a diagnosis of Alzheimer's disease living in a residential home. Staff at the home contacted the Care Home Education Support Team (CHES Team) because Mrs Brown was presenting with significant escalated behaviours and distress. The home did not feel they could meet her on-going needs and were considering giving notice.

The CHES Team completed a holistic assessment giving particular attention to any trends or patterns in Mrs Brown's presenting behaviours resulting in identifying particular difficulty every time Mrs Brown was encouraged into communal areas. Staff members were uncomfortable about Mrs Brown always being in her room as they worried about social isolation and lack of stimulation and the possible impact of this on her general well-being.

A discussion with Mrs Brown's family was arranged to obtain relevant biographical information which exposed that Mrs Brown had previously been diagnosed as Acrophobic. This absent information would clearly explain Mrs Brown's distress when in communal areas and the home staff were then able to act on recommendations about making the bedroom environment more comfortable resulting in a person centred non-pharmacological care plan being created

Once the Care Home staff were aware that Mrs Brown had spent many years experiencing difficulties in open spaces and interacting with people, particularly in groups, they were able to work with this information and make adjustments to the support they provided which resulted in an enhanced quality of life for Mrs Brown with episodes of escalated behaviours and distress greatly reduced. Mrs Brown continues to live within this residential care environment.

Homelessness

The Housing First team has been working with a 30 year old woman, Julie, who was housed from hospital after an inpatient stay due to drug related infection. Julie is an intravenous drug user with a mental health diagnosis and repeated episodes of homelessness. Julie has repeatedly come to the attention of the Anti-Social behaviour team and Police and has been involved with the Criminal Justice system. Staff in various services have struggled to engage with her and her accommodation has broken down repeatedly. The Housing First team worked with Julie to identify where she would like to live and were alongside her to identify a flat in the area that she chose. The team have provided intensive support, visiting every day to ensure that Julie settles into her flat and has the support she needs around setting up home. Julie has been in flat for 3 months which is the longest she has maintained a tenancy. She said 'I have noticed big changes in my thoughts, it's been so different to have some money and choosing to buy a Hoover and bits for my flat rather than spending it on drugs'.

Outcome 2: Delaying and reducing the need for care and support

Our aim is to give people the best opportunity possible to manage their own health and care independently and proactively in their own home wherever possible. To do this we aim to provide integrated services, which empower people to live their lives to the full. The knock on effect is that for some people dependency on intensive care services will be delayed or reduced.

How are we performing?

Performance within this area has been strong with the number of people able to live independently for longer increasing, which reduces a small amount of pressure in the care home market.

Over the past four years the Trust, the Council and Voluntary Sector have worked closely together to improve services for people that help them stay in their own home. This has happened via the local Prevention Strategy and the development and implementation of the local integrated Model of Care that has prevention and wellbeing services sitting at the heart of everything that we do.

We have worked in partnership to develop the care sector and more integrated community multidisciplinary service provision. This helps people improve and regain their independence and prevent people from having to go into long term care.

Focus on the Care Sector

We continue to work in partnership with local care and support providers through the Torbay Multi-Provider Forum. There are some exciting projects to improve quality and these include collaborations between care home residents, relatives, staff and artists to develop a shared view of good care in the Torbay Care Charter.

At 1st May 2018 out of 106 regulated care services in Torbay 3 were rated 'outstanding' and 86 as 'good' by the Care Quality Commission and we intend to maintain this position.

Performance at a glance

Good

- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.
- The outcomes of short-term support % reablement episodes not followed by long term SC support
- No. of permanent care home placements at end of period
- Delayed transfers of care from hospital per 100,000 population

Performance Improvement Needed

- Permanent admissions to residential and nursing care homes, per 100,000 population - younger adults and older people

We have recently set up a leadership development group with local care providers. Working together with care providers, carers and other stakeholders we are shaping the local market. Key ways we have worked together in 2018/2019 are set out in more detail in Outcome 1 and in case studies below but the highlights are:

- Setting up the Trusts Care Home Education Support Team (CHES) supporting local care homes. See outcome 1
- Creating joint plans to support for people with poor mental health and learning disability with a focus on housing and employment. See outcome 1
- Developing a model of extra care housing further, so that people can live independently close to others with access to care and support on site. See the case Study at page 17
- Our work with care providers and other statutory partners as part of a national campaign recognises the need to develop and value our care workforce through initiatives such as proud to care. See the Case Study.

Focus on integrated Health and Wellbeing Centres

In 2018/19 we have had a successful first full- year operating the health and wellbeing centres in Paignton. This Centre has been up and running for over a year and previously commended as a success in a Healthwatch report where the majority of patients felt it delivered good quality and accessible services. The Paignton health and wellbeing centre brought together services that were previously provided at Midvale Clinic, such as podiatry and speech and language therapy with the clinics that were already running at Paignton Hospital. The centre provides access to a wide range of outpatient clinics, from pain management to child health services and lifestyles services. During 18/19 the range of services has increased with the addition of new outpatient sessions. The health and wellbeing model has enabled people to access care closer to home and without having to travel to Torbay Hospital.

Planning has been on-going between the Trust and the TDA (Torbay Development Agency) working in partnership on our aspiration to building a new HWBC to the rear of the Paignton library site at Western Way in central Paignton.

Whilst the services are operating successful at the former Paignton Hospital building the facility is over 100 years old and new purpose built estate would enable us to offer better wellbeing environment in a good location for the local community.



In Brixham, a new day and health and wellbeing centre has been completed on the hospital site complementing the clinics and inpatient services already available in the hospital. The build was fully funded by the Brixham League of Friends and the people of Brixham and opened in May 2019 and run by the voluntary sector (Brixham Does Care). Day care as well as a whole host of other services will enable local

people to live healthy and well lives. The project has had significant community support from local groups and the Brixham Town Council.

Over the coming year the Trust will be looking at how it can continue to develop the Health and Well offer for the people of Torbay, and to supporting people to access care and connected with their community.

Enhanced Intermediate Care

In 2016/17 we invested in Enhanced Intermediate Care services to help people stay independent at home longer. Intermediate care also aims to avoid hospital admission if possible and delay people being admitted to residential care until they absolutely need to. We work to ensure Enhanced Intermediate Care is fully embedded working with GPs and Pharmacists as part of the health and wellbeing teams within Torquay, Paignton and Brixham.

We have developed stronger links with the ambulance service and the acute hospital which means that patients experience a more seamless service between settings. In September 2017, we implemented a new Rapid Assessment and Discharge Team based within Torbay Hospitals Accident and Emergency department.

Intermediate care is able to deliver more acute care at home since the development of a contract to have intermediate care GPs. IC GPs are available Monday to Friday 8 -6 pm and are available to review patients when needed. The IC nurses are trained to administer Intravenous antibiotics, so patients no longer need a hospital bed of this care.

This team helps to support people to go home quickly when they do not need to be in hospital. Between April 2018 and March 2019 the team have supported 1,488 people.

The average age of people benefitting from this service is 83 years old. The deeper integration of these services has helped ensure people have shorter stays in hospital. The average length of stay for people admitted to Torbay Hospital in an emergency is amongst the lowest in the country and the number of people experiencing a delay in their discharge is minimal.

We are in the top third in the country for our performance here. The implementation of a 'discharge to assess at home' pathway has further developed the ability of the organisation to care for people at home – 'the best bed is you own bed'. Please see the case study of Mrs R and the impact enhanced intermediate care has had on her life.

Supported living provision

On 3rd April 2018 the Trust introduced their Supported Living framework. This was the culmination of engagement and consultation work with Supported Living Providers and clients either living or aspiring to living in Supported Living. The information gathered from this work informed the development of an outcomes based service specification with reportable quality measures. Those Providers submitting successful bids have been placed on a list of framework Providers, our preferred Supported Living providers. Together we have been working to ensure delivery of an outcomes based service with reportable quality measures; providing an enabling environment to promote greater independence and improved health and wellbeing.

We have seen some movement of people out of Supported Living into more independent accommodation as their confidence and skills have increased / improved. During the year, working in partnership with the Trust, some of our framework providers have identified opportunities for the provision of additional accommodation supporting our intention to support people to remain living in their own community.

Extra Care Housing

We have seen an increasing number of people of all ages moving out of residential care into Extra Care housing or accessing Extra Care as an alternative to residential care. Working with parents we have been able to support their adult children, with regular and on-going support and care needs, wishing to move out of the family home into Extra Care housing. Demand for this type of accommodation continues to outstrip supply, the Trust holds a waiting list of people meeting eligibility for this type of accommodation. The Council, with their partners, which includes the Trust and CCG, has established an Extra Care project group to identify the need, inform design and work towards the provision of additional Extra Care Housing in the Bay.

Wellbeing services with the Voluntary Sector

Torbay partners have built on the success of last year by developing and embedding wellbeing services with the voluntary sector in the local community. The Wellbeing Co-ordination role is now an established part of our arrangements in a close working partnership between the Ageing Well Project, Age UK and the Trust. New contracts have also been put in place with Brixham Does Care, Age UK, SPACE support planning Services, Karing and the Windmill Centre.

This year Torbay and South Devon NHS Foundation Trust and Torbay Council have been working in partnership to start developing a strategy for working with our voluntary sector partners across Torbay and South Devon.

Although it is in its infancy a working group has been set up to look at this area and the group is made up of representatives from Torbay Council, Torbay and South Devon NHS Foundation Trust, Public Health, Healthwatch and representation from the voluntary sector including Torbay Community Development Trust.

The plans are to progress this work in the coming months within Torquay and Paignton looking at our population needs, the priorities for those areas and the voluntary sector offer to look and how we can further work together to help our population stay well and receive the right care in the right place. The working group is also in the process of securing funding to support this work.

Voluntary Sector Wellbeing Co-ordinators work with people over 50 to understand what matters to them and help them act to connect, be active, keep learning, give to others using the community resources available.

The project's capacity to provide bespoke support has allowed participants to develop better coping mechanisms and create sustainable social networks.

The average number of GP visits participants are making has decreased between the time of entry (6.9) and second follow up (4.7). Moreover, the proportion of participants having a

non-elective hospital stay over the last 12 months has also decreased from 42% at entry to 16% at follow up two

- Data across all respondents suggests that loneliness amongst participants has decreased since being involved in the project, with average loneliness scores on the De Jong Gierveld Scale reducing from 3.9 on entry, to 2.8 at the second follow up.
- Participants also agreed that their sense of belonging to the neighbourhood/community had improved (increasing from 63% on entry to 84% on second follow up), and agree that their friendships and associations meant a lot to them (increasing from 66% on entry to 89% on second follow up).

Kath's story in the case studies reflects our learning about the success of integrating non-traditional services into the Torbay Model of Care. This service receives 30 referrals (on average), per month.

Personal Centred Support

SPACE started the Innovation Better Care Fund (iBCF) element of funding in September 2018. Torbay Council has provided £70,000 per year for an initial two years specifically for:

- Supporting people into paid employment
- Supporting people towards greater independence (support and accommodation)

The finding aligns with Torbay Council and the ICO's aims in terms of promoting people to be as independent as possible and that as people become more independent that their package of care will reduce.

Since 2015, SPACE has worked in partnership with the ICO and Torbay Council to deliver in excess of £750,000 savings through large scale projects and individual support plans. These plans focus on achieving savings through cost avoidance and prevention.

Community Led Support

Community Led Support is a change programme across Adult Social Care in Torbay, which began in January 2019. It aims to break down the barriers between statutory services and communities, enabling earlier intervention and supporting people to achieve the outcomes that matter most to them; in a way which is more flexible, sustainable, and takes into account their own assets and strengths. There are three key focus areas in the programme:

- Shifting our culture towards one which supports people to take greater responsibility for their own wellbeing; working with individuals and their own support networks, to look more creatively at how needs could be met.
- Changing our systems and tools to enable our staff to work differently; reducing bureaucracy and ensuring that our response is proportionate. This includes changing how we assess a person's needs, plan how those needs are met, and allocate a budget.
- Adopting an outreach-based delivery model, where we can engage with individuals in community settings (which we call "Talking Points"), alongside independent and voluntary sector partners. This can include formal assessments or informal signposting and advice. We know that local communities hold a wealth of resource,

skills and knowledge; which we can build upon by working together. By doing so, we can reconnect people to their local communities and all the things around them which will help them to stay as well and independent as possible.

Technology Enabled Care Services (TECS)

In Torbay the Trust commissioned a clinically led TECS service to support private clients to find solutions which prevent and delay the requirement for formal services; for people eligible within the care act TECS will be considered before other care is put in place and enable people to remain in their own homes. TECS offer opportunities to transform lives for people as well as those caring for them in a convenient, accessible and cost effective way enabling people to engage and take control of their wellbeing and manage their care in a way that is right for them.

In summary

We have performed strongly in this outcome through development of the care sector and development of health and wellbeing centres in Torbay. We are proud to have won the Local Government Award for integration of our services in recognition of this. We will continue expand our approaches to embedding high quality integrated and personalised care as demonstrated in our case studies below.

Case studies

Technology Enabled Care Services (TECS)

Mr Green is a 79 year old man with Alzheimer's who has been getting out of bed several times during the night sometimes causing damage to property as he moves around and fell 3 times in 2 weeks. Mrs Green is his main carer and both of their wishes are for him to remain at home however Mrs Green is struggling to care for husband as she is not sleeping at night worrying about when he will get out of bed. TECS installed a sensor mat under Mr Green's mattress which sends an alert through a monitor to Mrs Green when he gets out of bed. Mrs Green has said this simple solution has meant that she sleeps well now knowing she will be alerted when required and has now had the energy to do the shopping and walk her two dogs and feels she can now continue to care for Mr Green at home. Mr Green has also described feeling much more rested as he is no longer nervous about getting out of bed.

Case studies continued

Proud to Care

The Proud to Care South West (SW) initiative was set up to be a continuing campaign to help address the widening gap between demand for care sector services and the people skilled to work in the sector in the South West. The Council arranged to take part in the regional survey of partners in October 2017 and stakeholders in December 2017. The key actions to fully benefit from the Proud to Care SW were to encourage care providers to use and benefit from Proud to Care SW. The collaborative work and investment together produced:

- Increased buying power to ensure public money goes further by working together to deliver improved capacity in the sector
- A branded proud to care SW campaign web space to market the care sector and advertise job opportunities, please see <https://www.proudtocaresw.org.uk>
- An increased conversion rate from those looking at jobs through the campaign website to those clicking to apply 23.2% 15% is norm).
- Tools are available for providers through secure collaboration site e.g. values based selection tools to help providers chose the right people.

This work has strengthening our action on closing the gap between demand for services and people to deliver these services and supporting people to:

- Maintain their independence at home
- Live in residential or nursing homes
- Be part of their community.

This can include personal care, assisting with domestic jobs, involving people in social activities, helping people access services in their community or liaising with a care home resident's family

Wellbeing services with the Voluntary Sector

Kath is in her late fifties and lives alone in Torquay. She self-referred to the Wellbeing Torbay team after speaking on the phone to a friend that was receiving support from us. She has mobility issues which came on suddenly and meant she had to give up work. She was becoming increasingly depressed due to isolation, a lack of a diagnosis and the severe reduction to her mobility.

Kath had applied to move through Devon Home Choice but had only been awarded a band C. It was clear that her need to move to a ground floor setting was very high as she was unable to use the stairs at all without a carry board and could not access her shower. She needed support to try and raise her banding and ensure she had the support from other professionals to make sure she was as safe as possible while she waited to move.

Having contacted the Occupational Therapist to ensure all was being done to raise her banding. We found out from the OT that the client's current bathroom could not be updated due to its size and geography. The OT then started discussions with the building manager to see if a stair rail could be added. Unfortunately, the building owner refused to have a stair rail fitted. During this time, the client's mobility was rapidly deteriorating. We mentioned to her about a splint and whilst looking into this, Kath stumbled upon a condition that matched her symptoms completely and later her GP and hospital consultant confirmed this.

Kath now knows the progressive and incurable condition she has. This has of course, come as a huge shock to her but she is now able to put a name to her condition which has helped her in terms of gaining further support. She also now has access to an online network of support from others with the same condition.

We wrote a supporting letter to Devon Home Choice and, along with support from the OT, she has now been moved from a Band C to a Band B.

The fire brigade visited and highlighted her situation as a safeguarding risk should there be a fire. They are now aware of her should there be a fire before she is rehoused and can therefore take swift and appropriate action.

She has now been awarded full PIP and will purchase a mobility scooter once she moves.

I referred her again to the OT and physio who are working together to see what aids might help, they have arranged for a rising bed to be delivered and will support the client to see if this helps her.

This is clearly a very distressing time, and the risk to Kath's mental health and personal wellbeing is high. Until she moves there is a real risk due to her inability to move around or get out of her flat in an emergency and she has resigned herself to not leaving her bedroom until the day she moves or there is an emergency.

However, due to team working and making sure all appropriate services are aware of the situation; she is as safe as she can be for now.

Case studies continued

Extra Care Housing

This individual was diagnosed with Multiple Sclerosis (MS) in the early 90s and had a stroke in 2008. Prior to the stroke they lived a full and active life with many interests. Post stroke they moved into residential care. In 2011, with the opening of an Extra Care scheme, they were able to move out of long term residential care. Due to the accessible nature of the accommodation, the background support of 24 hour on-site care and support provision of Extra Care housing, the change of accommodation was a more cost effective option as well as improving the quality of life and independence for the person. They are enjoying their increasing independence: accessing the local community, going out daily, personalising their flat / surroundings and accessing the internet on a regular basis. All of which have contributed to obtaining greater control of their daily life resulting in improved health and wellbeing and quality of life.

Enhanced Intermediate Care

Mrs R was referred to Intermediate Care multi-disciplinary team by her GP, following a fall at home. She had a Urinary Tract Infection (UTI) and was prescribed antibiotics. A health and social care coordinator rang Mrs R and found she had a limited support and was struggling to manage at home. The coordinator reassured her that the IC team would visit her within two hours. The Intermediate Care Nurse and Occupational Therapist arrived within two hours and identified Mrs R was in pain when mobilising, had low blood pressure and was struggling to manage her personal care and medication. A wheeled zimmer frame and commode was ordered and delivered that day. Our integrated multi-disciplinary team now includes a pharmacist and working together looked into Mrs R's medication rapidly which enabled us to advise the GP of the most appropriate pain medication. Rapid response was also arranged twice a day for a few days, until she improved. At this stage support workers visited daily to improve Mrs R's mobility, confidence and to help her monitor her own pain and take action. This enabled Mrs R to continue to live independently at home and make a quicker recovery than UTI patients that have a fall who have been admitted to hospital. The average length of stay avoided in this case study is 7.25 days, for admissions primarily due to a UTI.

The next stage for Mrs R was to refer her to the health and wellbeing team to develop a longer term plan to enable Mrs R to arrange the things that really mattered to her including seeing a hairdresser and arranging for a cleaner to take care of her home.

Outcome 3: Ensuring people have a positive experience of care

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

How are we performing?

This year there was an increase in the number of carers receiving Health and Wellbeing checks from GP-based Carer Support Workers and voluntary sector partners. Unfortunately, and partly due to recording changes, there was a significant drop in the number of Carers' Assessments recorded by the Adult Social Care teams, meaning that the target was not reached.

The Biennial National Carers Survey also showed a significant drop in Carer-reported quality of life, satisfaction with Social Services, and reduction in social contact. This is likely to be a national picture but is disappointing and means that targets were not reached

Focus on experience of care and support

Our strategy for improving people's experience of care and support is based on the recognition the need to work proactively with people on their wellbeing. It is about thinking in a personalised way about what matters to the person and how this will facilitate self-care and improve their experience of care and support. We seek to emulate Carers' experience of care and support across whole population and system. In 2018/19 we have continued to make progress in our whole system journey in moving towards more ways of working with people's strengths. We are further embedding integrated services which focus on people's ability to live life independently and planning in a more personalised way for living well: such as Enhanced Intermediate Care, Wellbeing Co-ordination.

Performance at a glance

Good

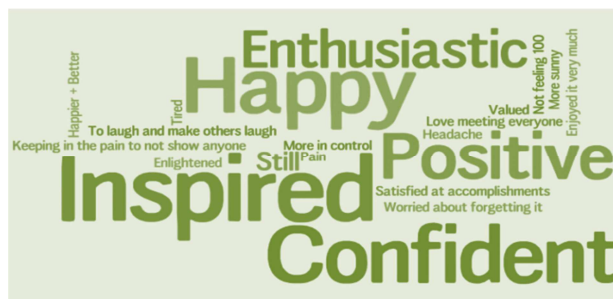
- Satisfaction of people who use services for care and support services from our annual user survey

Performance Improvement Needed

- The number of people who use services who find it easy to find information about services

The Hope Programme

In 2017/18 we have started to introduce the next layer of this approach, an example is the HOPE programme. HOPE stands for Help to Overcome Problems Effectively and is delivered by a range of people in the system, voluntary sector wellbeing co-ordinators and peer supporters. It is a 6 week course, newly introduced in Torbay, which supports people to become more skilled and confident to better self-manage their conditions. It works by recognising that people have many assets of their own and by bringing groups of people experiencing similar issues together. The group: support, befriend and enable each other to develop the confidence and self-belief that they can improve their lives. HOPE is an example of the approach we intend to expand in Torbay. Please see Sarah's story: Sarah is not alone in her improved experience, below is a 'Wordle' from a group experiencing hope after six weeks.



Focus on information and advice

Our strategy to improve the accessibility and co-ordination of information sources overall is to meet the needs of our population by building on the Carers' exemplar. We are actively engaged in developing a baseline publication with partners which will be widely available through hard copies and will be email-able. This will ensure people have more access to information about services in a co-ordinated way.

Carers Support

2018/2019 has seen the focus on delivery of the new Torbay Carers Strategy 2018 – 2021, which was based on the feedback of over 800 Torbay Carers. There have been increases in the numbers of carers receiving Health and Wellbeing Checks, registering with their GPs and joining the Carers Register. Aligned to the issues around social care teams' reduction in combined Carers' Assessments, and as highlighted by carers as their key priority, is the development of the Replacement Care Project to improve the range and number of replacement care (respite) opportunities which give carers a break from their caring role. Age UK are piloting a new replacement care service, and the use of technology / equipment to support carers is also being developed.

In summary

Our performance is good on the experience of care and support and information sources for Carers within this outcome. We are stable in peoples satisfaction with services and will continue expand our approaches to embed personalised care experiences such as the HOPE programme. For more about the new online resource and Sarah’s experience of the HOPE programme please see our case studies the next page.

Case studies

The Hope Programme

Sarah suffers from a debilitating condition which results in tiredness and diminished motivation levels. Her personal relationships have deteriorated through lack of understanding of her illness impacting on her ability to manage her job and social activities.

Sarah fully engaged in the HOPE programme, took it upon herself to help another participant attend and has volunteered to help run future HOPE programmes *“I feel much better in myself when I am able to give something...I am adopting the programme of hope into my everyday life.....I am getting there slowly but surely – and I’ve got a lot more confidence as well I ‘like me now’, and I didn’t like me or anybody for quite a long time really.”*

Carers Support Online Resource

In September 2017 we commissioned Health and Care Videos, a partnership with Torbay & South Devon NHS Trust, to undertake a project to support the informal carer community Commissioned through the Better Care Fund, the project aims to provide access to high quality health information videos and signposting to local resources that help better inform patients and carers, enabling them to self-manage their own care and feel supported.

The need for consistent and up-to-date information that is clear and easily accessible was fed back by a focus group held in February. As a direct result, 40 new support videos are now in production, covering adult learning disabilities, mental health and admission and discharge from hospital and will be added to the existing library of over 250 videos. The project has engaged with local VCSEs and given over 20 care organisations personalised online libraries so they can support their own communities. James Sparks, Brixham Does Care says ‘We see it as a vital resource that our carers will definitely benefit from’

Since the official launch on April 1st the sites have already collectively achieved in excess of 1000 hits. The next phase of the project involves a video based learning programme to encourage carers to develop their skills and look towards careers in social care. Take a look at the library of videos here at <http://healthvideos.torbay.gov.uk>

Outcome 4: Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

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

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

How are we performing?

Over 99% of referrals are triaged within 48 hours with high risk recorded as 100%. Repeat referrals have slightly increased to 8.1% reflecting the complexity of some cases during the past 12 months. People say that risk is either reduced or removed as a consequence of interventions and that responses fully or partially achieve peoples preferred outcomes. We have changed the way we capture information relating to safeguarding concerns meaning data will look different from previous years. In 2018-2019, 1342 safeguarding adult concerns were received resulting in 205 safeguarding enquiries.

The Trust’s work in this area primarily divides between the community operational teams who respond to safeguarding concerns and our Quality,

Assurance and Improvement Team (QAIT) which works with care homes and domiciliary care providers to promote high quality care and proactively monitoring quality standards.

We work closely with Devon and Cornwall Police and the Care Quality Commission both in causing enquiries to be made and maintaining strong local partnership arrangements.

Performance at a glance

Good

- The number of people who use services who feel safe
- The number of people who use services who say that those services have made them feel safe and secure
- The number of high risk Adult Safeguarding concerns where immediate action was taken to safeguard the individual
- The percentage of repeat safeguarding referrals in last 12 months

Ultimate accountability for safeguarding sits with the Torbay Safeguarding Adults Board (TSAB) a well-established group that provides a sound basis for the strategy on delivering these legislative requirements. The Board has revised its Business Plan to reflect key priorities identified by members.

Learning from Safeguarding Adult Reviews

In March 2019 TSAB commissioned a Safeguarding Adult Review (SAR) of a Residential Home in Torquay, a 14 bed unit registered for adults under 65 years with mental health conditions and/or physical disabilities. During the time period reviewed there were 14 residents in the home, operationally commissioned by Torbay and South Devon NHS Foundation Trust, Devon County Council, and Northern, Eastern, and Western (NEW) Devon CCGs. The Terms of Reference for the SAR were to:

- Review the care management responsibility for people with complex and challenging behaviour in the residential home.
- Review the impact of the commissioning arrangements where a number of organisations and local authorities are commissioning placements for people with complex and challenging needs.
- Review relevant aspects of the applications of regulations around the residential home.
- Review policy, procedure, and practice in relation to the residential home.

The executive summary and key learning points can be found on the TSAB website under the Safeguarding Adults Review heading. TSAB is set to agree an action plan to be implemented by all partners, including guidance for practice learning.

We hosted a highly successful safeguarding adult forum relating to learning from safeguarding adult reviews and have developed a suite of information to disseminate across health and social care organisations

Advocacy for people unable to make decisions for themselves

A programme of joint work was initiated to ensure increased awareness of eligibility in relation to statutory Advocacy including Independent Mental Capacity Advocates (IMCA), Care Act and Independent Mental Health Advocates (IMHA). Eligibility flow charts and revised the IMCA referral form.

This programme of work has aided the reduction of hours lost dealing with ineligible referrals, maximising the time available for direct Advocacy hours.

Deprivation of Liberty

This is a key Safeguarding issue where sharing experience together as partners is critical. Safeguarding in this context is about ensuring that those who lack capacity and are residing in care home, hospital and supported living environments are not subject to overly restrictive measures in their day-to-day lives, but the risk of high risk of harm is mitigated. This is known as Deprivation of Liberty Safeguards (DoLS) Safeguarding - for example due to the serious onset of dementia an individual's capacity to act safely is significantly affected. In 2017/18 the Trust has ensured local care provider services networks were kept up to date with current national and local picture on issues, holding engagement sessions with providers and disseminating information on best practice and legal risks to provide updates.

Learning and Improvement

The TSAB learning and Improvement sub group has focused on several work streams including multi-agency case audit; training and competency framework review; embedding learning into practice and the interface between domestic abuse and sexual violence with safeguarding adults.

Safeguarding Quality Checkers

We are delighted to have commissioned Torbay Healthwatch to undertake discovery interviews to capture service user / representative feedback on how well local safeguarding responses supported them. Every person or their representative will be asked if they consent to providing feedback following which a random sample of people giving consent will be contacted by specially trained safeguarding quality checkers. Anonymised Independent reports will be submitted to TSAB and then used to directly inform local safeguarding systems and practices. The project began in April 2019 and we therefore anticipate providing summary information within future annual reports.

In summary

Whilst our performance is good, we must constantly strive to understand emerging issues for Safeguarding Adults in Torbay and take action proactively to keep our performance good. A key message is that safeguarding is everyone's business. When adult abuse concerns are raised we work in a multi-disciplinary and multi-agency context to understand risk and ensure responses are person centred, include the right people and include the right partner agencies.

5. Financial position and use of resources

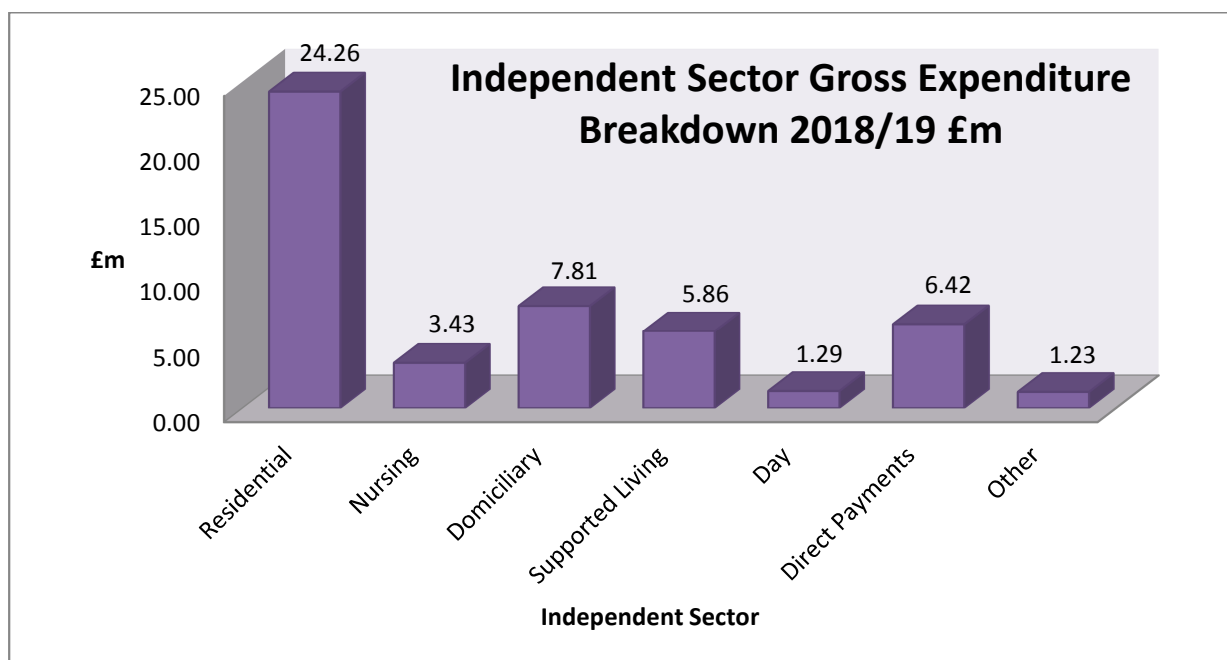
Our aim with this section of the review is to describe the financial resources available and how they have been used in the care sector. On 1st October 2015 an Integrated Care Organisation (ICO) was formed and this organisation's remit was to provide Adult Social Care (ASC) on behalf of the population of Torbay. From a financial perspective the Council's role as a commissioning body is to provide a funding contribution to the overall running costs of the ICO. In 2018/19 this contribution was £44.9m.

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

The vast majority of Adult Social Care spend is on the purchase of client care (including residential, nursing, day and domiciliary care) from independent providers. The majority of these providers are based within Torbay; however the ICO also funds some specialist residential care provided out of area. At any point in time there is on average 2,200 people receiving a service of some type.

Net expenditure on Adult Social Care totalled £39.3m in 2018-19. This is the net figure after taking in to account all client contributions towards the cost of care.

Under national legislation people assessed as having a social care need are also given an individual financial assessment. This assessment can result in a client being asked to make a contribution towards the cost of any care that the Council then puts in place. The income collected from these client contributions in 2018/19 amounted to £11.0m. The total (gross) expenditure on services was therefore £50.3m and the allocation of this gross expenditure across different types of services is illustrated in the chart below.



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

Financial outlook for 2019-20 and beyond

At a national level there continues to be significant operational and financial pressures facing Health and Social Care. These range from economic issues such as continued increases to the cost of care, ongoing funding constraints and a significant elderly demographic compared to other parts of the country. Despite these issues the Council and its partner organisations are committed to ensuring resources are managed so that we can provide the best level of care, for the highest number of clients.

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

6. Performance overview

Our aim with this section of the report is to provide an overview of performance and how we have performed by comparison to the average last year in England for each measure.

In overview, 80% of our performance is 'Good', this importantly includes our performance on day to day delivery in assessing care needs and starting care provision in a timely way and people's satisfaction with services. It also includes indicators which tell us our strategy for integration to enable independence at home is starting to have impact with a reduction people placed permanently in residential home and care home use.

We will always actively engage in improving and have identified the main areas which need improvement as: the number of people receiving written care support plans and a review of that plan; supporting people with poorer mental health into independent living and employment and how easily people can find information about services. The table below shows how well the performance targets have been met using the following system:

Green	Exceeded, achieved or within 5% of the performance target
Amber	Narrowly missed performance target by between 5% and 10%
Red	Performance needs to improve, target missed by 10% or more

Key Performance Indicator	2017/18 Outturn	2018/19 Outturn provisional	2017/18 Target	2018/19 Target	2017/18 England Average
Domain 1: Enhancing quality of life for people with care and support needs					
ASC 1A: Social care-related quality of life	19.4	19.4	19.7	19.7	19.1
ASC 1B: The proportion of people who use services who have control over their daily life	80.6%	80.2%	81.5%	81.5%	77.7%
ASC 1C part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support) *Note 1	93.5%	92.6%	92.0%	94.0%	89.7%
ASC 1C part 1B: The proportion of people using social care who receive self-directed support (carers receiving self-directed support)	84.3%	88.5%	85.0%	85.0%	83.4%
ASC 1C part 2A: The proportion of people using social care who receive direct payments (adults receiving direct payments) *Note 2	26.7%	26.6%	28.0%	28.0%	28.5%
ASC 1C part 2B: The proportion of people using social care who receive direct payments (carers receiving direct payments for support direct to carer)	84.3%	88.5%	85.0%	85.0%	74.1%
ASC 1D: Carer-reported quality of life	n/a	7.5	n/a	9.0	n/a
ASC 1E: Proportion of adults with a learning disability in paid employment	3.8%	7.0%	4.0%	6.4%	6.0%
ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment (commissioned outside ICO) *Note 3	1.0%	1.3%	6.0%	6.4%	7.0%
ASC 1G: Proportion of adults with a learning disability who live in their own home or with their family *Note 4	76.0%	76.6%	75.0%	76.0%	77.2%

Key Performance Indicator... contd.	2017/18 Outturn	2018/19 Outturn provisional	2017/18 Target	2018/19 Target	2017/18 England Average
ASC 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support (commissioned outside ICO) *Note 5	50.0%	50.0%	68.0%	68.0%	57.0%
ASC 1I part 1: Proportion of people who use services who reported that they had as much social contact as they would like	43.1%	51.8%	50.0%	50.0%	46.0%
ASC 1I part 2: Proportion of carers who reported that they had as much social contact as they would like	n/a	32.4%	n/a	41.5%	n/a
ASC 1J: Adjusted Social care-related quality of life – impact of Adult Social Care services	0.400	0.386	no tgt	no tgt	0.405
D40b: % clients receiving a review within 18 months *Note 6	87.4%	88.7%	93.0%	93.0%	n/a
D39: % clients receiving a Statement of Needs *Note 7	83.5%	84.3%	90.0%	90.0%	n/a
NI132: Timeliness of social care assessment *Note 8	79.0%	76.1%	70.0%	80.0%	n/a
Domain 2: Delaying and reducing the need for care and support					
ASC 2A p1: Permanent admissions to residential and nursing care homes, per 100,000/population. Part 1 - younger adults	22.8	18.3	25.0	14.0	14.0
ASC 2A p2: Permanent admissions to residential and nursing care homes, per 100,000/population. Part 2 - older people *Note 9	446.9	497.9	599.0	450.0	585.6
ASC 2B p1: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 1 - effectiveness	70.7%	76.7%	no tgt	76.5%	82.9%
ASC 2B p2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services. Part 2 - coverage	6.5%	TBC	5.0%	5.0%	2.9%
ASC 2C p1: Delayed transfers of care from hospital per 100,000/population. Part 1 - total delayed transfers	7.9	8.3	5.1	8.4 (TBC)	12.3
ASC 2C p2: Delayed transfers of care from hospital per 100,000/population. Part 2 - attributable to social care	1.9	2.4	no tgt	2.6 (TBC)	4.3
ASC 2C p3: Delayed transfers of care from hospital per 100,000/population. Part 3 - jointly attributable to NHS and social care	0.5	0.3	no tgt	no tgt	0.9
ASC 2D: The outcomes of short-term support % reablement episodes not followed by long term SC support	85.1%	87.5%	85.0%	83.0%	77.8%
Domain 3: Ensuring that people have a positive experience of care and support					
ASC 3A: Overall satisfaction of people who use services with their care and support *Note 11	69.2%	69.7%	70.0%	70.0%	65.0%
ASC 3B: Overall satisfaction of carers with social services	n/a	41.2%	n/a	46.4%	n/a
ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for	n/a	70.4%	n/a	75.7%	n/a
ASC 3D part 1: The proportion of people who use services who find it easy to find information about services *Note 12	75.1%	72.2%	85.0%	80.0%	73.3%
ASC 3D part 2: The proportion of carers who find it easy to find information about services	n/a	72.2%	n/a	75.0%	n/a

Key Performance Indicator	2017/18 Outturn	2018/19 Outturn provisional	2017/18 Target	2018/19 Target	2017/18 England Average
Domain 4: Safeguarding adults who circumstances make them vulnerable and protecting from avoidable harm					
ASC 4A: The proportion of people who use services who feel safe	70.6%	68.0%	72.3%	72.3%	69.9%
ASC 4B: The proportion of people who use services who say that those services have made them feel safe and secure	83.9%	83.1%	88.0%	85.0%	86.3%
QL-018: Proportion of high risk Adult Safeguarding Concerns where immediate action was taken to safeguard the individual *Note 14	100%	100%	100%	100%	n/a
TCT14b: % repeat safeguarding referrals in last 12 months *Note 15	7.1%	8.3%	8.0%	8.0%	n/a

Notes:

1. The proportion of clients informed about the cost of their care (self-directed support)
2. The proportion of clients who receive direct payments
3. Proportion of adults in contact with secondary mental health services in paid employment
4. Proportion of adults with a learning disability who live in their own home or with their family
5. Proportion of adults in contact with secondary mental health services who live independently, with or without support
6. Proportion of clients receiving a review within 18 months
7. Proportion of clients receiving a care support plan
8. Proportion of assessments completed within 28 days of referral
9. Permanent admissions to residential and nursing care homes for older people (65+), per 100,000 population [a low value is better]
10. Number of people living permanently in a care home as at 31 March [a low value is better]"
11. Overall satisfaction of people who use services with their care and support - from annual user survey
12. The proportion of people who use services who find it easy to find information about services - from annual user survey
13. Carers receiving needs assessment, review, information, advice, etc.
14. Safeguarding Adults - % of high risk concerns where immediate action was taken to safeguard the individual
15. Proportion of repeat adult safeguarding referrals in last 12 months [a low value is better]"

7. Looking after information

Our aim in this section is to set out that we take our responsibility of safeguarding the information we hold very seriously. All incidences of information or data being mismanaged are classified in terms of severity on a scale of 0-2 based upon the Health and Social Care Information Centre *“Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation.”*

Risks to information are managed and controlled by applying a robust assessment against the evidence collected as part of the national data security and protection toolkit return. During the period 1 April 2018 to 31 March 2019 the following breaches of confidentiality or data loss were recorded by the Trust which required further reporting to the Information Commissioner’s Office and other statutory bodies

Date of Incident	Nature of Incident	Summary of Incident	Outcome and Recommendations
09/07/2018	Paper: N/A	Letter sent to incorrect address containing Carers Emergency Card and returning information as provided by the carer; this includes detailed information about the carer and the cared-for parties situations.	Staff member spoken to and checking process amended, dedicated area now designated for inputting in order to reduce interruptions and subsequent errors.
28/09/2018	Electronic: N/A	Personal Health Budget email sent to third-party commercial exercise provider in error, contained medical diagnosis and wellbeing information	Discussed with staff and duty of candour completed
29/01/2019	Electronic: Patient Record	Wrong patient selected in system meant Intermediate Care Placement disclosed to wrong provider, includes Next-of-Kin details and mental health needs of other individuals.	ONGOING as patient has been affected by this error previously and investigation and correction of details is ongoing.

The three cases above relate to adult social care, a total of 32 out of 33 cases (1 ongoing) were reported to the ICO during this period have been reviewed and a decision was made by the ICO to close the case as no further action required. Any other incidents recorded during 2018/19 were assessed as being of low or little significant risk.

The Trust published the Data Security and Protection toolkit by 6 June 2019, this is recorded as ‘Standards Not Met’ pending approval and agreement of an approved action plan by NHS Digital; this work is overseen by the Information Governance Steering Group which is chaired by the senior information risk owner (SIRO).

8. Healthwatch response to the Local Account 2017 -18



This year's State of Care reported that most people in England receive a good quality of care. It also found that people's experiences of care often depended on how well local systems work together where they live.

We know people's experiences are often determined by how well different health and care services, and councils work together.

As local consumer champion for health and social care we monitor developments in adult social care services in Torbay, through our involvement in strategic boards and feedback from service users and their experience.

This monitoring has made us aware of the pressures caused by reduced budgets, workforce shortages and the ageing population in Torbay. However despite this challenging environment, there is commitment from partners to work together to support people to stay healthy and independent. Our Integrated Systems is vital moving forward to ensure services people receive are streamlined cost-effective and also meet the needs of our local community and continue to deliver a high quality of care. It is also essential that our community and voluntary sector play a part in supporting the outcomes outlined in this Local Account

Assisted technology is a positive step forward and has a vital role to play but awareness that the public who need this are still worried about the potential for losing contact with professional support.

We are delighted to have been commissioned by TSDFT and Torbay Council to undertake discovery interviews to capture service user / representative feedback on how well local safeguarding responses supported them. This will ensure that "making safeguarding personal" is high on safeguarding agenda.

Healthwatch will continue gathering service user feedback, which has enabled us produce many reports to inform our partners what matters to our community. We are pleased that our partners engage with us at a local level to work together to ensure this happens.

Going forward we will continue to seek assurance that people who need help are adequately supported and ensuring that local people have a positive experience of care.

Many Thanks



Kevin Dixon
Chairman Healthwatch Torbay

healthwatch
Registered Charity No: 1153450
Torbay
FREEPHONE 08000 520 029