



Monday, 17 June 2013

HEALTH SCRUTINY BOARD

A meeting of **Health Scrutiny Board** will be held on

Wednesday, 26 June 2013

commencing at **4.00 pm**

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

Members of the Board

Councillor Bent
Councillor Davies
Councillor Doggett
Councillor Ellery

Councillor Hernandez
Councillor Hytche
Councillor McPhail
Councillor Thomas (J)

Working for a healthy, prosperous and happy Bay

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

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

Email: scrutiny@torbay.gov.uk

HEALTH SCRUTINY BOARD AGENDA

1. **Election of Chairman**

2. **Apologies**

To receive apologies for absence, including notifications of any changes to the committee membership.

3. **Appointment of Vice-chairman**

4. **Minutes**

To confirm as correct records the Minutes of the meetings of this Committee held on 8 May 2013.

(Pages 1 - 3)

5. **Declarations of interests**

- 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 Democratic Services or Legal Services prior to the meeting.)

6. **Urgent items**

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

7. **Adult Social Care - Local Account**

To consider the draft Local Account for adult social care in Torbay and make any comments to the Council.

(Pages 4 -
25)

8. **Work Programme**

To agree the Work Programme for the Health Scrutiny Board for 2013/14.

(Pages 26 -
29)



Minutes of the Health Scrutiny Board

8 May 2013

-: Present :-

Councillor Barnby (Chairman)

Councillors Bent, Davies (Vice-Chair), Doggett, Ellery, Hytche, Mills and Thomas (J)

(Also in attendance: Councillors Lewis)

24. Apologies

It was reported that, in accordance with the wishes of the Non-Coalition Group, the membership of the Board had been amended to include Councillor Ellery in place of Councillor Parrott.

25. Minutes

The minutes of the meeting of the Board held on 29 November 2012 were confirmed as a correct record and signed by the Chairman.

26. Declarations of interests

Councillor Ellery declared a non-pecuniary interest through running a charity which provided care and Councillor Doggett declared a non-pecuniary interest as a member of the Medicines Management Committee of the Clinical Commissioning Group.

27. Quality Accounts 2012/13 - Torbay and Southern Devon Health and Care NHS Trust

The Director of Professional Practice of the Torbay and Southern Devon Health and Care NHS Trust attended the meeting to present the draft Quality Account for the Trust. She outlined the national and local priorities of the Trust together with the achievements of the past year.

The Board received information and asked questions on a range of issues including:

- Work to reduce the number of pressure ulcers in non-hospital settings
- Changes in the support available to carers of dementia sufferers especially in the first 48 hours after discharge
- The challenging target for reducing Clostridium difficile infections over the coming year

- The ongoing work to develop a Quality, Effectiveness and Safety Trigger Tool (QuESTT) for use by care home managers and matrons.

Resolved: that a statement from the Health Scrutiny Board for inclusion in the Quality Account for Torbay and Southern Devon Health and Care NHS Trust be prepared based on the discussions at the meeting and including the following points:

- That the document would be more user friendly if it included a contents or index page
- That more prominence should be given to the results of the survey within the document especially given that some issues are raised consistently.
- That the Trust needs to ensure that its plans for improving care for hospital based patients can be translated into actions which would improve care for home based patients.

28. Quality Accounts 2012/13 - South Devon Healthcare NHS Foundation Trust

The Medical Director of the South Devon Healthcare NHS Foundation Trust attended the meeting to present the draft Quality Account for the Trust. He outlined the national and local priorities of the Trust together with the achievements of the past year.

The Board received information and asked questions on a range of issues including:

- The involvement of junior doctors in quality improvement work
- The use of the bioquell system to help meet the Trust's target in relation to Clostridium difficile infections
- Testing the cost:benefit of employing ward clerks during the evening and at weekends

Resolved: that a statement from the Health Scrutiny Board for inclusion in the Quality Account for South Devon Healthcare NHS Trust be prepared based on the discussions at the meeting.

29. Quality Accounts 2012/13 - South Western Ambulance Service NHS Foundation Trust

The Chairman and the Senior Community Engagement Manager South Western Ambulance Service NHS Foundation Trust attended the meeting to present the draft Quality Account for the Trust. They outlined the national and local priorities of the Trust together with the achievements of the past year.

The Board received information and asked questions on a range of issues including:

- The acquisition of the Great Western Ambulance Service NHS Trust earlier in the year

- The role of the Council of Governors of the Trust
- The results of an unannounced Care Quality Commission inspection
- The introduction of the 111 service

Resolved: that a statement from the Health Scrutiny Board for inclusion in the Quality Account for South Western Ambulance Service NHS Foundation Trust be prepared based on the discussions at the meeting.

30. Quality Accounts 2012/13 - Devon Partnership NHS Trust

The Board had before it the draft Quality Account of the Devon Partnership NHS Trust. No representative of the Trust was present at the meeting to answer questions.

Resolved: that Devon Partnership NHS Trust be invited to attend a future meeting of the Health Scrutiny Board.

31. Health Scrutiny Annual Report

The Board considered its draft Annual Report which had been prepared taking account of the findings of the Board over the past year.

Resolved: that the Report be finalised, published on the Council's website and circulated to the appropriate NHS bodies.

Chairman

Adult Social Care Local Account 2012- 2013

A Local Account of how adult social care services have been delivered and performed in Torbay during 2012-13



www.tsdhc.nhs.uk

June 2013

Contents

1. Forward by Councillor Scouler.....	3
2. Our commitment to adult social care in 2013/14.....	4
3. Introduction.....	8
4. How have we performed in:	
i. Outcome 1 – Enhancing quality of life for people with care and support needs.....	9
ii. Outcome 2 – Delaying and reducing the need for care and support.....	12
iii. Outcome 3 – Ensuring people have a positive experience of care and support.....	14
iv. Outcome 4 – Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm.....	17
5. Financial position and use of resources.....	19
6. Commentary from Healthwatch Torbay.....	21
7. Commentary from Overview and Scrutiny.....	21

1. Forward by Councillor Christine Scouler – Executive Lead for Adult Social Care and Older People



Dear Resident,

This is the second edition of your Local Account, which reviews the year from 01 April 2012 to 31 March 2013.

Torbay and Southern Devon Health and Care NHS Trust and Torbay Council have had a history of successful partnership working and this year's Local Account reflects the continuation of this despite the difficult economic environment and the population changes that Torbay currently faces, with an ever increasing elderly population.

Torbay Council commissions Torbay and Southern Devon Health and Care NHS Trust to provide adult social care in Torbay. These arrangements have been in place since 2005, however in April 2012 both organisations made an important change to transfer the Director of Adult Social Services (DASS) role back to the Council. This was so the Council could take overall responsibility as Commissioners of adult social care and therefore be able to influence the strategic balance of the adult social care portfolio. The DASS role is responsible for setting the strategic direction for adult social care and represents adult social care at an executive and non-executive (Scrutiny) level, providing accountability for the Council's decisions on the adult social care budget and service changes. The DASS also draws up the Annual Strategic Agreement between the Council and the Trust. The Trust reports to the DASS both on performance and financial matters.

The Local Account also provides you with details our successes but also information about how the local NHS and the Council has managed significant change which although difficult at times, has led to a greater quality of life for individuals and provides us with huge learning when embarking on change in the future.

The forthcoming year will undoubtedly provide both organisations with an equal amount of challenges not only because of the financial constraints but also because of the demands on our service as our population grows older. We are, as always, committed to facing those challenges and changes with you by ensuring that we listen to what you have to say and including you in the decision making processes that we must go through.

We will continue to want, wherever possible, for people to be able to support themselves and remain as independent as possible, for as long as possible by ensuring they have the right support, advice or services available.

Delivering the right care, in the right place, at the right time, and the right cost is key and we hope that the Local Account will provide you with an insight into our work, the outcomes for local people and our priorities for delivering adult social care over the next year.

Yours Faithfully

Councillor Christine Scouler
Executive lead for adult social care and older people

2. Our commitment to adult social care services in 2013-14



In Torbay the Council and Torbay and Southern Devon Health and Care NHS Trust have successfully used the idea of Mrs Smith and her family to symbolise people who need health and social care support. This metaphor has helped focus Councillors, NHS board members, senior officers, managers and front line staff on the purpose of our services and 'doing the right thing' for individuals in our community as part of our shared values.

The commitment statement below sets out what this continuing journey will mean for Mrs Smith, and her family, in the changing policy context of adult care, public sector reform and reducing public resources. Our aspirations have to be set in this context.

Local authorities will have to make significant reductions in spending on adult social care as part of the reduction to council budgets. In focusing on the needs of Mrs Smith, and her family, resources will continue to be used to support people to be as independent as possible for as long as possible and we will work jointly with NHS partners to make sure all public service resources provide the best we can for our community.



Caroline Taylor
Director of Adult Social Care Services (DASS)
Torbay Council



When we first embarked upon integrated health and adult social care services in 2005 we had a vision about ensuring that every person receives the right care, in the right place and at the right time. This is still something that flows through all that we do at the Trust and an ethos that all of our staff hold. We remain the only place in the South West to provide integrated health and social care and as a Trust and Council we will be working with mental health services, Torbay Hospital, our commissioners and Devon County Council to continue to build upon our successful model of care.




There have been a number of benefits from becoming an integrated organisation for the health system as a whole as it has allowed us to be more creative with the way that run and resource health and social care services but the most important thing is what it has achieved for our population. Clients have a single point of contact for their care; people only every have to tell their story

once, more people in Torbay die in their place of choice than anywhere else in England and anyone who needed urgent equipment has it in their homes within 72 hours.

As partnership organisations we only ever want to build upon and continue to improve the services we provide and the outcomes for our local population. We do have to do this within tighter financial constraints but the statement below sets our commitment for the next year to the people of Torbay.



Jon Andrewes
Chair



Mandy Seymour
Chief Executive

Torbay and Southern Devon Health and Care NHS Trust

Keeping Mrs Smith at the heart of an integrated health and social care system

The Council remains committed to making sure that services are integrated across health and social care, and believes that this is the best way to ensure Mrs Smith experiences person centred services at a consistent quality. We will build on the success we have had to date by seeking to achieve integration of services for those experiencing mental health difficulties and working closely with GPs and primary care services. An integrated system means that commissioning across health and care needs to be aligned; in Torbay we will use the Health and Wellbeing Board to provide system leadership to drive these changes and ensure that provision is aligned and integrated where it is sensible to do so.

Independent Living

Our commitment, which reflects national policy as expressed through the new Health and Social care Act, is to keep Mrs Smith as independent as possible for as long as possible. We will continue to ensure that Mrs Smith is supported at home whenever possible with less reliance on traditional bed based care. Home could be with family, in supported accommodation, in extra care housing or an adapted property through disabled facilities or telecare/telehealth support, as well as personal care. Where Mrs Smith is unwell and needs hospital or other acute treatment we will work with her and her family through reablement to get her back to being as independent as possible as soon as possible.

Supporting Carers

Part of remaining independent and having quality of life is to make certain that those who support Mrs. Smith as carers get the support and wellbeing checks that they need to have a good quality of life. We remain committed to supporting carers, both young and old, that want to support their loved ones in a family setting.

Looking ahead to carers services in 2013-2014

Actively supporting carers will continue to be a high priority for the Trust, Torbay Council and local NHS commissioning group. Work will continue to ensure:

- The improvement in the identification of hidden carers, particularly carers of people with memory problems or those with early indications of dementia
- Carers receive regular health checks by their GPs
- A higher proportion of our carers feel involved in discussions about the support provided to the person they care for
- Carers feel supported and able to access services with a specific focus on hospital discharge arrangements. This will be done by following up carers of patients with a phone call once they have been discharged from a community hospitals and ensuring that we providing carers with contact details for support post discharge from hospital.
- Raising carer awareness amongst key staff

Dementia

We know one of the rising demands in our health and care system will be supporting people who experience forms of dementia. This does not just mean developing specialist services, it means making sure that across all services in Torbay, including managers and staff understand and can meet the needs of people with all types of dementia. We will work with health colleagues to make sure people have an early diagnosis, and work with our communities to encourage people to come forward early if they experience potential symptoms. Our aim is to make Torbay a dementia friendly place.

Fair access to care services

The increasing pressure on resources, and the rising demands on services, makes it important to ensure that access to services provided by the Council is fair and equitable. It is now only possible for the Council to meet needs which are assessed as being 'substantial' or 'critical' against the nationally set Fair Access to Care Criteria (known as 'FACS').

This has not always been the case so to make sure that in similar circumstances everyone receives similar levels of care it will be necessary to ensure that services are only being provided to meet substantial and critical needs whenever a review or reassessment of needs is carried out by, or on behalf of, the Council.

In all other circumstances people would normally be expected to arrange and fund care services for themselves. However we know this is not always easy for people and so we are developing local, community based, advice and information hubs. It is expected that these 'Hubs' will be run and staffed by voluntary organisations to provide advice and support to people who need to find and arrange care services such as meals, shopping, housework and alarms.

Personal budgets

Where people have substantial and critical needs we will continue to encourage them to hold their own personal budget to give them more control over the way in which the care they need is managed and provided.

Self care and self service

We know many people already organise their own care, either formally by paying people for housework, meals or other support, or informally through family and friends. The advice and information 'Hubs' mentioned above will make sure there is good quality advice and information available to encourage people to make direct arrangements for support when there is no added value of arranging for these services through the local authority or NHS systems.

Paying for care and support

We welcome the governments support to the Dilnot review. This makes a commitment to cap the cost of care. The Dilnot reforms address the question of who should pay and the extent of individual risk. However they do not provide any new money for the system to actually pay for care. We therefore need to both quantify the costs of implementing the funding reforms and consider how such funding needs to be distributed. This is important because the impact will vary significantly across the country and the costs to different local authorities will vary widely.

We will be working through what that means in practice for implementation and to clarify what the impact will be for providers of care in the market. Whether people are supported by the public purse or pay for care and support themselves we will do more to understand and plan for Dilnot and ensure we know more about people who pay for care themselves in the bay, as well as those paid for by the public purse.

Ordinary Residence

When someone who has existing care needs moves to live in Torbay there are some circumstances in which it is right that the cost of their care should be met by this Council. However there are other circumstances in which the local authority for the area they used to live should continue to be responsible for the cost of care. There is legislation and case law to govern these situations which we are committed to applying in the most rigorous way.

It is also important to ensure that if it seems the responsibility for meeting care needs might transfer to this Council the placing authority, the person involved and their family are clear about what can be provided by the public purse in Torbay and what they will have to pay for themselves.

Children to adults

The transition from childhood to adulthood is important for everyone and this is particularly so where people need care and support. We will continue to improve this transition for children with support needs as they become adults so that they and their families are clear about what options they have and choices they can make, well in advance of adulthood to ensure quality of life.

Employment for people with learning disabilities

We have made some improvements in the choices people have to live independent lives by initiating projects to provide employment experience and jobs for people with disabilities. We will continue to work on innovative schemes with employers and providers to support people into work where that supports independence and equity. For those with conditions where this is not possible we will work across the peninsular to ensure there is specialist quality support for individuals.

Working with the market

We will work with providers of services, based on a market position statement, to help focus future provision of a system which supports prevention and recovery for Mrs Smith. Independent businesses can then be clear what the public purse is likely to buy in future years, and therefore what innovations in service delivery will be needed.

Safeguarding and quality

At the heart of support for Mrs Smith is assurance that whatever support is provided and wherever it is received it is of a good quality and is safe. We will continue to work with providers on quality systems and assurances that people are safe and treated with dignity and respect and care at all times. The national reports on both 'Winterbourne View' and 'Mid-Staffs hospital' remind us that we can never take safe care for granted. We will continue to work on a multi-agency basis on adult safeguarding to make sure we have the best system we can, and where safeguarding alerts are made we act quickly on those concerns to get things right and take all appropriate action.

3. Introduction

The Local Account aims to provide you with information about how we have delivered adult social care services, how we have performed in this area of work, our responsibilities and how we have spent and allocated public monies. More importantly it aims to provide information to local residents to enable them to determine whether the NHS and the Council have done everything possible to ensure that the best care is provided to the elderly and the most vulnerable in Torbay.

The document provides the reader with the results of the national targets and local performance targets set by the NHS and the Council and where possible indicates whether the performance has been achieved or not by using Red, Amber and Green ratings.

Green	Exceeded, achieved or within 1 per cent of the performance target
Amber	Narrowly missed performance target but on track
Red	Performance in this area needs to improve

Both organisations are aware from previous feedback that this information on its own is not always helpful to the reader in determining whether things have improved for themselves, their loved ones or the people they care for. So with that in mind the commentary that follows seeks to provide some real examples of how the work this year has made a difference to individuals or groups.

The themes for these examples will be aligned to the four performance outcomes that we agreed at the start of the year, these being:

- Outcome 1 – Enhancing quality of life for people with care and support needs
- Outcome 2 – Delaying and reducing the need for care and support
- Outcome 3 – Ensuring people have a positive experience of care and support
- Outcome 4 – Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

A description of what you might expect under these headings is also provided so that you can judge whether this is what you told us or experienced. Torbay and Southern Devon Health and Care NHS Trust and Torbay Council are always striving to improve, develop and enhance services through lessons learnt and best practice and we have described how we plan to do that in the future. We have also included details of some things you might not be aware of which might help you or someone you know in the future; these include some of the very latest innovative solutions to providing high quality care.

As always there is the inevitable focus on the financial position and performance from 2012-13 as well as details of the budget going forward into 2013 -14 and how we plan to allocate and spend the resources available to us. There will be a review of how we have used the resources available and how we have ensured best value for money at all times. We are also keen here to provide you with an open and transparent review of the risks both organisations are facing in the forthcoming year together with plans to mitigate these risks where possible.

Finally we have asked your Local Healthwatch in Torbay and Overview and Scrutiny Members to review the Local Account and ensure we have provided an open and transparent view of client experience and oversight of the service provided, in line with the views of members and constituents in Torbay.

We do hope that you will find this Local Account useful and informative and would encourage you to contact us to provide feedback on this or to ask where you can find out further information which might be of use to you or a loved one.

4. How have we performed?

i. Outcomes 1 – Enhancing quality of life for people with care and support needs

What does this mean for the people of Torbay?

This is about individuals being able to live their lives to the full by maintaining their independence, not feeling isolated or lonely because they were able to receive the right level of high quality support, designed by them. It is also about carers being able to balance their role as a carer as well as maintaining their desired quality of life.

How have we performed?

Measure	Expected Target	Actually Achieved	Rating
Number of people receiving a direct payment & contracting for their own care	541	551	✓
Proportion of clients who know the size of their weekly care costs	55%	58%	✓
Proportion of clients who have received an annual review	85%	88%	✓
Proportion of clients who have a copy of their care support plan	95%	94%	✓
Proportion of assessments completed within 28 days of referral	70%	69.6%	✓
Proportion of clients receiving their care within 28 days of assessment	85%	99%	✓
Adults with learning disabilities living in settled accommodation	60%	69%	✓
Adults in contact with secondary mental health services in settled accommodation	70%	77%	✓
Adults with learning disabilities in employment	4.6%	5%	✓
Adults in contact with secondary mental health services in employment	6%	5.5%	✗
Number of people supported through telecare (including community alarms)	1,100	881	!
Proportion of service users who believe that care and support services help them to have a better quality of life *	New for 12/13 Survey	86.5%	✓

* Responses from Adult Social Care survey

The table above shows service users within Torbay continue to have rapid access to social care services. 70 per cent of people referred for an assessment are seen within 28 days and practically all packages of care needed for service users start within a month of assessment. In line with national expectations, 58 per cent of service users are aware of how much their care costs each week. Knowing the amount helps people take greater control in the care they receive and determine whether it provides value for money. Some of the people supported by Torbay Council funding opt to organise their own care and so receive what is known as a “direct payment”. However, just under 90 per cent of clients prefer the Council to contract for the services on their behalf.

The number of clients assisted by the community alarm and telecare service appears low. We know the total number of alarms being used by people within the bay remains relatively stable at 2,200. However, the number funded directly by the Council has reduced in line with the assessment criteria.

The number of adults with learning disabilities and those supported by secondary mental health services is lower than we would like. The high unemployment rate and seasonal employment patterns within Torbay contributes to this. Improving employment opportunities for learning disability and mental health service users is a key priority for 2013-14 and our multi-agency work will continue to ensure that this happens.

Developments in community support solutions

In 2012-13 the community support solutions team got involved in a number of projects and won some external bids designed to improve the lives of people in the local community.

1. The Dementia Challenge – This is a government led programmed designed to make a difference to the lives of people with dementia, their families and carers. The team are currently working on this to ensure that we can deliver significant improvements to the wellbeing of people with dementia locally.
2. The Ages2 Project- This is a research project giving a simplified computer and training to a service user to find out whether this influences their social inclusion. There are trial groups of people in Somerset, Torbay and Ancona (Italy).
3. Finer Day-This is a new concept where computers are set up in selected residential homes. The residents are taught to use it to keep in contact with friends and family. It also can be used for medical purposes where a nurse or GP can have a face to face consultation.

Mr H and his gardening hobby

Mr H is a very independent octogenarian living alone in a remote area with no neighbours and is a keen gardener.

One morning he went into the garden to do some weeding, and he fell. He was unable and had to lay there until his gardener arrived some hours later.

Mr H contacted Torbay Lifeline and asked if we had any equipment that would call help in an emergency if he fell in the garden again.

He was assessed and had a lifeline alarm unit and a range of falls detector pendants put in his home.

Mr H hung his pendant by the front door and would simply put it on every time he went into the garden. His notes for the call operators say “Uses the pendant outside only”. Should the alarm be raised by the pendant the operators would call him to ensure he was safe. If there was no response they would activate the emergency process Mr H had arranged with them.

Dementia care and awareness in Torbay

There are about 800,000 people across the UK with dementia and around one in eight people over the age of 65 have it. It is estimated that only 43 per cent of those who have the condition have had it diagnosed. The Trust recognises the significant impact dementia can have on a person and their family life. In Torbay and southern Devon this Trust has made significant progress in providing the right kind of care for people with dementia. The Trust has adopted the national standards of best practice and in the last year we have introduced a wide range of measures aimed at helping people with dementia. We are also working closely with carers who look after people with dementia so they can understand what to expect and know how to respond in situations

Mr X and his dog Froddo

Mr X lives alone with Froddo supported by carers who go in daily enabling him to manage in the community.

He has dementia - he does not always recognise his close family. His family worry about him especially as he walks Froddo many times daily and they worry he may not find his way home.

The Occupational Therapist approached our team and a Buddi device (using satellite and mobile phone technology) was attached to Froddo's lead as he never left for a walk without Froddo on the lead.

The device was set to allow Mr X to follow the route that he always uses when walking Froddo. If he deviated out of this zone a text message would be triggered to a smart phone which would show where Mr X was located, his speed and direction of travel

Mr X remains independent, keeps his dignity and lifestyle. The family are reassured and know they can find him should he wander.

Community based supported employment service

The new Torbay community based supported employment service commissioned by Supporting People, and provided by Pluss, has been in operation since October 2012. This service provides intensive support to people with learning disabilities and autistic spectrum condition to find and maintain employment.

Supporting People has also been involved in the creation of Project Search, an internationally recognised project which provides opportunities for young people with learning disabilities to gain employment. The project is based at Torbay Hospital and is a partnership between the hospital, South Devon College and Pluss, who provide employment support, funded through Supporting People. Young people experience real placements in hospital departments, coupled with support to gain a vocational qualification. The project has an impressive track record of supporting people into employment, both in the UK and the USA

ii. Outcome 2 – Delaying and reducing the need for care and support

What does this mean for the people of Torbay?

This is about individuals having the best opportunity possible to manage their own health and care because they have the right support and information. Early diagnosis and intervention means that dependency on intensive services is reduced and when it is required it means that individuals are helped to recover in the right setting which isn't necessarily in a hospital environment.

How have we performed?

Measure	Expected Target	Actually Achieved	Rating
Number of people living permanently in a care home as at 31 March 2013	703	717	!
Proportion of people discharged from hospital receiving reablement and still at home 91 days later	80%	81%	✓
Number of people with a delayed discharge from hospital p/w k per 100,000 population	9	1.5	✓
% of emergency readmissions to the local acute hospital for over 65's within 28 days	6.6%	6.6%	✓
Number of emergency bed days used for over 75's with 2 or more admissions	13,308	14,834	✗

In order to help people live as independently as possible for as long as possible we are committed to reducing the reliance on nursing home and residential home care.

During the last five years the number of individuals living permanently in a care home has reduced by approximately 40 placements each year. Although we missed the target of 703 people living in a care home in March this was achieved during April 2013. With an ever growing elderly population this enable those who most need this type of specialist care to received it, whilst helping other to stay as independent as possible in the comfort of their own home.

We continue to work closely with the care homes within Torbay and rely heavily on the support they provide to temporary clients which can often avoid an emergency admission in to Torbay Hospital. Our ability to place people at very short notice into temporary beds is part of our intermediate care service. This service is renown nationally with many other local authority and NHS organisations looking to replicate it. The joined up (or integrated) nature of services also helps ensure patients have shorter stays at the local acute and community hospitals. The average length of stay for emergency patients at South Devon Healthcare NHS Foundation Trust (Torbay Hospital) is amongst the lowest in the country and those patients experiencing a delayed discharge are minimal. This is achieved by having a streamlined communication processes between teams which ensures patients can have rapid access to the service they need when they return home.

Torbay Hospital experienced an increase in emergency admissions during the year. It included a rise in the number of people aged 75 or over admitted two or more times and the number of days they stayed in hospital. Staff in the community continue to work closely with GPs and the hospital to find ways to reduce this reliance on the acute hospital by enabling people to stay at home, whenever possible.

New supported accommodation for recovery and independence

After a review of supported accommodation, Supporting People commissioned (planned, purchased and developed) a new service in Torbay which provides supported accommodation to help people become independent. This service supports people with a range of needs, for example mental health needs, or physical or learning disabilities. The service offers 'pre engagement' where a support worker works with a person to look at their needs to ensure the right accommodation is found. This is followed by a period in supported housing where support is given to gain the skills needed to live independently. Finally the service offers a period of resettlement support when people leave supported accommodation, to ensure that they are able maintain their own accommodation.

Reablement story

Miss S is a 45 year old agoraphobic female living alone in a centrally located flat. She has significant mental health problems and is known to the mental health team. She suffers from high levels of anxiety and believes that she has fictitious illnesses which prevent her from participation in activities of daily living.

Miss S had become completely dependent on her partner and carer for all personal care, meal preparation, shopping, laundry and housework. Her carer adopted a mothering role, encouraging dependence and shielding Miss S from available services. In June 2009 her carer left suddenly.

Adult social care and the community mental health team put the following package of care in place to ensure her safety. The Provider advised they were concerned about lone working due to mental health issues stating two carers were required to deliver package of care.

In November 2012, Miss S was referred to the reablement Team, a pilot project aimed at encouraging independence. Miss Smith met with the team leader and agreed initially to practice with the support workers to make her own breakfast. She was anxious at the prospect but gained confidence in the support workers as they encouraged her to participate.

Following seven weeks of participation in the reablement programme delivering an average of 3.5 hours per week, Miss S achieved several goals and is now independent with all personal care and gets dressed every day without prompting. She is able to wash and dry dishes (something which she was fearful of as she believed she may sustain a cut), she can make her bed, make her own breakfast and hot drinks throughout the day and is able to put herself to bed independently.

Miss S had a total package of care costing £119.81 per week, plus an additional contribution she made herself. This included meals on wheels, domiciliary care and support to, undertake shopping, laundry, housework and to manage her finances. After receiving care from the reablement team Miss S still has a small amount of care that she self-funds but she not long needs an extensive package of care.

‘Miss S’ reports back to the Reablement team : ***“I am proud that I can do things for myself”***

iii. Outcome 3 – Ensuring people have a positive experience of care and support

What does this mean for the people of Torbay?

This is about individuals and carers being aware of the support that is available to them and when it is accessed that it is sensitive to their needs and provides them with a positive experience.

How have we performed?

Measure	Expected Target	Actually Achieved	Rating
Number of people on Torbay's Carer's Register	3,050	3,604	✓
Carers receiving a needs assessment, a review , information, advice, etc.	31%	29%	!
Overall satisfaction of people who use services with their care and support *	New for 12/13 survey	71%	
Proportion of carers who report they have been included in discussions about the person they care for *		74%	

* Responses from Adult Social Care or Carer's surveys

The proportion of carers receiving a needs assessment, review or information and advice is a nationally reported indicator with a formal definition that must be abided by. The carers' service is well developed in Torbay and includes partnership working with many other organisations. It is difficult to capture the advice, support and information these organisations provide to individuals and consequently, in accordance with the strict definitions we are unable to include them when calculating this measure.

As can be seen from the section below supporting carers – both young and old, has been and remains a high priority in 2013-14.

Development in services for Carers

In the past year there have been a number of new developments in local carers' services which is particularly encouraging in view of the fact that more than 12 per cent of the population of Torbay are providing unpaid care and support to older people, or those with disability, mental health or substance misuse issues.

A partnership with Torbay Hospital and community health and social care has improved support for carers both during and after hospital stays. Independent evaluation found good staff awareness of the importance of identifying carers, and we are continuing to improve communication between staff and carers.

In response to what you told us we have initiated a number of new developments such as:

- Recruitment of a carers' support worker in the hospital discharge team to undertake carers' assessments and to be a link where complex, unpaid caring impacts on patients when they leave the hospital.
- Distribution of a new carers' contact card which gives key numbers for carers to ring for support after discharge from hospital. This card will be given out through wards and by community staff.
- A project in the emergency assessment unit at Torbay Hospital to test new ways of working with carers, encouraging their involvement in ward rounds and decisions about future care. It is hoped that learning from this pilot can be rolled out to other areas.
- A programme of staff awareness training in hospitals, community nursing and other key services to improve contact between staff and carers.

Alongside this, we developed a fresh approach to young carers under 25 by combining the work of the Trust's Young Adult Carers Service with Torbay Council's Young Carers Service to produce a joint strategy. The approach is aimed at designing services around the needs of young carers.

In addition to this work this, the Personal Social Services Survey of Adult Carers has provided us with a whole host of information about carers experiences of care and support and this information will be used to inform local priorities as well as the national carers' strategy.

This survey, which was undertaken in October 2012, asked questions about the carer and the person cared for, the needs and experiences of support, the impact of caring and quality of life, the quality of information and advice, and support and services arrangement available in the last 12 months.

60 per cent (499 out of 800) of carers who were surveyed in Torbay responded to the survey.

Key findings:

- 64 per cent of carers were satisfied with the support received from social services in the last 12 months, with 15.1 per cent of those extremely satisfied. 19 per cent said they hadn't received any support.
- In the last 12 months nearly 50 per cent of people being cared for used equipment or adaptations to their home, 33 per cent used home care and 29 per cent lifeline alarms. Around 20 per cent used various services which allowed them a break or rest from caring.
- 48 per cent feel they have encouragement and support in their caring role, 37 per cent some encouragement but not enough, while 15 per cent have no encouragement and support.
- In the last 12 months 54 per cent of carers have used information and advice services. Fewer carers used support from carers groups (35 per cent), carers training (9 per cent), or employment support (2 per cent).
- In the last 12 months 34 per cent of carers have not sought information and advice. 50 per cent found it easy to find with 15 per cent finding it difficult to find.
- Of the information and advice received by carers 66 per cent found it helpful, while only 6 per cent found it unhelpful.
- In the last 12 months 34 per cent of carers felt involved in discussions about the support provided to the person they care for.
- 77 per cent of carers have joined the Torbay Carers Register (23 per cent have not), additionally 80 per cent of carers have told their GP that they are a carer (20 per cent have not).

The Trust and Council was also shortlisted at the Health Service Journal (HSJ) Awards in November 2012 for the Improved Partnerships between Health and Local Government award. The shortlisting in this category was based on work that has taken place to support carers throughout Torbay.

Transformation in Learning Disability services

The Learning Disability Service has undergone a huge transformation programme during this reporting period and we are pleased to report some positive outcomes for individuals despite the difficult processes that families and carers were asked to engage in. One example included here is the review of duplicate funding which was undertaken, this is when an individual with learning disabilities who lives in residential care (which is resourced 24 hours) also accesses day care during the week, which in effect means that care during the day is resourced twice. This situation does not arise in other care settings but was unique to the learning disabilities service for historic reasons. The NHS and the Council had to address this inequality and looked for ways to engage with individuals and their carers to make this a worthwhile experience. The case study below describes the positive outcome for one individual:

"My name is S.C. I used to go to Hollacombe five days a week. Now I'm doing lots of different things. On Monday I go to Fabulous Flowers. It is a flower shop in Paignton. Plus helped me to get work experience at the shop. On Tuesdays I am going to work at the Spot

office. I work on computers, help other people to learn new things and speak up about important things. I do pottery on Wednesdays. On Wednesday evenings I go to a horticultural meeting. There are talks about plants and gardening. I know lots of new people. I really enjoy it. On Thursday I do gardening at a community allotment with other people from Hollacombe. Fridays I work with Spot at Cockington Court. I volunteer in the Walled Art Garden.

I feel better for being out in the community because I see friends and do lots of new things. It feels good now I'm doing new things. I like gardening and all the work I do. It is a good thing for me. I've got a lot of skills. I've met new people. I am very busy"

The Trust and Council have been working closely with families of the residents of Occombe House, a residential home for people with learning disability over the past year and are now beginning to see some positive results for the future. The aim of this area of work was to ensure that the needs of the residents of Occombe House are met in a suitable environment on an on-going basis, in line with their preferred outcomes and aspirations. The latest progress includes the following:

- Exploring the possibility of developing a supported living arrangement on the Occombe site for the Occombe residents, to meet their on-going care needs.
- That the NHS will not be the long term provider or developer of this supported living arrangement
- That the families, the Council and the Trust work together to procure an alternative provider for this development

The Trust and the Council have now identified a preferred bidder (Sandwell Community Caring Trust) with whom a contract is being negotiated. The contract will see the NHS and the Council managing the residential home while the preferred bidder builds the supported living bungalows for the residents on the site. Just before completion of the bungalows the service will transfer to the preferred bidder who will work with staff and clients to complete the transition from residential care to supported living.

iv. Outcome 4 – Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm

What does this mean for the people of Torbay?

This is ensuring that vulnerable individuals are kept safe and free from harm and are protected from avoidable death, disease and injuries.

How did we perform?

Measure	Expected Target	Actually Achieved	Rating
Safeguarding calls triaged within 48 hours	80%	81%	✓
Proportion of safeguarding meetings held within 5 days to agree a strategy for client	75%	82%	✓
Proportion of safeguarding multi-organisational case meetings held within 25 days	35%	80%	✓
Number of repeat safeguarding referrals in last 12 months	16	16	✓
The proportion of people who use services who feel safe *	59%	59%	✓
Proportion of people who use services who say that those service have made them feel safe and secure *	63%	65%	✓

* Responses from Adult Social Care or Carer's surveys

Safeguarding has been, and continues to be, a high priority. The national reports on 'Winterbourne View' and 'Mid Staffordshire Hospital', remind us the quality assurance processes we operate must deliver high quality care and patient safety. Our safeguarding process is intended to promote a positive and proactive person centred framework to safeguard adults who may at some point in time be at risk from significant harm or exploitation. The procedures worked to are based on tight timescales which have been exceeded during 2012-13. This demonstrates the level of importance we place on empowering and protecting individuals.

The results from the social care surveys show a slight improvement in the proportion of people who use services who feel safe and secure moving from 63 per cent to 65 per cent.

How do we ensure that vulnerable adults are protected?

Torbay Safeguarding Adults Board continues to work closely with partner agencies to safeguard those most vulnerable in our society by acting on concerns, raising awareness, and training and informing the public on how to raise a safeguarding concern.

As a multi-agency response team, we have made some significant improvements over the last year. In particular, the number of case conferences held within 20 days of the initial strategy meeting rose to 83 per cent. A case conference is a multi-agency meeting and can involve care providers, the police, health professionals, for example, and is designed to find the best solution for the client. By completing case conferences sooner, clients get the benefits of care plans quicker.

We aim to ensure that all safeguarding concerns are handled in a consistent way and acted upon in accordance with local multi-agency policies and procedures.

Training and the sharing of learning and ideas are the cornerstones of service development. Professional forums throughout 2012 were designed to keep frontline staff from all agencies up to date with safeguarding practice and policy, and to allow the opportunity to reflect on key issues. We have also implemented a comprehensive training strategy and programme linking with national core competency and compliance frameworks for safeguarding adults, covering training from induction to strategic roles. We have increased the number of staff undertaking induction-level training; uptake has been very positive.

In 2012/13 the Trust's Experts by Experience Group conducted an evaluation of the safeguarding process for clients with learning disabilities. People who had had experience of the safeguarding process were invited to participate in this project which involved face to face interviews. The feedback received included:

Consider the environment and location of the safeguarding meeting and for the safeguarding person to be involved in this decision. Evidence from our research seemed to indicate that when the location was familiar to the individual their engagement was more relaxed and involvement in the process was easier for them.

Pilot tool to enhance quality in care homes throughout Torbay

A number of residential and nursing homes across Torbay are taking part in a pilot scheme to enhance quality, effectiveness and safety.

The pilot scheme, which is currently up and running in seven residential and nursing homes across Torbay involves the use of a monitoring tool known as the Quality, Effectiveness, Safety Trigger Tool (QuESTT).

The tool records simple information about a number of potential risk factors, such as the number of staff vacancies, complaints, care plans and risk assessments undertaken by the home and demand upon the service. The risks are rated using a simple red, amber or green scoring system, and are used as an early warning indicator to ensure swift support is put in place preventing a high risk or crisis scenario occurring.

QuESTT has been used as an early warning system in acute hospitals for some time and has been in place in community hospitals and community teams across Torbay and Southern Devon for a number of months. However, this is the first time that the tool has been adapted for use in a social care setting.

Homes complete the tool on a monthly basis via a secure website and the Trust is working closely with all the homes in the pilot to gain feedback about how the tool can be improved to ensure that every home gets maximum results and benefits once it is rolled out. The pilot will run for a further six months with a view to rolling this out early 2014 to all care home providers in Torbay.

It is envisaged in the near future that care homes will share the information from their QuESTT with residents, families and visitors and make it available on their public websites so that they too can see the performance, risk and actions that are put in place.

5. Financial position and use of resources

The financial review provides an overview of the financial performance of adult social services in the Torbay area for 2012/13.

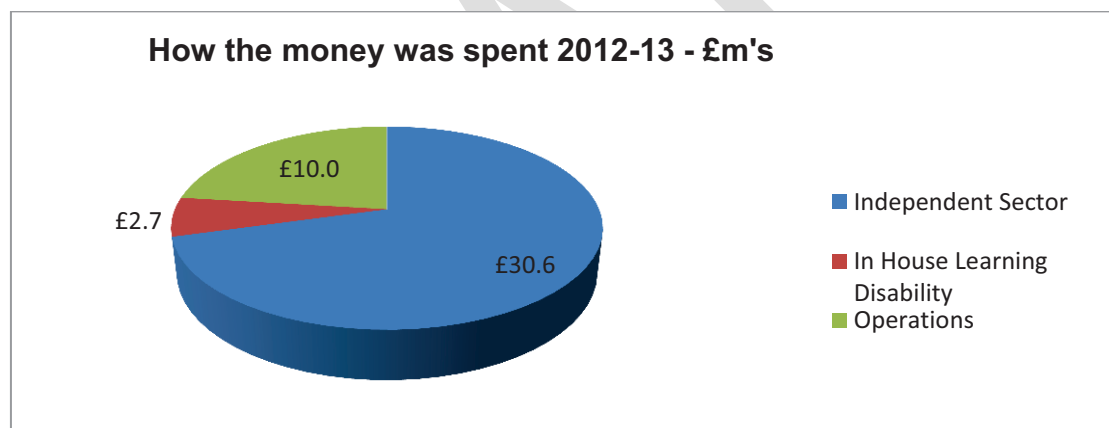
The Trust formally came into existence as a statutory body on 1 April 2012. Prior to this, Torbay Primary Care Trust from 2005 had responsibility for both commissioning and providing integrated health and social care services to people in the Torbay area. From 1 April 2011 Torbay Care Trust had also been responsible for community health care services

in the southern part of Devon, covering roughly the districts of Teignbridge, South Hams and West Devon. In April 2012 the Torbay and Southern Devon Health and Care Trust was formed after the separation of the commissioning and provider responsibilities and retains responsibility for provide adult social care services.

Torbay and Southern Devon Health and Care NHS Trust, provides adult social care on behalf of Torbay Council, providing an integrated health and adult social care services across Torbay. The Trust is also responsible for community health services in Southern Devon. The Trust also works with a range of local voluntary sector organisations, and with several NHS providers The Trust serves a population of around 375,000 people and employs around 2,000 staff.

During 2012-13 the Trust had a turnover of £142m. during this financial year the Trust managed its budget within the funds available and reduced the number of clients in long stay residential care. This is a significant achievement given the financial challenges the Trust has faced, set against a back drop of increasing demand and complexity of services needed to meet client needs. It also means we have been able to deliver more care closer to home.

In 2012-13 the budget for adult social care in Torbay was £42.8m. The total net spend in 2012-13 was £43.3m, with the additional £500K spend being a direct result of ordinary residency pressures. The chart below shows how the £43.3m was spent.



Spend analysis 2012-13

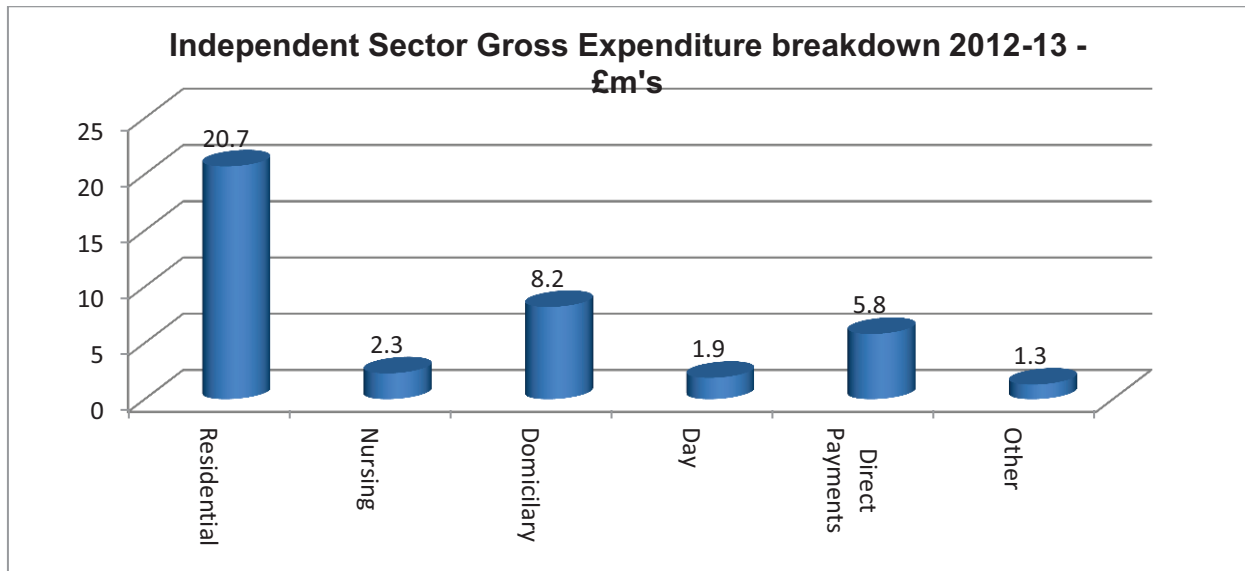
The Trust spent £2.7m on its in-house Learning Disability Services in 2012-13, including costs of £1.2m for two residential homes and £1.5m on the provision of day care.

Operational costs totalled £10.0m in 2012-13. This is the cost of providing care management and social care support across Torbay and includes the cost of social workers, community care workers, Occupational Therapists, Physiotherapists, Finance and Benefit Assessors and commissioning and support service staff.

Over 70 per cent of the total net spend on adult social care is the purchase of care (including residential, nursing, day and domiciliary) from the independent sector. The majority of this spend is with providers within Torbay but some specialist care is provided out of area. At any point in time there was on average around 2,500 clients receiving a core service. The client's ages have ranged from 18 to 109 in 2012-13 and services were provided to clients with learning disabilities, dementia, sensory and physical disabilities, vulnerable people and the frail and elderly.

The net spend figure in the independent sector was £30.6m in 2012-13. Gross spend with the independent sector was £40.2m with income collected of £9.6m. The vast majority of income we collect is from charges made to clients. Under national legislation, all social care clients receive an individual financial assessment and this can result in a client being asked to contribute towards the cost of their care provision.

The gross expenditure within the Independent Sector is illustrated in the Chart below.



Financial outlook for 2013-14 and beyond

Funding arrangements for Adult Social Care (ASC) are under review at a national level. 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 per cent. The Trust and South Devon and Torbay Clinical Commissioning Group acknowledge the tight financial constraints over the period and will continue to deliver the best possible care and support within these constraints. This will be done in consultation with the Council and where it is necessary to make changes to the way services are delivered consultation will take place with the people and carers who use the service.

Total planned gross spending on adult social care is £53.1m in 2013-14. This is funded by £43.3m from Torbay Council and £9.8m income received from clients who contribute toward the cost of their care.

6. Commentary from Healthwatch Torbay and Overview and Scrutiny members

Once draft report is complete this will be sent to Healthwatch and OSC

7. Commentary from Overview and Scrutiny members

DRAFT

Agenda Item 8



Meeting: Health Scrutiny Board **Date:** 26 June 2013

Wards Affected: All wards

Report Title: Health Scrutiny Board Work Programme

Supporting Officer Contact Details: Kate Spencer, Overview and Scrutiny Lead
01803 207014
kate.spencer@torbay.gov.uk

1. Purpose and Introduction

- 1.1 Each year, the Health Scrutiny Board is required to agree a Work Programme. The Programme needs to be robust and realistic but also flexible enough to enable emerging issues of concern to be addressed. This will help to ensure that health scrutiny fulfils its primary aim of “acting as a lever to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the delivery and development of health services and that services are effective and safe”.

2. Proposed Decision

- 2.1 That the Health Scrutiny Board consider the framework for the Work Programme at Appendix 1, discuss and then agree its areas of focus for the coming year.

2.2 Reason for Decision

To ensure that the Health Scrutiny Board sets a robust Work Programme for the coming year.

Supporting Information

4. Position

- 4.1 The Constitution requires that, early in the Municipal Year, the Overview and Scrutiny Board will co-ordinate the production of a Work Programme for the function as a whole. At its meeting on 19 June 2012 the Overview and Scrutiny Board will note that a Health Scrutiny Work Programme will be agreed at this meeting of the Health Scrutiny Board.
- 4.2 The framework for the Work Programme for the Health Scrutiny Board is attached as Appendix 1. It has been developed taking account of the issues which have been raised by the Board over the course of the last Municipal Year and through

discussions with the Scrutiny Lead Member for Health. As happened last year, rather than undertaking in-depth reviews, it is suggested that the Health Scrutiny Board will employ similar methods to the Overview and Scrutiny Board such as “calls for evidence”, site visits, consideration of case studies and attendance at health partner events whilst keeping in mind its key lines of enquiry for the year.

- 4.3 Time will also need to be allowed for the consideration of any possible substantial variations in services or referrals from the Healthwatch Torbay. Further, the Health Scrutiny Work Programme will be shared with health scrutiny colleagues in neighbouring authorities to avoid duplication and possibly undertake shared work.

5. Possibilities and Options

- 5.1 The Health Scrutiny Board is free to determine its own Work Programme. However, regard should be given to the resources available to support the Board in its work (including members’ time and commitment).

6. Fair Decision Making

- 6.1 The proposals in this report do not have a major community impact.

7. Public Services (Social Value) Act 2012

- 7.1 The proposals in this report not require any procurement and so the Public Services (Social Value) Act 2012 does not need to be applied.

8. Consultation

- 8.1 No public consultation has been carried out in formulating this report.

9. Risks

- 9.1 The exact nature and timing of the work within the Work Programme will need to be agreed by members through the scoping process. In order to deliver successful reviews, members will need to ensure that they are clear about what they wish to review (and indeed what they will be excluding from the review). The timings of each review will also be critical to ensure that as little ‘bunching’ as possible occurs.
- 9.2 A critical success factor will be members’ commitment to these reviews –members need to be sure that these issues are matters which can make a difference to the community of Torbay and that they are willing to commit time and energy into identifying consultees and key questions, meeting and discussing issues with other members, officers and consultees, reading and challenging the information presented to them and, finally, drawing conclusions, considering options appraisals and risk assessments, and formulating evidence based recommendations.

- 9.3 If members are not committed to the topics within the proposed Work Programme and to making health scrutiny a worthwhile mechanism to improve the lives of the community of Torbay, then there is a risk that no or few positive outcomes can be shown to have been achieved by the Health Scrutiny Board
- 9.5 Co-ordination with the various work programmes of the Council's Policy Development Groups as well as the Health and Wellbeing Board is necessary to ensure there is not duplication of Overview and Scrutiny's role and workstreams and vice versa.

Appendices

Appendix 1 Framework for the Health Scrutiny Work Programme

Additional Information

None

Health Scrutiny Board – Framework for the Work Programme

Having regard to the Outcomes Frameworks for the NHS, Public Health and Adult Social Care, especially where they overlap or complement each other and taking account of the new NHS landscape following the reforms which took effect on 1 April 2013, the Health Scrutiny Board may wish to consider the following issues:

Domiciliary Care

- LINK report
- Current position from Torbay and Southern Devon Health and Care NHS Trust
- Impact of other service changes – e.g. reduction in wardens in sheltered accommodation
- Impact on carers

Devon Partnership Trust

- Update on current performance
- Inter-relationship with other provider trusts
- Opportunities through vertical integration

Mental Health Pathways Reconfiguration

- Briefing on the proposals

111 Service

- Update on current position – commissioner and provider
- Lessons learnt from introduction of service elsewhere

Substance Misuse

- Access to services – maximising the uptake of support

Specialised Commissioning

- Review of service specifications
- Identification of services which will need to be changed to meet the specifications

Never Events at Derriford Hospital

- Health Accountability Forum (Plymouth Health Scrutiny Committee leading)