TORBAY COUNCIL

Wednesday, 30 October 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, 7 November 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 Board

Councillor Tolchard (Chairwoman)

Councillor Douglas-Dunbar
Councillor Fellows
Councillor Foster (Vice-Chair)
Councillor Johns

A Healthy, Happy and Prosperous Torbay

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

1. Apologies

2. Minutes (Pages 5 - 12)

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 10 October 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 Chairwoman decides are urgent.

5. Annual Review of Dentistry Provision in Torbay (Pages 13 - 22)

To receive an annual review on improvements in dental access and planned oral health improvement initiatives.

(Note: Lincoln Sargeant – Director of Public Health, Mark Richards – Public Health Specialist, Councillor Hayley Tranter – Cabinet Member for Adult and Community Services, Public Health and Inequalities, Paul Green, Director or Primary Care and Melissa Redmayne Senior Commissioning Manager (Pharmacy, Optometry and Dental) NHS Devon Integrated Care Board (ICB) have been invited for this item.)

6. **Adult Social Care Peer Challenge** (Pages 23 - 60)
To receive an update on the actions being taken following the recent Adult Social Care Peer Challenge.

7. **Annual update on Domiciliary Care** (Pages 61 - 72)
To receive an update on domiciliary care provision.

8. **Adult Social Care, Memorandum of Understanding between Torbay Council and Torbay and South Devon NHS FT** (Pages 73 - 120)
To receive an outline and overview of the Memorandum of Understanding between Torbay Council and Torbay and South Devon NHS Foundation Trust.

(Note: this report includes an exempt appendix which has been circulated separately.)

9. **Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker** (Pages 121 - 126)
To receive an update on the implementation of the actions of the Sub-Board and consider any further actions required (as set out in the submitted action tracker).

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TORBAY COUNCIL

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

10 October 2024

-: Present :-

Councillor Tolchard (Chairwoman)

Councillors Brook, Douglas-Dunbar, Foster (Vice-Chair) and Johns

Non-voting Co-opted Member
Amanda Moss (Chair of Voluntary Sector Network)

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12. Apologies

An apology for absence was received from Pat Harris, Healthwatch Torbay.

13. Minutes

The minutes of the meeting of the Sub-Board held on 5 September 2024 were confirmed as a correct record and signed by the Chairwoman.

14. Torbay and South Devon NHS Trust Quality Account 2024

The Chief Executive and Chief Nurse from Torbay and South Devon NHS Foundation Trust presented the Torbay and South Devon NHS Trust Quality Account for 2023/2024 as set out in the submitted papers. A Quality Account was an annual report to inform the public of the quality of services and improvements offered by an NHS healthcare provider. The report included progress against the priority areas identified in 2023/2024 as well as setting out the quality areas for 2024/2025.

The priorities for 2023/2024 were:

- zero avoidable deaths;
- continuously seek out and reduce harm:
- falls prevention;
- improved identification of the deteriorating patient; and
- improved experience on discharge.

Members noted that following feedback the goals and priorities for 2024/2025 were:

- reduce health inequalities (changed from zero avoidable deaths);
- continuously seek to reduce harm;
- deliver what matters most to our people; and

- excellence in clinical outcomes.

Members heard representations from Robert Loxton (member of the public) in respect of vaping. It was agreed that a written response would be provided if pre-operation questions included asking if people vaped.

Members asked questions in relation to changes to monitoring of patients and if monitoring ceased when other priorities were introduced; what action was being taken to address bullying in the workplace; a lot of good work was being undertaken to support people with cancer with 119 extra referrals per month from GPs, what was classed as planned care and what should people do when they were waiting for diagnosis but needed to seek help sooner due to deterioration; how were goals set in 2023/2024 for the number of inpatient falls resulting in harm (moderate, severe and death) monitored in the future to ensure that they were being met; what action was taken to promote the successes of the Torbay and South Devon NHS Foundation Trust; was the statistics table for the Emergency Department etc. attendance analysis the time for someone waiting for an assessment; was the data about deaths in an ambulance all deaths; and what was the reason for missing data on pages 59 and 60 of the annual report.

In response to questions, Members were informed that reporting on vaping was currently not required under national monitoring, however midwives did talk to mothers about smoking and tobacco use and record if they are vaping at their first booking meeting. Public Health also provided guidance and advice on smoking and vaping to expectant mothers.

Members were advised that monitoring activity was carried out in accordance with National Guidance and advice. Changes had been made to early warning score trigger systems, using electronic scoring based on patient monitoring which then determined the actions to take. The score would then dictate how long it would take for a doctor to respond and for them to remain on the ward, also taking into account if the patient became more unwell during that time.

Members noted the work being undertaken by the Trust to address bullying including the introduction of a Speak Up Guardian as well as two people within the Directorate to encourage people to speak up. A recent Care Quality Commission (CQC) inspection referred to the kindness and caring they found through the organisation. A compassionate leadership framework had been introduced and would be rolled out to all staff and people were encouraged to call out and report all poor behaviour and were given tools and techniques to have those conversations and to know that they would be listened to. This was supported by the Francis Review to create a culture where people could speak up and know they would be listened to. The Chief Executive of the Trust acknowledged that a recent CQC inspection had referenced issues with culture towards people from different backgrounds and gave assurance that the Trust was taking action and they had seen more people coming forward and speaking up as a result. The impact of Covid-19 and how the Trust operated with distancing had impacted on relationships.

In response to questions around cancer, Members were informed that across the whole NHS there had been a significant increase in the number of people being

diagnosed with cancer and it was being picked up earlier, with better outcomes for those diagnosed with Stage 1 or Stage 2 cancers. There had been an increase in new technologies that detect cancer in earlier stages. Around one in five people referred from their GP was diagnosed with cancer with GPs being encouraged to seek advice and guidance if they were not sure whether to refer a patient and were encouraged to refer rather than waiting and watching. The Trust was small compared to others but was in the top quartile for their research especially around cancer with lots of innovation happening. People were encouraged to visit their GP if they think they may have cancer so that they can been referred and seen quickly, diagnosed and treated where necessary. Where someone's symptoms got worse before having a referral they should go back to their GP so that the referral can be escalated. This was part of the priority to reduce people coming to harm on waiting lists.

The priority for reducing long wait times for planned care related to the response to the treatment time, looking at the disease pathway having regards to national targets but also how the patient was, as some diseases spread rapidly and it would not be appropriate for them to wait for the target timescale for that disease. It was noted that the Trust would have no-one waiting more than 65 weeks by the end of September and no more than 52 weeks by the end of March 2025, however, the national standard was 18 weeks. The 18 week deadline had not been met for a long time across the whole country and would require significant funding and intervention to meet that standard. A lot of work had been carried out by the Trust to ensure that people get a diagnosis of cancer within 28 days by March 2025, which was one of the only Trusts in the Country to achieve.

In response to questions around falls, Members were informed of the Falls Project which was looking at different interventions such as offering caffeine free drinks which anecdotally had seen a reduction in falls in Hospital. Future monitoring would be included in subsequent Quality Account reports and Members noted that if they wanted to carry out a deep dive on an area they could request this as part of their Work Programme review.

Members were advised that discussions had been carried out with a number of people and service users around the priority of zero unavoidable deaths and that some patients were concerned about the message this gave out and that it caused more concern and anxiety when visiting departments e.g. maternity as people did not want death to be highlighted when they use the service. Each service had looked at actions that they could take to reduce health inequalities with them individually owning their projects which overall would help to meet the goals of that priority area.

It was noted that the Trust had a dedicated Communications Team who provide positive media stories and try to raise awareness of the positive work in different ways, recently this had included information around the trials for cancer treatment.

The analysis of people waiting for an assessment on 22 April 2024 was that it took ten hours for someone in the Emergency Department to receive an assessment. It was noted that waiting times varied and it was not always clear on the reasons for this. Sometimes there could be more complex patients who would take multiple staff members away and this was monitored four or five times throughout the day. Staff ensure that those patients who were waiting were comfortable and provided with food

and drink and regularly monitored. When a patient arrived via ambulance, they were seen within 20 minutes of arrival by a senior nurse to assess their needs. The data on deaths in ambulances only related to those who died on Hospital grounds, the other deaths were reported by the South Western Ambulance Trust as part of their monitoring.

Members were advised that the missing data related to audits that weren't completed as they did not form part of the mandatory audits and resources had to be put to those that were mandatory. A lot of work had been stood down during Covid-19 and it had taken a while to get up to standard for the required clinical audits.

The Sub-Board acknowledged that Liz Davenport, Chief Executive of Torbay and South Devon NHS Foundation Trust was retiring later in the year and thanked her for all her work. Ms Davenport also thanked Members and the wider Council on helping her to do the right thing for Torbay's residents over the past few years to improve adult social care and health.

Resolved (unanimously):

1. that Members formally thank Liz Davenport, Chief Executive of Torbay and South Devon NHS Foundation Trust for all her work with the Integrated Care Organisation helping Torbay and South Devon to be a model of excellence and recognising the pivotal role she has played in providing integrated social care and health services for people in Torbay;

2. that Members of the Board note the contents of the Quality Account Report for 2023/2024;

3. that the Torbay and South Devon NHS Foundation Trust be requested to consider including questions, monitoring and reporting for vaping for all patients in the same way they do for smoking, and

4. that the Torbay and South Devon NHS Foundation Trust be requested to provide more explanation in future Quality Accounts where data is missing.

15. New diagnostic unit in Market Street - 2024

The Director of Capital Developments and Head of Communications and Engagement from Torbay and South Devon NHS Foundation Trust gave a presentation, as circulated prior to the meeting, on the latest position regarding the Building a Brighter Future (Torbay Hospital) Programme and the new Community Diagnostic Centre in Market Street.

Torbay was one of 46 hospitals included in the Government's Programme, 40 original plus six who had been added following the Reinforced Autoclaved Aerated Concrete (RAAC) problems. The Government was reviewing the Programmes, taking into account Lord Darzi's independent investigation into the NHS and the NHS 10-year plan and was expected to confirm the details as part of the Autum Budget on 30 October 2024. Work had continued on the Programme to ensure that it was ready to proceed to the next stage once the Government had confirmed the future.

The new Community Diagnostic Centre in Market Street, Torquay was established in partnership with InHealth and opened on 2 September 2024. It was offering echocardiography, lung function tests, ECGs, phlebotomy and ultrasound. CT, MRI and X-ray were expected to open at the end of October 2024. The project was on track and committed to deliver the agreed outcomes.

Members asked questions around did GPs still refer patients in the same way and could hospital consultants refer patients to the new Community Diagnostic Centre; had more staff been employed and had this impacted on existing hospital staff; was the tower at Torbay Hospital going to be demolished; why was progress on the Building a Brighter Future Programme so slow; and when was Torbay going to get a walk in centre.

In response to questions about the Community Diagnostic Centre (CDC), Members were advised that GPs and hospital consultants would continue to refer patients in the same way, but the patients would have the option to choose the CDC or Torbay Hospital. The CDC was provided by InHealth and they were responsible for recruiting staff and a previous Manager from the Trust had been supporting them. The aim was to grow the workforce rather than move staff from the Hospital.

Members were advised that the Building a Brighter Future Programme was a national programme and the pace was dictated by the Government. The Chief Executive of the Trust welcomed the current review of the Programme which she felt confident would continue to be delivered, once funding had been confirmed in October. The Trust had been successful in some new developments e.g. the new endoscopy unit and was working with contractors and carrying out all appropriate preparations including the third outline business case so that it aligned with the Hospital 2.0 Blueprints. They would have wished to move faster but funding was released in tranches. It was confirmed that although money had been spent on the tower at the Hospital to make it safe it would be demolished towards the end of the project as part of the replacement of all inpatient ward beds.

The Sub-Board was advised that there was no immediate plan for a walk-in centre in Torbay. It was a model for Integrated Care Boards to be delivered in partnership with the primary care sector but would require funding and resources from the Integrated Care System.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the update provided by South Devon NHS trust in relation to the delivery of the capital programme and re-design of the hospital and the new Community Diagnostic Centre; and

2. that Torbay and South Devon NHS Foundation Trust be requested to provide the Sub-Board with further updates on progress of the delivery of the Building a Brighter Future capital programme and re-design of the hospital on 17 April 2025.

16. Infection prevention and control - incorporating vaccine preventable illnesses and antimicrobial resistance (AMR)

The Consultant in Public Health and the Public Health Specialist provided an update on infection prevention, anti-microbial resistance and the Winter vaccination programmes as set out in the submitted report and presentation.

Infection prevention was important because it:

- Prevents disease;
- Prevents or limits spread;
- Saves lives;
- Protects the vulnerable;
- Saves time and money; and
- Keeps the NHS and Care system moving.

Combating ant-microbial resistance was important as there were approximately 1.27 million deaths globally in 2019, expected to increase to 10 million a year by 2050. Infections last longer and were more difficult to treat and people rely on antibiotics for so many treatments. There is a five-year rolling national action plan to help address this as well as work taking place across the region through the South West Infection Prevention and Management Strategy 2024-29. Locally the Public Health Team are working with NHS, Environmental Health, food businesses, schools (encouraging children to be ambassadors), and also through World Anti-Microbial Resistance Awareness week 18 to 24 November 2024.

Members noted the Winter vaccination programme included the following:

- Flu for 65+, pregnancy, children aged 2 to 16, clinical risk groups, carers and health and care workers;
- Covid-19 for 65+, older care homes, health and care workers, clinical risk groups and pregnancy; and
- RSV (respiratory syncytial virus – this was not a live vaccine) for 75-80 years and pregnancy (28 weeks).

Members were encouraged to:

- recognise the importance of infection prevention, vaccines and AMR;
- be an ambassador with their family, friends and neighbours;
- become an antibiotic guardian; and
- promote World AMR Awareness Week.

Members heard representations from Robert Loxton (member of the public) in respect of how safe and effective the Covid-19 vaccination was and how was this communicated and promoted.

The Sub-Board asked whether the offer of free Flu vaccinations could be extended to people working in the community and voluntary sector (it was agreed that a written response would be provided on this question); how could it be made easier for the

community to have vaccinations where they carry out their day to day activities; did community venues show up on the NHS App; what could be done to raise awareness about people with colds, Flu or Covid-19 not meeting vulnerable people and trying to prevent spread through contacts; and what happens to children in schools whose parents do not consent to vaccination and was there an age when a child could give consent themselves.

It was noted that the online booking system for Covid-19 was not advising that patients could book both Covid-19 and Flu at the same appointment. The Consultant in Public Health agreed to advise the NHS of this and to request clearer messaging that you could have both vaccinations together.

In response to questions, Members were advised that there was a reducing take up of vaccinations such as Flu and Covid-19, nationally and locally, but vaccinations remained the best defence against infectious diseases. Although a vaccination may not prevent 100% of cases, vaccinations such as Flu and Covid-19 should reduce the symptoms even if someone contracts the illness.

In terms of promotion, one of the best ways of promoting uptake was through friends, family and people who are known and trusted voices in the local community. Another important route was to offer opportunities for vaccination as locally as possible to where people live and work and spend their time. The Devon-wide Flu and Covid Outreach Vaccination Team ran a programme of clinics in community settings through the season. It was not yet known which sites would be used and Members were encouraged to advise the Consultant in Public Health of any venues where they feel would attract the most residents to come forward and get vaccinated.

In response to a question about total death rates, it was noted that the population was increasing and therefore total deaths were increasing too, however there had not been a change in excess mortality (actual compared with expected deaths based on the local and national population) in Torbay.

Members noted that the NHS App included pharmacies but not community outreach venues because the community outreach sessions were scheduled over the season and were drop in only, with no booking required. It was suggested that once known the community venues should be shared with the Community Partnerships so that they could help get the message out to residents and encourage more take up.

In terms of managing symptoms and spread, although there was no longer guidance about quarantining with Covid, the advice was to stay at home if unwell or with a high temperature, and practice good infection control if out and about with mild cold-like symptoms, trying to avoid contact with people who are vulnerable. This is part of communications messaging that will be shared with staff and with the community.

Members noted that the schools' vaccination provider sent an electronic consent form to parents to sign and also spoke to parents face to face or by telephone to chase up consent and encourage as many children and young people as possible to receive their vaccination. If a teenager felt they were able to consent themselves they were permitted to do so if the provider felt that they were able to give consent, using Gillick competence principles.

Resolved (unanimously):

1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the contents of the submitted report and presentation and supports efforts to tackle the spread of infection and antimicrobial resistance; and

2. that the Director of Public Health be requested to review the locations for drop in vaccinations to ensure that they are based in known community locations, particularly in areas with low take up and high needs and Councillors be encouraged to identify suitable locations in the community for vaccines and include details of where to go, including local pharmacies, and share promotions with Community Partnerships so that they can spread the word to residents.

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

The Sub-Board noted the submitted action tracker. The Chairwoman advised of the positive launch event for the Public Health Annual Report – Women's Health held at the Palace Theatre which had been well attended and included informative presentations on what had been happening across Torbay. Members suggested that it would be good to do some work around Women's Health in light of the Report and agreed to review this as part of their Work Programme meeting in the New Year.

Councillor Brook confirmed that he had his follow up meeting with Tara Harris on homelessness and rough sleeping to review how the headline figures were collected into one document to make it easier to track and monitor. Councillor Brook agreed to share this format once it had been finalised.

Members noted that the Homelessness Strategy was still going through the governance process following which an action plan would be developed. Members requested sight of the Homeless Action Plan once it had been drafted for their input.

Chairwoman

TORBAY COUNCIL

Adult Social Care and Health Overview and Scrutiny Board

Oral Health & Dentistry Update

7 November 2024

Key points

- Public Health has the **mandatory duty for oral health** in the population across the life course. Since July 2023 the responsibility for dental commissioning and delivery has moved from the NHS to the ICB - presenting an opportunity for joint improvement and delivery.
- As of Sept 24, there were **2258** Torbay residents on the NHS dental waiting list – **2025 adult** and **233 children/young people**. Though adult figures have fallen by approximately **500** compared to this last year, the number of children and young people waiting to see an NHS dentist has increased by **107**. Figures overall mark a substantial rise since early 2018 when they were approximately **1400** on the NHS dental waiting list.
- The **extraction under general anaesthetic rate** for 0-19s in Torbay (latest 22-23) are still the highest in the SW and double the England value. The majority of extractions take place within the **5-9 age group**.
- **Children with dental problems** may have poorer diets due to dental pain, have higher levels of school absenteeism as well as impaired concentration due to pain and interrupted sleep. Severely decayed teeth will often require GA, exposing small children to low but significant life-threatening complications. Extractions in early years may also require extensive follow up including orthodontics.
- Widespread **dissatisfaction with the current NHS Dental Contract** – in the South West the vast majority of practices are not accepting new NHS patients.
- There are **no Torbay practices accepting new patients** at this time – either adults or children or young people. All new patients area sked to access the NHS waiting list via 111 with separate options for emergency dental care (i.e those in pain) via Devon Dental/Torbay Community Dentistry Service based at Castle Circus Health Centre.
- The **dental access issue, coupled with poor oral hygiene** manifests in higher rates of life course dental caries and extractions under general anaesthetic in areas of inequality. Those unable to afford private care are always those hit worse – anecdotal reports from teams undertaking home visits in our poorer neighbourhoods (such as District Nurses, Health Visiting Teams and Social Workers) reflect a high number of directly related cases, including children under 5 unable to eat solid foods due to the poor state of their teeth.
- **Community Dentistry** provides a specialised dental service for adults and children with complex needs who find it difficult to use general dental services. The increased need for urgent care across the population, alongside reduced capacity and notable difficulty in recruiting has placed extreme pressure on this service.

Latest Torbay statistics

Those marked in red are worse than the England comparator. Of particular concern is the level of hospital admissions for tooth decay in 0-19s. Numbers will be disproportionately drawn from our areas of health, social and economic inequality.

Children and Young People

- The access rate for dental services for children and young people is **BETTER** than the England value. Plymouth data presents a stark picture and useful local comparison with **22,936** on the waiting list, including **4,230** children and young people.
- % of children in care who have had their teeth checked is the **SAME** as the England value
- **Hospital admissions for tooth decay 0-19 years (caries as primary diagnosis) 22-23: 597** per 100K population (England 236, SW 240.5). Hospital admissions for tooth decay (0-19) are defined as finished consultant episodes with tooth extractions. Source: NHS Digital, HES Data

  These figures represent a **6.8%** increase from 21-22. This is a smaller % increase than England (15%) and the SW (10%), but still highest rate in the SW with most admissions in the 5-9 age group. Numbers: 165 in total. 0-4: 20 / **5-9: 105** / 10-14: 30 / 15-19 suppressed.

- Both **Epidemiological Surveys for dental caries (dip sample)** - Year 6-year Children (2023) and 5-Year-olds (2022) show an improvement – Torbay is no longer an outlier and in both cases are lower than the SW and England value.

Prevalence of experience of dentinal decay (5 year olds)

- Devon: 18.1%
- Plymouth: 24.6%
- **Torbay: 21.3% (reduction from 28%)**
- England: 23.7%

Adults

- **Hospital admissions for tooth decay (18+ years): 172.1** per 100,000 (190 admissions) in 2018/19. This is significantly higher than the England rate (129.6). These rates are much lower compared to the 0–17-year age range. Data source is not as readily updated as that for children and young people. Source: NHS Digital, HES Data
- **Mortality rate from oral cancer (21-22) 5.4** per 100,000 (27 cases). This is similar to England (4.7). Rates rose to 7.7 in 2014-16 but have been decreasing since then. Oral cancer is more common in men and deprived groups**.** Source: PHE based on Office of National Statistics data. Southwest 4.3, Plymouth 6.5 (highest in Southwest), Devon 4.4.
- **Oral cancer registrations (21-22) 17.9** per 100,000 (84 cases). This is worse than England (15.6). Southwest 15, Plymouth 19.1 (highest in Southwest), Devon 15.6.
- The reduction in high street NHS dentistry has led to a **reduced level of screening for oral cancer**. Late presentation as a result leading to higher numbers of registrations and worse levels of mortality.

Roles of Torbay Council and the Integrated Care Board

Public Health has the **mandatory duty for oral health** in the population across the life course, We do not have the responsibility for dentistry - since July 2023 this function has moved across from the NHS to the ICB and presents an opportunity for joint improvement and delivery as the issues of oral health and dental access are intrinsically linked – the much publicised reduction in NHS or 'high street' dental access, alongside increased consumption of high sugar, salt, and fat foods, leading to higher prevalence of poor oral hygiene, dental caries and subsequent extractions under general anaesthetic in children and young people in Torbay.

Accordingly, there is a high degree of collaboration/joint delivery with the ICB, Devon County Council and Plymouth City Council as outlined in the joint delivery projects below and overseen by a new **ICB Oral Health Steering Group** established earlier this year.

Oral Health Improvement projects – current

Children and Young People

See NHS Dental Services in Devon Stakeholder Briefing
Plus

- **Oral Health Education via Family Hubs** – Community Dentistry have trained Hub staff re brief intervention and toothbrush packs (paste and brushes) supplied by Public Health for distribution to families attending the Hubs.

Oral Health Improvement projects – planned

Children and Young People

See NHS Dental Services in Devon Stakeholder Briefing
Plus

- **Supervised Toothbrushing delivery within Family Hubs** (Home Dental, same provider for main NHS contract in schools
- **Supervised Toothbrushing to Children in Care** (semi-dependent 16-18). Delivery as above.

Public Health teams in Devon alongside Peninsula Dental School have also negotiated with Devon ICB to secure **NHS Dental contractual underspend to re-invest in Torbay and wider Devon** to fund a suite of mitigating oral health interventions to offset the impact of reduced dental provision on children and young people in Torbay, as evidenced in the high rate of extractions under general anaesthetic in the 0-19 population.

This programme represents a significant re-investment in the Devon oral health system at approx. 1m a year for 5 years.

- **Extend Supervised Toothbrushing** to cover the Indices of Multiple Deprivation (IMD) deciles 6-10 and include independent nurseries
- **Establish a NEW fluoride varnish scheme** to cover all primary schools in IMD deciles 1-6. The full procurement process applies. Live Date TBC. Alongside supervised toothbrushing, Fluoride varnishing is the best evidence-based population level intervention to implement
- **Extending Open Wide Step Inside** to cover all primary schools in IMD deciles 1-6.

Adults

- **Communications campaign**, both workforce and public facing that will outline current programmes designed to improve dental access and oral health in the population as well as an update on emergency dental measures. This campaign was put on hold until the new Government plans regarding the national Dental Recovery Plan are known.
- **Assessment of the oral health and dental needs of vulnerable populations** in the ICB patch. As part of a phased approach, the homeless population will be the initial focus, including identification of models of best practice such as mobile provision (dental vans), high street practices and integrated models of acre including the commercial/voluntary sector.

In the Public Health England (PHE) report on Oral Health Inequalities (2018) groups experiencing oral health inequalities were defined as: *'people experiencing homelessness, asylum seekers and refugees, drug and alcohol dependence, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery, children and adults with additional needs and many other people that find it difficult to access healthcare'*.

- Identification of **previous models of community screening and national best practice for oral cancer**.

As with the Child and Young Person Oral Health Recovery Plan outlined above, there is the potential to access **NHS Dental contractual underspend**, pending ICB agreement, to reinvest and fund new interventions.

Mark Richards | Public Health Specialist,

Healthy Behaviours & Wider Determinants of Health

Public Health

NHS Devon

NHS dental services in Devon Stakeholder briefing

October 2024

Introduction

In the South West, NHS Devon is working in partnership with the NHS South West Collaborative Commissioning Hub (CCH), local dental and oral healthcare professionals and other Integrated Care Boards (ICBs) to develop its South West Dental Recovery Plan. The plan sets out to address the issues facing the sector and improve access to dental services for local people.

NHS Devon is reviewing its plans in light of the published national Dental Recovery Plan on 7 February 2024. Local plans will continue to be aligned to national priorities, and ensure the needs of local communities are being prioritised.

There are several measures in place across the region to increase dental access for patients. These include:

- Commissioning additional urgent dental care appointments that people can access by calling NHS111 with an urgent dental need
- Commissioning 'stabilisation sessions' across Devon
- Commissioning additional children's orthodontic capacity in Devon
- An oral health improvement initiative called First Dental Steps with local authorities
- Supervised toothbrushing programmes are running in schools in areas of deprivation across the South West and NHS Devon is working with the Local Authorities across Devon to invest in further schemes

Key priorities for 2024/25

Review and implement a new average unit of dental activity (UDA) value and rebase contracts to achievable levels.	• Increase access to NHS dentistry by implementing measures to support dental services such as increased UDA rates and targeting inequality groups. • To increase the recruitment and retention of the South West dental workforce. • To rebase UDA activity to achievable levels to support financial sustainability
Commission further urgent care and stabilisation	• Commissioned an **addition 2,619 stabilisation sessions** from 1 July 2024 – 31 March 2025 (10,476 – 15,714 appointments) over 19 locations in Devon. • Commissioned an **additional 5,600 urgent care slots** per year from 1 July 2024 • Commission longer term contracts for stabilisation, which is open to wider market. Market engagement events commenced in June 2024

Commission access for vulnerable groups	• Two new providers are delivering dental services to Children Looked After in Devon. • Commissioning Cancer Friendly practices to provide support to patients who require dental support prior to and during Oncology treatment. • Commission additional dental access for asylum seekers and homeless populations.
Procurement of lost activity (UDA and UOA)	• Additional 10,094 unit of orthodontic activity (UOAs) (480 children) non-recurrently commissioned for 2024/25 • Barnstaple Orthodontic procurement is a key priority for 2024/25 and the procurement exercise is currently being developed. The NHS is recommissioning NHS orthodontic services in North Devon and Torridge, where services previously ceased in these areas following the provider exiting the market earlier this year. • Working with NHS England to undertake Rapid Procurement for Dental Access (linked to priority 1)

Oral health schemes

NHS Devon has committed £900k per annum, for 3 years, (total £2.7m) to provide support to further cohorts of children for supervised toothbrushing, fluoride varnish and Open Wide Step Inside, with a new fluoride varnish scheme due to go live in September 2025.

Open wide step inside

Year 2 children in 24 primary schools across Torbay have been part of an oral health scheme, known as Open Wide and Step Inside, where the Dental Outreach Team go into schools to deliver 45-minute oral health education lessons.

The outreach team is run by the Peninsula Dental Social Enterprise (PDSE), which delivers programmes across Devon and Cornwall.

The lesson includes a 15-minute animated film and an interactive session teaching important messages around oral health.

Each child receives a goody bag containing a toothbrush, toothpaste, two-minute timer and a sticker and each class also receives a resource story book for the school library so good habits can continue long after the lesson ends.

Supervised toothbrushing

Programmes are currently underway to give children time and supervision to brush their own teeth at nursery and reception class in some areas, making brushing part of children's everyday routine and helping to protect their teeth from decay.

Dental professionals visit some nurseries and schools to apply fluoride varnish to children's teeth, with parents' consent.

Supervised toothbrushing schemes are already running in the NHS Devon area.

The roll out will be targeted to areas where children are at increased risk of developing tooth decay, such as in areas of high deprivation.

Providers of the service will work together with colleagues involved in oral health promotion across the region to ensure the successful roll out and reach of this service, including working with the local authority to identify schools in the most deprived areas, before linking with these schools to introduce the project and engage with the school staff and the parents.

NHS Devon is working with the Local Authorities across Devon to invest in further cohorts of children for both supervised toothbrushing and fluoride varnish programmes for 2024/25.

Children accessing early years and school settings are encouraged to participate in daily supervised toothbrushing with family fluoride toothpaste. Additional supervised toothbrushing cohorts will go live by December 2024.

100% of schools in Torbay have signed up for Supervised Toothbrushing. The position of Devon, Plymouth and Torbay schools is outlined below.

Area	Eligible schools	Brushing	Declined
Plymouth	82	70 (85.4%)	11
Torbay	37	37 (100%)	0
Devon	209	159 (76.1%)	35
Total	**328**	**266 (81%)**	**46**

First dental steps programme

NHS Devon is supporting an oral health improvement initiative called First Dental Steps, where health visitors and midwives are trained to give oral health care advice to families with children under two and have oral health care packs (toothbrushes and toothpaste) to give to families in need. This work is being undertaken in partnership with local authorities.

A continuation of the programme in 2024/25 has been agreed and is being extended to other areas in the South West.

The First Dental Steps programme is an oral health improvement intervention, embedded in the Healthy Child Programme. It incorporates public health and NICE recommendations into a multi-stranded oral health initiative and builds on the learning from a recent pilot delivered across six South West sites.

In the short-term it is anticipated that the intervention has the potential to support the promotion of preventive dental care for children aged 0-2 years. The universal element of the programme has the potential to impact upon 163,000 children (aged 0-2 years old) across the South West, with a targeted offer to approximately 4,000 vulnerable children.

In the longer term it is expected that implementation will support the realisation of the following benefits:

- An increase in dental access and attendance for children aged 0-2 years;
- A reduction in the prevalence and severity of dental caries, alongside a reduction in oral health inequalities in young children;
- A reduction in hospital-based tooth extractions for children due to dental decay.

Health visitors and community nurses have received training in oral health promotion, so they can support families with young children in providing evidence-based advice, alongside

toothbrush and fluoride toothpaste packs. Children at high risk of decay are identified and referred directly to community dental teams for further help where needed.

This programme is already running in Torbay and Plymouth.

Children in care

Following an expressions of interest process, we have awarded two providers with the Children Looked After dental service.

This service is a specialised dental care initiative designed to provide high-quality, clinically effective dental care for children and adolescents (aged 0-18, including Unaccompanied Asylum-Seeking Children) who are new to the care system or who haven't seen a dentist in over 24 months. The service covers children under the care of one of the Local Authorities (LAs) or those placed within the Devon ICB by other Local Authorities to ensure that the health sector meets its statutory responsibilities.

Two providers, located in Ilfracombe and Plymouth, are commissioned to deliver this service. These sessions operate on a sessional basis:

- **Provider 1**: Offers 6 sessions per month and began service on August 15, 2024.
- **Provider 2**: Provides 1 session per week, with services starting on September 1, 2024.

Both contracts are initially set to run until March 31, 2025 while we agree our longer term commissioning arrangements.

Patients with cancer

NHS Devon will be running an expression of interest process for the commissioning of cancer-friendly dental practices in Quarter 3 of 2024/25.

This will provide additional access to patients who require dental support prior to and during oncology treatment.

Stabilisation and urgent care

Stabilisation sessions are for patients who seek urgent care and who are identified during the appointment as having several additional dental issues that need addressing imminently. Patients can access stabilisation dental care by calling 111.

Stabilisation deals with the provision of a definitive course of treatment for patients without access to an NHS dentists who may have a urgent care need, or are in need of dental intervention to prevent their condition worsening and requiring urgent treatment.

Stabilisation should stabilise the dental issue over a course of treatment that, in the clinical judgement of the dentist, should prevent the person from needing to access urgent care within the following 12 months.

NHS Devon is currently looking at stabilisation procurement for 2025/2026. This is currently in the early stages and further information will be available in the coming months.

Recruitment incentives

NHS England published guidance earlier this year for dentists who are interested in securing 'golden hello' funding to support their recruitment efforts.

The scheme is designed to encourage relocation to areas that have historically struggled to recruit, attract new workforce to the NHS, and retain those who might have otherwise moved into private practice. A 'golden hello' of £20,000 is offered per dentist for up to 240 dentists, with payments phased over three years.

Since the last update in July 2024, NHS Devon has invested £276,500 in 17 posts across Devon.

Market engagement

Prior Information Notification (PIN) for Orthodontic Services in North Devon and Torridge were published on the national procurement sites on 18 October 2024 and will close on 6 November 2024.

Providers have been invited to return a market engagement questionnaire, which aims to provide robust intelligence from the market to support procurement of orthodontics in this area.

Access

Emergency dental access	Routine dentist access
In clinical hours contact the Devon helpline operated by Access Dental - 03330 063 300. Patients will be referred to the closest emergency provider or allocated an appointment. • Torbay - 01803 217777 • Plymouth - 01752 4234664 • Exeter and rest of Devon - 03330 063 300	Contact Devon and Cornwall dental helpline on 03330 063 300. The team can help individual patients secure the best care for them according to their location and ability to travel, and continuously review where and when places are becoming available and ensure patients are allocated to a practice as quickly as possible when places become available.

Registration with an NHS dentist

Patients are not registered with a dental practice in the same way as they are with a general practice, although some dental practices might see patients on a regular basis. Instead, dental practices are contracted to deliver activity and are obliged to only deliver a course of treatment to an individual, irrelevant of where they live, and not to deliver ongoing regular care.

There is no geographical restriction on which practice a patient may attend, allowing patients the choice of where they would like to receive a course of treatment, as long as the practice is accepting new patients.

Dental practices are independent businesses, often providing a combination of NHS and private dentistry. Practices providing NHS treatment are listed on the NHS website and they update this list themselves. Neither NHS England or commissioners hold information on practices who are currently accepting new patients, and practices can close their lists at any time if they are full.

Complaints and patient communications

On 1 April 2023 responsibility for commissioning NHS dentistry was delegated to ICBs across England. The seven ICBs in the South West are supported by the NHS South West Collaborative Commissioning Hub (CCH) to commission NHS dentistry in their area.

To complain about primary care services in Devon – including dentistry – contact NHS Devon for advice and signposting.

In the first instance, NHS Devon will recommend that concerns or complaints are raised directly with the healthcare provider in question. This is the organisation from which you received the service for instance, a dental surgery. However, if that's not possible, they will discuss with you what happens next.

- Telephone – 0300 123 1672
- Email – d-icb.patientexperience@nhs.net
- Post – Patient experience team, NHS Devon, Aperture House, Pynes Hill,

There is a page on the One Devon website dedicated to local information about NHS dental services, which is regularly updated with key information and signposting.

ENDS

TORBAY COUNCIL

Meeting: Adult Social Care and Health Overview and Scrutiny Sub-Board

Date: 7 November 2024

Wards affected: All

Report Title: Local Government Association Adult Social Care Preparation for Assurance Peer Challenge

When does the decision need to be implemented?

Not applicable.

Cabinet Member Contact Details: Cllr Hayley Tranter, Cabinet Member for Adult and Community Services, Public Health and Inequalities, Hayley.Tranter@Torbay.gov.uk

Director Contact Details: Joanna Williams, Director of Adult and Community Services; Joanna.Williams@torbay.gov.uk

1. Purpose of Report

1.1 In June 2024 Torbay council invited the Local Government Association to undertake a Peer Challenge on Adult Social Care Preparation for Assurance.

1.2 This paper presents the feedback report and the action plan from that process.

2. Reason for Proposal and its benefits

2.1 The report outlines the findings of the of the Torbay Council Adult Social Care Preparation for Assurance Peer Challenge.

2.2 The report includes the Adult Social Care Assurance Peer Challenge Action Plan including progress to date.

2.3 The report's findings will assist us in improving the experiences of Torbay Residents and for us to deliver our vision of a healthy, happy and prosperous Torbay.

3. Recommendation(s) / Proposed Decision

3.1 That the Overview and Scrutiny Sub-Board considers the report and action plan and notes its content.

3.2 That the Overview and Scrutiny Sub Board considers receiving an update of progress on the Adult Social Care Assurance Peer Challenge Action Plan quarterly.

Appendices

Appendix 1: Torbay Council Adult Social Care Preparation for Assurance Peer Challenge Feedback Report

Appendix 2 : Adult Social Care Assurance Peer Challenge Action Plan

Supporting Information

1. Introduction

1.1 In June 2024 Torbay Council invited the Local Government Association to undertake a Peer Challenge on Adult Social Care Preparation for Assurance.

1.2 The Council was seeking an external view about the preparation and readiness of the Adult Social Care Directorate for the arrival of the Care Quality Commission's (CQC) Local Authority Assurance inspections; as well as to inform their wider improvement planning.

1.3 This paper presents the feedback report from that process and the resulting action plan.

2. Options under consideration

2.1 The Action Plan is included in Appendix 2 and the recommendation is that an update on this plan is provided quarterly to the Overview and Scrutiny Sub Board.

3. Financial Opportunities and Implications

3.1 None

4. Legal Implications

4.1 Accountability for Adult Social Care in Torbay remains with Torbay Council (The Council), by law. The Council has chosen to delegate responsibility for the operational delivery of key aspects of the adult social care function to Torbay and South Devon NHS Foundation Trust (The Trust). That delegated responsibility is overseen by a Section 75 agreement (Section 8.1 to 8.7), the detail is articulated via a Memorandum of Understanding, set alongside the finance agreement established between the Council, the Trust, and NHS Devon Integrated Commissioning Board.

4.2 This Peer Challenge included services from both The Council and The Trust as well as Community and Independent Care providers.

5. Engagement and Consultation

5.1 The team was on site from 17th – 19th June 2024, following two days supported access earlier in June to carry out Case File Audits. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These included:

- interviews, focus groups, and discussions, with Councillors, people with lived experience, managers, practitioners, frontline staff, and partner representatives; in total over 40 meetings were included on the timetable, and the team gathered views from over 150 people within these.
- preparatory work including a bespoke case file audit covering 11 case files, and reading documents provided by the Council both in advance of and during the Challenge; this included a Self-Assessment of progress, strengths, and areas for improvement and more than 30 documents.

6. Procurement Implications

6.1 None

7. Protecting our naturally inspiring Bay and tackling Climate Change

7.1 None

8. Associated Risks

8.1 Whilst overwhelmingly positive, the Peer Challenge Report identifies areas of weakness that, if not addressed, will potentially continue to have an adverse impact on the experiences of people with Adult Social Care needs.

9. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	18 per cent of Torbay residents are under 18 years old. 55 per cent of Torbay residents are aged between 18 to 64 years old. 27 per cent of Torbay residents are aged 65 and older.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	Adults and Communities
Carers	At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	Adults and Communities
Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by	There is no decision required in his report, therefore no equality considerations are identified.	The Peer Challenge Action Plan will address the equalities issues identified in the report.	Adults and Communities

	a physical or mental health condition or illness.	Equalities issues are raised in the report which will be addressed in detail in the action plan		
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is lower than England.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	Adults and Communities
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	
Pregnancy and maternity	Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	
Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the	There is no decision required in his report, therefore no equality considerations are identified.	The Peer Challenge Action Plan will address the equalities issues identified in the report.	

	South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.	Equalities issues are raised in the report which will be addressed in detail in the action plan		
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	
Sex	51.3% of Torbay's population are female and 48.7% are male	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	
Sexual orientation	In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	
Armed Forces Community	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously served in the UK armed forces.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	

Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)		There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	
Public Health impacts (Including impacts on the general health of the population of Torbay)		There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	
Human Rights impacts		There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	
Child Friendly	Torbay Council is a Child Friendly Council, and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The Peer Challenge Action Plan will address the equalities issues identified in the report.	

10. Cumulative Council Impact

10.1 Not applicable

11. Cumulative Community Impacts

11.1 Not applicable

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Torbay Council
Adult Social Care
Preparation for Assurance
Peer Challenge

June 2024

Feedback report

Table of Contents

18 Smith Square, London, SW1P 3HZ www.local.gov.uk **Telephone** 020 7664 3000 **Email** info@local.gov.uk Chief Executive: Joanna Killian

Executive Summary

1. The integrated care offered in Torbay over the last 20 years is unique in the country and should be celebrated. However, it is not without challenges, which will need to be met head on to ensure its continued effective delivery for all partners, and for local people over future years. The new S75 legal agreement governing the partnership offers a further period of commitment and stability and is an opportunity to consider how key areas of leadership and performance can be consolidated (including through the new S75 Executive Group). Further consideration of improved line of sight for the Statutory Director of Adult Social Care (DASS), and Executive and Political Leadership of the Council, including through the Integrated Care Organisation (ICO) Executive, will be essential for future assurance, to provide visible strategic leadership for Adult Social Care which promotes key values and outcomes such as strengths-based practice and promoting people's independence and choice and control, and to ensure that these can be evidenced in future assessment processes.

2. The Transformation Programme will be essential to this journey, including financial impact and management of savings (or existing budget pressures) within this. It is an extensive programme of work which needs prioritisation, and consideration of where there may be shorter-term "wins" to demonstrate delivery may be important. Longer term, consideration of what happens at the end of the present contract with the delivery partner and local transformation team (in March 25) should be an urgent priority; this coincides with the re-procurement of the care management system (work on which is at an early stage, but implementation of which will be a challenging medium-term project), and recruitment of a new DASS – which when taken as a whole present a set of risks that will need to be carefully managed.

3. The Challenge found a commitment to providing quality care, with individualised care and support in general being well-provided through multidisciplinary teams which were felt to provide the right expertise and care at the right time. The case file audit undertaken as part of the Challenge found good practice, including around legal decision making, and least restrictive practice. Professional practice and line management support was spoken well of within the Challenge and can be used as a foundation for further work to promote a more strengths-based and risk-tolerant approach to delivering support.

4. There are some very strong areas of performance, for example in No Criteria to Reside (NCtR) and Length of Stay (LOS); however, it is recognised that targeted improvement is needed around residential care admissions, and direct payments. Whilst there are waiting lists (in common with many other adult social care services at the present time), including for DoLS, the Council is aware of these, and they are being actively managed. Consideration of the balance of priorities across health and social care performance needs to maintain focus on wider outcomes for people who draw on care and support, and to quantify the benefits of more preventative or social interventions.

5. The Challenge team did not hear about concerns relating to adult safeguarding practice or processes, but the limitations of the present Peer Challenge process for assurance should be noted in this regard, and recent work in this area used as the basis for ongoing assurance.

6. The Challenge heard some positive Lived Experience (in particular from working aged adults), but also of some challenges experienced by others who draw on support (notably carers). There is work in progress to develop a more strategic approach to coproduction, and it will be important to maintain and develop this work to maximise learning from people who draw on care and support, and engagement with your local communities. This will need to include and build on the renewed focus on Equality Diversity and Inclusion (EDI), where more can be done to develop engagement with both staff and local communities. In particular the development of this work (both coproduction and EDI) through and within the ICO can help to ensure that those delivering adult social care assessment and support (whatever their professional assignation) can speak well of this agenda.

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Background

7. Torbay Council (The Council) requested the Local Government Association (LGA) to undertake an Adult Social Care Preparation for Assurance Peer Challenge within the Council and with partners. The work in Torbay was led by Jo Williams, Director of Adult Social Care at the Council, and supported on-site by a dedicated team.

8. The LGA was contracted to deliver the Peer Challenge process based on its knowledge and experience of delivering this type of work for over ten years. The LGA sourced the members of the Peer Challenge team and provided off-site administrative support.

9. The Council was seeking an external view about the preparation and readiness of the Adult Social Care Directorate for the arrival of the Care Quality Commission's (CQC) Local Authority Assurance inspections; as well as to inform their wider improvement planning.

10. The members of this Adult Social Care Preparation for Assurance Peer Challenge Team were:

    - **Alan Sinclair** (Lead Peer), Director of Adults & Health, West Sussex County Council.
    - **Councillor Izzi Seccombe** (Member Peer), Leader of Warwickshire County Council & LGA Vice-Chair.
    - **Leire Agirre**, Head of Safeguarding Adults, Quality Improvement & Principal Social Worker, Central Bedfordshire Council.
    - **Dr. Clenton Farquharson**, Chair of the Think Local Act Personal Partnership & Member of the National Co-Production Advisory Group.
    - **Tom Hennessey**, Director of Health Integration (ASC), Hertfordshire County Council.
    - **Corinne Moocarme**, Assistant Director for Community Services, Care Homes & Continuing Care, Lewisham Adult Commissioning Integrated Team.
    - **Victoria Baran**, Deputy Director, Oxfordshire County Council.
    - **Chris Rowland**, LGA Peer Challenge Manager.

11. The team was on site from 17th – 19th June 2024, following two days supported access earlier in June to carry out Case File Audits. The programme for the on-site phase included activities designed to enable members of the team to meet and talk to a range of internal and external stakeholders. These included:

    - interviews, focus groups, and discussions, with Councillors, people with lived experience, managers, practitioners, frontline staff, and partner representatives; in total over 40 meetings were included on the timetable, and the team gathered views from over 150 people within these;

    - preparatory work including a bespoke case file audit covering 11 case files, and reading documents provided by the Council both in advance of and during the Challenge; this included a Self-Assessment of progress, strengths, and areas for improvement and more than 30 documents;

12. The findings and recommendations in this summary report are based on the presentation delivered to the Council on 19th June 2024, and should be read with reference to it. The supporting detail and recommendations that it contains are founded on a triangulation of what the team have read, heard, and seen. All information was collected on the basis that no recommendation or finding is directly attributed to any comment or view from any individual or group; this encourages participants to be open and honest with the team. The report covers those areas most pertinent to the remit of the challenge only, focused on the CQC Themes as confirmed in November 2023; the

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Challenge Team grouped evidence with reference to these themes and associated quality statements, and this report is structured around them. They are:

Care Quality Commission Adult Social Care Assurance Themes	
1: Working with People • Assessing needs • Supporting people to live healthier lives • Equity in experience and outcomes	**2: Providing Support** • Care provision, integration and continuity • Partnerships and communities
3: Ensuring Safety • Safe systems, pathways and transitions • Safeguarding	**4: Leadership** • Governance, management and sustainability • Learning, improvement and innovation

13. Peer Challenge is not an inspection, and it does not deliver a formal judgement; nor does this report suggest a definitive response against the CQC themes. Rather it offers a supportive approach, undertaken by 'critical friends', and an overview of key findings, with the intention of supporting the Council to form its own view, and to continue its improvement journey where necessary. It is designed to help to assess current achievements and areas for development, within the agreed scope of the Challenge. It aims to help identify the Council's current strengths, and examples of good practice are included under the relevant sections of the report. But it should also provide the Council with a basis for further improvement in a way that is proportionate to the remit of the Challenge, and recommendations where appropriate are included within the relevant sections of the report (as well as highlighted in the *Recommendations* section at the end).

14. The Peer Challenge process offers an opportunity for a limited diagnostic approach to material which is provided (whether through written materials, or through on-site interviews, focus-groups, or observations), as well as a critical appraisal and strategic positioning of this. It reflects a balance of views within the team, based on their experience, and the material made available to them. However, the level of "assurance" which can be provided through this format (whether of quality, outcomes, or good / poor practice, etc) is strictly limited. A Peer Challenge, whilst intensive, is not comprehensive. Peer Challenge is not therefore an alternative to inspection, or indeed to routine or exceptional internal quality assurance, and the Council is strongly encouraged to continue such work, hopefully informed by the findings of the Challenge.

15. The LGA Peer Challenge Team would like to thank Councillors, people with lived experience and carers, staff, and representatives of partner agencies for their open and constructive responses during the challenge process. The team was made very welcome and would in particular like to thank Jo Williams, Director of Adult Social Care, who sponsored the Challenge; and Cathy Williams and her team for their invaluable and excellent support to the Peer Team, both prior to and whilst on site.

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1. How the Local Authority Works with People

Assessing needs: We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Supporting people to lead healthier lives: We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Equity in experience and outcomes: We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response.

- I have care and support that is co-ordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I am supported to plan ahead for important changes in my life that I can anticipate.

Quality statements and I-statements from the CQC Interim Guidance for Local Authority Assessments, November 2023

Quality Statement One: Assessing needs

16. The Challenge found a commitment to providing quality care, with individualised care and support in general being well-provided through multidisciplinary teams which were felt to provide the right expertise and care at the right time. Staff were dedicated to relational social work, and had an understanding of risk-aversion and the importance of positive risk taking. There was an emphasis on wellbeing and disability confidence, and a desire to treat individuals as unique persons, which can lead to better engagement, satisfaction, and health outcomes, as well as promoting independence and thereby reducing the need for future care and support. It was suggested that a shared vision for strengths-based practice and a wellbeing approach to support might help to improve understanding and consistent application of these models across the teams (and indeed, that its development might prove to be helpful in facilitating further conversation about the vision and values of adult social care in the integrated delivery model).

17. The Challenge found inconsistency in how people are referred to within the service, with people who draw on care and support variously referred to as clients, patients, customers, or service users. This was also found in the Case File Audit where in addition some of the entries by professionals may need consideration in terms of use of language (and what it suggests), with an over-emphasis at times on medical terms ("patient", "client") and what the Challenge Team considered to be an overly strong emphasis on medical diagnosis. An agreed and shared language and narrative would help here, not only for consistency, but as a means to improve cultural understanding and sensitivity around the values and purpose of social care support. The language used in health and

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social care settings can significantly impact how individuals feel about their care and support, and using person-centred language promotes dignity and respect, fosters better relationships between care and support providers and people who draw on care and support, and enhances the overall experience of care and support within and around the service.

18. The Case File Audit suggested that there was good person-centred practice, with a clear emphasis on keeping the adult at the centre of decision-making. In most cases there was a narrative about the person, who they are, and what matters to them; there were good examples of listening to the person or their advocate, and their wishes and feelings, to support person-centred practice; and evidence of trauma informed practice with positive outcomes for the person. Being able to evidence these aspects of professional practice and associated outcomes will be essential for future CQC assessment and relates positively to one of the questions posed by the Council to the Peer Challenge: whether the Council is able to effectively describe how it provides adult social care services and outcomes within an integrated provider organisation.

19. It was noted in the Case File Audit that the location of some records is not straightforward, including care and support plans not always being consistent in location on the recording system: there is some variance in recording of eligible needs, and narrative evidencing outcomes as goals was found located in various places. These might be areas to consider since summarising these in one area may be of benefit in order to measure and evidence outcomes more easily. More generally, tracing or understanding a person's journey on the case management system is not always easy, and it was sometimes hard to establish the reason for referrals to other services and outcomes afterwards. Staff also cited the case management system as difficult to use. All of this will bear consideration in the planned procurement of the new Care Management system, as it risks overshadowing good practice in presentation of local work and outcomes for people; or making it less easy to see clearly those areas for improvement (in practice or outcomes, or their cause) which may need to be addressed, or at least acknowledged in improvement work or practice improvement. Additionally, this will be an important aspect of the presentation of local work in preparation for CQC assessment, especially given their present "case tracking" approach.

20. There are waiting lists within the service, including for DoLS, but senior managers are aware of these, and there are plans in place to address them. These include a risk prioritisation tool and close oversight via triage and keeping in contact with the person waiting; and in Occupational Therapy specifically offering the option of an earlier telephone assessment. Work has been done to reduce the number of people waiting for care assessments, but the Challenge Team were told that there was a separate team for allocating referrals, so the triaging process was not fully understood by Social Workers; and it was acknowledged that the PARIS system is not strong for reporting on Waiting Lists, so in some places a local "whiteboard" method was used. Further work to manage and mitigate the impact of these waits will be ongoing and important therefore, and making their impact (and risk) clear within the ICO will be necessary. Short-term funding has been made available to bring down the DoLS list, but having a longer term and sustainable plan to manage demand will be key given the financial and workforce implications. Keeping these visible to the executive and political leadership of the Council will ensure that all are aware of the situation and associated risks, and can develop focus and support for plans to further address it.

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Quality Statement Two: Supporting people to live healthier lives

21. The Challenge heard about positive integration and values, and how this promotes a good service: an effective and fully embedded Multidisciplinary Team (MDT) approach is working for people who need support; and there is an effective rapid response team, and such investment demonstrates a strategic approach to balancing cost and outcomes. Overall, integration in Torbay is not just a process but a fundamental value-driven approach to realising positive outcomes across health and social care, and in general it was felt that those who need short-term or crisis support received a good and timely service.

22. This was supported by the Case File Audit, which found there to be strong coordination of various disciplines in offering input advice and guidance where needed, something which is probably a considerable strength of the integrated delivery model. Urgent referral (or escalation) was responded to in timely and proportionate ways to meet needs and to understand and mitigate ongoing needs; there were joined-up approaches and planning across disciplines so the person does not fall through gaps between services; and alternative creative accommodation solutions were sought where secure placements were not yet available. In general there was strong consideration of risk, and good use of risk assessment tools, with evidence that the risk enablement framework was being utilised. This supported a robust consideration of least restrictive options and Best Interest decisions, and there was evidence of appropriate use of Legal Frameworks and applications to the Court. This points again to good professional practice for adult social care, and line management and oversight in support of this, which is significant (and important to be able to evidence, and evidence oversight and assurance of) given the integrated delivery arrangements.

23. However, there also appeared to be inconsistencies in referral processes, and what outcomes are developed for people moving through different parts of the system; in particular for those people who may have longer-term care needs (or risk developing these) there may be an over-reliance on traditional models of health and care provision (as evidenced by the high rates of residential care). The relative lack of visibility of social care spending may risk less ongoing "check and balance" on decision making processes and associated outcomes as might be the case in a more traditional adult social care department; and there is a risk of inequality of provision or outcomes in this regard, with the suggestion made to the team that there was a "gold-plated" service for some (perhaps in relation to shorter term interventions), but that this would not be affordable in the long-term for all. Further consideration of how to manage this within the financial position of the Council might help to focus attention on the question of whether present care packages (and approach to planning them) represent the best outcomes for local people; or whether there may be an over-emphasis on short-term health system outcomes, which accrue costs and poorer long-term outcomes (as further described below).

24. Panels have recently been introduced to oversee and provide critical challenge around funding decisions. There was mixed feedback in the Challenge about their effectiveness (with lack of clarity or agreement as to their purpose or benefit, whether they support better outcomes for people, and the work involved in their administration and how this impacts on both workload and timely decision making). However, with further communication and agreement as to their purpose these might provide a mechanism to support critical practice across the MDT's, and increased understanding and ownership of how commissioned care impacts on both budgets and outcomes.

25. There is an effective helpline and this is a critical component of the service, providing front-door access to social care that effectively manages the majority of referrals and reduces system

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overload. This was described by some during the Challenge as being accessible and a source of information and advice for other professionals across the service; however, others were more critical of the helpline, describing it as "pot luck" as to who you got to speak to and whether they could deal with your query, and raising concerns that for those who were already known to the Council (some for many years) they would prefer to be able to bypass the helpline and go straight to a "key worker" who knew their circumstances, or that of the cared for person.

26. There is evidence that people are supported to plan ahead for life changes, with proactive engagement of community stakeholders, and commitment to individual coproduction and involvement in decision-making processes. However, pathways and outcomes for care and support plans could be made clearer, and more consistent implementation of personalized care and support planning could be developed in this regard, offering individuals and their carers (where applicable) more choice and control, thereby reducing anxiety about the future, and promoting better preparedness and improved quality of life.

27. Direct Payments are recorded as significantly below the England average. The good availability of commissioned domiciliary care may contribute to this, but the Challenge Team also heard of a number of process or capacity issues which may need to be addressed to support improvements here. The process for Direct Payments was not well understood or embedded in teams and there was no reference to a PA market within the area. Currently, there was not an efficient IT and/or administration function to deal with queries from clients currently in receipt of a Direct Payment; this meant going back through files to establish what the Care Plan entitlement and financial arrangements were. There was no team identified that could support education, training or queries from professionals or people drawing on care and support to develop the Direct Payment offer, and it was suggested to the Challenge that a small team focused on the administration and payment processes for Direct Payments would be supportive here.

28. Conversely, direct payments for carers are a strength, and a lot of work has been done to promote effective engagement with carers. Nevertheless, the Challenge was made aware of areas or concern (or individuals who were dissatisfied) around the carers offer, and this is something which the strong foundation for carers engagement might be used to quickly acknowledge and address. More long-term improvement in support and replacement care for unpaid carers (for respite, or in crisis, where care will otherwise break down) should be considered as an area for which cost can be offset by the benefit of not only good-will, but also the wellbeing and backup to make informal or family care sustainable. It was noted that many care homes do not accept the Short Break Vouchers that Carers are given to arrange respite. This needs to be addressed by the Commissioning Team and the Care Home Providers to ensure that there are sustainable and viable options for Carers seeking a respite placement in a residential setting.

Quality Statement Three: Equity in Experiences and Outcomes

29. Learning Disability and Autism Ambassadors were a very positive example of giving local people a voice. There are some strong examples of coproduction and community engagement, and in particular the team noted the work of and with the Autism Ambassadors who reported having affected real change to processes and having been supported to develop the "Autism Passport for hospitals" and access to the Leisure Card in Torbay without the need to evidence benefit entitlements. Learning Disability Ambassadors were also seen as a very positive example of

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giving local people a voice. Building on this *The Big Plan* (which was coproduced with people with learning disabilities) is a very positive initiative, and the Challenge Team wondered whether it could be used as a model for further coproduction work with other groups of people who draw on care and support (or indeed more widely to meet the needs of the wider population of Torbay). Further examples of coproduction included the active listening and response through the Safeguarding Advisory Board, and the work that the Council has been doing on learning from complaints, noting that in general further feedback from people who draw on care and support will help to inform the Council's improvement journey.

30. Coproduction would benefit from a shared vision: the "why" as well as the "what" and the "how". Coproduction in Torbay health and social care is essential for creating a more equitable, inclusive, and responsive system. Addressing these themes at strategic, operational, and individual levels can support the Council and its partners to build a system that values every voice and meets the diverse needs of the community, and to develop impactful individual changes and transformative systemic improvements, leading to a more balanced and equitable approach to service development and delivery.

31. One practical way to promote further engagement, and thence to develop coproduction, might be through the development of a recognition and reward policy for lived experience contributions, an area of work for which a relatively small budget can support increased ownership and personalisation of local service delivery. Engagement with coproduction expertise might also help to develop both the case for this work, and its vision and purpose, and the Peer Challenge would be happy to signpost to relevant support or to pick up a further conversation in this regard.

32. The Council is developing its work around Equality Diversity and Inclusion (EDI), and there is an aspiration to look at EDI from a trauma informed perspective. This work needs to be more progressive and visible, both for the workforce and for local people, with a better integration of EDI principles across all levels of the service and partnership, increased use of data to demonstrate need and impact (of initiatives), and an understanding that intersectionality is an important aspect of this work: needing to see the whole person rather than individual aspects. There was little evidence within the Peer Challenge that the ICO or council could easily demonstrate that they are meeting the needs of the diverse population of Torbay, or of its own staff; and development in this area to show how it is threaded through other strategies and plans, including the self-assessment, will be important for future assurance and assessment with CQC. It was noted during the challenge that whilst there is a (corporate) Council lead for EDI, they are less in contact with the relevant leads in the ICO than might be expected; and the challenge for Torbay will be that evidence and data around EDI, any plans that are developed, and their impact, will all need to be taken forward through the Trust. Developing clear and shared leadership for this work (in adult social care) across the Council and Trust will therefore be essential.

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2. How the Local Authority Provides Support

Care provision, integration and continuity: We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Partnerships and communities: We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

- I have care and support that is co-ordinated, and everyone works well together and with me.

Quality statements and I-statements from the CQC Interim Guidance for Local Authority Assessments, November 2023

Quality Statement Four: Care Provision, Integration, and Continuity

33. Staff at all levels consistently referenced the benefits of integration, citing co-location as the key factor in frontline relationships, and greatly improving response times to people drawing on services. Staff from across a range of teams were all able to cite examples of speaking directly with nursing, physiotherapy, community matron's, occupational therapists and other allied professionals to achieve the right advice, intervention and positive outcome for a person. This is particularly the case in times of crisis, with crisis situations described as being well-managed, with MDT responses provided quickly to people. Frontline practitioners described how people were appreciative of the wrap-around care that is offered to them from a multi-disciplinary perspective (something for which it would be helpful to provide further positive evidence from those with lived experience). Social care staff referenced the ease of access to information (with both health and social care staff using the same case management system) as being an enabler for joined up care, although some barriers were described by staff when needing to access substance misuse or mental health services.

34. It was noted that Occupational Therapists are now back in the adult social care structure. Staff report good collaboration between Social Work and Occupational Therapy, and OTs were described as "marvellous" once contact was made; however, Carers Groups suggested that information was not routinely provided to Carers on Disabled Facilities Grant (DFG) and Adaptations, and that they would appreciate signposting to this. The Occupational Therapy team hold a separate waiting list and therefore risks around the overall experience of the person should be considered along with opportunities for trusted assessment. Data reporting could be further supported by clearly identifying Occupational Therapy waiting times in the current suite. It is noted that DFG applications outstrip grant supply in particular, due to high numbers of home extension requests, and whilst local arrangements are in place in the short-term, performance reporting could support greater transparency of the scale of the financial issue and generate further insight into accommodation development opportunities.

35. The teams are proud of their approach to Social Work retention and growth and cite low turnover as a particular strength. Some staff reported that the focus for the Health Trust was on hospital flow and that this created a "demand and flow" approach to work. As such opportunities to practice relational Social Work and strength-based approaches can feel limited, and opportunities to focus on preventative models of support were also felt to receive

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less attention, with concerns raised about a lack of positive risk taking, over prescription of care at the point of hospital discharge, and of a diluting of the Social Work profession. The self-assessment acknowledges the use of bed-based care with high rates of admissions to care homes. For adults admitted into Pathway 2 beds on hospital discharge staff report low numbers of people returning to their own home, and that people often experience multiple moves before being admitted to a permanent residential home. This stands in contrast to strong performance measured by low numbers for No Criteria to Reside (NCTR), for hospital discharge, and Long Length of Stay (LLOS). In summary, some social care staff expressed a concern that the voice of adult social care is lost (or risks being lost) in a medical model, and the Peer Challenge Team suggested that what counts as "good performance" might also risk being viewed through an NHS lens.

36. The Jack Sears unit is seen as a success story, and had just opened at the time of the Peer Challenge; it is due to provide 26 reablement beds and may support greater numbers of people to return to their own home. This will need to be monitored, alongside wider system data, since there is inequity of provision of reablement following hospital discharge, leading to some people experiencing poor outcomes, and potentially having to move care settings several times. Coverage of reablement services was noted to be in the top quartile for coverage of the population, however outcomes are in the lowest quartile (although this is in part caused by the Intermediate Care services being recorded together with traditional reablement). More engagement with people and their families is required to ensure that outcomes are met and preferences taken into account, and further work to explain the outcomes for people in Pathway 2 would be beneficial since these are not presently well described, and there is a risk that people are not being actively supported to return home. Consideration to pathways and data segmentation may further support an understanding of the opportunities to deliver enabling services and improve outcomes across both reablement and intermediate pathways for local people, and Capacity and Demand modelling for Pathways 0-3 could help to align this with national best practice.

37. Overall, the apparent focus on bed-based care rather than delivery of the adult social care strategy and independent living, results in admissions to care homes above the England average, and it was not clear that there is a clear operational plan to reduce this. This equates not only to less positive outcomes for local people (with an increasing number going into long term care), but also increasing costs which must be borne through adult social care budgets (albeit hosted within the ICO, but therefore experienced as a developing pressure within the agreed cost envelope). The ambition to further develop 72 Extra Care apartments through an Enabled Housing model is a positive step forward but is acknowledged that this alone will not be sufficient to provide long term feasible alternatives to residential care. The Challenge would recommend that there needs to be more focus on wider social care outcomes, and especially for those people who do not come via the hospital – people living in the community. This will need clarity of purpose within the ICO to drive change in practice (and with clear rationale as to the benefits for the system, for costs, and most importantly to improve outcomes for local people). This work will also need the support of the market plan to be delivered, with more strategic and operational planning across the partnerships, and including across the Council in housing, and commissioning.

38. There have been successful ongoing reductions in the number of people awaiting assessment, and subsequent requests for domiciliary care have resulted in a more timely response for people. The performance data report indicates that barriers to provision of domiciliary care

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may include small packages of care e.g. 30 minutes per week. Consideration of how to embed strength-based practices utilising all community assets prior to commissioning care could be helpful to potentially reduce this type of request.

39. Carers leads and information hubs are embedded in all Primary Care Networks across Torbay, with Carer Support workers are available for drop-in advice and support. Torbay Carers has Carers Information and Advice Hubs in several geographical locations, and there are a wide range of support groups that Carers may attend. These include groups for Young Carers, Young Adult Carers, Parent Carers and those caring for people with Substance Misuse issues, Mental Health and Dementia. There is a Carer Advice Service at the Acute Hospital that supports Carers with any issues encountered in hospital and also around hospital discharge arrangements. Carers are provided with an orange lanyard so that they are easily recognised by hospital staff, and staff training is provided around the identification and support of unpaid carers. Carers also report that they have experience of being supported with safeguarding. All of this speaks of a good service offer, and the Challenge more generally heard about good and sustained relationships with carers groups. However, it was also evident from speaking with carers whilst on-site that there may be more work to do in terms of communication and expectation management, as well as explaining how different services interact with each other, to ensure the care management of residents is optimised.

40. The Public Health Team work closely with Commissioning Teams to ensure evidence-based commissioning. Whilst there is no analyst who works across Health and Social Care there have been collaboration on key pieces of work such as Dementia. Public Health support a data driven approach to taking a whole population view, but there may be further work to do to support better identification of unmet need and a more preventative approach before people arrive at the "front door". Similarly it was felt that there could be more focus on the development of Neighbourhood Health and Wellbeing Hubs and Children and Family Hubs as these both offer excellent opportunities for prevention interventions. Employment and Housing would both benefit from further focus, with a large number of working adults not in employment and a shortage of accommodation that can be adapted to ensure flow through the Homelessness/Substance Misuse pathway. The Public Health Team are keen to work more closely with Primary Care colleagues especially around keeping people in employment, and are utilising intelligence gained from sick notes to support this. There is a very good Healthy Ageing approach in Torbay, and it was felt that this could be more targeted and joined up across health and social care. The Mental Health Alliance is also strong and Public Health have worked with the alliance to support Suicide Prevention work.

Quality Statement Five: Partnerships and Community

41. There is a strong socio-economic community infrastructure in Torbay, with good community engagement and information sharing through advisory boards and marketplaces. The VSCE (Voluntary, Community, and Social Enterprise) infrastructure is well-organised, well-connected, and effective, with an overarching Assembly which identifies funding streams and directs to best outcome focused delivery, and provides opportunities for people in the local community. This is a valuable local resource which appears able to self-mobilise in crisis, and with good capacity within the VCS community to deliver for local people both in ongoing and more crisis situations. They are a strong partner much valued by all parties, and are regular attenders at Council Scrutiny, where they feel they have a voice. They are appropriately linked to the Council and the Trust and were described as doing a lot of "heavy lifting". Consideration should

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be given as to how preventative funding and support to this infrastructure accrues longer-term benefits (and how to evidence this appropriately); and conversely the potential costs of any reduction in this capacity – something which is often at risk from budget reductions given that it is a non-statutory service.

42. The Care Home Quality Assurance and Improvement Team (QAIT) were cited as a valuable resource, enhancing health care support to the care sector (and much appreciated in this work). The team adopts a clinically led model, based at the Acute Trust, and support Care Homes, Domiciliary Care providers, and Supported Living. They are a small multidisciplinary team including nurses and OTs (jointly managed by Nurse and OT) and have access to Falls Specialist and Pharmacy support; their aim is to be supportive and responsive to the needs of social care providers. They work with Care Homes that have high ambulance call out rates to determine what support, guidance and training is needed to enable them to ensure that hospital admissions are avoided whenever it is safe to do so. There had previously been a focus on the NHSE Enhanced Health in Care Home Framework but this has diminished due to staff changes. The team have facilitated access to NHS training for nurses in care homes, and are in general seen as having positive, integrated approach to bringing health and social care staff together to drive up quality and experience for residents in care settings. Training offered to Care Homes include Restore 2 (Deterioration Tool) and Social Care providers can access the HIVE platform (NHS Training Hub).

43. Care Home providers expressed concern that there were no regular opportunities to interact with the Council; there is no Care Home Provider Forum and there appears to be an absence of other more regular networking opportunities. Meetings that were put in place during Covid have stopped, and providers felt that they had “no voice” and were not heard by the Council. As many Care Homes have a client base of mainly self-funders, they are not routinely contacted by the Council and negotiations around council funded residents take place on a “spot purchase” basis. Development of a Provider Forum could go a long way to securing market support and improving the outcomes and flow for people who need to draw on care and health services. It could also provide a place to develop the collaboration that will be needed with providers to support the delivery of the market plan. Care Homes have been left discouraged by the Fair Cost of Care process, which took a lot of input from them and then did not progress, and there is a real opportunity here both for funders to understand more about Care Home pressures, and for providers to understand the funding constraints faced by the Council (in common with the sector nationally); and thereby to move towards agreement on a realistic costing model.

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3. How the Local Authority Ensures Safety within the System

Safe systems, pathways and transitions: We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Safeguarding: We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I feel safe and am supported to understand and manage any risks.

Quality statements and I-statements from the CQC Interim Guidance for Local Authority Assessments, November 2023

Quality Statement Six: Safe systems, Pathways, and Transitions

44. The Challenge heard about urgent referral (or escalation) being responded to in timely and proportionate ways to meet needs and to understand and mitigate ongoing needs; there were system wide joined-up approaches and planning across disciplines, so the person does not fall through gaps between services. Staff teams felt that their unique ability to call upon many professional disciplines meant that people received a timely, safe, and person-centred service without handoffs and delays. There is a very stable workforce with broad opportunities for rotation and development opportunities across health and social care, which results in good and rich practice. There is a "grow your own" approach for Social Work, and a strong sense of "family" amongst the Social Work team. This supports career development, excellent retention of staff, and robust ability to meet current and future service needs, and staff reported that their own knowledge and skill-set was enhanced by the opportunity of working so closely with other disciplines. There is strong cross-fertilisation of knowledge and skills as a result of integrated working, and staff teams saw that this enriched their knowledge on available services, and enabled them to be well placed to advice people about wide ranging options across health and care services.

45. Some partner agencies and people said that at times it was difficult to speak to a social work team to relay information about changing needs. Some adults with a learning disability who are open to learning disability nursing may not be visible to Adult Social Care in the current case management system due to the way in which the system is configured; this means that when a change in need is reported, they are at risk of waiting unnecessarily for an unplanned review. Staff suggested that access to mental health support for people with a learning disability would be an area that could be improved. This was further reinforced by a group of people with lived experience who pointed to a lack of face-to-face services, reporting that services had an overt preference for digital contact, which resulted in difficulties for people with a learning disability in accessing information, advice and support. Overall it may be the case that partner agencies (and indeed different teams across the service) are not always as familiar with the various teams and roles

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and responsibilities as might be helpful, and further communication across the service and with partner agencies on any recent changes, and improving the information on the website on how to refer/report, may be an area for consideration.

46. The Case file audit found examples of joined up approaches in Transitions, with care and support being planned and organised with the person, their family and the advocate. The transition team were collaborative at working together with partners and communities in ways that improve their safety across their care journeys, and that ensures continuity in care where people were moving between services. There was careful consideration of the impact of transitioning on the person, and where changes in accommodation were considered there was robust risk assessment in relation to the adult and to other individuals in the community in which a person would live. There was consideration of moving at the pace of the adult to ensure personalised, safe and well-coordinated services when transitioning into adulthood, considering graded visits, phasing, sensory room, likes and dislikes, aspirations; therapeutic support was identified, and it was possible to "see the person" through the narrative.

47. Staff described difficulties engaging with Housing colleagues as resulting in delayed and poorer outcomes. Care provision for those with a learning disability is provided, but not always evaluated in a timely manner, and the Challenge Team heard that care packages could be reduced earlier to promote and support the persons independence; but the final steps to allow people to move into independence is housing and there appears to be significant lack of suitable independent living. Social Work teams were often finding innovative solutions to mitigate against a lack of provision for people requiring accommodation suitable to meet their complex needs, but there were references to the lack of coordination with housing and a lack of options for appropriate accommodation. In general there did not appear to be a clear means for Social Care to report areas of unmet need/development to the Council's Housing Team, and it is suggested that further collaboration with housing will be supportive of increased options for accommodation with support.

Quality Statement Seven: Safeguarding

48. There are strong quality checks for safeguarding and enquiry process, including the sign-off (closure) process. As part of a robust quality assurance arrangement there is a panel that undertakes a quality check for all completed Section 42 enquiries. In addition, there is regular auditing of decision making of not for Section 42 enquiries, providing assurance for statutory functions of the Local Authority, and sign off given by non-operational safeguarding leads. Multi-disciplinary input from disciplines across a varied range of health and social care professionals is readily available as part of Section 42 initial enquiries and/or further investigations. This brings invaluable expertise in to Safeguarding Investigations and provides assurance that the issues have been considered from a wide range of perspectives.

49. Operational safeguarding data is well monitored and tracked. There have been several audits to support Sector Led improvement into Safeguarding, the learning of which is being responded to and monitored. There is a strong learning culture that can be evidenced in the way that people talk and the way that people reflect on their own practice. There was a strong sense of "no blame" and openly discussing where things have gone wrong, and a sense of continuous improvement and learning from feedback.

50. Oversight of the Safeguarding Adults Board (SAB) in managing trends and learning activity is reflected on its website. Conferences are arranged for the benefit of the wider partnership and learning and development is offered across the system to upskill staff across disciplines. There

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is an alignment between published learning from Safeguarding Adults Reviews (SARS) and information held on the website is available to both staff and the public; however, this needs to be timely, focused and further embedded. Some progress has been made but further energy and commitment is needed to ensure that learning recommendations from SARS have a clear plan for delivery and are tracked effectively, and that the benefit of the learning are evidenced and realised.

51. The SAB is leading several workstreams in coproduction and hearing from various people with lived experience of safeguarding. There are a number of initiatives and groups that have been created and there is extensive exploration of engagement with people through local faith groups. The Board has visibility and feedback from people with regard to Making Safeguarding Personal (MSP) with desired outcomes recorded in the SAC and MSP national framework.

52. Further work to develop closer working relationships with the Children's Board around Transitions will further support the SAB: developing strategic oversight in the Health and Social Care Partnership around pathways, transitions, risks and opportunities for young people transitioning into adulthood needs buy in across the organisation.

53. As a result of the various safeguarding adult reviews undertaken in recent times the SAB has highlighted a number of types of abuse which are emerging locally. There is a good example of information on these which is shared with other Boards. Notable, there has been a rise in instances of domestic abuse and self-neglect, and whilst this is in line with the national trend, targeted work across the partnership such as thematic auditing into these areas, may highlight opportunities for prevention and reduction of such instances.

54. Staff teams spoke of the need to improve support around homelessness, and the need to improve on the interface with Drug and Alcohol and Mental Health Services. Close monitoring via auditing on the experiences of homeless people via the SAB may support improvement or developments in this area: the national directive from the Department of Health and Social Care following the 2022 'Ending Rough Sleeping for Good' strategy, includes recommendations for how Safeguarding Adults Boards can support individuals rough sleeping.

55. There is a keen awareness of the present DOLS waiting list, and work is being done to address this. There is a robust triage and prioritisation process in place, and Section 21a challenges are effectively tracked. There has been a review of effectiveness and efficiency in collaboration with Regional and National colleagues. Whilst funding has been put in place to reduce these waits, this is non-recurrent, and a sustainable and funded plan for DOLs delivery is needed to reduce demand and meet statutory duties and Human Rights compliance.

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4. Leadership

Governance, management and sustainability: We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Learning, improvement and innovation: We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Quality statements from the CQC Interim Guidance for Local Authority Assessments, November 2023

Quality Statement Eight: Governance, Management, and Sustainability

57. The integrated care offered in Torbay over the last 20 years is unique in the country, and should be celebrated. The Section 75 has now been agreed for another 5 years, and offers a further period of commitment and stability. This provides a formalised structure that secures the Integrated Care Organisation (ICO) and integration programme for the medium term (albeit with a break clause on an annual basis with 12 months' notice), and the opportunity to consider how key areas of leadership and performance can be consolidated, and potential risks identified and mitigated.

58. The support of the new S75 Joint Executive Group will be important to oversee this, including around delivery of the Adult Social Care Transformation Plan, and associated financial savings. However, further consideration of leadership for social care in the ICO at senior level (including the line of sight of the DASS, and Executive and Political Leadership in the Council and the ICO) will be essential for further assurance that Adult Social Care outcomes are achieved, that statutory duties are met, and that this can be evidenced to CQC as part of any future assessment process. To be clear: the Peer Challenge did not find (or take a view) that there were significant failings in these areas (although there were areas for improvement as noted elsewhere in this report); but it took the view that it was difficult to demonstrate that there could be thorough assurance at the present time, to feel confident that the Council would know if there *were* failings, or have sufficient leadership presence to identify and argue for prioritisation of improvements. To this end, the Challenge Team would strongly recommend that formal representation (most probably by the DASS) be considered on the Integrated Care Organisation (ICO) Executive.

59. The integrated arrangement is not without challenges for Adult Social Care, and these will need to be met head on to ensure its effective delivery for all partners, and for local people over future years. Those most clearly identified by the present Challenge related to ongoing support for social care values and outcomes; prioritisation of key performance measures; and financial pressures and oversight. Whilst there is strong professional leadership for Adult Social Care in the ICO, more visible leadership at a more strategic level (as described above) can help to promote key values and outcomes (and their importance for local people). These include strengths-based practice and promoting people's independence and choice and control, as well as wider social outcomes and determinants of health and wellbeing; and to help to ensure that these can be evidenced in future assessment processes. Such leadership can also support the effective prioritisation of (and risk

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assessment in relation to) key areas of adult social care performance, such as direct payments, or admissions into long term care – an area of current poor performance which will also contribute to increasing costs. In particular (in the context of the present Challenge), the future cost and wider implications of a less than Good CQC judgement, both for Adult Social Care and the wider partnership, risks having less emphasis day to day than key health partnership metrics such as NDtR or LLOS (which are monitored "live" and are seen as an immediate "must-do"), but it should not be underestimated.

60. In relation to financial risk, the scale of the partnership (and extent to which it is now seen as the only way forward) represents a significant challenge, in particular the ongoing ability to realise the funding from both strategic partners. Adult Social Care is seen by some as at risk of being lost in the ICO, or put behind health priorities; whilst for others, the financial pressures associated with Adult Social Care are seen as being carried or subsidised by health. The Council's financial commitment to the 5-year programme has been notionally structured on use of the Adult Social Care Precept for 3 years, based on increases of 3%, 3% and 2% – increases which have not as yet been secured through Government commitment, with the risk for the Council of needing to identify this resource from core funding if the precept were not to continue. In addition, there is concern from finance colleagues regards the cost of the partnership, and whether accruing social care costs may be less visible within it; and more widely, a present question for the ICS concerning the overall affordability of the wider system, across what is a fairly small health and care footprint.

61. To some extent being "eyes open" to the financial interdependencies, and able to model some of these in contrast to more traditional NHS/Local Authority systems and dynamics might be helpful here. There are strong relationships with the DASS and more widely across senior staff who hold some of this knowledge and oversight, and manage such tensions as they arise; these aid integration and partnership working (although this in itself poses a risk if roles or personnel or processes change). And the redesign and formalising of the S75 Executive Group is seen as a means of putting a structure in place to support this. Everyone is clearly committed to the model for many reasons including outcomes for local people – integration is seen as being "in the genes" of both NHS and Local Authority locally, and there are regular discussions and an openness between NHS and Local Authority colleagues, and relationships and colocation are seen as an important aspect to delivering timely and appropriate responses for people. But there was also some recognition that there is not an easy alternative at this stage ("there is no Plan B"), so there is a necessity to make this model work. There may be a danger that in seeing integration as the only or inevitable way, there is lack of clarity around risks or possible negative impacts of this approach in particular areas of delivery; or the work that needs to be actively done to mitigate these.

62. The Transformation Programme will be essential to this journey, including financial impact and management of savings (or existing budget pressures) within this. It is an extensive programme of work which needs prioritisation, and consideration of where there may be shorter-term "wins" to prove its benefit may be important. Given the financial risks noted above, it is essential that the transformation programme can deliver, and the Challenge Team suggested that there is a need for improved line of sight for the ICO and Council Leadership of the Adult Social Care Continuous Improvement Board and Transformation Programme. There was some evidence that senior staff across the Council and ICO and ICB have an awareness and understanding of the improvements and transformation projects, but it was not clear that there was full buy-in or understanding from all senior leaders of the impact, outcomes, and timescales of delivery for the programme – especially within senior leadership of the ICO and ICB. Nor was it clear that all senior managers (or other staff) understood it, or their role in it, or the importance of this programme to support the financial

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position. In the short-term the Challenge suggested that delivery plans need to be clearer and to start delivering, perhaps focussing on some quick wins that can build confidence and momentum. In the medium term, it was noted with concern that the present transformation partner and budget for this work (including the local transformation team, who are all seconded) are uncertain beyond March 25; consideration of what happens at the end of the present contract should be an urgent priority, especially given that much of the work is longer-term than in-year projects.

63. More widely, there are some good plans in place (some of which have been coproduced) including an Adult Social Care Strategy, Market Plan, and the Big Plan. But there was a sense in the Challenge that there were a lot of plans, some of which were at an early stage, and will require further sign up from partners. The Challenge Team did not see clear delivery plans to follow up, and wondered whether without greater clarity and communication these might risk getting lost between the Council and the ICO. Some work to align or consolidate the different plans, take stock of progress and timescales, and to prioritise across them for further delivery might help the Council and its partners to identify key shorter- and longer-term deliverables, and to be clear about who is responsible for or supporting them. An evaluation of the Transformation Programme might also support planning for next steps, including through clarity of impact and outcomes.

64. The end of the present transformation programme (contract, and in-house support) also overlaps with the likely timescale for re-procurement of the Paris care management system (work on which is at an early stage). Getting the best specification for this procurement, as well as careful project management of implementation (which will be a challenging and costly medium-term project) will both be essential, not least because of the complexity of the necessary interoperability with local NHS systems. There are lessons that can be learned from other Local Authorities who have recently gone through similar re-procurements (in the South-West, or more widely), and members of the Peer Challenge Team suggested that amongst other things it will be important not to lose the good "person history" of the present system in whatever is commissioned for the future. In whatever case however, a detailed road map for procuring and introducing the new system is needed soon and will need to be communicated and visible to all key staff.

65. A final significant risk in the second half of the present year relates to the recruitment of a new DASS, following the retirement of the present post-holder (whose long and in-depth experience of the local integrated arrangements, and as DASS more widely of the local leadership and context, is invaluable). Whilst on-site the team heard about and witnessed the leadership of the present DASS; her significant local (and historical) knowledge of the system, and its people, complexities, dynamics, and processes; and the respect and trust with which this was held by Adult Social Care staff and partners. Her departure and recruitment to the post will therefore represent a significant change for the local system and services, and its management and leadership, and care will be needed in how this is approached and communicated (and noting that during the on-site Challenge, whilst some were aware of this change pending, not everyone was).

66. The Leader of the Council and Portfolio Holder for Adult Social Care were both engaged with the Peer Challenge and show strong understanding and commitment to the area. Introduction of a monthly *Marketplace Stall* allows people to be heard directly by them and this has been welcomed; and the Challenge heard about the value felt by people who use services in the engagement of the Leader and Portfolio Holder with them. As an example of this, during the development of *The Big Plan*, coproduced by people with a learning disability, the Leader spent a whole day with the Sector experiencing the different groups and providers. The Portfolio holder describes herself as a "champion for the sector", bringing experience and a clear passion to help people, and has grown in knowledge and experience since taking on the role a year ago. *Quartet Meetings* with the Leader,

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Portfolio Holder, Chief Executive, and DASS are held regularly, and the Leader attends Regional-wide Partners meetings, and meets with Portfolio Holder at least weekly. The hope was expressed that "we know ourselves good or bad, and that we are on the right track".

67. It was unclear to the present Challenge how political leadership is working across the wider health and care system (including oversight of the ICO) or how it engages with the Integrated Care Board (ICB). There is a new ICB Chief Executive in post, and this (along with local NHS leadership) may take time to bed in, but this might be an area for further work. Whilst the Challenge did not hear about the Health and Wellbeing Board, this may be another forum which has a role to play in supporting political engagement with the wider health system. At a more operational level (given the role of the ICO in Adult Social Care delivery) it was suggested by the Team that regular meetings for the Portfolio Holder (briefed and supported by the DASS and her team) with the ICO Non-Executive Director could support and promote the ongoing work of social care within the ICO.

68. Scrutiny has been seen as positive in some areas, with themed meetings pre-coordinated, and often starting with a site visit to share wider learning. The Peer Team heard that whilst it has been subject to some recent political challenges, relationships are now found to be improving again, and fortnightly meetings with cross-party leaders have been used to resolve some of the tensions.

Quality Statement Nine: Learning, Improvement, and Innovation

69. Torbay's Integrated Care Organisation (ICO) is its USP: the model for social care delivery is seen as a pathfinder and national leader, and there is much learning that can and should be shared from this experience. The culture and leadership across the whole sector supports the integrated arrangements, and the Peer Challenge found committed staff across the system, who spoke enthusiastically about the integrated model of service delivery in Torbay, and how this can deliver good outcomes for local people. Staff who met with the team were all positive and passionate about the integrated way of working – and the Challenge Team heard stories of people who had moved from other Councils to work in Torbay.

70. Staff were in general completely committed to the partnership and the system, which is a huge strength, but as noted above, might at times risk eliding the question of whether there is anything risked (or lost) in this approach, or whether there is good practice that could be taken into the integrated model from non-integrated delivery elsewhere. Knowing “what good looks like” and how to measure this is as an important starting point to answer the question “why do we do this in this way here?” (rather than just “because we always have done”!). Being able to describe the rationale to key models, strengths, or risks, and in supporting staff to be able to do the same, is an important back-up to the Self-Assessment and introductory meetings with CQC (which starts the on-site assessment phase, as it does in the Peer Challenge). Supporting staff to engage with regional and national networks and groups where they can compare and contrast different aspects of what is possible in Torbay’s unique delivery, with what and how things are done elsewhere, could be helpful to avoid tunnel vision in any one part of the service (whilst accepting that the integrated model needs to be the vehicle for delivery of the whole). This might include for instance benchmarking against comparator authorities’ outcomes for key delivery areas; or learning from others in relation to best practice in delivery of wider social care outcomes; or involvement for middle and senior managers in SW ADASS Regional Networks or events, or as peers in LGA Peer Challenge Teams elsewhere in the country.

71. There was a strong culture of “grow your own” in the local workforce, with good evidence from staff about opportunities for development and promotion, and low sickness, vacancies, and

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turnover rates. Staff who met with the team were very positive about the support they received from their colleagues and described good support from visible professional leadership and line management, including through supervision and appraisal, and more informally. Learning processes are in place to support improvements in practice, and more widely to assure it: this includes through SAR's, Oliver McGowan Training, working with people who draw on care and support, and working with the voluntary sector. Training was described as good, and there was positive engagement with Social Work Practice Weeks, where a focus on sharing good practice has engaged staff and senior managers.

72. Further work is needed to improve staff's awareness of priorities, plans and strategies, and how these will support future assurance and assessment processes, as well as Adult Social Care delivery. Staff awareness of the major plans and strategies was variable, and a significant proportion of the staff who spoke to the Peer Challenge did not seem to know about (or at least be able to talk confidently about) these or have an understanding of their part within them, including for instance the Self-Assessment, or Big Plan. It also includes the Strategic Workforce Plan (which builds on a "Grow your Own" workforce developed with the South Devon College who will be part of the delivery). Transformation is such an important part of the next five years, and whilst it has been "heard" by staff, there is not a plan that has been widely shared as yet and staff were not clear about the timetable or how it affects them. The Peer Challenge Team wondered whether visibility of Council plans across the ICO an issue might be, or at least could be perceived to be (on a future CQC assessment visit) on the basis of how staff presented to the team; it was certainly suggested that communication of new plans and strategies is not always strong and uncertainty remains in the staff about these.

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Preparing for CQC Assessment

73. The Council worked hard to prepare for and facilitate a good Peer Challenge process. Dedicated time and resource and leadership were identified at an early stage, and were available consistently throughout the process. There can be a risk of under-estimating both the lead-time (including for different aspects of the preparations) and necessary resources needed to prepare for a Peer Challenge (or future CQC assessment process), but this was not the case here.

74. The Council developed a well-structured Self-Assessment which helped to guide the Challenge Team in line with the CQC Themes; this was supported by a prioritised, but nonetheless comprehensive set of further evidence materials. These were delivered in a timely way, and referenced in the Self-Assessment, providing a helpful means of aligning evidence to key statements or sections. Some team members felt that the self-assessment could more clearly signpost to good practice evidence (something which will be important for an incoming CQC assessment team); and in particular that the initial presentation could better help an incoming team understand how strengths and areas for improvement connect with the local service model (and how this may be different from elsewhere); these are perhaps areas for review.

75. It was noted that the compilation of some of these materials (including data and other evidence) needed to be developed through the ICO teams and infrastructure, and that this presented some time-challenge. This would suggest the additional importance in Torbay of undertaking the preparatory work for the CQC Information Return in advance of a CQC notification, since the turn-around time for the Information Return is presently the tightest part of the process (at just three weeks). All the materials were made available by email, along with other materials pertinent to the Challenge; this made the materials easy to access, but might not be a fully secure way of sharing sensitive materials. (This is unlikely to be an issue with CQC Assessment however, given that they have developed a portal for uploading all relevant materials in advance of the on-site work.)

76. The Case File Audit reviewed 12 case files, which had been selected by the Local Authority, but randomly so, and without prior audit (something which would not generally be the case for future CQC assessment, and which suggests a positive desire to learn and reflect from the present Peer Challenge process). The Case Files were drawn from across a variety of teams, and so represented the assessment of needs, and care and support provided, for a diverse range of people, including older people, those with a mental health diagnosis, people with a learning disability, people with complex needs, people admitted to hospital, a safeguarding enquiry, and a transition. The audit offers a limited “snapshot” of practice and processes, and some indicative findings; it is important to see these as the basis for further follow-up and assurance, and ideally more regular and thorough-going audit as part of ongoing practice development.

77. Consideration had obviously been given as to how to provide evidence of outcomes for people who use or have contact with council services, and this might be further developed and linked with the routine use of care management systems and future case file audits, as well as through inclusion of lived experience feedback in regular reporting on transformation and improvement plans. Evidence of this kind will also come through contact and conversation with front-line staff, so ongoing support to all staff across the ICO who have roles touching on Adult Social Care (given the unique delivery arrangements in Torbay) to answer the “so what?” question, will support any future assessment team in hearing about positive outcomes, and the reason for, and impact of any changes or improvements that are happening.

78. Ongoing consideration could be given how to involve people with lived experience in the preparation for and delivery of future assessment. This is work in progress for all Councils at the

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present time, but early consideration of how to routinely engage a strong (and hopefully positive) lived experience voice as part of ongoing work will support not only the developing approach to coproduction, but also provide good evidence of this in CQC assessment.

79. The team were made to feel welcome, and many small details were planned for and delivered: staff were available to support access to the council offices (and IT / care management system for the case file audit); car parking access was made available; access needs were appropriately addressed and supported; refreshments and lunch were made available each day; and IT resources and wi-fi were made available whilst the team were on-site.

80. The area of the council offices where the team were situated was arranged specifically to accommodate the team (and is not routinely used by Adult Social Care). This offered some positive aspects such as good accessibility, co-located meetings rooms, and waiting space for interview participants. However, it did mean that the team (and those supporting the team) were at a distance from the Adult Social Care offices, with some logistical challenges for local staff associated with this.

81. The Challenge Team was aware that written briefings for staff and partners supported engagement with the Challenge, and this was to large extent successful: most of those invited to attend interviews or focus groups did so, and participants showed good engagement with and understanding of the interview and focus group process, as well as of the wider Challenge, its process, and purpose. Staff received debriefing sessions with the Deputy Director of Adult Social Care following meetings, something which is sometimes included as part of a feedback loop in e.g. OFSTED Inspection, and which can help the Council to respond to issues as they arise during the on-site phase of an assessment. During the Challenge managers were present in most meetings, but this does not appear to be the case in recent CQC on-site assessments; so this may be something to consider in advance of a future CQC assessment visit.

82. There was generally positive feedback about the process and the on-site team, and the positivity and engagement with which the Challenge was received was evidence of the positive attitudes and openness of staff towards the process, and indeed more generally within and around the Council.

83. Whilst the initial presentation from the Council was kept “in house”, the final presentation from the Peer Challenge Team was open to wider invitees who had been involved in the Challenge, including partners and staff. This showed an openness and transparency in the process, and a desire to engage with stakeholders around assurance and improvement. It is understood that plans are in place to further disseminate the findings, and the resulting action plan.

84. The Council would benefit from quantifying the resources deployed in terms of staff time, and at all levels, both in preparation for the Challenge (e.g. in preparing the Self-Assessment and supporting evidence, development of timetable and diary management for invitations, etc), and whilst the team were on-site. Whether this may need to be built into CQC preparation either as a standing resource, or some kind of “on call” team with responsibility, experience, training, and allocated time as and when called on, could be something for future budgetary and role considerations. Those who were involved in preparing for and supporting the Challenge have developed good knowledge both of the process, and of resources in the Council which are required to prepare for and support it, and consideration might be given as to how to protect, harvest and grow this knowledge in advance of any future assessment process.

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Recommendations for next steps

The Peer Team appreciate that senior political and managerial leadership will want to reflect on these findings and suggestions in order to determine how the Council wishes to take them forward. In due course the LGA will be pleased to work with the Council to consider progress in line with wider Sector Led Improvement work, and there is an offer of further activity to support this, including through ongoing engagement with Steve Peddie, the South West Region Care and Health Improvement Advisor (CHIA), and Paul Clarke, the LGA Principal Advisor.

Specific recommendations are included in the detailed report above, but the summary below outlines those areas where the Peer Team believe effort could best be concentrated in order to address the issues that they have seen during their visit:

85. Alongside the role of the new S75 Joint Executive Group, senior Adult Social Care representation (most probably by the DASS) should be considered on the Integrated Care Organisation (ICO) Executive. This can support greater visibility for Adult Social Care Leadership (including line of sight for DASS statutory duties, performance, and delivery of the Adult Social Care Transformation Plan, and associated financial savings).

86. Urgent consideration should be given to capacity to support and deliver the Transformation Programme following the end of the present contract with the delivery partner, and the standing down of the local transformation team in March 25.

87. In the meantime, a piece of work should be undertaken to prioritise and communicate widely (to staff, managers, and partners) the deliverables and rationale of key parts of the Transformation Programme, and the risks of non-delivery. As part of this work, it might help to identify and prioritise some “quick wins” to build momentum and prove the benefits of the work in the shorter term.

88. To undertake a piece of data-led analysis of Discharge Pathways 0-3 for the local system, including modelling (against best practice), and shadow costings associated with the present outcomes for local people, and how these might contrast with best practice elsewhere.

89. To replicate work undertaken on the Big Plan for other client groups across the authority, and to use this as a means to develop good practice and improved culture around coproduction, including in the ICO partnership teams.

90. Work with frontline staff and partners to better communicate key aspects of adult social care transformation, and improvement priorities and plans, would support greater ownership of their role within these, and to be more confident in describing these in future CQC assessment. This should include the Self-Assessment, with focus on strengths and areas of improvement and the direction of travel for their own teams and services.

91. The Peer Challenge did not reflect back any areas of immediate operational concern, but this is always a limited process, and the Council will continue to benefit from ongoing quality and practice assurance work. This can help to further assure and mitigate risks associated with waiting lists, to improve consistency in practice, and to bring learning from areas of strength (in delivery or leadership, and locally or elsewhere) to support improvement in those areas of performance that may be less strong.

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Contact details

For more information about this Adult Social Care Preparation for Assurance Peer Challenge in Torbay, or more widely about the programme of Adult Social Care Preparation for Assurance Peer Challenge, please contact:

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For more information on LGA Adult Social Care Preparation for Assurance Peer Challenges please see our website: Adult social care peer challenges | Local Government Association

Adult Social Care Assurance Peer Challenge Action Plan

October 2024

No.	Recommendation	Action	Lead	Progress Update	Started/Not Started/Completed
1	Alongside the role of the new Section 75 Joint Executive Group, the DASS should be considered for formal representation on Torbay and South Devon NHS Foundation Trust Executive.	In place.	DASS	Completed	Completed
2	Urgent consideration given to capacity to support and deliver the transformation programme post March 2025.	Work underway with Transformation delivery partner to agree the resourcing requirements to deliver the 3-year transformation programme. Consideration is being given to the capacity and capabilities needed across the Council and Integrated care Organisation to inform future workforce development plans.	DASS and Divisional Director		Started
3	A piece of work should be undertaken to prioritise and communicate widely (to staff, managers, and partners) the deliverables and rationale of key parts of the Transformation Programme, and the risks of non-delivery. As part of this work, it might help to identify and prioritise some “quick wins” to build momentum and prove the benefits of the work in the shorter term.	A detailed plan of year one delivery is in place which has been developed with the ASC leadership team, this includes performance and finance trajectories. Operational teams are using "mock inspection" sessions to identify and deliver quick wins as part of our agile approach to improvement. Work is now underway to scope year 2 and 3 of the transformation programme with staff and the ASC leadership team supported by the delivery partner.	Adult Social Care Senior Leadership Team, Council and TSDFT		Started
4	To undertake a piece of data led analysis of Discharge Pathways 0-3 for the local system, including modelling (against best practice) and shadow costings associated with the present outcomes for local people and how these might contract with best practice elsewhere.	Analysis has been completed for last 12 months. We are working closely with our ICB locality commissioners to model our local performance improvement trajectories. Work is underway to strengthen and increase our reablement capacity to reduce our reliance on bed-based support.	Adult Social Care Senior Leadership Team, Council, TSDFT and NHS Locality Commissioners	Work has started on the transformation of Hospital Discharge Pathways	Started
5	To replicate work undertaken on the Big Plan for other client groups across the authority, and to use this as a means to develop good practice and improved culture around coproduction, including in the Torbay and South Devon NHS Foundation Trust (TSDFT) partnership teams.	Through the development of our strategic commissioning priorities, we are improving our understanding of need and existing service configuration including gaps in current models of support. Through partnership forums such and our Ageing Well group we are working with care recipients to develop our commissioning plans at	Divisional Director, Public Health Consultants and NHS Locality Commissioners.		Not Started

		place, building on the learning from the development of The Big Plan for Learning Disability.			
6	Work with frontline staff and partners to better communicate key aspects of adult social care transformation, and improvement priorities and plans, would support greater ownership of their role within these, and to be more confident in describing these in future CQC assessment. This should include the Self-Assessment, with focus on strengths and areas of improvement and the direction of travel for their own teams and services.	Communication plan for transformation is in development, this will build on existing team meetings, partnership forums and our monthly newsletter to ensure all staff across ASC receive regular information, good news stories and updates on the transformation and improvement work. A series of staff workshops are planned through October and November to co-produce the next transformation priorities and gather input from frontline staff. Strategic Commissioners are working with care providers to re-establish provider forums across the market including home care, care homes, supported living and the voluntary sector. Workshops with staff to include these elements.	Adult Social Care Senior Leadership Team, Council and TSDFT	Staff engagement and communication events occurring over Quarter 3 2024.	Started
7	Ongoing quality and practice assurance work to improve consistency in practice and bring learning from areas of strength to support improvements.	Quality assurance audits Lunch and Learn staff events Mock inspections Development of Commissioning and Contracts management best practice through ongoing workforce development. Development of a refreshed quality, performance, risk and financial reporting approach. Utilise Transformation opportunities to enhance practice.	Adult Social Care Senior Leadership Team, Council and TSDFT	Quality assurance audits occur monthly Mock inspections have been undertaken	Started
8	Develop the Equalities, Diversity and Inclusion work with increased use of data to demonstrate need and impact and improve visibility across the Council and TSDFT and ensure it is thread through strategies and plans.	Work has started with the development of an ASC ED&I plan, including the development of staff workshops. A workshop has been held with providers to explore issues together.	Council and TSDFT	ASC ED&I plan has been developed	Started

TORBAY COUNCIL

Meeting: Adult Social Care and Health Overview and Scrutiny Sub-Board

Date: 7th November 2024

Wards affected: All

Report Title: Domiciliary Care Nov 2024.

When does the decision need to be implemented: Updates for 2024 requested by Scrutiny Board.

Cabinet Member Contact Details: Hayley Tranter

Director/Divisional Director Contact Details: Report by Lee Baxter, Divisional Director, Adult Social Care. Sponsored by Director of Adult Social Care, Joanna Williams.

1.Purpose of Report

1. To provide the Scrutiny Sub-Board with information regarding how Domiciliary Care in Torbay is delivered, provided and monitored.

2. This report serves as an update from the previous report dated the 20th November 2023.

2. Reason for Proposal and its benefits

2.1 The information in this report and attached data is available to provide Members with assurance and an update regarding the performance of the local Domiciliary Care market and its achievements and challenges.

2.2 This paper will support addressing the questions around quality and value for money.

3. Recommendation(s) / Proposed Decision

3.1 For Members of the Board to note the contents of the report.

3.2. Officers to follow up regarding any requirements from discussions or specific actions from the Board.

Appendices

Appendix 1: Domiciliary Care hours snapshot as of 27/10/2024

Appendix 2: Torbay Outstanding Care Summary as at 29/10/2024

Supporting Information

1. Introduction and summary

1.1 There continues to be growth year on year in the domiciliary care market, both in the volume of work being commissioned and the number of people employed in the sector. Skills for Health provide insights annually by the release of their Workforce Intelligence report. (www.skillsforhealth.org.uk). This report shows a national picture that reflects the current situation in Torbay. Pre-pandemic the workforce in domiciliary care was nationally 1.68 million but has subsequently grown by approx. 20,000 posts to 1.635 million by the end of 22/23. Pre pandemic the vacancy rate amongst the workforce was circa 9.5% but post pandemic this has increased to 12.9% in 22/23 and 12.7% in the first quarter of 2023. This seems to be a direct correlation to the increase in demand and workforce and the gap caused in recruitment challenges. Nationally there has been improvements in international recruitment, however turnover within the workforce nationally remains high at 30.6%. This national picture helps set context however we recognise that in relation to turnover we have a more favourable picture in Torbay.

1.2 Torbay has a long-standing Domiciliary Care framework of currently 18 providers working in the community on a procured framework named “Living Well at Home” The current framework commenced in March 2020, and It has been agreed, within the terms of the contract, that it will be extended for a further 3 years, ending in March 2028. This will afford commissioners the time to thoroughly review the domiciliary care market. It should be noted that the start of these arrangements coincided with the pandemic.

1.3 The Domiciliary Care (Dom Care) market in Torbay has maintained consistency over a long period and has grown and sustained capacity despite the distress caused by Covid and structural issues such as the supply of Adult Social Care workforce and economic pressure providers have faced in a number of ways. Our unsourced care numbers are best within the region with very low numbers of people waiting for care to be allocated. (see appendix 2.)

2. Overview of the market

This section of the report provides a summary of the successes and challenges in this market.

2.1 **Workforce, recruitment, retention and marketing**. Adult Social Care (ASC) workforce sufficiency is a much-reported topic in the media in recent time often seen through the prism of delayed discharges from Hospital. Our data in the attached appendix 1 demonstrates within the second table significant growth. In Jan 2018 we commissioned 44,633 hours of care per month, in Mar 21 this had increased to 55,033 and currently sit at 74,100 hours.

It is notable that there is a growing reliance on the use of international staff within Torbay's commissioned and private sector home care market. A number of local providers now have Home Office licences for the sponsorship and employment of international recruits, which brings a range of issues into the Torbay's health and social care sector. The positive side of this is that care providers can maintain their staffing capacity and are less dependent on the huge pressure of recruiting from a dwindling local workforce. However, there is national and regional evidence that some homecare providers have underestimated the complexity of adhering to the sponsorship licence conditions, leading to licence revocations, and there have been varying standards of pre-placement vocational training, spoken English and cultural preparation by providers for overseas staff. Devon, Plymouth and Torbay social care commissioners have been working closely together to ensure there is formal support in place for providers with sponsorship licences and pastoral support in place for international recruits.

2.2 **Economy**: Despite the resilience demonstrated above the employment market had been a challenge with respect to recruitment and retention in all domains of ASC. Other comparator jobs locally have paid higher hourly rates, Dom Care typically pays £12 -£15 per hour, other jobs in Retail and Hospitality have raised pay in a tight labour market to £2/£3 per hour above this level. This has been the position for the last couple of years. We are aware the National Minimum Wage has increased to £11.44 and this impacts our market and rates, this and other inflationary issues are considered as part of our annual budget cycle. We do not know the exact rates that private businesses pay carers as that's sensitive market business information, but £12 - £15 is a range that has often been reported. Providers are creative with recruitment, marketing and retention proposals but competing on hourly rates with other sectors and the better paid comparator in the public

sector is a difficulty. The absence of a career pathway is an issue that is often raised as an impediment to increasing this workforce. It should be noted providers have different operational organisational models, some pay on time work and by tasks, different methods are used for travel costs, some may receive standard wages/pay. We have all worked hard locally to improve the situation, but the challenges are part of national funding for ASC if pay levels are to raise to make this carer work an attractive career option.

2.3 **ASC system** is under pressure nationally although our integrated local arrangement has helped managing and mitigate these pressures. At the end of 2018 we had three clients in receipt of more than 35 planned visits per week, at the end of 2022 this had increased to 25 clients per week (the data foe 2023 is not available at this time) demonstrating the increased complexity being managed in the community as alternative to bed based care and preventing hospital admissions

2.4 **Areas for development** – Our aspiration would be to expand Dom Care into areas such as reablement support for people discharge from Hospital and if technology enabled care to provider equipment maintain independence and safety in the home in conjunction with Dom Care input. Dom Care providers have untaken innovations that occurred during the pandemic period, for example improvement IT system to monitor rotas and client contact time, use of fleet vehicles for carers use for home visits and e-bikes. This sector is keen to look at efficient ways or working to the benefits of clients, staff and their business models.

2.5 **Covid challenges** - Has largely resolved, in the sense of infection control and limitations on practice.

2.6 Following a care act assessment, people who have an identified need for a domiciliary care package will have a request made to the market through our arranging support team and will await a service to match with the request being made. An established prioritisation process is in place and this work extremely well with an effective market to pick packages up in a timely way. These numbers change daily as people are allocation care and new clients move into the system to be allocated care, but the attached graph shows the improvement over time in relation to outstanding domiciliary care requests. **Appendix 2**.

2.7 The ICO hold oversight of quality performance monitoring with a monthly and have a contract manager in place, who hold quarterly contract review meetings. The providers send monthly KPI data which produce monthly dashboards. The Quality Officer will visit providers based on any quality concerns raised triangulated with information from CQC, Safeguarding data and the NHS Datix data incident reporting system.

Provider forums are recommencing and will be held 6 monthly (face to face), although these have been slow to re-establish. Current virtual meetings continue to be used Ad hoc and for any specific targeted work.

3. Financial Opportunities and Implications

3.1 Current framework March 2020 to March 2025, to be extended to March 2028, offers us an agreed cost for activity and in the current context delivers well. We see the providers delivering within the agree fee structure against the contract.

3.2 There is a risk around the volumes increasing which in turn puts pressure on the budget. Our transformation work is focusing on reablement and identifying lower-level support from the voluntary sector and advice and guidance to reduce further growth in this area. However, it is important to note that to reduce the use of bed-based options and due to the demographic changes within our population we expect this market to remain challenging and continue to be well utilised.

3.3 Council Commissioners with Trust colleagues continue to work towards transformation whilst providing market overview. Our Commissioning team work with the ICO to ensure we are aligned with our Market Position Statement 2021-24 and our Market Blueprint 2021.

4. Legal Implications

4.1 None from this briefing

5. Engagement and Consultation

5.1 Engagement with the Domiciliary Care market has always been important to commissioners and our delivery partners in Torbay and South Devon NHS foundation Trust.

5.2 During the pandemic we worked very closely with the framework providers in the deployment of Covid grants support to target interventions financial and practical, including using funds to undertake a marketing campaign to work in Dom Care locally, help with overseas works recruitment, temporary money to makes retention payments to staff or funds provided to providers to increase pay as an acknowledgement and thank you for working through the pandemic. Subsequently the Trust have reinstated face to face care collaborative meetings with providers as soon as this was practical. Engagement and transparent communication continue to be our approach with the care market.

6. Purchasing or Hiring of Goods and/or Services

6.1 Not applicable to this briefing.

7. Tackling Climate Change.

7.1 Not applicable for this briefing.

8. Associated Risks and other information

8.1 In addition to the analysis in Section one and two of this report and the appendix data the follow items are also relevant context.

8.2 The Dom Care framework has grown and delivered good outcomes in Torbay, however there are other providers are our local market either supporting self-funded clients who do not receive care after a Care Act assessment or supplement framework capacity on a case-by-case basis during pressure points of demand. This also an element of the domiciliary care that is purchased off of the LW@H framework and this accounts for 37% of our contracting for care at home, however this includes complex care, CHC, S117 and other types of care that fall outside of direct social care commissioning.

8.3 Historically a view has been in places that too many short 15 minutes Dom Care visits form part of the home care offer. This is now only as minor element of the market whole and accounts for **less that 1% on the whole planned hours allocation**, therefore this is no longer a material issue based on the evidence.

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

This is an assessment of the Living Well at Home Framework

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people	X		
People with caring Responsibilities	X		
People with a disability	X		
Women or men			X
People who are black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)			X
Religion or belief (including lack of belief)			X
People who are lesbian, gay or bisexual			X
People who are transgendered			X
People who are in a marriage or civil partnership			X
Women who are pregnant / on maternity leave			X
Socio-economic impacts (Including impact on child poverty issues and deprivation)			X
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			X

10. Cumulative Council Impact

10.1 None

11. Cumulative Community Impacts

11.1 None

Updated by

Lee Baxter

Divisional Director Adult Social Care

November 2024.

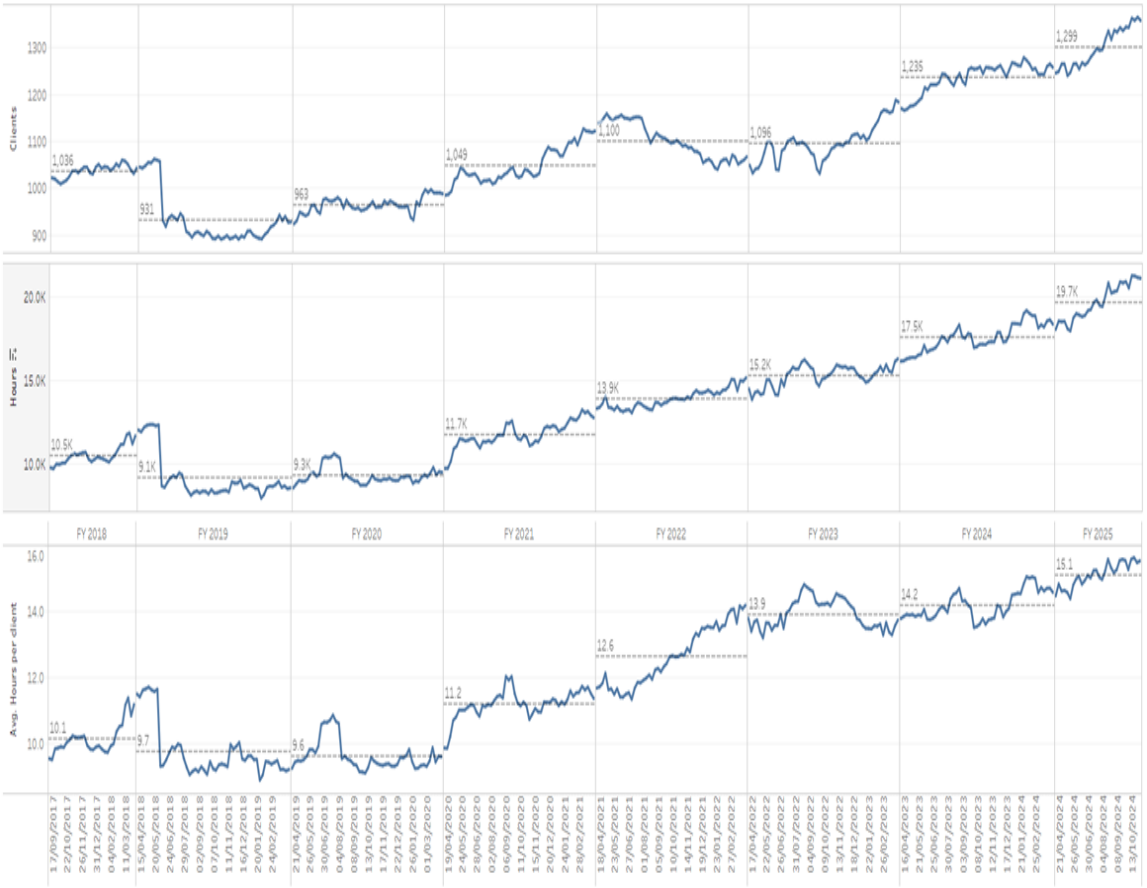
Appendix 1.

Domiciliary care overview as at 27th October 2024.

9b) Domiciliary Care Summary (Planned) - at Snapshot (27/10/2024)

AGECAT	PROVIDER (DOM)2	Hours	Clients	Cost	Avg. Hours per client	Median Hours per client	Ave cost per client	Ave hourly cost
18-64	Dom framework	2,060	150	£48,350	13.7	7.0	£322	£23.47
	Other standard dom	244	9	£5,487	27.1	21.0	£610	£22.53
	Other dom	5,498	367	£123,634	15.0	4.0	£337	£22.49
	Total	7,802	486	£177,471	14.8	5.0	£365	£22.75
65+	Dom framework	11,152	747	£276,869	14.9	9.3	£371	£24.83
	Other standard dom	130	12	£2,728	10.8	10.2	£227	£21.06
	Other dom	2,000	200	£35,924	10.0	3.0	£180	£17.96
	Total	13,282	871	£315,521	13.8	7.0	£362	£23.76
Grand Total		21,084	1,357	£492,991	14.2	7.0	£363	£23.38

8) Domiciliary Care Clients and Hours (Planned) by Provider Type - Trend by Week



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Torbay Care Requests Summary

as of Tue 29-Oct-2024 @ 09:30

Torbay and South Devon NHS Foundation Trust

1) Outstanding requests for domiciliary care where client not receiving formal support

Current Care	Clients	Clients EoL	Hours
Total	**0**		**0.00**

2) Outstanding requests for standard domiciliary care where client receiving formal support not at home

Current Care	Clients	Clients EoL	Hours
Care Home	1	0	14.00
Community Hospital	1	0	6.00
IC Placement	6	0	73.50
Total	**8**	**0**	**93.50**

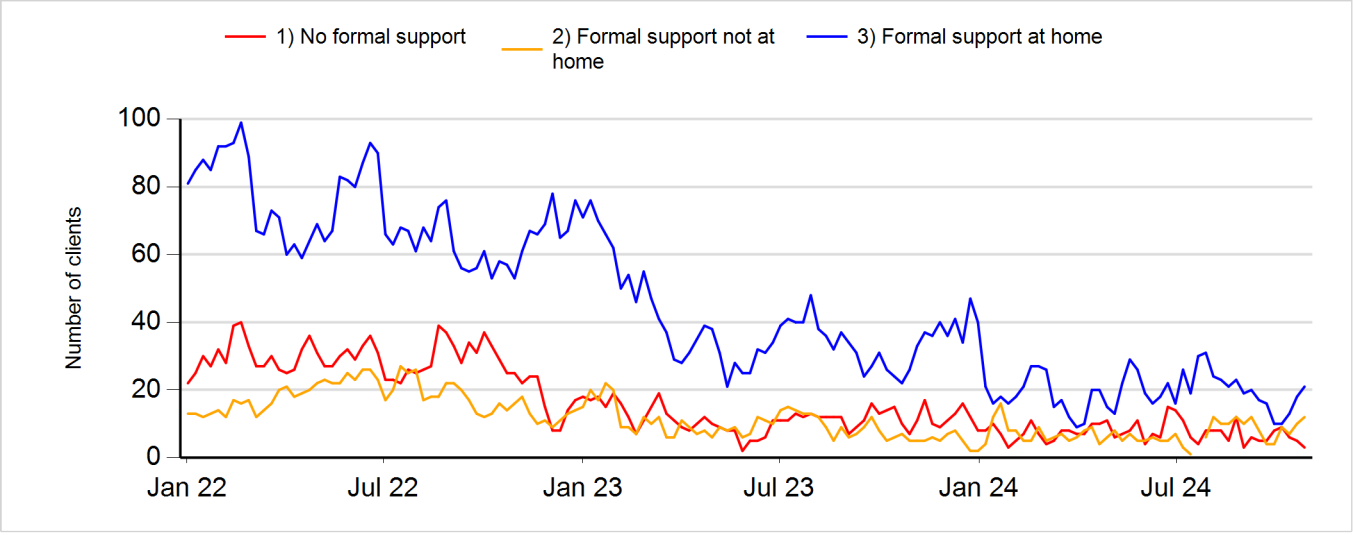
3) Outstanding requests for standard domiciliary care where client receiving formal support at home

Current Care	Clients	Clients EoL	Hours
At Home with Partial Support (Reablement/SWIC)	1	0	7.00
At Home With RRT/Agincare	1	0	28.00
At Home With Support	9	0	145.50
Total	**11**	**0**	**180.50**

Outstanding requests by current care and wait:

Time since required start	2) Formal support not at home	3) Formal support at home	Total
Required in future	0	1	**1**
Required 0-7 days ago	4	5	**9**
Required 7-31 days ago	4	4	**8**
Required 31-365 days ago	0	1	**1**
Total	**8**	**11**	**19**

Number of outstanding requests at weekly snapshot:



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TORBAY COUNCIL

Meeting: Adult Social Care and Health Overview and Scrutiny Sub-Board

Date: 7 November 2024

Wards affected: All

Report Title: Adult Social Care, Memorandum of Understanding between Torbay Council and Torbay and South Devon NHS Foundation Trust

When does the decision need to be implemented?

Not applicable.

Cabinet Member Contact Details: Councillor Hayley Tranter, Cabinet Member for Adult and Community Services, Public Health and Inequalities, Hayley.Tranter@Torbay.gov.uk

Director Contact Details: Joanna Williams, Director of Adult and Community Services; Joanna.Williams@torbay.gov.uk

1. Purpose of Report

1.1 This report is presented for noting. It sets out to provide assurance and detail on the Memorandum of Understanding (MOU) that underpins the section 75 agreement between Torbay Council, the ICB and the Torbay and South Devon NHS Foundation Trust (Integrated Care Organisation - ICO). The MOU has now been signed by Torbay Council and Torbay and South Devon NHS FT following oversight of the tripartite organisations within the Section 75 Board (described in section 4.).

2. Reason for Proposal and its benefits

2.1 The Memorandum of Understanding outlines the terms and understanding between two or more parties who intend to enter into a formal agreement or partnership. It serves to establish a common understanding of their objectives and responsibilities.

2.2 The MOU is signed as a document by all parties and used as a reference point within the arrangement of the partnership.

3. Recommendation(s) / Proposed Decision

1. That the Overview and Scrutiny Sub-Board considers the report and notes its content.

Appendices

Appendix 1: Exec Board ASC s75 MOU.

Supporting Information

1. Introduction

1.1 Accountability for Adult Social Care in Torbay remains with Torbay Council (The Council), by law. The Council has chosen to delegate responsibility for the operational delivery of key aspects of the adult social care function to Torbay and South Devon NHS Foundation Trust (The Trust). That delegated responsibility is overseen by a Section 75 agreement (Section 8.1 to 8.7), the detail is articulated via a Memorandum of Understanding, set alongside the finance agreement established between the Council, the Trust, and NHS Devon Integrated Commissioning Board.

1.2 The Memorandum of Understanding between The Council and The Trust outlines the arrangements for the operational delivery of Adult Social Care services within Torbay, specifically, the delivery of services that meet adult social care statutory functions that have been delegated under the Care Act 2014, The Mental Capacity Act and the Mental Health Act. This agreement is aligned with the Council's Community and Corporate Plan and the Trust's Operational Plan.

2. Options under consideration

2.1 None

3. Financial Opportunities and Implications

3.1 None

4. Legal Implications

4.1 Accountability for Adult Social Care in Torbay remains with Torbay Council (The Council), by law. The Council has chosen to delegate responsibility for the operational delivery of key aspects of the adult social care function to Torbay and South Devon NHS Foundation Trust (The Trust). That delegated responsibility is overseen by a Section 75 agreement (Section 8.1 to 8.7), the detail is articulated via a Memorandum of Understanding (attached), set alongside the finance agreement established between the Council, the Trust, and NHS Devon Integrated Commissioning Board.

5. Engagement and Consultation

5.1 Written in partnership between Torbay Council and Torbay and South Devon NHS FT. This paper is an updated for 2024/25 and based on previous MOU agreements.

5.2 As set out in the term of reference for the Section 75 Board comes together as a Tripartite Executive Group, with dual reporting up to the Torbay Council Cabinet and The Trust Board. This Executive Group oversees the delivery of the Memorandum of Understanding, which includes the joint transformation plan, performance and financial oversight. It holds a joint risk register and is responsible for key joint decisions

5.3 The MOU should be written and signed within the first quarter of each financial year; however this has been delayed until quarter 2 in 20224/25 due to various changes within the governance structure. However, the expectation in future years is that it is written and agreed within Q1.

6. Procurement Implications

6.1 None

7. Protecting our naturally inspiring Bay and tackling Climate Change

7.1 None

8. Associated Risks

8.1 None applicable ot note.

9. Equality Impact Assessment

Protected characteristics under the Equality Act and groups with increased vulnerability	Data and insight	Equality considerations (including any adverse impacts)	Mitigation activities	Responsible department and timeframe for implementing mitigation activities
Age	18 per cent of Torbay residents are under 18 years old. 55 per cent of Torbay residents are aged between 18 to 64 years old. 27 per cent of Torbay residents are aged 65 and older.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all age groups aged 18+ but also links in a cohesive way to children's services.	Adults and Communities
Carers	At the time of the 2021 census there were 14,900 unpaid carers in Torbay. 5,185 of these provided 50 hours or more of care.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU outlines the delegated function to provide carers services in line with our care act responsibilities.	Adults and Communities
Disability	In the 2021 Census, 23.8% of Torbay residents answered that their day-to-day activities were limited a little or a lot by	There is no decision required in his report, therefore no equality considerations are identified.	The MOU outlines the delegated function to provide assessment and support to those with physical, learning or	Adults and Communities

	a physical or mental health condition or illness.	Equalities issues are raised in the report which will be addressed in detail in the action plan	other disabilities in line with our care act responsibilities.	
Gender reassignment	In the 2021 Census, 0.4% of Torbay's community answered that their gender identity was not the same as their sex registered at birth. This proportion is similar to the Southwest and is lower than England.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all characteristics.	Adults and Communities
Marriage and civil partnership	Of those Torbay residents aged 16 and over at the time of 2021 Census, 44.2% of people were married or in a registered civil partnership.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all characteristics.	Adults and Communities
Pregnancy and maternity	Over the period 2010 to 2021, the rate of live births (as a proportion of females aged 15 to 44) has been slightly but significantly higher in Torbay (average of 63.7 per 1,000) than England (60.2) and the South West (58.4). There has been a notable fall in the numbers of live births since the middle of the last decade across all geographical areas.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all characteristics.	Adults and Communities
Race	In the 2021 Census, 96.1% of Torbay residents described their ethnicity as white. This is a higher proportion than the	There is no decision required in his report, therefore no equality considerations are identified.	The MOU supports a clear understanding around the delivery of adult social care that	Adults and Communities

	South West and England. Black, Asian and minority ethnic individuals are more likely to live in areas of Torbay classified as being amongst the 20% most deprived areas in England.	Equalities issues are raised in the report which will be addressed in detail in the action plan	crosscuts all characteristics.	
Religion and belief	64.8% of Torbay residents who stated that they have a religion in the 2021 census.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all characteristics.	Adults and Communities
Sex	51.3% of Torbay's population are female and 48.7% are male	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all characteristics.	Adults and Communities
Sexual orientation	In the 2021 Census, 3.4% of those in Torbay aged over 16 identified their sexuality as either Lesbian, Gay, Bisexual or, used another term to describe their sexual orientation.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all characteristics.	Adults and Communities
Armed Forces Community	In 2021, 3.8% of residents in England reported that they had previously served in the UK armed forces. In Torbay, 5.9 per cent of the population have previously served in the UK armed forces.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all characteristics.	Adults and Communities

Additional considerations				
Socio-economic impacts (Including impacts on child poverty and deprivation)		There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all characteristics.	Adults and Communities
Public Health impacts (Including impacts on the general health of the population of Torbay)		There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all characteristics.	Adults and Communities
Human Rights impacts		There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all characteristics.	Adults and Communities
Child Friendly	Torbay Council is a Child Friendly Council and all staff and Councillors are Corporate Parents and have a responsibility towards cared for and care experienced children and young people.	There is no decision required in his report, therefore no equality considerations are identified. Equalities issues are raised in the report which will be addressed in detail in the action plan	The MOU supports a clear understanding around the delivery of adult social care that crosscuts all characteristics.	Adults and Communities

10. Cumulative Council Impact

10.1

10.2

11. Cumulative Community Impacts

11.1

11.2

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

Date of meeting	Minute No.	Action	Comments
05/09/24	8	That the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the Director of Public Health's Annual Report 2024: Women's Health and that the Cabinet be requested to support: 1. development of flexible and inclusive employment practices to reflect and encourage women into education and employment; raising awareness of the impact of domestic abuse on women who experience it, and the sensitivity of response needed to meet their needs; improvement to access: experience and outcomes for women's healthcare through Torbay's women's health hub; recognition and support of grass roots women's groups and activities as integral components of mental health and wellbeing provision; development of integrated service delivery pathways for women's health care, reducing the need to attend multiple appointments for routine health care; and development of inclusive approaches that facilitate and support girls and women to become more physically active. 2. That the final Director of Public Health's Annual Report be presented to members of the Sub-Board at the launch on 9 October 2024 3. That the outcomes arising from the Director of Public Health's Annual Report be presented to a future meeting of the Sub-Board.	1. Report submitted to the Cabinet on 26 November 2024. 2. Check if the report was circulated on 9 October and them mark this one as complete. 3. Complete item added to the Work Programme.

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

Date of meeting	Minute No.	Action	Comments
05/09/24	9	That the Director of Public Health be recommended to work with Your Health Torbay and GP Practices to review signposting information to patients once they have been identified as having or being at risk from cardiovascular disease or high cholesterol etc. to provide better signposting to relevant support and options for improved wellbeing and not assume that people know what actions they should be taking and to develop relevant factsheets for Councillors and members of the community to use to encourage people to identify issues and follow up with relevant behaviour changes or seek necessary support.	Lincoln Sargeant to provide an update.
05/09/24	10	1. That the Director of Public Health be requested to liaise with Healthwatch on relevant strategies to see where they can Help to engage and represent the voice of the user and to ensure that Healthwatch are informed of the impact of any of their reports. 2. That the Director of Public Health be requested to include a link to the Healthwatch website and contact details on the Council's website to raise Awareness. 3. That the Director of Adult and Community Services be requested to produce a brief guide on the current cost of living social support available and that this message also be shared	1. Complete 2. Lincoln Sargeant to provide an update. 3. A note was circulated from Amanda Moss. Jo Williams to provide an update.

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

Date of meeting	Minute No.	Action	Comments
		with the Public Health Team to include with their communications around system winter planning.	
10/10/24	14	a. It was agreed that a written response would be provided if pre-operation questions included asking if people vaped. 1. that Members formally thank Liz Davenport, Chief Executive of Torbay and South Devon NHS Foundation Trust for all her work with the Integrated Care Organisation helping Torbay and South Devon to be a model of excellence and recognising the pivotal role she has played in providing integrated social care and health services for people in Torbay; 2. that Members of the Board note the contents of the Quality Account Report for 2023/2024; 3. that the Torbay and South Devon NHS Foundation Trust be requested to consider including questions, monitoring and reporting for vaping for all patients in the same way they do for smoking, and 4. that the Torbay and South Devon NHS Foundation Trust be requested to provide more explanation in future Quality Accounts where data is missing.	a. Liz Davenport to provide a written response. 1. Complete 2. Complete 3. Liz Davenport to provide a written response. 4. To note for future Quality Accounts – complete note added to the work programme.

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

Date of meeting	Minute No.	Action	Comments
10/10/24	15	1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the update provided by South Devon NHS trust in relation to the delivery of the capital programme and re-design of the hospital and the new Community Diagnostic Centre; and 2. that Torbay and South Devon NHS Foundation Trust be requested to provide the Sub-Board with further updates on progress of the delivery of the Building a Brighter Future capital programme and re-design of the hospital on 17 April 2025.	1. Complete 2. Complete added to the Work Programme
10/10/24	16	a. Whether the offer of free Flu vaccinations could be extended to people working in the community and voluntary sector (it was agreed that a written response would be provided on this question). 1. that the Adult Social Care and Health Overview and Scrutiny Sub-Board notes the contents of the submitted report and presentation and supports efforts to tackle the spread of infection and antimicrobial resistance; and 2. that the Director of Public Health be requested to review the locations for drop in vaccinations to ensure that they are based in known community locations, particularly in areas with low	a. Julia Chisnell to provide a written response. 1. Complete 2. Lincoln Sargeant/Julia Chisnell to provide a written response.

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

Date of meeting	Minute No.	Action	Comments
		take up and high needs and Councillors be encouraged to identify suitable locations in the community for vaccines and include details of where to go, including local pharmacies, and share promotions with Community Partnerships so that they can spread the word to residents.	
10/10/24	17	1. Members suggested that it would be good to do some work around Women's Health in light of the Report and agreed to review this as part of their Work Programme meeting in the New Year. Councillor Brook confirmed that he had his follow up meeting with Tara Harris on homelessness and rough sleeping to review how the headline figures were collected into one document to make it easier to track and monitor.	1. Complete noted for Work Programme meeting,. 2. Councillor Brook to share the format once finalised.

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