

Tuesday, 5 March 2024

**ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY  
SUB-BOARD**

A meeting of **Adult Social Care and Health Overview and Scrutiny Sub-Board**  
will be held on

**Thursday, 14 March 2024**

commencing at **2.00 pm**

The meeting will be held in the Banking Hall, Castle Circus entrance on the left  
corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

**Members of the Committee**

Councillor Joyce (Chairman)

Councillor Johns (Vice-Chair)

Councillor Tolchard

Councillor Twelves

Councillor Fellows

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**Together Torbay will thrive**

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# ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY SUB-BOARD AGENDA

1. **Apologies**

2. **Minutes**

(Pages 5 - 9)

To confirm as a correct record the minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Sub-Board held on 18 January 2024.

3. **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.)

4. **Urgent Items**

To consider any other items that the Chairman decides are urgent.

5. **Introduction to Spotlight Review on Dementia Support in Torbay**

Introduction to the Spotlight Review by Councillor Patrick Joyce, Chairman of the Adult Social Care and Health Overview and Scrutiny Sub-Board.

Scope of the Review:

To achieve an overview of the support and services available to people living with dementia and people caring for those living with dementia in Torbay, exploring current challenges and how support and services could be improved.

## 6. **Adult Social Care Commissioning Strategy and Public Health**

Outlining the Adult Social Care Commissioning Strategy and infrastructure for dementia care in Torbay, how social care is working to provide support and the public health perspective.

Key questions:

- How is social care working to provide support?
- How is the ICB working with partners to shape dementia care?
- People living with dementia and their families report that access to information and low level services within Torbay are poor, particularly between GP diagnosis and when symptoms become acute enough to require health and social care input – how is this being addressed?
- Given that Torbay has a significantly higher older population than the Southwest and England as a whole with higher levels of people living with dementia, what Public Health and Planning prevention programmes are underway to enable older people to live well for longer?

(Note: to be presented by:

Jo Williams, Director of Adult and Community Services, Torbay Council

Lee Baxter, Divisional Director of Adult Social Care, Torbay Council

Adam Russell, Strategic Partnership Manager, Adult Social Care Commissioning Team, Torbay Council

Julia Chisnell, Consultant in Public Health, Torbay Council

Justin Wiggin, Head of Integrated Care (South West), NHS Devon

## 7. **Services and support provided by the NHS and Devon Partnership Trust**

Outlining what type of needs present to mental health services in relation to the older population and how those needs are met.

(Note: to be presented by Adrian Gaunt, Community Services Manager (Health and Social Care) Torbay and South Devon Foundation Trust/Devon Care Partnership).

**8. Impact on the community - a voluntary sector perspective**

(Pages 10 - 18)

Outlining the demographics of:

- who is seeking assistance?
- how many are seeking assistance?
- for what type of needs?

(Note: to be presented by Pat Harris, Chief Executive Officer of Healthwatch, Torbay and Helen Harman, Chief Officer, AgeUK, Torbay).

**9. Rowcroft Dementia Unit**

Outlining how the need was identified for the Dementia Care Unit, what key aspects were identified and to provide an update on progress and any issues or areas of concern.

(Note: to be presented by Mark Hawkins, Chief Executive, Rowcroft Hospice).

**10. Current challenges**

Addressing current challenges such as:

- Hospital discharge and lack of placements for those with complex needs; and
- Infrastructure, workforce and staffing issues for dementia care.

(Note: with contribution from Jo Williams, Director of Adult of Adult and Community Services, Torbay Council).

**11. Questions and Answers**

**12. Settling Recommendations**

To include consideration of:

- How can support and services be improved?
- What are the potential solutions for the current challenges faced?

**Minutes of the Adult Social Care and Health Overview and Scrutiny Sub-Board**

**18 January 2024**

**-: Present :-**

Councillor Joyce (Chairman)

Councillors Johns (Vice-Chair), Tolchard, Twelves and Fellows

Non-voting Co-opted Member  
Kevin Dixon, Healthwatch

(Also in attendance: Councillor David Thomas)

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**24. Apologies**

An apology for absence was received from Pat Harris who was represented by Kevin Dixon, Chair of Healthwatch.

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Sub-Board had been amended to include Councillors Tolchard and Fellows in place of Councillor Bryant and the Conservative vacancy.

**25. Minutes**

The minutes of the meeting of the Sub-Board held on 21 December 2023 were confirmed as a correct record and signed by the Chairman.

**26. Adult Social Care Self Assessment**

The Strategic Lead for Adult Social Care Quality and Assurance presented the submitted report which provided Members with an update and information in relation to self-assessment and the new Care Quality Commission's inspection of Adult Social Care.

Members were informed that as part of the Health and Care Act 2022 the Care Quality Commission ("CQC") had been given additional responsibilities and powers to review, assess and report on Council regulated adult social care functions.

The self-assessment was an open document and would be reviewed quarterly. It had been subject to external scrutiny by partners in health and care, who had given a positive response. The Council was currently working with the South West Association of Directors of Adult Social Services and the CQC to check and challenge

each other on aspects of self-assessment, for example, the position with carers. As a result of learning from the self-assessment process, work had been undertaken to produce the Adult Social Care Strategy and webpages for Adult Social Care had been refreshed on the Council's website.

It was explained that the self-assessment document set out, in broad terms, some information about Torbay to help inspectors understand the complexities which were unique to Torbay. The document was modelled on the CQC framework around four main themes:

- working with people;
- providing support;
- ensuring safety; and
- leadership and workforce.

Members were informed that strengths against the themes were outlined in the submitted report and generally included:

- integrated working;
- excellent community and voluntary sector partnerships;
- very strong carer services which had been co-produced for many years;
- quick access for domiciliary care those individuals discharged for hospital who required extra support at home;
- learning and opportunities presented by being part of a Joint Safeguarding Board with Devon County Council;
- quality checking process which provided feedback about the safeguarding process;
- good leadership and governance of complex arrangements;
- commitment to investing in services that supported wellbeing and prevention under the Health and Care Act 2022; and
- having a clear co-produced Carers' Strategy and improvement plan.

Areas for improvement had been identified as:

- services for people with learning disabilities;
- direct payments;
- the reablement offer;
- equality and diversity;
- the contracts and contract management process;
- the deprivation of liberty waiting list;
- developing a local work force strategy;
- exploring further ways in which to provide support and early intervention;
- strengthening the complaints system, ensuring that feedback was fed through into practice; and
- working with health colleagues to improve cost, quality and productivity.

The Chairman wished to expressly acknowledge the progress made over the last year and in particular the hard work which ensured that the Council was in a good position in terms of readiness ahead of CQC inspection.

Members received responses to the following questions:

- How much notice would the Council be given that an inspection was due to take place and when?
- How was the inspection conducted? Would it be computer based and what was the grading system?
- Would the inspectorate receive service user feedback?
- In terms of domiciliary care how many individuals were quickly re-admitted to hospital?
- How did Torbay Council's self-assessment compare with other Local Authorities' self-assessments?
- How long had the extra agency support for DOLS been in place to reduce the backlog and how long was it envisaged that it would remain in place?
- If the Council was assessed tomorrow and on the basis of the current self-assessment what would be the probable rating?
- Had Torbay Council learnt anything from similar unitary authorities that had already gone through an inspection?
- What had Torbay Council learnt through networking with other Local Authorities?
- What were the top three vulnerable areas for the Council?

Councillor David Thomas spoke under Standing Order B4 and asked whether Members felt reasonably confident that they could answer questions that may be asked of them by the Inspector and that it was the responsibility of Members to ensure they were ready for that.

Resolved (unanimously):

1. that Members of the Sub-Board noted the contents of the Adult Social Care Self-Assessment Report;
2. that the Director of Adult and Community Services be requested to provide regular progress updates on self-assessment to the Sub-Board; and
3. that the Director of Adult and Community Services be requested to encourage the CQC inspector to engage with the Voluntary, Community and Social Enterprise Sector.

## **27. Residential Nursing and Care Homes**

The Divisional Director of Adult Social Care presented the submitted report which provided Members with an update in relation to Residential and Nursing Care Homes and an overview of how the care home market currently supported the Local Authority in meeting individual needs together with achievements and challenges.

Members were informed that it was important to recognise that the Local Authority retained accountability for the market but the regulator for Adult Social Care was the Care Quality Commission (CQC).

It was explained that there were 76 care home providers within the Torbay area commissioned by the Integrated Care Organisation (“ICO”). There was very good performance around discharge from hospital to assessment which was really focused on working with partners to assess people’s needs. A current piece of work being undertaken was to engage with people and families who had been transferred into care homes in Torbay to better understand how co-designed processes could be improved enabling a better experience.

Members were informed that from a market overview perspective there had been an increase in demand, some of which was due to hospital discharges. It was also important to keep costs under review since they had escalated probably due to the Covid response originally together with the way the market had changed and the increased pressures on the NHS to discharge people quickly. Challenges included workforce as rates of pay were not competitive when compared with other parts of the sector. The need for residential nursing care was also higher and a large number of individuals were entering residential care with complex long term needs. This required highly skilled staff, so it was important for the Council and the ICO to find ways of making systemic change that prioritised upskilling staff alongside structural development within the sector.

It was explained that moving forward it was important to have a clear plan as a Local Authority, in terms of how to develop the market and explore other options, for example, how the domiciliary care market linked in with the Housing Strategy; how to align the Joint Strategic Needs Assessment plan with the Strategy; ensuring a clear pricing strategy; how to develop the specialist high end area of the market with emphasis on more rehabilitation, focussed on returning people home as soon as possible; reducing waiting list times for the wider sector and working with providers to ensure that quality was at the heart of delivery. It was also important to have the opportunity to create space so that the market was competitive on price and quality and remained strength based around contracts with NHS partners and others.

Members received responses to the following questions:

- Did all care home residents have access to digital support and interactions such as Skype and Facetime?
- Was any work being carried out engaging with care homes about information and advice available for family members as the voluntary sector could assist people?
- Was it possible to increase staff with a higher range of skills?
- What was the difference between the enabling housing based model and increasing the number of people maintaining their own independence to stay at home?
- How often were care homes assessed by CQC? What happened when they required improvement – did they have to produce an improvement plan and were they then re-assessed at a later date?



- When would re-inspection take place?

Resolved (unanimously):

1. that Members of the Sub-Board noted the contents of the Residential Nursing and Care Homes Report;
2. that the Director of Adult and Community Services be requested to review the joint approach with the Integrated Crae Organisation (ICO) to provide care homes with information and advice; and
3. that the Director of Adult and Community Services be requested to ensure that the ICO reviews the approach to Finance and Benefits assessments, ensuring that people and their relatives have access to information and support.

**28. Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker**

The Sub-Board noted the submitted action tracker.

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Chairman

**Title:** Briefing to Torbay Adult Social Care and Health Overview and Scrutiny Sub Board

**Meeting date:** 14<sup>th</sup> March 2024

**Subject:** Spotlight on Dementia in Torbay

**Briefing for information only prepared by:** Lorna Sinfield, Intelligence and Research Officer, Healthwatch Devon, Plymouth and Torbay

**Presented by:** Presentation to be delivered by Pat Harris, Strategic Lead, Healthwatch Devon, Plymouth and Torbay

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### Purpose of this briefing

Healthwatch Torbay and Age UK Torbay have been asked to contribute to the Spotlight Review on Dementia Care in Torbay from a Voluntary Sector Perspective. We have been asked for information on:

- Who is seeking assistance?
- How many are seeking assistance?
- For what type of needs?

### Information provided by Age UK Torbay



Statistics provided by Torbay Age UK for the period **March to December 2023** show that:

- The average age of someone seeking support from Torbay Age UK is **79 years.**
- The breakdown of those seeking support is **64% Female and 36% Male.**
- **113** interventions were provided for people affected by Dementia.
- Average number of referrals per month was **12.**

The most popular route for referrals is via direct contact from families or through the Community Helpline.

Below is a breakdown of the referral routes by percentage:

Referral Source	%
Other (family/self)	34
Helpline/VCSE	28
GP/Link Workers	14
Mental Health Team	14
Adult Social Care	10

## Background

Age UK Torbay have been providing Wellbeing support to people and their Carers around Dementia and memory loss since 2019. This was initially funded through Improved Better Care Fund (iBCF) and subsequent small funding applications. But the funding has now come to an end.

The Covid pandemic has severely impacted people with Dementia and their families, in particular with a lack of face-to-face support, and involvement in support groups.

A recent report by Alzheimer’s Research UK states

*“Covid-19 has had a disproportionate impact on people with Dementia, their Carers and their families. Age, genetics, and lifestyle all contribute to someone’s individual risk for developing Dementia. Some evidence suggests that other pre-existing health conditions can also contribute to increased Dementia risk”.*

Even before the pandemic, we were facing a crisis in Dementia diagnosis – now fewer than two in three Dementia cases are being formally diagnosed, and people aren’t receiving the support, or medication they need.

## Age UK Torbay’s Dementia Wellbeing Service

Age UK Torbay has been working with the wellbeing of people with Dementia since 2019. The Wellbeing Coordinator post was developed in conjunction with Torbay and South Devon Foundation Trust to provide targeted, knowledgeable, and specific support for people with Dementia, and their Carers.

Since 2022 there has been a **tangible decline in support for people with Dementia from both the statutory and voluntary sector, with no funding**

**opportunities, or strategy to address.** There is work going on in Devon, but Age UK Torbay has not been invited/consulted with, on what needs we are seeing.

**Our funding for one full time Wellbeing Co-Ordinator ends in March 2024. We have now stopped taking referrals for this service.**

There are limited options for onwards referral, with only one drop in café available – run by Purple Angel.

Dementia diagnosis is taking considerable time, with people waiting months for appointments.

## Outcomes

The Age UK Torbay Dementia wellbeing project supports the following outcomes:

- ✓ Trusted, connected person-centred relationships with health and wellbeing at the heart.
- ✓ Long-term support embedded in local communities where local people support each other.
- ✓ Giving choice and control of independence to people.
- ✓ Enhancing quality of life for people with Dementia, especially post Covid.
- ✓ Reducing the risk of admission/readmission to hospital.
- ✓ Reducing statutory contact time.
- ✓ Improving Carer support and understanding of Carer issues.

## Service Delivery

The Service has 2 key areas of activity:

1. Supporting people and their families/Carers to engage with services, to have the information they need and to plan for the future.
2. To support good health and wellbeing.

## Planning, Information and Services

1. To assist people with Dementia and memory loss, their Carers and their families to identify their needs and to access services and information.
2. Working with complimentary providers, to provide information on different stages of the disease process at a time that is tailored to suite the person with Dementia, their Carers and family.
3. Provide support to navigate through mainstream services such as counselling, services addressing specific issues, support for other health related issues.
4. Provision of advocacy, mentoring and peer support
5. Support people with Dementia and memory loss, their Carers and their families to plan for poor health and end of life.
6. To reduce the need for people to access urgent and emergency services and responses by helping people forward plan with a focus on the right things and connect with the community resources available.

## Enabling Wellbeing

1. To support people with Dementia and memory loss to be active in managing their own wellbeing, health and care and improve their experience of care and support in the community.
2. Support people with Dementia and memory loss, their Carers and their families to Identify and communicate their aspirations for making the most of their lives.
3. To help the people with Dementia and memory loss, their Carers and their families to think 'outside the box' where conventional support networks won't achieve maintained and improved wellbeing.
4. To carry out guided conversations using the toolkit, to put the wishes of the person with Dementia or memory loss at the forefront of a wellbeing plan – whether this is to develop friendships and reduce isolation, solve practical problems that matter to them, manage their long-term medical conditions better or plan health living or different care. Support Carers and wider family members to identify their wellbeing plan and steps to achieve the goals within that plan.
5. To enable individuals to measurably improve their sense of wellbeing, to feel empowered to sustain independence and achieve optimum levels of functioning.
6. Support people with Dementia and memory loss to learn adaptive coping skills.

7. To regularly work at GP surgeries, MDT Health/Care Teams and Dementia clinics to ensure clinical professionals focus on what 'matters to a person' not 'what is the matter with a person' and that people are connected to the right community support.

## Healthwatch Torbay – Feedback and experiences of Carers

Healthwatch Torbay has recently surveyed unpaid Carers, around a third of those who took part care for someone with Dementia. 224 Carers took part in the survey. The Unpaid Carers report – Phase 2 is due to be published Spring 2024.

As part of our engagement with Carers we asked if they would like to take part in a guided conversation so that we could gain a better understanding of their experiences. Our report will draw on these so that we can provide the perspective of the Carer's experience – what works well, what could better- in more detail.

Initial findings from our survey include:

- Many Carers have told us that they feel overwhelmed and unheard,
- Some Carers have told us that they either don't know who to contact for support or don't receive calls back,
- Replacement care / respite is difficult to arrange in advance.
- Carers find it difficult to make GP appointments if they are experiencing health issues of their own, resulting in delays in seeking help until a health problem gets worse.
- Carers want to know that there is someone to call when they need help to avoid a crisis.

The findings from the following two recent reports are also pertinent to this review and should be considered within the wider remit of Dementia care:

- [Torbay Adult Social Care Strategy Engagement Report](#) – produced for Torbay Council.

- [Unpaid Carers Report – Phase 1](#) a survey report focusing on the impact of providing unpaid care.

## Carers experiences

### Experience 1

We heard from a lady in Torbay who has been a Carer for her husband with Dementia for more than five years. She provides 24 hours care with no additional support. She describes a long waiting time for a brain scan, *“we were waiting too long, so not knowing fully what stage condition was at.”*

Carer described how she feels anxious, overwhelmed, unable to get any respite and hardly sleeps, not knowing what she is dealing with, she told us *“Only my love for husband is keeping me going”* and she copes by *“Telling myself I must be strong as worse to come in the future.”*

The carer said she puts her husband’s needs first and the one thing that would help is *“knowing where to turn for help.”* She told us she is *“dreading the future.”*

### Experience 2

Another Carer described how they feel there needs to be more information and advice given in the early stages of a Dementia diagnosis:

*“It would be really helpful to know what carers are entitled to, from day one.”*  
*A list of entitlements, or guidebook. It is a strain and a worry to not know what help is available.”*

The Carer describes the stress of their experience of the diagnosis timeline.

*“Following an initial MRI [the cared-for] didn't receive a “clear diagnosis” but vascular dementia was mentioned. We then received a letter from the “Dementia Pathway” stating that the wait list for assessment was 2–3 months. We waited 18 months until an assessment was done with a mental health nurse.”*

Following the MRI scan the Carer resorted to using Google to learn about his partner's condition. This was how he discovered that she might not be legal to drive and that the DVLA need to be informed. No one told him this. The Carer described feeling confused by the process and not being updated/informed appropriately. His son helped and "acted as an advocate" as he is a health professional. Carer said he was told that there were over 700 people on the waiting list and that there was a lack of staff.

Carer did receive support through Help for Heroes with links to Improving Lives Plymouth. It was this group that told him he was a Carer, and then "*things clicked into place*". He also completed the Dementia Pathway 4-week course, 2hrs per session and was able to meet other carers and people with dementia where he was struck by how "*everyone is different*".

Although not Torbay, this experience highlights the need for timely access to support as when this is in place people are able to cope much better. It also highlights the benefits of peer support to help Carers and people with Dementia feel less isolated and that everybody's experiences of Dementia is different – there is no 'one size fits all' therefore a person centered approach is key to supporting people to manage their situations.

## National Context

### Healthwatch England

In May 2023, Healthwatch England published information to explain what people can expect to happen following a Dementia diagnosis. The [article contains a useful checklist](#) that helps patients and families to plan the next steps in their care journey.

### Care Quality Commission

The CQC are currently engaging with a range of key stakeholders, including care professionals, people with lived experience, voluntary and community sector organisations and local Healthwatch to help them to develop a national strategy for Dementia which will help them to address inequalities in the quality of treatment and care provided to people affected by Dementia.



## Regional Context

Some local Healthwatch organisations in the region have carried out their own research into people's experiences of Dementia Care.

### Healthwatch Cornwall Report

In March 2023 Healthwatch Cornwall published their report:

['Hear our Voice: Improving Dementia and memory loss services and support in Cornwall through carer experience.'](#)

**Their key findings echo what we are hearing from Carers in Devon, Plymouth and Torbay.**

Healthwatch Cornwall's findings include:

- Respite – having opportunities to take a break from their caring role,
- More opportunities to access meaningful activities,
- Easier access to help or advice, and a phone number to call for help – particularly during a crisis,
- To see health and care staff face-to-face,
- Easier access to an appointment with a GP.

### Feedback from Torbay Carers Service

Concerns have been raised to Torbay Carers Service about the reduction in support for people with Dementia – Alzheimer's Society Dementia Advisor Service and Age UKs Dementia Wellbeing coordinator. Both services provide both direct and indirect support to Carers of people with Dementia.

### Healthwatch Observations

Based on what we have learnt through speaking to people, Dementia support is becoming more and more difficult to access as services appear to be reducing and no information is available to us as to what will happen to continue the support if services decline. At the time of submitting this briefing we are

awaiting further information from NHS Devon about the provision of Dementia Services across Devon, Plymouth and Torbay. We fear that a lack of dementia support on an already burdened group of Carers will have a detrimental impact on people's wellbeing.

### Questions raised by Healthwatch Torbay

1. Healthwatch Torbay is aware from engagement locally and at a national level that many Carers, particularly those who care for someone with Dementia, feel **isolated, unheard and struggle to navigate systems and services**. The role of a care navigator / way finder or a main point of contact for Carers is invaluable in helping Carers to navigate services, access information, advice, and support.

How will services be developed in Torbay to ensure people can access support, given that the funding for services that are currently providing this vital support in the community is believed to be coming to an end?

2. Is there a plan to develop an integrated Devon wide Dementia Strategy as a priority?
3. Is there a plan to revisit the recommendations set out in the [Devon Dementia Needs Assessment of 2014](#) or to develop a new Devon wide Needs Assessment for Dementia?
4. Based on what Healthwatch England have set out as what should happen following a Dementia diagnosis, is this what happens when patients are diagnosed with Dementia in Torbay?