

Tuesday, 12 December 2023

**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, 21 December 2023**

commencing at **2.00 pm**

The meeting will be held in the Meadfoot Room - Town Hall

**Members of the Committee**

Councillor Joyce (Chairman)

Councillor Johns (Vice-Chair)

Councillor Tolchard

Councillor Twelves

Conservative vacancy

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**Together Torbay will thrive**

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

1. **Apologies**

2. **Minutes**

(Pages 4 - 11)

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 23 November 2023.

3. **Declarations of Interest**

- a) To receive declarations of non pecuniary interests in respect of items on this agenda

**For reference:** Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

- b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

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

**(Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)

4. **Urgent Items**

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

5. **Psychiatric Medication Supervision**

(Pages 12 - 21)

To receive a presentation addressing mental health and physical health monitoring in relation to the prescription of anti-psychotic medication and the current issues, achievements and pathways available.

(Note: to be presented by Dr Colm Owen, Consultant Psychiatrist and Medical Director for Devon Mental Health, Learning Disability and Neurodiversity Provider Collaborative and Dr Emma Sircar, GP and NHS Devon Primary Care Lead for Mental Health).

6. **Quality of Care and Domiciliary Care** (Pages 22 - 33)  
To consider a report on the current arrangements for quality of care and domiciliary care in Torbay.
- (Note: presented by Jo Williams, Director of Adult and Community Services, Torbay Council and Lee Baxter, Divisional Director of Adult Social Care, Torbay Council).
7. **Adult Social Care and Health Overview and Scrutiny Sub-Board Action Tracker** (Pages 34 - 39)  
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).

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

**23 November 2023**

**-: Present :-**

Councillor Johns (Chairwoman)

Councillors Long, Tolchard and Barbara Lewis

(Also in attendance: Councillors Joyce, Chris Lewis, Maddison and Tranter)

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**14. Apologies**

An apology for absence was received from Amanda Moss, Chair of the Voluntary Sector Network.

It was reported that, in accordance with the wishes of the Conservative Group, the membership of the Sub-Board had been amended to include Councillor Barbara Lewis in place of Councillor Twelves and Councillor Tolchard in place of Councillor Bryant. The Conservative vacancy for the Sub Board had not been filled for this meeting.

**15. Minutes**

The minutes of the meeting of the Sub-Board held on 12 October 2023 were confirmed as a correct record and signed by the Chairwoman.

**16. Torbay update - Where are we now in the local context?**

Mark Richards, Public Health Specialist, Torbay Council, explained that dental commissioning had recently been transferred to the Integrated Care Board (ICB). This provided a good opportunity for Public Health and Local Authority Teams to work with the ICB to improve access to dental care and collaborative working was already underway to achieve that. The new Peninsula Oral Health Steering Group had been established by Devon and Cornwall ICB's to oversee dental reform work across the peninsula following the transition of dental commissioning functions and all three Devon Local Authorities, including Torbay, were represented. There was a commitment to working with Health Inequality Leads, Local Authority Oral Health Improvement Leads, the Dental Teams and key partners to improve access to oral health improvement advice and interventions for those in greatest need together with increased access to dental services.

Members were informed that there was a lack of take up of the NHS Dental Contract nationally which was why a high number of dental practices were not taking on new NHS patients. In the South West 98% of dental practices were not accepting new NHS patients and as at September 2023, there were 3,656 Torbay residents on the NHS dental waiting list in total, consisting of 3,081 adults and 484 children and young people.

It was recognised that dental care providers were still working through a substantial backlog of work which had resulted from the impact of the Covid-19 pandemic and general population need and this also contributed to the current difficulty in accessing dental care.

The main areas of concern in Torbay were:

- access to NHS dental care;
- wait numbers (which were the highest they have been historically);
- hospital admissions for tooth decay resulting in tooth extractions for the 0-19 years and 18+ age bracket and the impact of dental problems on children and young people; and
- oral cancer registrations and mortality rate.

Members were informed of current and planned oral health improvement projects designed to help tackle these areas of concern which included:

- First Dental Steps which was an initiative delivered by Health Visitors;
- Supervised Toothbrushing Scheme which was delivered by At Home Dental;
- incorporating advice on oral hygiene and dental access into Your Health Torbay (Lifestyles offer) for all triage appointments;
- advice and guidance for Family Hubs, Early Years, 0-19 and Children's Social Worker Teams regarding oral hygiene, registering for a dentist and what to do if in urgent dental need, including a staff training plan and accompanying advice regarding nutrition and hydration;
- toothbrush and toothpaste packs for Family Hubs and looked after children and young people;
- Fluoride Varnishing Programme;
- Open Wide Step Inside – an initiative engaging with schools and Year 2 students to improve oral health and hygiene;
- Homelessness Pathway which provided oral health support to the homeless;
- establishing Oral Health Champions in Care Homes and Domiciliary Care settings; and
- the Community Dentistry initiative which provided routine and emergency dentistry for adults and children with complex needs who find it difficult to access dental services.

Members heard that prevention as well as improvement was important and that the key was to focus on the early years sector and schools and this could be achieved through projects such as supervised brushing, fluoride varnishing, dental first steps, working with family hubs and the Open Wide Step Inside initiative. It was suggested that outreach work in neighbourhoods would also help and that some funding was

being provided by the ICB to help Public Health with initiatives, education and communication around prevention.

The Chair of Healthwatch Torbay explained to Members that since April 2023, Healthwatch in Devon, Plymouth and Torbay had collectively recorded 132 experiences about NHS Dental Services across the three localities and that 109 of those experiences related to access to dental services. Healthwatch Torbay were keen to help in promoting key messages to the public around access to dental services. It was as important to deal with prevention as well as the provision of emergency dental care, recognising the impact of the cost of living crisis, as individuals may have a poorer diet for example and may be reluctant to seek NHS dentistry help as there was also a cost element to that.

#### **17. NHS England and NHS Improvement South West Dental Reform Strategy**

Jo Turl, Director of Commissioning, NHS Devon and Matthew Jerreat, a Consultant in Restorative Dentistry and Chair of the Local Dental Network provided Members with an update and presentation.

Members were informed that the commissioning of NHS Dentistry was transferred to ICB's in April 2023 and that approximately 50% of the population were funded for NHS dentistry. The NHS Contract had not been updated in some time and was seen as out of date and not fit for purpose. The issues affecting Torbay were also national issues and the NHS had been trying to make improvements locally for some time now against the back-drop of the existing NHS Dentistry Contract.

It was explained that the NHS Contract was an 'in perpetuity' contract which meant that the contract could not be taken away from dental practices unless they under performed for three years consecutively. Since Covid-19, some dental practices had found it hard to deliver to the expected level under the Contract and the NHS was currently working with those dentists and their teams to find out what they were doing to achieve the contractual level of activity. In reality, a lot of practices had been adversely impacted by the loss of staff and dentists which had led to under performance and therefore workforce was a significant issue in some NHS dental practices being able to deliver against expected levels of performance.

High street dentistry practices were also independent businesses operating under contracts and some were finding it difficult to make the NHS Contract work for them and so offered private dentistry services instead or as well as. It was recognised that, as independent businesses, they were responsible for the cost of employing their own staff and meeting the costs of their own premises.

It was explained that, under the NHS Contract, dental services were commissioned by Units of Dental Activity (UDA) which was a unit used to measure dentistry activity to ensure that the correct amount of patient charges were collected. In the event of an underspend there was a clawback opportunity in the following year only. It was confirmed that there was no ringfenced budget available for dentistry this year.

Currently the performance list indicated that there were enough dentists in Devon to meet demand but a lot of those dentists were doing private work because they could not make the NHS Contract work for them or they had chosen to work in private dentistry. Since dental commissioning had been transferred to ICB's, it had presented an opportunity for the ICB to work with the local dentists to encourage them back into the market of NHS work.

Members were informed that the South West Dental Reform Programme was set up in late 2020 to bring together NHS England Commissioners with key stakeholders with responsibility for oral health in the region. The aim was to inform the strategy for the future of NHS dental services that would contribute to the overall improvement of oral health for people living in the South West. An Oral Health Needs Assessment was completed in February 2021 which highlighted three key areas to prioritise:

- Access;
- Workforce; and
- Oral Health.

The key business objectives for the NHS moving forward were:

- digital dental referrals to improve referrals;
- dental hub which would link with the regional NHS Long Term Workforce Plan to combine training and development for clinicians with access for people;
- paediatric dental review which would cover primary, community and secondary care; and
- stabilisation which provided sessional rates in high street practices to see patients in pain who do not have access to a regular dentist.

Members were informed that the stabilisation programme was underway and that throughout the Covid-19 pandemic there was a focus on urgent dental care and demand for that had increased and continued to increase. There were a number of people who had dental issues which meant that they had to repeatedly access urgent care or people who did not meet the access criteria, but were still in dental pain. The stabilisation pathway provided a solution to this by:

- working with high street dental practices to offer sessions of stabilisation which people could access via 111 or directly via the dental practice; and
- working with Public Health colleagues, high street dental practices and local charities to offer sessions and additional support to those requiring dental care who are in health inequalities groups.

The current focus of the programme related to the Under 18 age group and there were a number of areas of work connected:

- starting well core – where practices commit to working with families and communities to promote oral health, focussing on 0-2 years;
- First Dental Steps – pilot in progress and approval to expand across the South West with Health Visitors providing toothbrushing packs and referring vulnerable children to community dental services;

- supervised toothbrushing – pilot in progress and approval to expand across the South West for 4 to 5 year olds;
- child focussed dental practices – seven across the South West as part of a national pilot to take referrals for children from other practices; and
- welfare checks – working with secondary care to do welfare checks on under 18's waiting for a general anaesthetic to ensure they receive the best care possible.

Members were informed that the objectives of the Devon plan were:

- to restore access rates to pre-pandemic levels;
- to rebase the primary care contract;
- the appointment of a Devon Dental Practice Advisor;
- re-procurement of lost activity;
- Population Health Commissioning (Flexible commissioning);
- to address urgent care;
- to bring forward stabilisation;
- to provide child friendly dental practices;
- to review the waiting list;
- to promote oral health;
- provision of digital; and
- provision of a training hub.

It was explained that the National Team was working with Regional Teams on four main areas and one of those areas was flexible commissioning in respect of stabilisation and child friendly dental practices, for example, which were being used to help health and equality groups.

Although there were enough dentists in Devon to meet demand, there was no current data available which gave an indication as to what proportion of NHS work dentists may be undertaking in their usual working week. The General Dental Council was looking to ask those extra questions in its annual review but it was stressed that the questionnaire was voluntary and so the data collected would be dependent upon how many dentists completed the questionnaire. Currently the ICB was also looking at improving communication around dental access and the possibility of introducing a Dental Charter.

## **18. Responses to Key Lines of Enquiry and Questions**

Key Lines of Enquiry identified:

1. Was there sufficient NHS dentistry capacity in Torbay and what action was being taken to address long waiting lists to access urgent and non-urgent dentistry, especially for children and young people, the elderly or vulnerable patients?

Members were informed that high street dentists were struggling to make the existing NHS Contract work for them, so either took the decision to provide



private dental services or supplement NHS work with private dental work to meet costs. This impacted NHS dentistry capacity to meet demand. NHS England in the South West had been working on flexible commissioning for some time now and examples were the pilots on stabilisation and child friendly practices. It was too early to measure the impact of these projects but the hope was that they would offer the opportunity for dental practices to focus on the patients in most need of dental care and to recruit additional staff, working towards retaining NHS dentists and bringing others into the market. The focus of the pilots at present concentrated on assisting vulnerable groups first as a priority and it was confirmed that the urgent care list had been reduced as a result of stabilisation.

2. Would the ICB consider using the annual claw-back of unspent Torbay specific UDA funding to design and develop innovative solutions to oral health improvement, prevention and access to dental services in Torbay (with Torbay Council and wider partners)? This question also requires:

- (a) explanation of how Units of Dental Activity work;
- (b) budget lines for the last five years showing the amount of money contracted with high street dental practices in Torbay for areas TQ1, 2, 3, 4 and 5, whilst recognising that a percentage of TQ3, 4 and 5 are in the Devon County Council area); total UDA commissioned (number and value) and the amount of money unspent (percentage and amount).

It was explained that under the NHS Contract, dental services were commissioned by Units of Dental Activity (UDA) which was a unit used to measure dentistry activity to ensure that the correct amount of patient charges were collected. In the event of an underspend there was a clawback opportunity in the following year only. It was confirmed that there was no ringfenced budget available for dentistry this year. Additional information regarding budget lines would be circulated to the Sub-Board.

Prior to the meeting, Members of the public had been encouraged, via a press release, to submit questions for consideration by the Sub-Board. The questions were collated into subject headings and responses were provided as follows:

### **Wait times and numbers**

- It was explained that in terms of existing waiting times, figures had come down and that had been helped by the additional funding, but that there was further work to do in revalidating the list which was expected to naturally reduce the current waiting list. ICB had spoken with providers recently and some individuals had been taken off the waiting list as they no longer required assistance;
- There was a mixture of people on the waiting list, some still requiring treatment and some who had decided to go privately and could be removed from the waiting list;
- The waiting list in Devon and Cornwall was historic and was created a few years ago to help patients relocate from one practice to another; and

- There was still backlog to deal with as a result of the Covid-19 pandemic.

### **Access**

- NHS dentistry was currently only funded for approximately 50% of the population;
- The stabilisation work was key to improving access and at present the focus was on high needs individuals in vulnerable groups including looked after children, but it was recognised that getting routine care to those individuals who need it, was also important and best endeavours were being used to find the right balance;
- Anyone could be referred through a secondary care route for urgent dental care; and
- It was hoped that child friendly practices could be a way of encouraging dentists back into the NHS.

### **ICB Dental Contract**

- At present there was a standard rate of UDA but there was some flexibility to vary that rate for specific reasons, for example, a dental practice located in a place that was hard to reach, which resulted in the dentist struggling to make the NHS Contract work coupled with the fact that dental services were generally more expensive to provide in certain locations;
- There was an opportunity to review the UDA rates now to understand what would be sustainable for NHS dentists. Enhancing the rates to meet inequality groups and treat patients could present a way forward in encouraging more dentists to take up NHS work again. Currently, some dentists could not make the NHS Contract work for them and had to take on private work to supplement costs. It was hoped that flexible commissioning could help in terms of attracting more dentists back to NHS work;
- The ICB teams were working with dental providers to understand what the pressures were so that provision of NHS dentistry could be improved and sustained;
- It was hoped that flexible commissioning and incentivising would encourage existing NHS providers to keep their provision and attract new providers to NHS work to also cover an increasing population; and
- The NHS Contract is being looked at nationally and a white paper was due to be put before the House of Commons.

### **ICB Community Dental Contract**

- The ICB was working with community dentists to work out how to increase capacity to meet demand because of the way the Contract was currently funded.

### **Mouth Cancer screening**

- If patients were screened sooner, the treatment was easier to manage and survival rates better, so ideas were being explored as to how access to

screening could be improved. Ideas included utilising different workforces such as nursing, hygiene and oral health workers who might be able to assist and access different environments and flexible commissioning could help with this. Cancer screening 'drop in' centres could also provide support.

Resolved (unanimously):

1. that the Integrated Care Board ("ICB") be requested to continue to provide an annual update to the Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board on improvements in dental access and planned oral health improvement initiatives;
2. that the ICB and Director of Public Health, and Director Adult and Community Services, Torbay Council be requested to explore and deliver joint communications to raise awareness of and promote access to dental provision, how to maintain good oral health and what to do if urgent dental care is required within Torbay;
3. that the ICB and Director of Public Health and Director Adult and Community Services be requested to develop communication resources for use by frontline services and supporting web content to raise awareness of how to maintain good oral health, how to access routine dentistry and what to do if urgent dental care is required within Torbay;
4. that the ICB and Director of Public Health and Director Adult and Community Services be requested to explore additional funding opportunities for mitigating oral health initiatives in Torbay; and
5. that the ICB and Director of Public Health and Director Adult and Community Services be requested to explore how to improve and expand access to screening to address the escalating rate of mouth cancer registrations and mortality.

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Chairwoman

# Devon's approach to Physical Health Monitoring in Mental Health

Dr Emma Sircar  
GP and NHS Devon primary care lead for mental health

# What are trying to achieve?

- ▶ Increase the number of annual physical health checks delivered for people with SMI
- ▶ Design a safe and commissioned pathway for initiation, monitoring and review of anti-psychotics
- ▶ Design a safe and commissioned pathway for the physical health monitoring of people with eating disorders

# Why?

- ▶ To reduce the early mortality (>20 years) of patients with SMI by completing health checks and offering appropriate interventions
- ▶ Review antipsychotic prescribing to ensure it is still appropriate, pick up any physical health concerns and intervene
- ▶ Current low rates of completion of cardio-metabolic physical health checks for people with Severe Mental Illness and those prescribed antipsychotics across the whole system
- ▶ Not enough funded capacity in the system to enable all Eating disorder/disordered eating patients requiring physical health monitoring to have this

# How do we achieve this?

- ▶ Include the right people in the work:
  - ▶ Experts by experience
  - ▶ Acute mental health trusts
  - ▶ Primary care
  - ▶ VCSE
  - ▶ Commissioners
- ▶ Collaborative approach
- ▶ Be open to explore opportunities
- ▶ Community team engagement

# Primary Care

- Aim to do majority of annual physical health checks for SMI register
- Primary care funding: QOF, LES – look to extend to include antipsychotic monitoring and ED options
- Annual checks for antipsychotic monitoring
- ED option – do measures for ED physical health monitoring team to review and act on.



# Secondary Care

- ▶ Focus on antipsychotic – initiation and stabilisation monitoring.
- ▶ Clear guidance to primary care on initiation of antipsychotics re length of time/ reduction and when.
- ▶ Advice and guidance to primary care re antipsychotics
- ▶ Annual health checks for those not attending primary care, or on clozapine/ complex depots

# Relationships

- Information sharing and data reconciliation.
- Need for good, clear pathways of communication.
- Building good relationships between local teams across sectors.

# Comms

- Patient information leaflets – annual PHC, Antipsychotics
- Invite texts/ letters
- Video re patient PHC journey
- System level Resource pack – CMHTs/PCNs can add local resources to this
- Patient passport – Rethink

# Where are we now?

- ▶ One Devon documents progressing to sign off:
  - ▶ CMHT PHM SOP
  - ▶ 6L ECG SOP
  - ▶ DSA - primary care/secondary care/VCSE
  - ▶ PHM template - reconciling codes between primary and secondary care
- ▶ Test of change in North Devon - Test and refine the pathways/communication - aim to start Nov/Dec 23
- ▶ Roll out
  - ▶ Torbay and Plymouth early 2024
  - ▶ Rest of Devon likely to be next financial year

# Pathway

## SMI annual physical health check



## Anti-psychotic monitoring



## ED PHM



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

**Date:** 21 December 2023

**Wards affected:** All

**Report Title:** Domiciliary Care Nov 2023.

**When does the decision need to be implemented:** Updates 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

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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 26<sup>th</sup> January 2023.

### 2. Reason for Proposal and its benefits

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- 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

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- 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 performance data, hours etc

Tab One, 15 minute visits, Tab 2 Hours over time, Tab 3 Hospital admissions

**Appendix 2:** Torbay Outstanding Care Summary as at 05/12/2023

## Supporting Information

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### 1. Introduction and summary

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- 1.1 Nationally we have seen a 0.5% Growth in the domiciliary care market, with a 1% increase in recruitment. Nationally there has been improvements in international recruitment, a slight reduction in turnover of staff (currently sat at 28.3% a reduction from 2021/22 rate of 28.9%). In real terms nationally the impact has led to a 7% reduction in vacant posts which now total 152,000 (Skills for Health 2023). This national picture helps set context for an even 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 runs until March 2025. It should be noted that the start of these arrangements coincided with the pandemic so the initial operating period until mid-2022 was focused upon our response to the pandemic across the health and social care system and supporting providers and service services through a challenging and uncertain period.
- 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.

## 2. Overview of the market

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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 in different ways that we have sustained and increased hours over time and avoided some bed-based admissions by helping people to remain in the community. By way of an illustration in mid-2020 around 60-80 people per month had been admitted to Hospital from Dom Care, this figure is similar in 2023 which runs between 57 – 80, giving a mean of 68 (Appendix 1 tab 3). Regarding hours of Dom Care, in January 2018, 28,000 hours were planned in a month, after the lock down periods of 2020 into 2021 this had increased 40,000 hours at the end of 2020 and the start of 2021, during 2022 the hours continued to increase through with December planned monthly hours sitting at 46,000. This trend continued in 2023 and currently stands at 58,359 (October 2023).
- 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 £10 -£12 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 year or more. We are aware the National Minimum Wage is due to be increased to £11.44 and this will impact on our market and rates, this will be picked up in as part of our annual budget cycle, but at this point it is too early to indicate the impact of this. We do not know the exact rates that private businesses pay carers as that's sensitive market business information, but £10 - £12 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 **Consistency and growth:** In the appendix 1 data overview this contains information that demonstrates the consistency and growth in Dom Care to help people live independently in the community. By way of illustration as touched on in 2.1 since 2018 our planned hours per month have increased in the order of 100%.



We have seen a percentage increase in the numbers of people who receive domiciliary care and are admitted to Hospital this may reflect a perceived increase in acuity amongst this cohort. In 2023 we have seen a mean average of 8.1% people in this cohort needing hospital admission compared with 6.9% in 2022. This will need to be monitored ongoing to understand risk to hospital admission within this cohort.

- 2.4 **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 for 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
- 2.5 **Areas for development** – Our aspiration would be to develop Dom Care into areas such as reablement which can support for people discharged from Hospital to regain independence. We need to consider if technology enabled care or specialist equipment can maintain independence safety in the home either in conjunction or instead of a traditional Dom Care package. Dom Care providers have undertaken 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 of working to the benefits of clients, staff and their business models.
- 2.6 **Covid challenges** - Has largely resolved, in the sense of infection control and limitations on practice.
- 2.7 Following a Care assessment a **wait for a service** for both logistical and operational reasons has always been a factor. An established prioritisation process is in place in teams to make this, those without any informal supporting and living alone would be the highest risk of waiting for care. It should be noted for the period January 2022 to October 2023 this has dramatically improved. Although there are a few peaks and troughs the current situation is reported to show the current number of people waiting is 44 (5<sup>th</sup> December 2013). Broken down into those awaiting formal support but currently without formal support 8 people, those awaiting formal support in an alternative setting (ie not at home) 11 people and those awaiting formal support but receiving an alternative formal support at home 25 people. These numbers change daily as people are allocated care and new clients move into the system to also be allocated care, but the attached graph shows the improvement over time in relation to outstanding domiciliary care requests. **Appendix 2.**
- 2.8 The ICO hold oversight of quality performance monitoring with a monthly assurance process and a contract manager in place. The contract manager holds 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 held 6 monthly (face to face), although these are still fairly new (post covid) and have been slow to re-establish. Virtual meetings continue to be used Ad hoc and for any specific targeted work.

### 3. Financial Opportunities and Implications

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- 3.1 Current framework March 2020 to March 2025, 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 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

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- 4.1 None from this briefing

### 5. Engagement and Consultation

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- 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

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- 6.1 Not applicable to this briefing.

## 7. Tackling Climate Change.

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7.1 Not applicable for this briefing.

## 8. Associated Risks and other information

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- 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 in Torbay, however other providers are in the local market either supporting self-funded clients who to do receive care after a Care Act assessment or supplement framework capacity on a case-by-case basis during pressure points of demand. This is a smaller element of the market, between August and December 2022 only 2% extra Dom Care capacity was commissioned over and above the framework hours.
- 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 a minor element of the market, for example of the planned 44,252 Dom Care Hours in December 2022, only approximately 200 hours fell into this grouping, **less that 1% on the whole planned hours allocation**, therefore this is no longer a material issue based on the evidence. (See Appendix 1)

## 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

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10.1 None

## 11. Cumulative Community Impacts

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11.1 None

Updated by

Lee Baxter

Divisional Director Adult Social Care

November 2023.

15 min visits from paris dom careplanning  
w/c 2/1/23

Without splitting ECH

By Provider	Clients (15m)	Weekly visits (15m)	Weekly hours (15m)	Weekly hours (all)	% hours (15m)
ABIDE HOMECARE	1	7	1.8	709	0.20%
AGINCARE UK LTD (SUPPORT SERVICES)	17	207	51.8	823	6.30%
AGINCARE UK LTD T2	1	14	3.5	114	3.10%
BAY CARE GROUP	4	40	10	3,404	0.30%
CARETAKERS SW LTD	1	21	5.3	731	0.70%
CUMBERLAND COMPLEX	1	7	1.8	435	0.40%
DEVON C.AIR LTD	1	7	1.8	150	1.20%
HELP@HAND CARE SERVICES	1	7	1.8	1,148	0.20%
HOMELIFE CARERS LTD	2	14	3.5	196	1.80%
LOVE TO CARE DEVON	1	1	0.3	1,125	0.00%
PALM TREE HOME CARE LTD	5	36	9	244	3.70%
STELLA CARE DEVON LTD	1	7	1.8	397	0.40%
SUMMON BONUM	2	14	3.5	2,085	0.20%
<b>Grand Total</b>	<b>38</b>	<b>382</b>	<b>95.5</b>	<b>11,560</b>	<b>0.80%</b>

By Care Type (excluding ECH address)	Clients	Weekly visits	Weekly hours
HOUSEWORK WITH SHOPPING	1	1	0.25
IND SUPPORT WITH MEDICATION	4	35	8.75
INDEPENDENT SUPPORT ONLY	7	50	12.50
MEDICATION ONLY	2	21	5.25
PERSONAL CARE ONLY	2	27	6.75
PERSONAL CARE WITH IND SUPPORT	3	24	6.00
PERSONAL CARE WITH MEDICATION	5	38	9.50
<b>Grand Total</b>	<b>23</b>	<b>196</b>	<b>49.00</b>

Percentage of cost outside of the Framework

Month	Period/ Year	Percentage of market outside Framework
Mar-21	Period 1	7.26%
Apr-21	Period 02	5.43%
May-21	Period 03	4.47%
Jun-21	Period 04	6.41%
Jul-21	Period 05	3.37%
Aug-21	Period 06	4.04%
Sep-21	Period 07	3.58%
Oct-21	Period 08	3.54%
Nov-21	Period 09	6.77%
Dec-21	Period 10	4.99%
Jan-22	Period 11	4.84%
Feb-22	Period 12	4.52%
Mar-22	Period 13	4.36%
Apr-22	Period 01	2.42%
May-22	Period 02	2.58%
Jun-22	Period 03	2.52%
Jul-22	Period 04	2.50%
Aug-22	Period 05	2.72%
Sep-22	Period 06	2.40%
Oct-22	Period 07	2.37%
Nov-22	Period 08	1.74%
Dec-22	Period 09	2.09%

Notes:

From paris careplanning (dom) so may include non LWH and SL care  
Clients may be receiving other care  
Some clients receiving care from multiple providers

Reporting Month	1) Planned hours in month	2) Planned cost in month	Planned Hours pw						Planned Visits pw					
			0-4	4.1-7	7.1-14	14.1-28	28.1-56	>56	0-7	7.1-14	14.1-21	21.1-28	28.1-35	>35
30/01/2018	28,167	496,536	199	108	133	50	25	7	228	135	89	52	15	3
31/12/2020	39,836	815,734	180	122	173	115	57	11	240	123	121	142	19	13
30/04/2020	27,999	573,425	162	110	133	73	37	10	218	101	95	83	15	13
31/05/2020	32,836	672,388												
30/06/2020	32,207	659,596												
31/07/2020	34,387	704,161												
31/08/2020	36,898	755,573												
30/09/2020	35,608	729,223												
31/10/2020	37,841	774,870	170	130	152	109	53	10	228	120	124	119	20	13
30/11/2020	38,495	788,398	167	132	182	112	60	7	178	122	178	118	59	9
31/12/2020	40,520	829,745	180	122	173	115	57	11	240	123	121	142	19	13
31/01/2021	40,309	825,418	188	123	165	118	59	12	246	116	129	139	19	16
28/02/2021	35,821	733,580	186	124	174	115	66	11	246	124	134	137	18	17
31/03/2021	41,598	851,799	189	135	187	124	67	16	262	137	138	143	23	15
30/04/2021	43,005	895,929	154	125	163	122	59	14	221	132	133	116	23	12
31/05/2021	45,220	941,956	149	125	162	123	56	16	216	125	130	120	24	16
30/06/2021	43,998	914,218	198	134	199	143	73	20	274	147	152	139	30	25
31/07/2021	45,636	948,128	189	129	195	136	76	19	263	140	145	142	32	22
31/08/2021	45,462	945,065	190	125	198	130	78	18	267	144	142	138	25	23
30/09/2021	43,788	913,067	182	123	199	134	79	22	259	144	147	142	22	25
31/10/2021	44,744	932,587	179	113	181	134	77	20	255	147	128	135	20	19
30/11/2021	43,334	900,358	171	117	171	139	71	22	249	145	133	124	21	19
31/12/2021	42,830	891,486	167	117	162	130	73	21	240	135	135	121	18	21
31/01/2022	42,801	890,988	174	116	155	118	73	18	246	125	131	116	17	19
28/02/2022	38,836	807,952	182	121	155	123	75	18	257	131	129	117	18	22
31/03/2022	43,186	900,365	185	113	153	116	83	17	249	130	136	106	21	25
30/04/2022	41,817	931,372	184	114	148	115	77	19	248	124	137	102	22	24
31/05/2022	42,594	948,911	188	121	144	111	72	18	256	126	137	96	20	19
30/06/2022	40,699	907,463	183	113	148	105	72	20	246	120	139	97	20	19
31/07/2022	42,817	954,300	181	116	154	106	66	20	241	117	145	100	21	19
31/08/2022	42,583	948,953	173	106	155	107	68	18	232	116	137	97	19	26
30/09/2022	42,405	949,001	175	111	149	97	72	17	235	109	136	94	20	27
31/10/2022	44,047	985,688	169	111	152	101	71	21	229	109	140	101	20	26
30/11/2022	43,304	969,225	175	106	158	106	76	17	235	117	139	101	21	25
31/12/2022	46,031	1,030,507	176	111	161	110	73	18	236	119	143	102	24	25
31/01/2023	46,915	1,049,973	173	117	162	108	71	18	236	110	145	111	25	22
28/02/2023	45,787	1,022,958	177	129	173	114	78	21	246	119	154	122	25	26
31/03/2023	51,227	1,144,283	182	131	176	115	80	21	251	124	151	122	25	32
30/04/2023	49,713	1,195,392	181	137	177	128	77	21	249	156	127	138	22	29
31/05/2023	52,388	1,261,017	170	140	159	132	78	11	237	147	115	142	22	27
30/06/2023	52,008	1,252,180	161	143	156	133	78	15	229	147	109	149	21	31
31/07/2023	54,659	1,315,555	172	145	162	132	84	16	241	158	109	143	23	37
31/08/2023	55,782	1,341,949	171	143	152	133	82	13	239	153	103	148	25	26
30/09/2023	54,146	1,301,514	167	137	158	135	89	12	229	151	111	157	25	25
31/10/2023	58,359	1,396,963	162	138	151	145	84	14	225	151	107	162	24	25



Month	1) New Package	2) Increased package	3) Decreased package	4) Ending packages	5) Total Service Users at snapshot	6) New Clients in prev 6 weeks	7) Hospital admssions
30/04/2020	104	36	18	67	772	144	69
31/05/2020	78	48	20	76	775	104	74
30/06/2020	54	34	14	49	776	76	51
31/07/2020	58	32	12	62	640	94	60
31/08/2020	65	32	15	48	641	83	84
30/09/2020	75	26	11	72	659	91	64
31/10/2020	82	33	18	70	672	115	73
30/11/2020	90	28	15	58	676	116	65
31/12/2020	68	21	14	72	697	94	64
31/01/2021	107	31	12	96	720	127	61
28/02/2021	56	15	10	45	719	105	65
31/03/2021	106	35	13	839	770	138	68
30/04/2021	102	40	19	77	763	143	68
31/05/2021	80	52	17	89	757	108	75
30/06/2021	68	41	20	68	747	93	59
31/07/2021	68	31	17	87	736	106	70
31/08/2021	66	26	22	73	728	93	42
30/09/2021	51	18	16	61	732	69	49
31/10/2021	49	25	22	60	716	62	38
30/11/2021	25	22	15	53	691	38	50
31/12/2021	38	15	5	47	686	48	36
31/01/2022	70	22	13	41	682	75	51
28/02/2022	68	18	8	60	699	93	36
31/03/2022	66	18	8	55	718	91	49
30/04/2022	92	21	14	73	692	123	38
31/05/2022	67	29	8	56	686	95	50
30/06/2022	74	25	7	73	676	100	53
31/07/2022	67	25	10	103	694	116	46
31/08/2022	125	25	6	85	671	142	49
30/09/2022	84	17	10	85	696	131	47
31/10/2022	106	34	6	68	708	129	50
30/11/2022	64	24	13	57	726	95	54
31/12/2022	53	21	6	54	751	87	34
31/01/2023							
28/02/2023							
31/03/2023							
30/04/2023	107	33	15	107	815	171	58
31/05/2023	124	29	18	100	831	165	67
30/06/2023	110	45	21	107	839	156	70
31/07/2023	108	32	23	97	863	154	66
31/08/2023	121	35	24	84	880	158	73
30/09/2023	91	34	14	81	901	134	62
31/10/2023	77	34	15	78	888	113	60

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

Date of meeting	Minute No.	Action	Comments
23/11/23	18	That the Integrated Care Board (“ICB”) be requested to continue to provide an annual update to the Torbay Adult Social Care and Health Overview and Scrutiny Sub-Board on improvements in dental access and planned oral health improvement initiatives.	Requested and added to work programme for November 2024.  Complete.
23/11/23	18	That the ICB and Director of Public Health, and Director Adult and Community Services, Torbay Council explore and deliver joint communications to raise awareness of and promote access to dental provision, how to maintain good oral health and what to do if urgent dental care is required within Torbay.	Director of Adult and Community Services and Director of Public Health actioning and update awaited.
23/11/23	18	That the ICB and Director of Public Health and Director Adult and Community Services develop communication resources for use by frontline services and supporting web content to raise awareness of how to maintain good oral health, how to access routine dentistry and what to do if urgent dental care is required within Torbay.	Director of Adult and Community Services and Director of Public Health actioning and update awaited.
23/11/23	18	That the ICB and Director of Public Health and Director Adult and Community Services explore additional funding opportunities for mitigating oral health initiatives in Torbay.	Director of Adult and Community Services and Director of Public Health actioning and update awaited.
23/11/23	18	That the ICB and Director of Public Health and Director Adult and Community Services explore how to improve and expand access to screening to address the escalating rate of mouth cancer registrations and mortality.	Director of Adult and Community Services and Director of Public Health actioning and update awaited.

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

14/09/23	9	South Devon NHS Foundation Trust are requested to provide details of potential new opening dates for the diagnostic centre together with time frames for transfer from the temporary diagnostic centre at Newton Abbot Hospital over to the new premises at Market Street in Torquay.	South Devon NHS Foundation Trust confirm that an update will be provided as soon as potential dates can be confirmed.
14/09/23	9	South Devon NHS Foundation Trust are requested to provide an update on the performance of the diagnostic centre within the next 12 months.	South Devon NHS Foundation Trust confirm that this information will be provided as required in 12 months' time (September 2024) - added to the work programme for 2024.
14/09/23	9	South Devon NHS Foundation Trust are requested to provide information regarding the follow up of diagnostic targets versus actual targets within the next 12 months.	South Devon NHS Foundation Trust confirm that this information will be provided as required in 12 months' time (September 2024) - added to work programme for 2024.
14/09/23	9	South Devon NHS Foundation Trust are requested to provide an update around modelling to reduce lead in times for cancer diagnosis.	South Devon NHS Foundation Trust confirm that this information has been requested and will be provided as soon as it is available.
14/09/23	9	South Devon NHS Foundation Trust are requested to provide average statistical information as to the current delay between patient discharge from hospital and notification of discharge to the patient's GP (which can affect the timely prescription of ongoing medication).	South Devon NHS Foundation Trust confirm that this information has been requested and will be provided as soon as it is available.

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

14/09/23	9	<p>South Devon NHS Foundation Trust are encouraged to further engage with local communities and Ward Councillors to publicise information concerning re-structuring of Torbay Hospital and any difficulties which may arise as a result of re-development works within the area</p>	<p>South Devon NHS Foundation Trust confirm that the Trust has recently approved its Communication and Engagement strategy for the site enabling element of the project and will ensure that all local stakeholders are kept fully updated on the plans at Torbay Hospital.</p> <p>Complete.</p>
14/09/23	9	<p>South Devon NHS Foundation Trust are encouraged to raise awareness of Torbay community and healthcare job opportunities through engagement with local communities, including the voluntary sector and care experienced people</p>	<p>South Devon NHS Foundation Trust confirm that the Trust remains committed to this requirement and will look to ensure that awareness of all employment opportunities is maximised throughout our local area.</p> <p>Complete.</p>
14/09/23	9	<p>South Devon NHS Foundation Trust are encouraged to expand the range of contractors who may tender for contracts to include smaller firms and local suppliers within Torbay</p>	<p>South Devon NHS Foundation Trust confirm that the site enabling programme will be procured locally (via the Trust ) and it will look to ensure that social value ( economic and environmental) is maximised for this element of the programme.</p> <p>The main construction element of the programme will be procured nationally and the Trust will continue to work with its national team colleagues to ensure that social value remains a key determinant of contract award.</p> <p>Complete.</p>

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

14/09/23	9	<p>Adult Social Care and Health Overview and Scrutiny Board Chairman writes to the Health and Social Care Minister seeking reassurance that the NHS re-building budget for hospital funding will be protected and not diverted towards the Reinforced Autoclaved Aerated Concrete (RAAC) crisis affecting many schools across the United Kingdom</p>	<p>Awaiting update.</p>
17/08/23	3	<p>Draft Strategy for Adult Social Care in Torbay</p> <p>Information concerning a website based approach for accessing care be provided to local MP's officers and other information offices within Torbay.</p>	<p>Director of Adults and Community Services and Head of Policy, Performance and Community Engagement to action.</p> <p>The timing of this needs to align with completion of the work on developing the Torbay Council website.</p> <p>Awaiting update.</p>
17/08/23	3	<p>Draft Strategy for Adult Social Care in Torbay</p> <p>A briefing note is circulated to all Councillors with information concerning the website based approach for accessing care.</p>	<p>Director of Adults and Community Services to action.</p> <p>The timing of this needs to align with completion of the work on developing the Torbay Council website.</p> <p>Awaiting update.</p>

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

17/08/23	3	<p>Draft Strategy for Adult Social Care in Torbay</p> <p>The Head of Policy, Performance and Community Engagement is instructed to publicise information about the approach to accessing care to inform wider communities.</p>	<p>Director of Adults and Community Services and Head of Policy, Performance and Community Engagement to action.</p> <p>Awaiting progress update.</p>
17/08/23	3	<p>Draft Strategy for Adult Social Care in Torbay</p> <p>The Head of Policy, Performance and Community Engagement is instructed to widen the inclusion of people with protected characteristics in future consultations and report back to the Adult Social Care and Health Overview and Scrutiny Sub Board at a later date.</p>	<p>Director of Adults and Community Services and Head of Policy, Performance and Community Engagement to action.</p> <p>Awaiting progress update.</p>
17/08/23	4	<p>Draft Learning Disability Plan</p> <p>The Director of Adults and Community Services provides an update on the timeframe for the new data system at a future date to the Adult Social Care and Health Overview and Scrutiny Sub Board.</p>	<p>Added to the work programme as a future item.</p> <p>Director of Adults and Community Services to advise when update available.</p>
17/08/23	4	<p>Draft Learning Disability Plan</p> <p>The Director of Adults and Community Services provides an exempt report on the options appraisal and when it will be implemented to a future Adult Social Care and Health Overview and Scrutiny Sub Board.</p>	<p>Added to the work programme as a future item – date to be confirmed.</p> <p>Director of Adults and Community Services to advise when update available.</p>

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

17/08/23	5	<p>Adult Social Care Procurement and Contracting Review and Action Plan</p> <p>The Director of Adults and Community Services shares information with the Task and Finish Group Review on Procurement relating to work undertaken which allowed the revised work on Adult Social Care Procurement and Contracting to progress.</p>	<p>Director of Adults and Community Services to action.</p> <p>Awaiting information from Torbay and South Devon NHS Foundation Trust.</p>
17/08/23	5	<p>Adult Social Care Procurement and Contracting Review and Action Plan</p> <p>The Director of Adults and Community Services is requested to encourage Torbay and South Devon NHS Foundation Trust to work towards expanding the range of contractors who may tender for contracts to include smaller firms within Torbay.</p>	<p>Director of Adults and Community Services has written to the Deputy Chief Executive/Director of Transformation and Partnerships, Torbay and South Devon NHS Trust.</p> <p><a href="#">Complete.</a></p>