



Wednesday, 16 January 2013

### **OVERVIEW AND SCRUTINY BOARD**

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

**Thursday, 24 January 2013**

commencing at **5.30 pm**

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

#### **Members of the Committee**

Councillor Thomas (J) (Chairman)

Councillor Barnby	Councillor Kingscote
Councillor Bent	Councillor Pentney
Councillor Darling (Vice-Chair)	Councillor Stockman
Councillor Hill	Councillor Pountney

#### **Co-opted Members of the Board**

Penny Burnside, Diocese of Exeter

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**Working for a healthy, prosperous and happy Bay**

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

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## OVERVIEW AND SCRUTINY BOARD AGENDA

1. **Apologies**  
To receive apologies for absence, including notifications of any changes to the membership of the Committee.
2. **Minutes** (Pages 1 - 6)  
To confirm as a correct record the minutes of the meetings of the Board held on 7, 21 and 30 November 2012.
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. **Annual Strategic Agreement between Torbay and Southern Devon Health and Care NHS Trust and Torbay Council** (Pages 7 - 33)  
To consider the draft Annual Strategic Agreement between the Council and the Torbay and Southern Devon Health and Care NHS Trust.
6. **Priorities and Resources 2013/2014 Review Panel** (To Follow)  
To consider the briefing notes provided at the request of the Priorities and Resources 2013/2014 Review Panel and to determine the views, conclusions and/or recommendations of the Board in relation to the Mayor's budget proposals for the next financial year.

7. **Capital Investment Plan Update - Quarter 3**  
To consider the Capital Investment Plan update for Quarter 3 of the 2012/2013 financial year.

(To Follow)



## Minutes of the Overview and Scrutiny Board

7 November 2012

**-: Present :-**

Councillor Thomas (J) (Chairman)

Councillors Barnby, Bent, Darling (Vice-Chair), Hill, Kingscote, Pentney,  
Pountney and Stockman

(Also in attendance: Councillors Lewis and Thomas (D))

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### **31. Apologies**

An apology for absence was received from Penny Burnside.

### **32. Minutes**

The minutes of the meetings of the Board held on 12 September and 3 October 2012 were confirmed as a correct record and signed by the Chairman.

### **33. Children's Partnership Improvement Programme**

The Board received a report which provided an update on the progress made on the projects which made up the Children's Partnership Improvement Programme.

The Board heard that, in order to assess how the Programme was having a positive impact on children in Torbay, a sub-group of the Torbay Safeguarding Children's Board had been established made up of young people who would actively monitor progress from a young person's perspective.

The Board was informed that the projected outturn position in relation to the Children's Services Revenue Budget for 2012/2013 was currently an overspend of £2.4 million. It was also noted that this budget was still volatile. Children's Services were, however, actively recruiting with a number of posts being successfully filled thereby reducing the need for agency staff and the associated costs. There also continued to be pressures in relation to residential placements and it was expected that the application of funding from reserves would be used to address this. This would reduce the projected overspend within Children's Services to £1.3 million.

The Director of Children's Services reported that he was developing a two-year spending plan for Children's Services which would sit alongside the Improvement Plan and that this spending plan would build in a number of assumptions in relation to Torbay.

In answer to questions about multi-agency working, the Board was given details of the Interim Torbay Safeguarding Hub, briefing sessions with different agencies and the feedback received from the new Chairman of the Children's Improvement Board on how to build relationships at a senior level.

The Board went on to ask a number of questions about the performance of Children's Services with respect to indicators in the Children's Improvement Board Report Card (which were also included with the Council's Performance and Public Value Report).

Chairman

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## Minutes of the Overview and Scrutiny Board

21 November 2012

**-: Present :-**

Councillor Thomas (J) (Chairman)

Councillors Bent, Darling (Vice-Chair), Hytche, Pentney, Pountney and Stockman

(Also in attendance: Councillors Davies, Cowell, Thomas (D) and Tyerman)

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### **34. Apologies**

Apologies for absence were received from Councillors Barnby and Kingscote.

It was also reported that, in accordance with the wishes of the Conservative Group, the membership of the Board had been amended to include Councillor Hytche instead of Councillor Hill.

### **35. Minutes**

The minutes of the meeting of the Board held on 30 October 2012 were agreed as a correct record and signed by the Chairman.

### **36. Urgent Items**

The Chairman reported that the Board would consider the draft Corporate Plan which was not included on the agenda as he was of the opinion that it was urgent by reason of special circumstances i.e. the matter having arisen since the agenda was prepared and it was unreasonable to delay a decision until the next meeting.

However, it was noted that the draft was not currently available and therefore the meeting would adjourn at the end of its scheduled business to allow for consideration on 30 November 2012.

### **37. Allocations Policy and Local Tenancy Strategy**

The Executive Lead for Strategic Planning, Housing and Energy and the Strategic Housing Manager presented their report which provided information on a review of how the Council made social housing allocations, managed its waiting lists and made use of tenancies for social housing as a result of new powers available under the Localism Act 2011.

The Localism Act had created a statutory requirement for all local authorities to develop a Tenancy Strategy which must include the high level objectives that registered providers in the area are able to "have regard to" when considering their

own tenancy policies. The Tenancy Strategy should be developed alongside the authority's Allocation Scheme.

In considering the officer recommendations to the Council that:

- (i) the Council continue with the Devon Home Choice partnership agreement and allocations policy and review the future policy approach when the next review of Devon Home Choice is completed; and
- (ii) the Local Tenancy Strategy (appended to the report) be published in January 2013 and local registered housing providers be encouraged to have due regard to Torbay's Local Tenancy Strategy

the Overview and Scrutiny Board made the following points:

- There was a view expressed that the use of Flexible Tenancies should be limited in order to foster better balanced housing estates.
- The impact of housing benefit reforms on social landlord tenants would need to be reviewed in order to understand the level of demand for homes with specific numbers of bedrooms.
- The Council should look to achieve more, within the Tenancy Strategy, than the statutory minimum in relation to the Military Covenant.

### **38. Council Tax Support Scheme**

Having previously considered the impact of welfare reform and the development of the Council Tax Support Scheme, the Board gave its final consideration to the proposed Scheme which was presented alongside the results of the consultation and the final Equalities Impact Assessment.

In response to questioning, the Board heard that the technical discounts which the Council could apply to Council Tax were being actively considered and any changes would be proposed when the Council Tax Base was considered by the Council. It was suggested that this information could be modelled and provided alongside the Council Tax Support Scheme.

It was noted that the Equalities Impact Assessment had highlighted a disproportionate impact on households where a Band D restriction combined with the 75% limitation would apply and that, as a result, it was being recommended that this proposal be delayed for the first year of the Scheme to enable affected customers to consider alternative arrangements.

It was also noted that it was proposed that a Hardship Fund of £80,000 be established but that the details of how the Fund would operate were currently being developed. Similarly a Vulnerability Policy was being developed that this had not been available for consideration alongside the Scheme.

In considering the reports before it and the answers received at its meeting, the Board made the following comments:

Given the potential impact on vulnerable people, as identified in the Equalities Impact Assessment, the Council should look to continue to provide a proactive system of managing the impact of the Council Tax Support Scheme rather than a reactive system. The Overview and Scrutiny Board is concerned that there may not be the capacity within the relevant teams to respond to concerns identified via (amongst other things) the Council's automated systems. To mitigate these fears, the draft Hardship Scheme and Vulnerability Policy should be provided to the Council when it considers the Council Tax Support Scheme.

**(Note:** During consideration of the item in Minute 38, Councillor Thomas (J) declared a non-pecuniary interest as a Director of Shekinah.)

**39. Adjournment**

At this juncture the meeting was adjourned until the rising of the Priorities and Resources Review Panel on 30 November 2012.

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Chairman



## Minutes of the Overview and Scrutiny Board

### Adjourned Meeting

30 November 2012

-: Present :-

Councillor Thomas (J) (Chairman)

Councillors Bent, Darling (Vice-Chair), Hill, Kingscote, Pentney, Pountney and Stockman

(Also in attendance: The Mayor and Councillor Davies)

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#### 40. Corporate Plan 2012 - 2015

The Board considered the draft Corporate Plan which identified the priorities the Council intended to deliver from now until 2015.

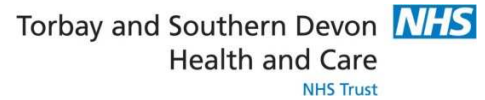
The Board was asked to provide its comments on the Plan prior to its consideration at the meeting of the Council scheduled to take place on 6 December 2012.

Members of the Board expressed their view that the Plan lacked dynamism and detail, in particular that it did not include any targets or any references to partnership working or contract monitoring. It was felt that the Plan should include radical, lateral thinking and should address the Council's aspirations for children's services, housing and adult social care.

Chairman

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# Agenda Item 5



## **Annual Strategic Agreement between Torbay Council and Torbay & Southern Devon Health & Care NHS Trust for the delivery of Adult Social Care**

**April 2013 to March 2014**

### **Contents**

- 1. Purpose & Overview**
- 2. Workforce**
- 3. Performance Outcomes**
- 4. Spending Decisions and Key Decisions**
- 5. Revenue Budget 2012-14**
- 6. Client Charges – Rates 2012/13**
- 7. Roles and Responsibilities**

**Appendix 1 – Budget Proposals 2013/14 Adult Social Care Outcomes Framework**

**Appendix 2 – Adult Social Care Commissioning Plan 2013/14**

**Appendix 3 - 2013/14 ASC Outcomes Framework (separate pdf document)**

**Appendix 4 - 2013/14 Public Health Outcomes Framework (separate pdf document)**

**Appendix 5 – Key Performance Indicators**

## **1. Purpose and Scope of this agreement**

This agreement sets out the way in which Torbay Council & Torbay and Southern Devon Health and Care NHS Trust (the Trust) will work in partnership during the next 2 years to deliver improvements to the commissioning and provision of adult social care. This will include implementation of Cost Improvement Plans (CIP).

The Trust was formally constituted on the 1<sup>st</sup> of April 2012 when the NHS commissioning responsibilities previously held by Torbay Care Trust transferred to the newly formed South Devon & Torbay Clinical Commissioning Group (CCG). The impact of this change, on relationships between the Council and the Trust, has become clearer during 2012/13 and new relationships have begun to develop between the Council and the CCG. These new, and still emerging relationships, are reflected in this Agreement in as far as they impact on arrangements between the Council and The Trust. However any agreements and arrangements which are necessary between the Council and the CCG will be negotiated and described in other places.

The respective roles and responsibilities of the Council and the Trust have changed significantly and will continue to change. However both organisations are committed to working in partnership with NHS Commissioners, other providers and the third sector to develop the model of integrated care for which Torbay is renowned.

Where specific service specifications are required to ensure clarity and accountability for specific functions, or to ensure successful and timely delivery of the work outlined, these will be developed separately.

### **1.1 Overall context and strategy**

#### **National agenda**

In April 2013 major reforms will come into effect through the implementation of the Health and Social Care Act 2012. The Act strengthens previous commitment to an integrated approach across organisations and health and social care boundaries including, a requirement of continuity during transition between children's and adult services.

Public health England is created and responsibility for the commissioning of health services will move to local Clinical Commissioning Groups (CCG) and the NHS Commissioning Board. Patients will be able to choose from a range of services provided by the independent and voluntary sector. Local authorities will be required to provide information, advice and prevention services and shape the market for care and support services. Health and Wellbeing Boards will set and monitor local priorities for the health and wellbeing of the population.

#### **Locally**

The joint commissioning and delivery of services underpins the direction of travel which the Council and NHS set out in the formation of Torbay Care Trust. In April 2013, in line with national requirements, responsibility for public health will move to Torbay Council, Torbay and Southern Devon CCG will be authorised and Torbay's Health and Wellbeing Board will move from shadow form to steady state.

It is expected that the Trust will be acquired by another organisation during 2013. This agreement will be amended to reflect any changes to structures and relationships once the acquisition is complete.

Torbay Council and the Trust will continue to pursue a strategic direction designed to maximise choice and independence for those requiring adult social care and support. As far as possible, within Fair Access to Care criteria (FACS) and the constraints of resources, the Trust will seek to promote active and healthy lifestyles.

## 1.2 Financial context

Funding arrangements for Adult Social Care (ASC) are under review at a national level. The Dilnot Report has now been published but there is no immediate prospect of this review having agreed outcomes that would propose changes in 2013-14. Therefore the financial arrangements for 2013-14 are based on what is known at present.

Torbay Council, in line with the comprehensive spending review (2011-2015), is required to make substantial budget reductions of about 28%. The Trust acknowledge the tight financial constraints over the period and will continue to deliver the best possible care and support within these constraints and in consultation with the Council through the DASS, making any changes to service delivery with appropriate service user consultation.

## 1.3 Health and Wellbeing Board

The Trust will play a full and active role in supporting Torbay Council with the design and development of this Board, in setting priorities and supporting their delivery across partners in a managed way and deliver the agreed strategy.

## 1.4 Quality

### **National: CQC (Care Quality Commission)**

The commission will drive improvement in quality and safety of care checking through working with Health watch and regular unannounced inspections that organisations meet national standards. NICE will take on responsibility for developing standards for excellence in social care from April 2013. Torbay Council and the Trust will co-operate with and be guided by both organisations, in commissioning and delivery of social care. CQC strategic priorities:

- Make greater use of information to achieve the greatest impact
- Strengthen how we work with strategic partners
- Continue to build stronger relationships with the public
- Build our relationship with organisations providing care
- Strengthen the delivery of our unique responsibilities on mental health and mental capacity
- Continue our drive to become a high performing organisation

### **Local: Torbay and Southern Devon Health and Care Trust**

The Trust will provide quality assurance on both its own business activity and that of the services it commissions on behalf of the community. A Quality Assurance Framework has been developed and will be rolled out in 2013. The framework includes the following elements:

- A Care Home Self-Assessment and Management Tool known as; Quality Effectiveness Safety Trigger Tool (QUESTT) to be completed by the home electronically on a monthly basis, with direct access to a Trust database to complete this;
- A Business and Finance Audit Tool to be completed on an annual or bi annual basis (this will replace the current documentation);
- An Observational Checklist to be completed by visiting Trust staff;
- A model, still in development, to gauge client feedback

#### **Local: Torbay Council**

Torbay Council uses the Supporting People Quality Assurance Framework (QAF) to assess the quality of support services for vulnerable adults in the following areas:

- Assessment and Support Planning.
- Security, Health and Safety
- Safeguarding and Protection from Abuse.
- Fair Access, Diversity and Inclusion
- Client Involvement and Empowerment

### **1.5 Safeguarding**

The Trust will continue to deliver safeguarding on behalf of Torbay Council. Accountability for the safeguarding function will sit with the Safeguarding Adults Board (SAB). Regular performance analysis will be reported to the SAB and the Council will ensure high level representation on the Board.

The Trust and Torbay Council will work together with the CCG to implement an action plan based on the recommendations from the inquiry into Winterbourne View.

### **1.6 Service Development Activity**

Within the new environment the Trust will, as a provider contracted to the Council, recognise the financial constraints on services funded through the Council, by ensuring that the services provided on behalf of the Council are efficient, effective and offer the highest possible quality. To achieve this a number of developments are planned in 2013/14 including:

- **Structural (zone) redesign** - with a lean staff complement, working to outcomes based approaches with service users, and focused on stratified reviews and assessment.
- **Outcomes based contracting** - development of new approaches and innovative funding mechanisms with providers as an alternative to cost and volume contracts
- **Choice and independence** - being supported by the development of a more robust third and voluntary sector, which again is driven by outcomes based contracts, providing an infrastructure to offer universal services and community response
- **Equity in Resource Allocation** -ensuring a consistently transparent and rigorous approach to meet the needs of the service users through allocation processes such as the Individual Patient Placement panel

- **Integration** – the Council and the Trust are committed to developing the model of integrated care which has championed within Torbay to drive best practice to work with clients in setting goals for enablement and independence, embedding and then spreading the skills
- **Assistive Technologies** - a robust Community Solutions offering that delivers timely equipment and technology support to practitioners and clients to promote reglement and enablement
- **Timely support and individual budget allocation** - with the approach to reviews and the enhancement of community resources through the third sector, the personal funding mechanisms such as the Resource Allocation System (RAS) will be calibrated to account for the market developments.
- **Transactional and back office costs** - to be reduced, for example through the possible implementation of payment cards

As part of these developments the Council will ensure that relevant officers and all elected Members are:

- i. Fully briefed on the scope of these developments and understand the impact they will have within the community.
- ii. Able to support measures agreed as necessary by the Trust and the Council through the Social Care Programme Board and the Commissioning for Independence Board.

## **1.7 Commissioning Intentions and Associated Work plan Commissioning priorities 2013/14:**

- Develop market position statement for adult social care
- Supporting people to remain independent at home: Re-specify & procure outcomes-based domiciliary care as outcomes-based community care and support reablement and recovery service
- Work with DPT and CCG to address care and support needs for people with poor mental health
- Review arrangements in place for 'people who challenge' in enhanced AQP, including people with autism Evaluate success of new supported employment contract
- Review day opportunities contract & performance
- Specify and procure community equipment services with CCG
- Personal budgets: Increase uptake of personal budgets/direct payments through implementation of pre-payment cards
- Deliver planned extra care housing schemes
- Residential and nursing care: work with CCG and neighbouring authorities to develop future models of commissioning based on individual outcomes
- Support refresh & Implementation of dementia strategy
- Develop specification for community learning disability service
- Review advice, advocacy and information services (including IMCA/IMHCA) consider potential for cross Devon commissioning

The commissioning work plan will meet the priorities listed above. Development of a market position statement for Torbay will inform a more detailed commissioning plan. The intention is to work with the CCG to further integrate commissioning governance and support for health, adult social care, support, housing, public health and children linked to the Health and Wellbeing Board over the next year. This will increase the potential for joint & multi agency commissioning and the ability to further streamline and make best use of resources across organisations to support the commissioning function.

Working more closely and sharing resources with the CCG where this is agreed will increase potential for cross Devon commissioning of adult social care and health. Implementation of a revised ASC commissioning structure with clear lines of accountability and governance will support implementation of the work plan. (See also workplan at Appendix 2)

### **1.8 Consultation, Engagement and Involvement Process**

As a provider the Trust will engage all stakeholders in service redesign and quality assurance including, playing an active role with Torbay Council Health Overview and Scrutiny Committee.

As the Accountable authority the Council will lead consultation processes where the need for change is being driven by the needs and requirements of the Council. Where changes will result in variation in the level or type of service, received by individual service users, the Trust will comply with statutory guidance on the review/reassessment of care needs and ensure that those service users affected are given appropriate notice of any changes.

The Trust is committed to supporting the consultation and engagement processes the Council undertakes in relation to service changes recognising the Council's statutory duty and good practice. Proportionality will also be jointly considered in respect of weighting factors for change.

The Council and the Trust will support the development of the role of Healthwatch and the community voluntary sector in involving people who use services in key decisions as well as service improvement and design.

The challenging nature of the current financial and economic climate necessitates decisions that will be unpalatable to a number of stakeholders. The partners will work closely together to ensure consistent messages to the market, Torbay population and elected representatives, supporting the communication strategy of the Council and the work required to transform the commissioning and delivery of adult social care in Torbay.

The Council and the Trust will continue to meet the needs of vulnerable people in Torbay through the commissioning and delivery of safe, quality care and support focused on maximising independence, recovery and reablement so people are supported to live at home for as long as possible.

The respective responsibilities of the Council and the Trust in regard to consultation and engagement on specific service development initiatives will be set out in the Consultation and Decision Tracker recently adopted by the Policy Development Group (PDG) and the Social Care Programme Board

## **2. Workforce**

The provision of an integrated health and social care service through local multidisciplinary teams is an effective model for delivery, able to respond to customer needs swiftly and able to facilitate rehabilitation and avoidance of residential and hospital admissions. The existing model relies on the current level of staff resources to enable it to function effectively which may not be sustainable in future. Given that referrals are also increasing in number and complexity, some redesign of the service

is required to ensure the Trust is able to continue to deliver its delegated responsibilities whilst retaining the benefits of this acclaimed model for integrated delivery.

We need to ensure that staff with the right skills and knowledge are deployed in the right places in the system to ensure optimum performance in terms of meeting customer needs in accordance with policy and practice guidance.

This will be done in two ways:

**a) Make optimum use of workforce and skills**

The following will be undertaken to inform this.

- An analysis of work undertaken by social care workforce. This is necessary to gain detailed information about the type and complexity of work undertaken by different staff groups and the time taken to complete processes associated with care management, Safeguarding Adults and other direct customer work. The analysis will collect information on time attributed to training, supervision, meetings and other non-direct client activity.
- Inclusion of work carried out in specialist teams e.g. Adult and Older People Mental Health (including Mental Health Act 1983 duties), Learning Disability Team.
- Realignment of the workforce as indicated from the information obtained in the analysis. This may involve changing the location and job descriptions of some staff, which may require consultation.

**b) Policy and Practice Updates**

Current policy and practice around key aspects of the statutory processes need to be updated to incorporate modern practice guidance. They need to reflect the shift towards enabling customers to take responsibility for their own care wherever possible and that every effort is made to deflect them from statutory services. Processes also need to be adjusted so that they are commensurate with the complexity of the customer's needs i.e. a proportion of straightforward referrals received may be assessed and reviewed through telephone calls without the need for face to face visits, whereas others may require several visits.

This will be supported by:

- Revised Information leaflets, giving clear information about eligibility and what to expect of local services
- Stratification of complexity of assessment/reviews to facilitate proportionate processes
- Support for staff in making difficult decisions and carrying out policy
- Develop the market to create greater opportunity for self help

The review will be led by the Trust as part of the agreed Cost Improvement Programme (CIP) but managed in the Social Care Programme Board to ensure the Trust and the Council understand the outcome and implications of the redesign. It is expected the Review will take account of national and local best practice including, the findings of the Audit Commission and IPC reviews.



### **3 Adult Social Care Performance Management**

#### **ASC Outcomes Framework (ASCOF) & Other Key Performance Measures**

The ASA includes all the performance indicators incorporated with the ASC Outcomes Framework as well as a number of other metrics that emphasise quality and the inter-dependency of health and social care services. For reporting purposes each indicator is placed within one of the 4 ASCOF Domains and an overview is given below. (See **Appendix 3** for the ASC Outcomes Framework.)

#### **3.1 Domain 1: Enhancing quality of life for people with care and support need**

This reflects the personal outcomes which can be achieved for individuals through the services they receive. In particular it focuses on the services provided by adult social care and the effect they have on users and carers. It covers issues of personalisation, choice and control, independence and participation.

##### ***What success will look like:***

- Individuals can live their lives to the full and maintain their independence by accessing and receiving high quality support when they need it.
- Carers can balance their caring roles and maintain their desired quality of life
- Individuals can control and manage their own support so that they can design what, how and when support is delivered to match their needs
- Individuals can socialise as much as they wish to avoid being lonely or isolated.

#### **3.2 Domain 2: Delaying and reducing the need for care and support**

The purpose is to achieve better health and wellbeing by preventing needs from increasing where individuals have developed, or are at risk of developing, social care needs. It is aimed at early intervention to prevent or delay needs from arising, and supporting recovery, rehabilitation and reablement where a need is already established or after a particular event.

Many of the outcomes around prevention are achieved in partnership with other services. The measures reinforce partnership working and there is a strong focus on efficiency since one of the outcomes of prevention will be delaying or avoiding clinical intervention or inappropriate care placements. Social care has a key role in avoiding inappropriate care placements which impact negatively on recovery and can be more costly.

##### ***What success will look like:***

- Everyone has the opportunity to enjoy the best health possible throughout their life and be able to manage their own health and care needs with support and information.
- Earlier diagnosis and intervention will reduce dependency on intensive services.
- When individuals are recovering from being ill, that recovery happens in the most appropriate place to enable individuals to regain their health, wellbeing and independence as quickly as possible.

### **3.3 Domain 3: Ensuring people have a positive experience of care and support**

The quality of outcomes for individuals is directly influenced by the care and support they receive. A key element of this is how easy it is to find and contact services and how individuals are treated when they receive services. Specific quality data is difficult to come by for this domain but there will be data available from local surveys and complaints.

#### ***What success will look like:***

- Individual service users and their carers are satisfied with their experience of care and support services.
- Carers feel they are respected as equal partners throughout the care process
- Individual services users and carers know what services are available to them, what they are entitled to, and who to contact when they need help.
- Individuals who receive care and their carers feel that their dignity is respected and the support they receive is sensitive to their circumstances.

### **3.4 Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm**

This domain covers the fundamentals of the social care system – keeping vulnerable people safe. Although there is a safety net within the registration and inspection system there is a wider aspiration of protecting from avoidable harm and caring for individuals in a safe and sensitive environment that respects their needs and choices. In terms of safety, other than numeric measurements, it is difficult to qualitatively or quantitatively measure events that have not happened. It is recognised more work will need to be done on considering measures for this domain. As with Children's services, safeguarding is in issue for all partners.

#### ***Measures of success:***

- Vulnerable individuals enjoy physical safety and feel secure.
- Vulnerable individuals are free from physical and emotional abuse, harassment, neglect and self-harm
- Individuals are protected from avoidable death, disease and injuries

### **3.5 Public Health Outcomes Framework (see Appendix 4)**

### **3.6 Monthly Performance Reporting**

Many of the ASCOF indicators are derived from the annual ASC Survey or Carer's Survey. As such, performance is only reported once per year. The ability exists to benchmark the Council against other local authorities and a formal report is submitted to the Social Care programme Board and the Adult's Policy Development Group meeting. Where possible, however, performance is measured on a monthly basis – see Appendix 5.

### **3.7 Transfer of Public Health to Local Authorities**

The changes to commissioning arrangements instigated by the Department of Health sees Public Health budgets transfer to Local Authorities from April 2013. As such, additional public health

performance indicators shall be formally monitored. The majority of the metrics are included within the Public Health Outcomes Framework which commences in April 2013 – see **Appendix 4**.

### 3.8 Sector Led Improvement & Peer Review Process

In 2012/13 the south west region agreed to adopt a framework for co-operation between the 16 LAs and the SW ADASS branch in order to establish sector led improvement. The principles are based on those set out in “Taking the Lead” published by the Local Government Association (LGA).

Within the south west, the sector led improvement will be characterised by:

- Giving a strong focus to service users and carers, their feedback and the results from their care services
- Ensuring a focus on safeguarding
- Looking at the effective and efficient use of resources
- Setting the tone of the programme as one of promoting excellence, learning and continuous improvement and encouraging individual Councils to self-assure
- A commitment to openness and honesty between the Councils involved.

The main areas of activity for co-operation between the 16 LAs will be co-ordination, peer challenge, sharing information, sharing learning and the availability of early support.

Closer working relationships with colleagues within Devon County Council have already been established and these will be strengthened further during 2013/14 and beyond.

### 3.9 Joint Strategic Needs Assessment (JSNA)

The Trust will work with the Council to develop the JSNA as a key source of commissioning information for the Health and Wellbeing Board.

### 3.10 Benchmarking and Comparisons with other Authorities

The strategic direction of adult social care, as outlined in Section 1, is based on several benchmarking reports published during 2012 as well as NHS and Social Care national information databases.

- National Audit Office – Reducing Care Management and Assessment Costs
- Department of Health Use of Resources Annual Report
- Towards Excellence in Adult Social Care (TEASC) Benchmarking Report
- Institute of Public Care (IPC) Benchmarking Report

The first three given in the list above are national reports; the fourth was a report commissioned directly by Torbay Council. The Dr Foster NHS database and the Audit Commission Toolkit were also accessed to provide comparative information.

The high level summary of the findings are outlined below:

Finding	Comparison
<b>ASC Survey - General Findings</b>	<ul style="list-style-type: none"> <li>• Overall quality of life for the over 65 population was 9<sup>th</sup> highest in the country; the 18 – 64 population quality of life was below average (100<sup>th</sup> out of 151 local authorities)</li> </ul>

Finding	Comparison
	<ul style="list-style-type: none"> <li>• High level of satisfaction for the services clients receive</li> <li>• Clients feel in control of their daily lives</li> <li>• Clients find accessing information and advice easy</li> <li>• A small proportion of clients (1.7%) are highly dissatisfied with their care; national average is 1.0%</li> <li>• A higher proportion of clients feel unsafe; 8.2% against the national average of 7.2% and the Southwest average of 6.6%</li> <li>• 24.7% of clients view their health as “bad” or “very bad”; the national average is 19.6%, the Southwest average is 17.6%</li> </ul>
<b>Care Homes</b>	<ul style="list-style-type: none"> <li>• Care home placements decreased by 25% between April '07 and Sept '12 from 960 to 726 clients, i.e. 4 – 5 % p/a.</li> <li>• The proportion of nursing to residential home clients is low. The national average is a 24:76 ratio. The Torbay ratio is closer to 11:89. The direct input of community nursing and intermediate care teams is providing support within residential care homes to delay the need for nursing home services. (A detailed audit in August '12 revealed 22% of community nurse visits are to care homes.)</li> <li>• Home based support services are allowing Torbay to be in the top 10% of Councils for minimising the number of permanent admissions in to care homes.</li> <li>• High reliance on bed based care for mental health clients aged between 18 and 64.</li> </ul>
<b>Community Based Services</b>	<ul style="list-style-type: none"> <li>• 13.2% of clients within Torbay receive less than 2 hours of domiciliary care each week. This is in line with the national average of 12.2%.</li> <li>• 27.5% of clients receive in excess of 10 hours of domiciliary care each week. This is well below the national average of 41%. This is surprising when taking account of the reduced reliance on care home placements and points towards the effectiveness of intermediate care services within the Bay who support and work closely with complex clients.</li> <li>• A higher proportion of clients receive 2 – 5 hours of care; 29% against a national average of 20%. The IPC report highlighted the benefits of a Reablement Team which could focus on clients with lower level needs that may not automatically have access to the intermediate care teams who focus on more complex needs. A Reablement Pilot commenced in August '12 and preliminary results are expected in January '13 to determine next steps.</li> <li>• Average response time for the delivery of urgent community equipment is 72 minutes</li> <li>•</li> </ul>
<b>Care Assessment &amp; Management Costs</b>	<ul style="list-style-type: none"> <li>• Service transformation plans seek to protect frontline staff and reduce management/back office costs</li> <li>• Torbay's unit cost for an assessment or review is in line with the national average according to the NAO Report produced in August '12</li> <li>• The Use of Resources report highlights Torbay as having high care assessment</li> </ul>

Finding	Comparison
	<p>and management costs. Some of the additional costs are explained by:</p> <ul style="list-style-type: none"> <li>▪ An inability to apportion care assessment and corporate costs against in-house services – 50% of LAs have the ability to do this</li> <li>▪ Care home fees within the Bay are lower than the national average and so care management costs automatically form a larger proportion of the cost pool</li> <li>▪ Reduced reliance on care home placements is likely to require additional frontline staff time, e.g. to manage increasing needs or crises, more complex reviews, etc.</li> </ul>
<b>Acute Care Related</b>	<ul style="list-style-type: none"> <li>• 51% of clients die at “home” – the national average is below 30%</li> <li>• Delayed discharges are minimal</li> <li>• Average length of stay for people aged over 65 admitted as an emergency are the lowest in the Southwest</li> <li>• Emergency readmissions within 28 days are the 2<sup>nd</sup> lowest in the Southwest</li> <li>• Standardised admissions rate for the over 65’s is the 3<sup>rd</sup> lowest in the Southwest</li> </ul>
<b>Housing related support</b>	<ul style="list-style-type: none"> <li>• 92.35% of vulnerable people achieved independent living from short term services against an annual target of 86% (Q1-2 April to September 2012)</li> <li>• 95.59 % vulnerable people were supported to maintain independent living against an annual target of 98% (Q1-2 April to September 2012)</li> </ul>

**3.11 Financial Risk Share and Efficiency:** Both Torbay Council and Trust remain committed to establishing a risk sharing arrangement with NHS Commissioners. However they recognise that the current financial constraints on the ASC budget as part of the wider Torbay Council budget envelope prevent this from being in place for 2013-14. The parties concerned will continue to work at establishing a risk sharing arrangement if it is deemed an appropriate approach to managing the financial envelope.

The Social Care Programme Board will monitor statutory responsibilities, financial control and performance against agreed objectives incorporated within the ASA on a monthly basis. In-year national or local benchmarking as well as peer review processes or pilot programmes shall also be discussed in this forum.

The level of performance required is listed in Appendix 5 and will be subject to any local adjustments agreed before 1<sup>st</sup> April 2013 between DASS and the Trust.

An outline of the service transformation and cost improvement plans is included in Budget Proposals at **Appendix 1,**

#### **4. Spending Decisions & Key Decisions**

4.1. This agreement reiterates section 22.3 of the Partnership Agreement, i.e. the Trust may not make decisions unilaterally if they meet the criteria of a ‘key decision’.

- 4.2. Key decisions are made by Torbay Council in accordance with its constitution. In Schedule 8 of the Partnership Agreement, a key decision is defined as a decision in relation to the exercise of Council Functions which is likely to:
- result in incurring additional expenditure or making of savings which are more than £250,000
  - result in an existing service being reduced by more than 10% or may cease altogether
  - affect a service which is currently provided in-house which may be outsourced or vice versa
  - and other criteria stated within schedule 8 of Partnership Agreement.

When agreeing what constitutes a key decision, consideration should be given to the level of public interest in the decision. The higher the level of interest the more appropriate it is that the decision should be considered to be key.

## 5. Social Care Budget 2013/14

The budget outlined below for 2013/14 is allocated to the Trust to meet the performance levels listed in Appendix 5 along with any local adjustments to be agreed before 1<sup>st</sup> April 2013 between DASS and the Trust.

	<b>2011/12</b>	<b>2012/13</b>	<b>2013/14</b>
Base Budget	39,089	40,035	39.967
Central Govt Funding*	2,322	2,224	2.966
<b>Sub Total</b>	<b>41,411</b>	<b>42,259</b>	<b>42.933</b>
JCES	541	560	499
<b>TOTAL</b>	<b>41,952</b>	<b>42,819</b>	<b>43.432</b>

<sup>1</sup> Initial Estimates for future years funding

The 2012/13 NHS Operating Framework confirms the continuation of the non-recurrent central government allocation (£256 monies\*) until 2014/15. The apportionment of this budget between the 2012/13 Council baseline and that included within the 2012/13 NHS Community Contract is dependent upon discussions between the Council and NHS Commissioners. A significant increase in the 2013/14 allocation was announced in December 2012 – see table above.

The traditional 50:50 apportionment of Joint Community Equipment Store funding is being revisited with South Devon and Torbay Clinical Commissioning Group.

### 5.1. Risk Share Arrangements

The risk sharing agreement continues and Torbay council assumes responsibility for both in-house LD and independent sector commissioned social care expenditure. The Trust assumes the risk for operations. Risk sharing arrangements for beyond 2013/14 will be discussed at a later date.

There are a number of risks to the Council and the Trust in delivery of the commissioning agreement. These include:

- **Ordinary residence**

Movement of ordinary residence can create in year pressures and this will be monitored closely through social care programme board

- **Risk of capacity to deliver changes**

The requirements of this commissioning agreement are the further changes and savings to back office and assessment processes. Capacity in zone teams may impact on the pace of delivery. This is mitigated through assurance from the trust that operational services at the front end can be delivered in a different way.

- **Care home fees**

Council is setting (as separate decision) a 2 year set of fees within a new banding structure for residential care which may be open to challenge. This is mitigated through a consultation process with providers throughout 2012/ 13.

- **Community concern**

Concern may be raised in response to implementation of the programmes of work outlined in this agreement which may affect the pace of delivery. This is mitigated through the close involvement of, and engagement with, individuals and communities.

- **Acquisition process**

The Trust may be acquired by another NHS Foundation Trust and this could result in distraction from delivery of this agreement. This is mitigated through close working between senior officers and the NHS; the Mayor and Councillors; NHS chairs and board members.

## 6. **Client Charges for 2013/14**

### **Residential Services:**

The Residential and Nursing increases will not be known until two components have been agreed.

- Inflationary uplift granted by the Council / Care Trust to Care home providers. This has specific impact on full cost clients and clients which make additional 3<sup>rd</sup> party contributions.
- The CRAG (Charging for Residential Accommodation Guide) Regulations are published in late 2012 or early 2013.

Residential charges to be implemented each April as directed by the Department of Health CRAG (Charging for Residential Accommodation Guide).

Client contributions for both long and short stay placements are based on an individual financial assessment of capital and income.

There is no charge for services provided under Intermediate Care or Continuing Care.

The Care Trust will ensure that all clients in receipt of a chargeable service receive a full welfare benefit check from the FAB team and an individual financial assessment in accordance with Department of Health circular LAC(2001) 32.

### Non Residential Services:

As part of the personalisation agenda the Care Trust like all other Local Authorities has had to formulate and implement a policy on calculating an individual's contribution to their personal budget. This policy (which is based on the national Fairer Contributions Guidance) will be fully implemented and operational in 2013/14.

## **7 Roles & Responsibilities**

### **Torbay Council**

- **Role of Torbay Council Chief Operating Officer & Director of Adult Social Services** – has delegated her authority for provision of frontline services to the Trust for the provision of Adult Social Services. She provides strategic leadership of adult social care services for Torbay fulfilling the statutory responsibilities of the DASS role. The DASS is accountable for all seven statutory responsibilities of the role but will delegate Professional Practice and Safeguarding and Operational Management responsibilities to the Trust. She delegates aspects of the financial management elements of the role to the Finance Director of TSD and the Executive Head of Finance at Torbay Council, but retains overall accountability for the ASC budget
- **Role of Adult Social Care Executive Lead Member** - to provide political steer to the Trust and the Council in adult social care. To challenge/monitor and drive performance.
- **Executive Head Finance** – to take a lead responsibility on behalf of the Council in relation to the delegated budget.

### **The Trust**

- **Role of Trust Chief Executive** – to provide leadership of the Trust as the Council's main provider of services to Adults in Torbay and continue to lead and develop the organisation as a provider of services, ensuring that the requirements of this agreement are delivered.
- **Role of Trust Chief Operating Officer** – to fulfil the role as the Trust's Nominated Director and to take lead responsibility for the provision of adult social services and to lead responsibility for the relationship with the Council and for managing performance.
- **Role of Director of Finance** – to take a lead responsibility on behalf of the Trust for managing the budget.
- **Role of Company Secretary** – to lead on the self assessment process and performance management of adult social care with the Care Quality Commission.
- **Role of Assistant Director – Planning & Performance** - to be responsible for the quality of all performance information contained within the Annual Strategic Agreement and to be the lead for target setting within the Trust.
- **Role of Associate Director - Social Work** – to deputise for the Director of Adult Social Care and lead on professional leadership, workforce planning and implementing standards of care.



## Commissioning

Adult social care commissioning decisions will be made by the Commissioning for Independence Board (CIB). The Board comprises DASS, Director of children's services, Director of Public Health. Decisions are reported to the Health and Wellbeing Board.

Closer working with the CCG will increase potential for an aligned approach to commissioning for health, adult social care, children's services, public health, housing and related support.

The Trust provides services across Southern Devon as well as Torbay and the CCG commissioning remit extends to South Devon. In recognition of this and the need to understand and develop the local market for care and support, Torbay Council will work closely with Devon County Council on elements of the commissioning work plan including, developing a market position statement.

## Social Care Programme Board (SCPB)

This SCPB is overseen by the senior officers described above. The Board will drive adult social care work and improvement plans. Its Terms of Reference cover the following areas:

- To assist the development of the strategic direction of adult social care services which supports the new context the Council and Trust face in terms of changing public sector reform and reducing public resources.
- To receive regular reports and review progress against transformation and cost improvement plans differentiating between those areas incorporated within the budget settlement and any cost pressures over and above this.
- To receive reports and review performance against indicators and outcomes included in the Annual Strategic Agreement providing and/or participating in regular benchmarking activities.
- To monitor action plans against any in-year areas of concern, raising awareness to a wider audience, as appropriate.
- To discuss and determine the impact of national directives translating requirements into commissioning decisions for further discussion and approval within the appropriate forums. This will include the initial list of service improvement areas planned for 2013/14 and onwards.
- To discuss and develop the 2013/14 Annual Strategic Agreement.
- To develop discussion/briefing documents for use with the following groups or organisations:

• Adults Policy Development Group	• ADASS or other local authorities
• Overview & Scrutiny	• Exec teams within both organisations
• Health & Well-Being Board	• Integrated Governance Committee
• Commissioning for Independence Board	

## **APPENDICES 1 - 5**

- Appendix 1 – Budget Proposals 2013-14 Adult Social Care (attached below)
- Appendix 2 - Adult Social Care Commissioning Workplan 2013-2014 (attached below)
- Appendix 3 - 2013/14 ASC Outcomes Framework (separate pdf document)
- Appendix 4 - 2013/14 Public Health Outcomes Framework (separate pdf document)
- Appendix 5 - KPIs with Agreed Targets – currently showing only outturn against November 12 (separate pdf document)

## APPENDIX 1: Budget Proposals 2013/14 - Adult Social Care

\*Please note that details of the services/activities carried out by this department can be found at:

<http://www.torbay.gov.uk/index/yourcouncil/financialservices/budget/budgetsummary.htm>

### Type of Decision

- **Internal** - i.e. efficiency / internal re-structure
- **Minor** – Low community impact
- **Major** - High Community interest

Unless otherwise stated cost savings are a result of resource allocation reductions and involving changes in staffing or non pay budgets

Proposals – Outline details	Savings 2013/14		Delivery In place 01/04/13 If earlier or later state date	Risks / impact of proposals / mitigating actions	Type of decision		
	Income £ 000's	Budget reduction £ 000's			Internal	Minor	Major
<b>Care Homes</b> Anticipate care home placement numbers will reduce in line with the last 5 years.		285	On-going	<ul style="list-style-type: none"> <li>• Evidenced based – care home placements have decreased by over 25% since December 2006.</li> <li>• Hayes Road extra care housing development opens in 2013 and will provide additional support to prolonging the independence of clients who wish to remain in their own home.</li> </ul>	N/A	N/A	N/A
<b>Domiciliary Care</b> Ensure a consistent approach to determining the care and support needs for all social care clients within the Bay. Continue to promote and maximise client independence through intensive reablement and offering alternatives for low level support.		870	On-going	<ul style="list-style-type: none"> <li>• Ensure consistency across client groups through use of Fair Access to Care Services (FACS) criteria, the Choice Cost and Risk Policy as well as the Resource Allocation System (RAS).</li> <li>• Optimise care through individually tailored outcome-based care plans.</li> <li>• Closer working with the voluntary/third and independent sectors to assist with meeting low level support needs.</li> </ul>	N/A	N/A	N/A
<b>Learning Disabilities</b> Full year financial effect of the closure of Fairwinds.		275	Complete	The Fairwinds day service closed during 2012 with clients relocated to other day service facilities.	N/A - completed		

Proposals – Outline details	Savings 2013/14		Delivery In place 01/04/13 If earlier or later state date	Risks / impact of proposals / mitigating actions	Type of decision		
	Income £ 000's	Budget reduction £ 000's			Internal	Minor	Major
<b>Carers</b> Ensure a consistent approach to determining the care and support needs for carers within the Bay whilst also optimising the use of the voluntary and third sectors.		60	On-going	<ul style="list-style-type: none"> <li>Potential risks</li> <li>Impact on community</li> <li>Knock on impact to other agencies</li> </ul>	N/A	N/A	N/A
<b>Community Alarms</b> Limit Alarm Call service by providing alarms free of charge for 3 months.		25	1/6/13	<ul style="list-style-type: none"> <li>Historically alarms have been provided on an on-going basis.</li> <li>The proposal enables clients to trial the alarm for 3 months and then decide whether they wish to fund it privately (circa £4 per week) or manage without it.</li> <li>Policy to include ability to continue to fund alarm where circumstances dictate that this is appropriate.</li> </ul>			X
<b>Staffing</b> Efficient use of staff – both frontline team members and back-office support functions.		645	1/4/13	<ul style="list-style-type: none"> <li>Reduction in frontline staffing levels will necessitate a change in the client assessment.</li> <li>Reducing support functions relies on greater automation and streamlining of support function tasks.</li> <li>Achievement against specific performance.</li> </ul>		X	
<b>Summary Costs and Savings</b>	<b>£ 000's</b>	<b>2,160</b>					
Implementation Cost 2012/13							
Implementation Cost 2013/14							
Overall Saving – 2013/14		2,160*					

\*This figure is in addition to targeted savings to account for any under delivery on CIP in current financial year

**Appendix 2  
Adult Social Care Commissioning Work plan 2013/14**

Priority/ outcome	Workstreams	Actions	Links	Timescale	
				Start	End
<b>Supporting people in their own homes</b>	Use of assisted care (telecare/HIA/aids/DFG adaptation/community alarms)	Specify and procure community equipment services with CCG Support	CCG & children's CIP: 14, 15, 22	Jan 13	Apr 14
	Further alignment of services commissioned from the Trust with those provided by TC in relation to housing & supporting people services	Agree TC/Trust commissioning accountability, functions & responsibilities	CIP: 6, 9, 10, 11, 12, 31 Development of children's hubs	Apr 13	Apr 14
		Review CIB & strategy groups including engagement with providers		Jan 13	June 13
		Consider co-location housing support staff with zone teams		Apr 14	Apr 15
	Commission outcomes based community care & support reablement & recovery service	Evaluate outcomes based domiciliary care pilot	CIP: 19, 20, 26, 27 WV: 20, 27	Feb 13	June 13
		Re-specify domiciliary care as outcomes-based community care and support reablement and recovery service & procure		Jan 13	Apr 14
	Review arrangements in place for 'people who challenge' in enhanced AQP, including people with autism	Consider potential for cross Devon commissioning strategy	CCG joint post CIP: 18, 24, 27 WV: 16, 20, 27	Apr 13	Apr 14
		Work with DPT and CCG to address care & support needs for people with poor mental health incl. refresh of dementia strategy			

Priority/ outcome	Workstreams	Actions	Links	Timescale	
				Start	End
<b>Supporting vulnerable people into control &amp; making quality choices for their own life</b>	Consider Increasing uptake of personal budgets/direct payments through implementation of pre-payment cards	Increase personal budgets & direct payments (target 70% by Apr 13)	Re-specify & procure outcomes-based domiciliary care & support services  Review advice, advocacy and information services CIP: 19, 20, 21, 26, 27	<b>Feb 13</b>	<b>Apr 13</b>
<b>Supporting use of residential/nursing care for high needs &amp; supporting a reshaping of the market to improve quality and sustainability</b>	Care home fees review	Implement final decision & EIA action plan	CCG & CHC & complex care CIP: 23 WV: 1	<b>Feb 13</b>	<b>Mar 13</b>
	Work with CCG and neighbouring authorities to develop models of care based on personal outcomes and support in residential care and nursing homes	Review of accommodation-based care & support – Specify future model & procure	Dementia challenge (with CCG) CIP: 23 24 WV: 4, 20	<b>Mar 13</b>	<b>Apr 14</b>
	Review residential, nursing care & community care packages for under 65s	Meet with providers & review support plans with ops & service user advocates	CIP 18, 24	<b>Jan 13</b>	<b>Apr 13</b>
	Deliver planned extra care housing schemes	Agree contracting models & design	White paper housing development fund (with LM) CIP: 23	<b>Apr 13</b>	<b>Apr 15</b>
<b>Prevention-early intervention-ensuing we have used best practise nationally to support people before their needs increase and working with public</b>	Develop integrated commissioning governance for ASC, health, supporting people housing, public health and children's.	Develop Market position statement for ASC identifying shared & linked mkt issues. Consider cross Devon approach to mkt assessment/development	Benchmark performance against TEASC outcomes CIP: 25 Health & Wellbeing Board	<b>Apr 13</b>	<b>Apr 14</b>
	Consider further workforce alignment through joint commissioning posts with health, children's and public health & alignment of commissioning support services	Share & combine commissioning work plans, agree joint commissioning posts. Review CIB & engagement with providers	CIP 31	<b>Jan 13</b>	<b>Sept 13</b>
		Maximise opportunities for cross border commissioning and delivery & sharing back office resources/support services	Work with neighbouring authorities on residential care CIP: 31	<b>Feb 13</b>	<b>Apr 15</b>

Priority/ outcome health intentions/resou rces aligned with the ASA	Workstreams	Actions	Links	Timescale	
				Start	End
	Develop ASA & associated service specifications	Agree TC and Trust operational & strategic commissioning accountability & roles & responsibilities (incl. scheme of delegation/escalation process)	CIP: 31 WV: 12, 21	<b>Dec 12</b>	<b>Nov 13</b>
	Identify lead strategic commissioners for each ASC contract	Ensure clarity of provider/strategic commissioner role	CIP: 31 WV: 5, 15, 20, 21, 45 & 73	<b>Dec 12</b>	<b>Jan 13</b>
<b>Reablement and getting people back to independence quickly ( use of 256 monies)</b>	Evaluate services in place & develop future commissioning intentions	Evaluate IHSS pilot Contribute to refresh & Implementation of dementia strategy	Re-commission domiciliary care DPT & CCG arrangements for 'people who challenge' CIP: 1, 27	<b>Feb 13</b>	<b>June 13</b>
	Review advice, advocacy and information services (including IMCA/IMHCA) consider potential for cross Devon commissioning	Review current contracts in place & funding arrangements  Consider cross authority potential	CIP: 26 WV: 29	<b>Jan 13</b>	<b>Apr 14</b>
<b>Further development of learning disability services to explore national best practice</b>	Review day services and respite care as part of co-ordinated approach to day opportunities	Complete market assessment & develop specification for day services & respite care	Review day opportunities contract & performance CIP: 5, 6, 10, 11 WV: 45,73	<b>Jan 13</b>	<b>Apr 13</b>
		Evaluate success of new supported employment contract	Provider to implement & monitor out of area placement notification process	<b>Mar 13</b>	<b>Apr 13</b>

Priority/ outcome	Workstreams	Actions	Links	Timescale	
				Start	End
	Winterbourne View recommendations	Agree commissioning function & accountability/responsibility aligned to work plans & CIP	Work with CCG to agree commissioning leads SAB action pan	Jan 13	Feb 13
<b>Early work with individual and families on transitions from children to adults social care</b>	Providers of health & social care to work with children's services to develop process /protocol identifying any commissioning requirements	Agenda item for CIB	Children's, CCG & public health	Mar 13	Jul 13
<b>Further review of price and payment where we have discretion- Allowing those who can to pay</b>	Improved income collection  Operations review of choice cost, risk policy  Application of ordinary residence criteria	Minimise private funders on whose behalf Trust contracts. Seek cross authority approach if possible. Consider funding policy in relation to community v residential packages Implement & monitor out of area placement notification process	Review of community & residential packages of care CIP 13, 16, 17	Jan 13	Apr 13

**Key:**

**Grey shading** denotes projects linked to commissioning priorities but not led by SP/ASC commissioners

**ASC**= Adult Social Care

**CCG** = Clinical Commissioning Group

**CIB**= Commissioning for Independence Board

**CIP** = Cost Improvement Proposal

**IMCA**= Independent Mental Capacity Advocate

**TC** = Torbay Council

**Trust** = Torbay & Southern Devon Health and Care Trust

**SP**= Supporting People

**WV** = Winterbourne View action plan



# Annex A: Adult Social Care Outcomes Framework 2013/14 at a glance

**1** Enhancing quality of life for people with care and support needs

**Overarching measure**  
1A. Social care-related quality of life \* (NHSOF 2)

**Outcome measures**  
**People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.**  
1B. Proportion of people who use services who have control over their daily life  
**To be revised from 2014/15:** 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

**Carers can balance their caring roles and maintain their desired quality of life.**  
1D. Carer-reported quality of life \* (NHSOF 2.4)

**People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.**  
1E. Proportion of adults with a learning disability in paid employment \*\*\* (PHOF 1.8, NHSOF 2.2)  
1F. Proportion of adults in contact with secondary mental health services in paid employment \*\*\* (PHOF 1.8, NHSOF 2.5)  
1G. Proportion of adults with a learning disability who live in their own home or with their family \*\* (PHOF 1.6)  
1H. Proportion of adults in contact with secondary mental health services living independently, with or without support \*\* (PHOF 1.6)

**New measure for 2013/14:**  
1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. \* (PHOF 1.18)

**2** Delaying and reducing the need for care and support

**Overarching measures**  
2A. Permanent admissions to residential and nursing care homes, per 1,000 population

**Outcome measures**  
**Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.**  
**Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.**  
2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services \*\* (NHSOF 3.6i)

**New measure for 2014/15:** 2D. The outcomes of short-term services: sequel to service.  
**New placeholder 2E: Effectiveness of reablement services**

**When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.**  
2C. Delayed transfers of care from hospital, and those which are attributable to adult social care  
**New placeholder 2F: Dementia - a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life. \*\* (NHSOF 2.6ii)**

**3** Ensuring that people have a positive experience of care and support

**Overarching measure**  
**People who use social care and their carers are satisfied with their experience of care and support services.**  
3A. Overall satisfaction of people who use services with their care and support  
3B. Overall satisfaction of carers with social services  
**New placeholder 3E: Improving people's experience of integrated care \*\* (NHS OF 4.9)**

**Outcome measures**  
**Carers feel that they are respected as equal partners throughout the care process.**  
3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for

**People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.**  
3D. The proportion of people who use services and carers who find it easy to find information about support

**People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.**  
*This information can be taken from the Adult Social Care Survey and used for analysis at the local level.*

**4** Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

**Overarching measure**  
4A. The proportion of people who use services who feel safe \* (PHOF 1.19)

**Outcome measures**  
**Everyone enjoys physical safety and feels secure.**  
**People are free from physical and emotional abuse, harassment, neglect and self-harm.**  
**People are protected as far as possible from avoidable harm, disease and injuries.**  
**People are supported to plan ahead and have the freedom to manage risks the way that they wish.**  
4B. The proportion of people who use services who say that those services have made them feel safe and secure  
**New placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe**

**Aligning across the Health and Care System**  
\* Indicator complementary  
\*\* Indicator shared  
\*\*\* Indicator complementary with the Public Health Outcomes Framework and the NHS Outcomes framework

**Shared indicators:** The same indicator is included in each outcomes framework, reflecting a shared role in making progress  
**Complementary indicators:** A similar indicator is included in each outcomes framework and these look at the same issue

### Public Health Outcomes Framework 2013–2016

At a glance (Autumn 2012)

#### Alignment across the Health and Care System

- \* Indicator shared with the NHS Outcomes Framework.
  - \*\* Complementary to indicators in the NHS Outcomes Framework
  - † Indicator shared with the Adult Social Care Outcomes Framework
  - †† Complementary to indicators in the Adult Social Care Outcomes Framework
- Indicators in italics are placeholders, pending development or identification*

#### VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

#### Outcome measures

- Outcome 1) Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
- Outcome 2) Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

1	Improving the wider determinants of health
<b>Objective</b>	Improvements against wider factors which affect health and wellbeing and health inequalities
<b>Indicators</b>	<ul style="list-style-type: none"> <li>1.1 Children in poverty</li> <li>1.2 <i>School readiness (Placeholder)</i></li> <li>1.3 Pupil absence</li> <li>1.4 First time entrants to the youth justice system</li> <li>1.5 16-18 year olds not in education, employment or training</li> <li>1.6 Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation † (ASCOF 1G and 1H)</li> <li>1.7 <i>People in prison who have a mental illness or a significant mental illness (Placeholder)</i></li> <li>1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services * (i-NHSOF 2.2) ††(i-ASCOF 1E) ** (iii-NHSOF 2.5) †† (iii-ASCOF 1F)</li> <li>1.9 Sickness absence rate</li> <li>1.10 Killed and seriously injured casualties on England's roads</li> <li>1.11 <i>Domestic abuse (Placeholder)</i></li> <li>1.12 Violent crime (including sexual violence)</li> <li>1.13 Re-offending levels</li> <li>1.14 The percentage of the population affected by noise</li> <li>1.15 Statutory homelessness</li> <li>1.16 Utilisation of outdoor space for exercise/health reasons</li> <li>1.17 <i>Fuel poverty (Placeholder)</i></li> <li>1.18 <i>Social isolation (Placeholder) † (ASCOF 1I)</i></li> <li>1.19 <i>Older people's perception of community safety (Placeholder) †† (ASCOF 4A)</i></li> </ul>

2	Health improvement
<b>Objective</b>	People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities
<b>Indicators</b>	<ul style="list-style-type: none"> <li>2.1 Low birth weight of term babies</li> <li>2.2 Breastfeeding</li> <li>2.3 Smoking status at time of delivery</li> <li>2.4 Under 18 conceptions</li> <li>2.5 <i>Child development at 2-2½ years (Placeholder)</i></li> <li>2.6 Excess weight in 4-5 and 10-11 year olds</li> <li>2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s</li> <li>2.8 Emotional well-being of looked after children</li> <li>2.9 <i>Smoking prevalence – 15 year olds (Placeholder)</i></li> <li>2.10 <i>Self-harm (Placeholder)</i></li> <li>2.11 Diet</li> <li>2.12 Excess weight in adults</li> <li>2.13 Proportion of physically active and inactive adults</li> <li>2.14 Smoking prevalence – adults (over 18s)</li> <li>2.15 Successful completion of drug treatment</li> <li>2.16 People entering prison with substance dependence issues who are previously not known to community treatment</li> <li>2.17 Recorded diabetes</li> <li>2.18 <i>Alcohol-related admissions to hospital (Placeholder)</i></li> <li>2.19 Cancer diagnosed at stage 1 and 2</li> <li>2.20 Cancer screening coverage</li> <li>2.21 Access to non-cancer screening programmes</li> <li>2.22 Take up of the NHS Health Check programme – by those eligible</li> <li>2.23 Self-reported well-being</li> <li>2.24 Injuries due to falls in people aged 65 and over</li> </ul>

3	Health protection
<b>Objective</b>	The population's health is protected from major incidents and other threats, whilst reducing health inequalities
<b>Indicators</b>	<ul style="list-style-type: none"> <li>3.1 Fraction of mortality attributable to particulate air pollution</li> <li>3.2 Chlamydia diagnoses (15-24 year olds)</li> <li>3.3 Population vaccination coverage</li> <li>3.4 People presenting with HIV at a late stage of infection</li> <li>3.5 Treatment completion for Tuberculosis (TB)</li> <li>3.6 Public sector organisations with a board approved sustainable development management plan</li> <li>3.7 <i>Comprehensive, agreed inter-agency plans for responding to public health incidents and emergencies (Placeholder)</i></li> </ul>

4	Healthcare public health and preventing premature mortality
<b>Objective</b>	Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities
<b>Indicators</b>	<ul style="list-style-type: none"> <li>4.1 Infant mortality* (NHSOF 1.6i)</li> <li>4.2 Tooth decay in children aged 5</li> <li>4.3 Mortality rate from causes considered preventable** (NHSOF 1a)</li> <li>4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)* (NHSOF 1.1)</li> <li>4.5 Under 75 mortality rate from cancer* (NHSOF 1.4i)</li> <li>4.6 Under 75 mortality rate from liver disease* (NHSOF 1.3)</li> <li>4.7 Under 75 mortality rate from respiratory diseases* (NHSOF 1.2)</li> <li>4.8 Mortality rate from infectious and parasitic diseases</li> <li>4.9 Excess under 75 mortality rate in adults with serious mental illness* (NHSOF 1.5)</li> <li>4.10 Suicide rate</li> <li>4.11 Emergency readmissions within 30 days of discharge from hospital* (NHSOF 3b)</li> <li>4.12 Preventable sight loss</li> <li>4.13 <i>Health-related quality of life for older people (Placeholder)</i></li> <li>4.14 Hip fractures in people aged 65 and over</li> <li>4.15 Excess winter deaths</li> <li>4.16 Estimated diagnosis rate for people with dementia* (NHSOF 2.6i)</li> </ul>

### Social Care Key Performance Indicators - Performance to 30 November 2012

- Measures are for year to date unless stated - Targets are monthly trajectories		For Period	Torbay	Torbay exc. CMH	Community Mental Health (CMH)
<b>Domain 1 - Enhancing the quality of life for people with care and support needs</b>					
1C pt1 (NI130)	Proportion of Social Care clients receiving self-directed support	YTD Nov12	40% (37%) ↑	46% (48%) ↑	5% (20%) ↑
LI-210	No. of people receiving direct payments in period	YTD Nov12	531 (511) ↔	515 ↔	16 ↔
LI-220 (D40)	Clients receiving a review	R12M Nov12	87% (85%) ↔	86% (85%) ↔	93% (85%) ↔
LI-222	No. of overdue reviews (KPI not in ASA) (NB: Prioritising rather than seeing clients in strict chronological order)	SNAP Nov12	629 ↑	566 (400) ↑	63 ↔
LI-230 (D39)	People receiving a Statement of Needs (NB: DPT performance expected to exceed target once new measure implemented)	R12M Nov12	82% (95%) ↔	94% (95%) ↔	9% (76%) ↔
LI-250 (NI132)	Timeliness of social care assessment (NB: Concerns raised over the DQ of DPT's data)	YTD Nov12	70% (70%) ↑	72% (68%) ↑	57% (65%) ↔
LI-260 (NI133)	Timeliness of social care packages following assessment	YTD Nov12	98% (85%) ↔	99% (85%) ↔	94% (85%) ↔
1G (NI145)	Adults with learning disabilities in settled accommodation	YTD Nov12	68% (60%) ↓		
1E (NI146)	Adults with learning disabilities in employment	YTD Nov12	5% (4%) ↓		
1H (NI149)	Adults in contact with secondary MH services in settled accommodation	YTD Nov12	68% (70%) ↔		
1F (NI150)	Adults in contact with secondary MH services in employment	YTD Nov12	5.6% (6%) ↓		
LI-201 (TCT-05)	Number of people supported through telehealth or telecare	YTD May12	968 (1,100) ↓		

- Measures are for year to date unless stated - Targets are monthly trajectories		For Period	Torbay	Torbay exc. CMH	Community Mental Health (CMH)
<b>Domain 2 - Delaying and reducing the need for care and support</b>					
LI-101 (TCT02)	Emergency readmission rate for over 65s within 28 days	YTD Nov12	6.9% (7%) ↑		
LI-102 (TCT03)	Emergency bed days for over 75s with 2+ admissions to acute hosp	R12M Nov12	14,623 (13,441) ↑		
LI-401 (TCT08)	No. of people aged 65 or over living in residential/nursing homes at end of period (snap shot)	SNAP Nov12	554 (533) ↑	550 ↑	4 ↔
LI-402 (TCT09)	No. of people aged 18-64 living in residential/nursing homes at end of period (snap shot)	SNAP Nov12	183 (182) ↔	128 ↔	55 ↔
LI-402a (TCT08+09)	No. living in residential/nursing homes aged 18+ at end of period (snap shot)	SNAP Nov12	737 (715) ↔	678 ↔	59 ↔
LI-460	Proportion of current Community Based services users aged 18-80 who are in receipt of community based services for more than 12 months (snap shot) (NB: DRAFT - definition and target to be agreed)	R12M Nov12		78% ↔	
LI-403 (TCT10)	Proportion of total over 65 spend on care home placements (NB: Awaiting data)	YTD No Data			
<b>Domain 3 - Ensuring people have a positive experience of care and support</b>					
LI-240 (NI135)	Carers receiving needs assessment, review, information, advice, etc.	YTD Nov12	16% (31%) ↑	18% (21%) ↑	8% (17%) ↑
LI-302 (TCT06)	Number of people on Carers Register	SNAP Jul12	3,226 (3,050) ↑		
<b>Domain 4 - Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm</b>					
LI-703 (TCT11)	Safeguarding Calls Triaged within 48 Hours	YTD Nov12	84% (80%) ↑		
LI-704c (TCT12)	Proportion of safeguarding strategy meetings held within 5 working days	YTD Nov12		80% (75%) ↓	
LI-706 (TCT13)	Proportion of Safeguarding case conferences held within 20 working days of strategy meeting	YTD Nov12		82% (35%) ↑	
LI-708 (TCT14)	Number of repeat safeguarding referrals in last 12 months	R12M Nov12	8 (16) ↑		
<b>Other Measures</b>					
LI-800 (TCT01)	Percentage of Torbay Care Trust indicators performing on or above target	SNAP Nov12	76% (100%) ↓		