Torbay and Southern Devon Health and Care NHS Trust

Your Local Account of Adult Social Care Services

November 2012

Right Care, Right Place, Right Time

www.tsdhc.nhs.uk

Introduction from Councillor Christine Scouler

Executive Lead for Adult Social Care, Torbay Council

Dear resident,

In November 2011, the Government published its consultation paper "Transparency in Outcomes, a framework for adult social care". The results of this consultation indicated that Councils were in favour of producing Local Accounts; replacing annual publications, assessments and rating by the Care Quality Commission (CQC). A Local Account offers Councils the opportunity to share a common approach with a more tailored, local focus, that is responsive to the needs of local communities.

Therefore, I am delighted to present this first edition of your **Local Account**. This first Local Account provides information on Adult Social Care in Torbay. In Torbay, the adult social care function works slightly differently and is delegated to Torbay and Southern Devon Health and Care NHS Trust (formerly Torbay Care Trust). This way of working enables health and social care services to be jointly run in the area and helps to ensure that our patients and service users not only get the very best service but also a service that enables people to have a single point of contact and receive all aspects of their care in a simple and seamless way.

This local account enables you to see how the Trust is delivering social care services as well as acting as a way to hold the Trust to account on how well they are supporting people with social care needs.

The Council and the Trust successfully use the concept of "Mrs Smith" as an example of an elderly person and her family in the Bay needing some health and social care support. This metaphor has helped focus Councillors, NHS Board members, managers and front line staff on the purpose of our services, ensuring that we are 'doing the right thing' for the individual in our community as part of our shared values. The Council's commitment statement (*see page 3*) continues that journey for Mrs Smith in the new context of changing public sector reforms and reducing public resources but maintains our core shared value on doing the right thing for the person in our community.

We actively seek to gather information on the needs of local people of all ages. This helps us to ensure that their voices are heard by the people responsible for purchasing and providing care services and, as part of developing the Local Account, we asked you what you wanted to see. You told us that you wanted to see people treated with dignity and respect, you wanted better outcomes for carers and their health, community equipment to be available when required and you wanted to see the service user experience improved.

Wherever possible, we want people to be able to help themselves; however, when they do require support, advice or services we work hard to ensure it's the right care, in the right place, at the right time and at the right cost.

Your Local Account covers the period 01 April 2011 to 31 March 2012 and I hope that you find this of interest.

Christine Scouler

Commitment Statement from Torbay Council

'Mrs Smith in the heart of the community'

We will always aim to help people continue to live in their neighbourhood and community, where this is feasible and affordable. We will seek to reduce admissions of people to residential care where we can safely meet their assessed needs in a community based setting. We will always ensure that the assessment is offering more than just a response to a current crisis and that each person is getting the right health, housing and other support alongside their social care. If a person is now in residential care and an assessment indicates that they may be able to live in the community we will give them the opportunity to try that option.

We will ensure that the interventions we offer people will focus on how we can promote their independence. This means we will always seek to use community based solutions including assistive technology where these will enable people to remain safe and meet their care needs. All the domiciliary care that we offer will be based on the principles of re-ablement. This means we will work with people to see how we can assist them in doing more for themselves. Over time we would expect some packages of care to decrease as people meet their own defined outcomes in achieving greater independence.

We will use residential care where we have explored other options and have found that this is the only way to meet someone's care and support needs in a safe way. In many cases, people who have the most complex needs also have longer term health conditions which also mean they may be entitled to additional personal health budgets to meet their needs.

Resources focused on critical and substantial needs for Mrs Smith

Our interventions will offer the right level of support according to a person's assessed needs. Assessments will be carried out over a reasonable period of time to ensure that we have not made long-term decisions about people before we have had a chance to work with them through a recovery or recuperative plan.

We recognise that the solutions that many people have to meet their care needs can be found within their own families, their communities and within themselves. We will work with each person and their network to find these solutions. We will continue to support the number of carers in the Bay. Where people have lost their support networks we will work in partnership to rebuild them. We will encourage our service users, our partners and our staff to help find creative solutions to meet the outcomes that they wish to achieve. We will always look for solutions that offer value for money (quality in delivering the agreed outcomes against the cost to the public purse).

Mrs Smith and risk

The essence of our work will be to ensure that we are balancing risk to empower and safeguard our service users. We will never take responsibility away from someone unless we have a court order, which indicates that the person does not have capacity to manage their own affairs. If we are concerned about the decisions a person is making for themselves, but they still have capacity to make a decision, then we will talk through the risks and work with them to ensure that, as far as possible, they understand the risks they are taking. This may mean that some people make the wrong decisions but that will be their choice based on as full an understanding as possible of the risks. We will look to offer guidance and support but not to take over control.

Work with Providers for the benefit of Mrs Smith

We will work with our providers to build a philosophy of care that focuses on outcomes – where service users can determine with their assessors and their providers the aspirations they have from the service. We will ensure that people have a suitable level of service (preferably through a Direct Payment) that will meet their currently assessed needs and support their objectives towards independence. We will always work with those who are providing services to ensure that they are delivering value for money from the public purse; we will look to achieve this in partnership through a dialogue between service users, providers and the Council. We will set main performance contracts through the Annual Strategic Agreement for all our services that are provided or commissioned by the Council and these will focus on the desired outcomes for the service users.

We will invest in providers who can demonstrate creative, innovative service provision and disinvest in providers who do not provide a person centred, value for money service. If Mrs Smith has learning disabilities we will work with her to develop as much independence and quality of life choices as possible.

We will develop community based services that encourage good neighbourliness, assist in meeting the challenges of social isolation and social exclusion as well as services that enable people to take more control over their own lives. We will support user-led organisations, social enterprises and other groups who can meet our aspirations for social care.

We will also work with other public sector bodies, our contractors and companies based in the Bay to offer real opportunities for people whose disability may have traditionally disadvantaged them within the employment markets.

Managing demand for services with a growing number of Mrs and Mr Smiths

With the combination of growing demand and reduced resources available to the Council, we need to ensure that money is spent in a fair and equitable way. It is possible that some of our current service users and their carers may see a reduction in the amount of money that is available to them. The decision as to how any reduced money will be used will always be done in full consultation with the user and their carers. In particular, we will manage reductions in a clear, transparent and negotiated way.

We will focus on achieving value for money for every service that we procure on behalf of service users. We will focus on finding the most affordable price that can deliver us the degree of quality that our service users require.

In a world of personal budgets we will take a balanced view between procuring services on behalf of local people to achieve good value and through encouraging service users to develop their own creative solutions to meeting their needs.

We will ensure that there are services available for service users and their carers to meet their needs within the resources that will be made available to them through personal budgets. We will work with local and regional providers of care to support the delivery of this policy.

Our commissioning strategy will be developed jointly with our health partners and in consultation with our service users and carers and we will learn lessons from elsewhere. We will build models of care and support which help us to deliver the outcomes that we have outlined above.

Knowledgeable and Informed Workforce
We will develop a workforce who can work within this vision. This includes staff both within the Council and those who work for organisations who provide services on our behalf. We will ensure that all staff understand how to work with service users in ways that promote their independence and support their recovery. We will support staff to work within multi-disciplinary teams. We will help staff develop their practice in ways which will assist them to empower our service users to make the best use of their personal budgets to ensure a relentless focus on promoting independence rather than creating dependency.

Valuing Carers
Many people with social care needs will have these met mainly through the carers with whom they live. We will ensure that carers are informed of their right to have a carers assessment which they can have either together with their cared for person or separately and we will work to identify the carers in the Bay that are not currently aware of the support that is available to them.

Mrs Smith and suitable housing for her long term quality of life
We will continue to develop housing schemes with partners with suitably adapted accommodation and to offer care and support in the community wherever that is feasible to meet someone's needs (as opposed to residential care). In an age of digital technology, we will continue to explore how new technological solutions, such as Telecare, can give citizens better care, ensure their safety and assist our staff in carrying out their daily tasks.

Safeguarding Mrs Smith
We will continue to take a multi-agency approach to safeguarding adults and ensure through good communications that members of our community know what to do if they are concerned for Mrs Smith. We will continue to be reflective that we have the right balance and quality systems in place and we will continue to learn from best practice.

Ms Smith to Mrs Smith - child to adult
We will expect that younger adults, who have sufficient ability, are supported into work environments. We will support younger adults and their families through the move from children's services into the adult world. We will support young carers to ensure that their needs are also being met. We will use personal budgets to ensure that the people requiring longer term care can take as much control over their lives as their needs allow. We will continue to increase the number of people who are in receipt of a direct payment.

An integrated health and social care system for Mrs Smith
We need to maintain an integrated and outcome-focused approach to our work with all our health partners, in the context of major NHS reforms. This will mean working with the new CCG (Clinical Commissioning Group), who will commission health services for Mrs Smith, on how health and social care jointly improve outcomes, and with an NHS Foundation Trust how we further build on the innovative work we have done with the Trust to find new provider based innovations for solutions for Mrs Smith.

We will maintain shared health and social care assessments and a single plan that will help people to retain independence in the community. We will work with NHS partners to develop the expert patient programmes which enable people to take more responsibility for how they manage their longer term conditions. This will both help them as the patient and reduce the cost to the Council and the NHS.

We will develop our commissioning strategy jointly with the NHS, (and adjacent local authorities where it is sensible to do so), with a wide range of Stakeholders including health partners, providers, community groups, users and carers taking a whole systems approach to the design and development of services. In this way we can maintain a sustainable approach to social care for Mrs Smith for the years ahead.

Expected outcomes for the Trust to deliver on adult social care in Torbay

Each year Torbay Council sets the Trust a number of expectations and targets. Collectively these are referred to as outcomes and they describe what the Council wants to achieve for people who use adult social care services in Torbay.

Within each of the outcomes there are a number of performance standards and a number of quantitative measures, which we have called targets, and a number of qualitative measures, which we have called expectations.

Each section of the Local Account describes how the Trust has performed against the overall outcomes listed below.

Outcome 1	♦ **Improving Health and Emotional Wellbeing**
Outcome 2	♦ **Improved Quality of Life**
Outcome 3	♦ **Making a Positive Contribution**
Outcome 4	♦ **Increased Choice and Control**
Outcome 5	♦ **Freedom from Discrimination or Harassment**
Outcome 6	♦ **Economic Wellbeing**
Outcome 7	♦ **Maintaining Personal Dignity and Respect**
Outcome 8	♦ **Leadership**
Outcome 9	♦ **Commissioning and Use of Resources**

Outcome 1: Improving Health and Emotional Wellbeing

Expectations:

- To ensure that opportunities for the integration of adult social services are sought and developed where possible, as part of the wider integrated care agenda
- For the Trust and Council to work in close partnership to bridge the gap in health inequalities, with improved outcomes in the neighbourhood management pathfinder
- To play a role in developing and implementing the Adult Social Care contribution to an Active Ageing Strategy
- To develop an integrated prevention strategy to safeguard vulnerable adults in partnership with the Crime Reduction Partnership.

Targets

The following targets were agreed between the Trust and the Council. The table below provides a description of the area of performance to be measured together with the target and how the Trust has performed.

Each area is rated as Red, Amber or Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/12 Result
To ensure that at least 78% of older people using the Trust's services during the year 2011/12 achieve independence through rehabilitation and intermediate care.	82%
To ensure that there were no more than 9 people (per 100,000) experiencing a delayed transfer of care for the year 2011/12	1.7
New Target: In conjunction with partners, the Trust wants to ensure there is at least a 10% reduction in the number of emergency readmissions for over 65s within a 28 day period. This equates to a target of **no more** than 348 readmissions	557 readmissions
New Target: In conjunction with partners, the Trust wants to ensure that there is a 5% reduction in the number of emergency bed days for the over 75s with 2 or more admissions to acute hospital. This equates to a target of **no more** than 11,368 bed days.	13,580 emergency bed days
New Target: In conjunction with partners, the Trust wants to ensure that there is a 5% reduction in the number of falls for those over 65 living in a care home which results in an a hospital admission. This equates to a target of 731 or more.	764

The Trust is pleased with the results achieved in the areas rated GREEN however more work is to be done with partners to understand how we can work together to reduce the number of readmissions and emergency bed days. This is the focus of particular attention for the health and social care community as a whole.

The sections below provides readers with the results of targeted work to reduce health inequalities thorough the Hele Project; some of the outcomes in relation to the falls initiative as part of the Active Ageing Strategy and work undertaken in partnership to safeguard our most vulnerable adults.

Neighbourhood Management Pathfinder – Hele Project

The neighbourhood management pathfinder was set-up three years ago, with the hope that the pilot scheme would help to bridge the gap and act as a catalyst for further schemes in other areas of Torbay suffering from socio-economic disadvantage and health inequalities.

Outcome 1: Improving Health and Emotional Wellbeing

The scheme was designed to bring residents and service providers together to improve the quality of life for the people in the most disadvantaged neighbourhoods and ensure public service providers are more responsive to neighbourhood needs and to improve their delivery.

The Neighbourhood Team comprises a Neighbourhood Manager, residents and estate based workers such as Street Wardens, Police Community Support Officers, Housing Officers and Health Trainers working to a specified Neighbourhood Management Action Plan.

Hele provides a suitable backdrop for the Neighbourhood Management Pathfinder and, as part of the phased delivery plan, will act as a catalyst for a series of similar initiatives throughout Torbay.

The scheme is now well established and has a central hub known as Hele's Angels. The initial outcomes of the project are to reduce crime by creating more activities for young people (under 11), improving the work prospects and improvements to the local environment.

The initial project is now under the leadership of a Community Board and under the direction of a Management Team who will be evaluating this work. Hele's Angels has been established as a Social Enterprise based in new premises together with the creation of a commercial aspect/ charity shop in the area.

"I cannot recommend the Strength and Balance Class highly enough. I have literally gone from strength to strength! Previously I was unfit and kept tripping. I thoroughly enjoyed the sessions, I have improved my stamina and I have stopped tripping!"

Active ageing and falls prevention

Each year the Trust holds a falls awareness event to raise awareness of what people can do to reduce their risk of a fall. Over 300 people were invited along to the drop in day in June, where they had the opportunity to talk with professionals about foot health, visual problems, how to exercise and lose weight, how to prevent falls and maintain their bone health and independence. There was also the opportunity to try out various dance and exercise forms to maintain or improve levels of activity, which help maintain strength and stamina.

On evaluation, 87 per cent of people who attended said the event had made them think about their activity levels, 67 per cent about their bone health, 62 per cent about their diet, 24 per cent about their vision, and 69 per cent about falls prevention.

In 2011/12 The Trust invested £17,797 for three additional instructors to provide a 12 week programme of strength and balance classes. The classes are designed to support people who are recovering from a fall and help to prevent a future fall, as well as helping people to reduce their risk of a falling in the first place.

Safeguarding vulnerable adults

Our independent sector partners have been active in establishing funding from the Home Office to tackle the issues of 'hate crime' and 'mate crime'. They have been keen to share information about this with people who have learning disabilities, as well as with the agencies working with them. Support in relation to the independent reporting of crime and revitalising the 'Safe Place' scheme will be further developed this year.

Dave Hingsburger, a Canadian psychologist and civil rights supporter, visited the Bay recently for a well-attended workshop on 'building community'. It was very thought-provoking and established some clear thinking about the barriers in our community that may exist for people who have a learning disability and what we can do to encourage greater inclusion. The Trust has also been working with speech and language therapists to improve communication in community services such as libraries and leisure centres.

Outcome 2 : Improved Quality of Life

Expectations:

In line with Care Quality Commission's recommendations, the Trust should:

- Improve the provision of telecare/ telehealth and community equipment
- Implement the Dementia Strategy for Torbay

Targets

Each area is rated as Red, Amber, Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/12 Result
To ensure that at least 2,911 people in the year 2011/12 were supported to live independently through social services (all adults)	2,661
New indicator: To ensure that at least 1,100 people in the year 2011/12 were supported through telecare and telehealth initiatives	1,000
New indicator: To ensure that 99% of community equipment is delivered to the client within seven days	99.8%
New indicator: To ensure that the average waiting time for the delivery of urgent community equipment to the client is within two hours	72 minutes

The Trust is keen to understand how they can use the intermediate care services and technology such as telecare and telehealth more to promote independence and will explore this further during the coming year. For the purposes of understanding, below is a summary of what telecare and telehealth is and how it enables people, especially older and more vulnerable individuals to live independently in their own home:

Telecare, Telehealth and assistive technology

- Equipment is provided to support the individual in their home and tailored to meet their needs. It can be as simple as the basic community alarm service, able to respond in an emergency and provide regular contact by telephone. It can include detectors or monitors such as motion or falls and fire and gas that trigger a warning to a response centre staffed 24 hours a day, 365 days a year. As well as responding to an immediate need, telecare can work in a preventative mode, with services programmed to monitor an individual's health or well-being. Often known as lifestyle monitoring, this can provide early warning of deterioration, prompting a response from family or professionals. The same technology can be used to provide safety and security through bogus caller and burglar alarms.

  Another form of telecare, often known as telehealth, is designed to complement health care. It works by monitoring vital signs, such as blood pressure, and transmitting the data to a response centre or clinician's computer, where it is monitored against parameters set by the individual's clinician. Evidence that vital signs are outs ide of 'normal' parameters triggers a response.

Health checks for people with a Learning Disability

- We offer health checks to people with a Learning Disability living in Torbay and this year we saw the highest uptake of health clinics in England. We will continue to keep up this high standard to ensure that everyone has access to good quality health and social care.

Aids to daily living

- We have developed a prescription-based service for simple aids and equipment. People who need these can chose where to get them from and can "top-up" if they wish to buy a more expensive piece of equipment.

Outcome 2 : Improved Quality of Life

Below are some examples of cases which show the value of the Community Equipment and Lifeline Alarm service:

Telecare

During the initial assessments of a lady, her daughter expressed some concern regarding her mother's disorientation of time. She had reportedly been getting ready to go out to day care at 10.00pm and had, on one occasion, phoned her daughter to invite her round for tea at approximately 3.00am.

A monitoring system was accepted as the preferred initial intervention by family members.

The information provided by the assessment, Telecare – 'Just Checking', demonstrated that although she wasn't leaving the house (aside from prearranged day care and with family), she was opening the front door on numerous occasions most days and into the early evening. The lady's daughter, however, stated that since she had lived in a cul-de-sac she had often got up to observe the comings and goings in the road and was therefore unconcerned as it was habitual behaviour. Her sleep pattern was regular with no evidence of her wandering even downstairs during the night.

The current package of care was deemed suitable to the level of need and avoided early placement into a Residential Home.

Rapid Response

A gentleman was in Torbay hospital with heart failure, diabetes, poor circulation, peripheral vascular disease, retinopathy and mild vertigo and was told that he had three - five weeks to live and so decided to self-discharge home.

He was allocated to Torquay South zone team and the Rapid Response service was used to obtain a glide-about commode, slipper pan and a Mowbray after having an Occupational Therapy assessment. Nurses were involved and caring for his pressure areas. The timely provision of the equipment enabled this man to be cared for at home and enabled him to be in the place of his choice at the palliative stage of his life.

Simple Aids to Daily Living

Following an Occupational Therapy assessment, a lady was given an equipment prescription for a simple aid to daily living to assist with her bathing.

On saying goodbye to the Occupational Therapist, the lady was able to cross the road and redeem her prescription at one of the 20 accredited retailers located around Torbay. She was provided with the equipment just 15 minutes after the Occupational Therapist visited.

Outcome 2 : Improved Quality of Life

The following sections are some of the initiatives underway as part of the implementation of the Dementia Strategy for Torbay:

Hospital care for people with dementia?

- Our community hospitals have all completed the national audit on their environment and how we engage patients with dementia and their carers. This has been a very useful process as all hospitals now have an action plan to make improvements which will be monitored and reported to the Trust Board. The Strategic Health Authority (SHA) is leading a peer review of hospital standards of dementia care across the South West which is due to take place in the autumn.

The Torbay Dementia Alliance

- The alliance has been set up and has begun to meet to consider how the community can work better together to support those living with dementia. It is jointly chaired by Norman McNamara, a service user with dementia, and the Deputy Mayor. The Mayor has agreed to support the 'Dementia friendly communities' initiative and has provided a formal note of support to the Dementia Alliance: *"It is great that Torbay is aiming to be the first dementia friendly community in the UK. It is wonderful that individuals, such as Norman McNamara, and local groups are working extremely hard towards achieving this status. Norman and others transform the lives of those affected by dementia in Torbay. This includes supporting their independence and reducing pressure on the NHS and social care system."*

Supporting Care Homes

- The Trust is working closely with Devon Partnership Trust to consider how we might better support people with dementia living in care homes in Torbay, and also to help individuals and their families work with their care homes to plan their future and state their aspirations for care and treatment.
- The South of England NHS Strategic Health Authority has identified £10 million to be used to help kick start projects and service innovations for people with dementia. Initial applications for the funding are invited from each Clinical Commissioning Group in July with full submissions due in September 2012. The Department of Health scrutiny committee will consider these and inform applicants in October. It is anticipated that a number of submissions will relate to improving the care of people with dementia and in support of carers.

Adult Social Care and Primary Care

- We have recently reviewed our systems in Torbay to consider, with staff, people with dementia and their families, how we might best support them. Changes have been made and implemented. The mental health team for older people links with all our zones and each GP practice to aid communications. All GP practices have received an education session about dementia and are required to keep a record of all the people they have on their lists with dementia. Each practice has also nominated a lead GP for dementia.

Memory Cafes

- Cafes are now well established across Torbay, with one up and running in each of our three towns. The Cafes are run weekly by the Alzheimer's Society and are very well attended. The Alzheimer's Society has also started other initiatives including a 'Singing for the brain' group and a peer support group for those with an early diagnosis.

Memory clinics

- Memory clinics for assessment of those with suspected dementia are well established, and highly successful in Torbay.

Outcome 3: Making a Positive Contribution

Expectations:

- To ensure that the needs of service users and carers are met with high levels of satisfaction and work closely with the Council and other partners to adopt a client-led approach to the commissioning, monitoring and delivery of services.
- Develop self-assessment mechanisms to ensure the delivery of more personalised services, whilst considering the Government's Big Society intentions – specifically voluntary and community activity.
- Introduce an outcomes-based accountability approach to transforming social care to ensure the intended positive effects are realised, through goal setting and review of personal care plans.

Target
Each area is rated as Red, Amber, Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/2012 Result
New indicator: We aimed to have 2,759 people on Carers' Register in 2011/2012	3,396
To ensure that during the year 2011/12 we identified at least 25 Young Adult Carers and offered support	55

The Trust us really pleased with the outcome in relation to carers services, particularly as this was something specifically that service users valued highly. Below is a summary of the work undertaken during the year 2011/12 which influenced commissioning and the use of more personalised services.

Carers Support

Understanding carers experience of services has directly led to service developments such as creating a Carers Support Worker post within the Hospital Discharge Team at Torbay Hospital, a new telephone befriending scheme (Carers 4 Carers) staffed by volunteers, and a service for Young Adult Carers (age 16 – 25).

Carers and former Carers have been directly involved in monitoring services acting as Carer Evaluators - interviewing carers as part of service evaluation. This brings a new level of understanding, involvement and feedback.

The Torbay Carers Register has grown by 20 per cent each year for the past two years, and now means that over 3,000 local carers can be asked for their views on services.

The development of the Torbay Carers Forum (www.torbaycarersforum.co.uk) means there is an independent website, run by local Carers, where they can exchange views and issues as well as debate on common concerns.

As a result of the direct involvement of Carers in publicity campaigns, such as the work with Sainsbury's supermarkets to identify hidden carers, we have seen very successful early identification of carers. Many people who are caring do not see themselves as carers and so don't access the support that is available to them.

Systematic consultation with Carers has led to them directly influencing the commissioning of new services. For example, a new service supporting Carers of People with Substance Misuse problems and a project for early identification of Carers of people with dementia.

Outcome 3: Making a Positive Contribution

Carers Support (continued...)

Carers play a key role in monitoring services by sitting on management and steering groups and their ideas are frequently the basis of new innovation e.g. Carers Discount Scheme.

The publication of joint plans for carers support, (Measure Up Interagency Carers Strategy for Torbay) and details the expenditure on Carers services, enables carers to comment on planning and service delivery. An annual review of Measure Up 2012 - 2014 will be published shortly.

By focussing attention on Carers experience we have identified an area for improvement in community based support immediately following discharges from Hospital. This will be the subject of an improvement target (know as a CQUIN) for the Trust. During 2012 we will also be undertaking a consultation with Carers of people with mental health problems in order to review these services.

Susan and Peter's Story:

Peter was diagnosed with terminal cancer. Susan also had an on-going long term medical condition.

Following admission to hospital, Peter desperately wanted to be able return home to spend his last few weeks.

The Social Work Team, liaising with Torbay Hospital, were able to determine his needs and ensure an appropriate care package was put in place together with carer support for Susan, who wanted to be able to have Peter at home but recognised she needed support to achieve this.

The District Nursing Team and the Social Work Team worked through the Continuing Healthcare Checklist together, producing a Health Needs Assessment . The case was taken to the Resource Allocation Meeting to get an agreement to Continuing Healthcare Funding.

The District Nursing Team visited daily and were also able to arrange Marie Curie night services.

The Zone Occupational Therapy Team involvement ensured Peter had appropriate equipment in place before his admission to hospital.

The hospital Occupational Therapy also put some extra equipment in place to ensure that Peter could be safely discharged home.

This resulted in the needs of Peter and Susan being met. Peter died at home as he wished and Susan expressed her thanks for all the support provided from the zone for both Peter and herself.

Outcome 4: Increased Choice and Control

Expectations:

- Review and re-commission appropriate models of information, advice and advocacy to support the preventative and independence agenda including further website development and the further development of information and advice consortia.
- To successfully complete the review of Learning Disabilities Services and begin implementation of subsequently approved recommendations.
- To take forward, in partnership, the development of extra-care housing in Torbay with an associated wide range of enablement services. To extend the scope of care to a Virtual Extra Care model supported by community hubs offering care and support by piloting this approach in Shiphay.
- Continue to improve partnership working with Children's Services to improve transitions from children's to adult services.
- To ensure the development of a thriving third sector through better joint commissioning that adopts the principles outlined by the Office of the Third Sector.
- Improve current rating of 'performing adequately' to 'performing well' through the effective mainstreaming of personalisation across Paignton, supported by more widespread use of assistive technology (including Telecare).

Targets

Each area is rated as Red, Amber, Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/12 Result
To ensure that at least 40% of social care clients receive self directed support in 2011/12 (per 100,000 population)	45%
To ensure that 75% of social care assessments undertaken in 2011/12 (all adults) are carried out within 28 days	73%
To ensure that 85% of social care packages are in place for 2011/12 within 28 days following a social care assessment	99%
To ensure that 35% of carers in 2011/12 receive a needs assessment or review and a specific carer's service, or advice and information	38%
To ensure that 45% of adults with learning disabilities in 2011/12 are in settled accommodation	68%
To ensure that 35% of adults receiving secondary mental health services* in 2011/12 are in settled accommodation *Services provided by DPT (Devon Partnership Trust)	72%
New Indicator – to ensure that in 2011/12, 570 people aged 65 or over are living in residential or nursing homes to prolong their independence and enable them to live at home longer. In turn, this will impact on and reduce the number of clients living permanently in a care home.	600
To ensure that 95% of people coming into our care during 2011/12 receive a Statement of Needs	96%
To ensure that 85% of our clients receive a review in 2011/12	83%

Outcome 4 :Increased Choice and Control

The Trust has achieved success in many areas targeted during 2011/12 but will work hard to improve the results in the areas rated AMBER. Below is a summary of some of the work undertaken in this area and where it would like to develop further:

Advice and information access for all

- We are working with organisations across Torbay, including local libraries, to develop an internet access point for information on a range of services, activities and support in the Bay. Where people are asking about things which we don't have in the Bay at present, we are looking to capture this information so that we can encourage the development of new business and activities in Torbay.

Improved choices for learning disability

- In the last year we have worked hard to further improve the services available to a person with a learning disability. In 2011/12, we increased the choice of approved providers for people who use services in their own home. This has proved to be really useful for people who have complex needs. We have also extended the choice of day services for people. This is something that we plan to build upon in 2012/13, ensuring that day activities are closely linked to a person's needs.

Extra-Care Housing

- We have been developing accommodation for individuals and their families who need support in order to remain living in their own homes. Dunboyne in Plainmoor has been successfully rebuilt and a number of people are now housed in accommodation which provides them with services on their doorstep to maintain their independent lives.
- We are going to develop extra-care at other sites in Torbay such as Hayes Road in Paignton. We intend these new homes to have practical solutions such as Telecare and assistive technologies, in order to use all the modern resources available to meet people's needs.

Training for Care Homes in personal profiles

- In 2012 we will begin to work with care homes to develop a single page profile of each of their residents. This is a person-centred way of focusing on what is important to the individual as well as what is important for them.

Outcome 4 :Increased Choice and Control

Partnership Working to enable transition

- Staff from Children's Integrated Services (disabilities) have regular meetings and undertake some joint working with our Adult Learning Disability colleagues which has started to improve the transitional experience of young people with Learning Disabilities. Where appropriate, Adult Services facilitate young people to continue with the befrienders and other carers that they know well.
- We also work with third sector organisations to improve the transitions experience and we commission some services that go across the transitions age in order to enable young people to continue to meet with their peers and learn life skills. There is currently some project work underway to produce a parent/carer and young persons guide to transition and these will contain useful information and guidance to support the transition process across health, education and social care.

Personalising Social Care

- We have been developing new ways of working to enable individuals who receive social care and their families to have a better understanding and more control over the options available to meet their assessed care needs.

Resource Allocation—a fair slice of the cake

- We have been using the national Resource Allocation System (RAS) to assist us in determining how much money an individual may need to meet their assessed needs. We have one RAS so that no group of individuals is discriminated against as the allocation of a budget for care is based on an individuals needs not a care label. There are people living with complex illnesses and disabilities which may be expensive and we recognise that the RAS will not always determine the full extent of money these people need for their care. We are working with other colleagues to ensure the RAS will calculate a budget for more expensive care.

Personal budgets

- We have been telling people how much money is available to spend on their care - their "personal budget". By the end of 2013 we want everyone to know their budget and to have the choice to manage their budget personally. We already have many people who do this through a "direct payment" whereby money is put into a nominated account to pay for care and services chosen by the client.

Below is a sample of how service users have used their personal budgets to improve their quality of life through increased choice and control. This is an area that service users wanted to see in the Local Account:

76 year old single client was living in nursing home for several years following stroke. During annual review with their key worker the client discussed a strong desire to return to independent living in the community.

The stroke has caused limb paralysis, leaving only one functioning limb so the Intermediate Care Therapists worked to stabilise mobility and maximise independent living skills. Their Social worker assisted the person to find suitable accommodation and the family help ensure the move back to independent living was a smooth one.

The varied support plan includes technology to reduce the risks indoors and day opportunities to ensure social inclusion.

New client, 80 years old opted for a taxi to the hairdresser and church rather than her original referral for day care.

Her Attendance Allowance was used to fund this and no further services were required.

Female carer in her 50's receiving one off payment for the purchase of a greenhouse and starter kit to allow her to 'escape' and step outside of her caring role to provide some respite and an interest.

Outcome 5: Freedom from discrimination or harassment

Expectations:

- People independently funding their own residential care will receive discretionary care management support services only if they are in need of protection or other exceptional circumstances exist. This is to balance the need for independence and autonomy whilst offering protection to those who may require it. This is to be reviewed as part of the transformation in Social Care.
- Ensure that people from black and minority ethnic groups and other equality groups have appropriate access to assessment.
- To develop and then apply a more direct source of customer feedback to provide meaningful data and assurance.

Summary of work:

Below is a summary of the work undertaken in this area together with a description of the Experts by Experience Group which is designed to provide improvement in the way the Trust and its partners receive customer feedback and use this in the future.

Identifying cultural needs

- As part of the referral process prior to a social care assessment, any language or cultural needs would be identified and recorded. This might include the need for interpretation or translation services or providing same gender care wherever possible.

Community Development Worker

- We proactively have a Community Development Worker in place to work with the Black and Minority Ethnic (BME) communities to improve access, experience of, and outcomes for using health services as well as supporting individuals to report experiences of racial and domestic abuse.
- There are many support groups for various ethnic groups in Torbay which include:

Polish (Kubush), French and Japanese Clubs : they each meet monthly, bring people together to promote their culture and organise open days for people in Torbay.

One World BME Family Support Group: is a multicultural community group, meets every week, offers art and craft activities for children and a confidential place for parents/families to talk about challenges they are facing or activities they are engaged in, to ask how and where to get help and enjoy time with each other.

Imagine: is a multicultural organisation which promotes understanding of culturally diverse communities or groups living in Torbay and also provides a social and support group network for people from minority ethnic communities and the wider community within Torbay.

In addition to supporting the various support groups, the development worker has been able to apply for funding to help set up additional activities requested by communities such as a sewing club.

Outcome 5: Freedom from discrimination or harassment

- In developing partnerships with services such as the peri-natal mental health service, maternity Services, Depression and Anxiety service, Devon Partnership Trust and sexual health services, the Community Development Worker has been able to educate health professionals on the needs and experiences of the BME population. By developing these partnerships they have been able to support individuals to access or gain confidence to engage with local services.
- Where necessary they challenge services to provide an assessment of individuals ability to communicate in English and provide interpretation services to ensure the BME community receive the quality of care and support they require. The role has also been key in informing the initial stages the Equality delivery system and will continue to help evidence and support the development of this piece of work.
- In the future the Community Development Worker will work closely with Healthwatch in order to inform commissioners of the experiences and health needs of the local BME population to inform service provision and service development.

Experts by experience group

- The Experts by Experience Group are former patient and carers who work with the Trust and are currently reviewing safeguarding pathways for services users with learning disabilities, shortly to be followed by older people. It is hoped that in 2012/13 as part of the communities staff change to using electronic patient records in the community, staff will be able to take survey data on visits with them to provide greater assurance. Community hospitals will be improving their questionnaires at point of discharge and the BME Community Development worker is working with the Local Involvement Network to identify access issues within the BME community. Feedback to the Trust is expected in the autumn of 2012 and actions will be taken following this as part of the Equality Delivery System.
- In 2011/12 the Trust undertook the first stages of the Equality Delivery System, a peer, community and employee assessment of how the organisation measures up against national equalities targets. The work was carried out in partnership with the emerging Clinical Commissioning Group and South Devon Healthcare Foundation Trust. The first stage of this work has involved a number of opportunities for the public and voluntary and community sector, (VCS), to comment on the first two of four goals, *Better Health Outcomes for All,* and *Improved Patient Access and Experience.* In both areas, the Trust was scored by the local community and VCS as 'developing'. The involvement of the Torbay Local Involvement Network, (LINk), primary dental care for people with disabilities, short breaks for children and young carers with complex needs and chaplaincy and pastoral care being provided in community hospitals, were all cited as positive experiences.
- The Trust's score of 'developing' means that residents can expect improvements in functions linked to equality and diversity issues and further opportunities for public engagement and assessment. Improvements include the establishment of a peri-natal infant mental health service, complaints literature targeted at children and young people, service user reviews of safeguarding pathways for learning disabilities clients and older people.

Outcome 6: Economic Wellbeing

Expectations:

- The Trust will work to maximise benefits income of its customers and to use this to support the costs of care required.
- To work with the Council and other employers to improve access to employment for the disabled and other vulnerable groups by reviewing recruitment policies and procedures and agreeing mutual targets for supported work placements.
- To work with the Council and other partners to foster the development of community and social enterprises and the use of apprentices. In particular, to support opportunities for older people to remain active, retain economic independence, in care and support and for the intrinsic health benefits of this.

Target
Each area is rated as Red, Amber, Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/12 Result
To ensure in 2011/12 that 5% of adults with a learning disability are in employment	4.2%
To ensure in 2011/12 that 5% of adults receiving secondary mental health services are in employment	6.3%

The Trust recognises that the achievement of the target relating to adults with learning disabilities in employment requires the assistance of all partners in the Bay as this is not solely within the gift of one organisation. The Trust will work hard to achieve this in the future whilst recognising the challenges the current economic climate presents us.

Below is a summary of some of the work undertaken in this area:

Improving employment

- Nine candidates successfully completed the Health and Social Care Apprenticeship Level 3 programme in 2010/11, which was run in partnership with South Devon College. Candidates felt that course gave them more confidence and a better understanding of health and social care services. It was also something that candidates felt would support any future positions that they may go for. One of the components in the apprenticeship programme is Maths and English. Where appropriate, extra support and tuition was given to candidates.

Helping people access benefits

- The Trust has a small number of staff who actively support clients, living with illness and disability, and their carers to claim additional benefits they may be entitled to. Officer in the Disability Information Service and the Financial assessment and Benefit team liaise with colleagues in the Department of Work and Pensions, Independent Living Fund and other organisations on behalf of clients who may find this difficult. Having extra money enables many people to buy care and support independently. For those who are eligible and who require assistance from social care, they are assessed to see how much money they can contribute towards the total package of support they require.

Outcome 7: Maintaining Personal Dignity and Respect

Expectations:

- Seek ways to continue to raise the standards to meet the Dignity in Care agenda.
- To ensure that the findings of the independent safeguarding review are incorporated into commissioning and operational practice and improve joint working with children's safeguarding.
- The Trust will pursue its policy of not commissioning care services from poorly rated providers.
- Performance data and the annual report from Adult Safeguarding activity will appear in Trust Board reports and Council reports.
- A dashboard of Safeguarding Performance Measures is to be approved by the Safeguarding Adults Board (SAB) in January 2011 and will be attached to the Annual Strategic Agreement.

Targets

Each area is rated as Red, Amber, Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/12 Result
Ensure in 2011/12 that people have access to appropriate end of life care enabling 27% to be able to choose to die at home	19% *
New Indicator – Ensure in 2011/12 that 80% of safeguarding calls are triaged in less than 48 hours	90%
New Indicator – Ensure in 2011/12 that 75% of safeguarding strategy meetings are held within 5 working days.	80%
New Indicator – Ensure that from July 2011 at least 70% of safeguarding case conferences are held within 20 working days of the strategy meeting	74%
New Indicator – Ensure in 2011/12 that there is a 10% reduction in the number of repeat safeguarding referrals over a 12 month period. This equates to **no more** than 16 clients with multiple safeguarding referrals over a 12 month period.	7 repeat safeguarding referrals

***** By definition this figure excludes people permanently living in a care home. The figure increases considerably to 41% when including people whose usual place of residence is a care home. The indicator was adjusted in April 2012 to reflect this.

The Trust has focussed heavily in this area during the year 2011/12 recognising the importance of safeguarding the most vulnerable in our population. This was a particular focus of attention for service users during the feedback we gathered.

On the following page is a summary of the work undertaken this year in this area and some areas for future focus.

Outcome 7: Maintaining Personal Dignity and Respect

Ensuring the safety and wellbeing of patients and service users is of the highest priority for the Trust, with robust procedures in place to ensure that everyone in our care is protected from harm.

As part of providing integrated care, the Trust is the lead organisation for safeguarding adults in Torbay and is part of the Safeguarding Adults Board (SAB). The SAB leads and manages multi-agency safeguarding work across Torbay and has senior representation from all organisations involved in safeguarding adults, as well as from service users, care-led organisations and independent care providers.

In 2011, we received 408 safeguarding alerts, of which 158 progressed to referral. Initial meetings were held within five days of referral in 79 per cent of cases.

Last year, there was one safeguarding case review (SCR) for the circumstances that led up to an incident and the role that all the services played. The SCR was an opportunity for us and other agencies to share learning and to make improvements to services and procedures. In 2011, we used the findings of an external audit report to further improve safeguarding; as a result, we have worked hard to ensure that strategy meetings and conferences are held in a timely manner, that our case files are audited on a regular basis and that there is regular review and improvement to procedures.

Last year, safeguarding was part of Commissioning for Quality and Innovation (CQUIN), an incentive scheme where care homes earn payments for meeting a number of quality standards. A third of the homes in Torbay took part in the new scheme.

The Trust and the SAB work closely with other local authorities across the region, with the Chair of the Torbay SAB leading regional meetings with other SAB chairs to ensure integrated working and learning across the South West. The Torbay safeguarding team is also playing their part in a piece of work to develop shared policies and practice standards across the region.






Outcome 8: Leadership

Expectations:

- Work to raise the profile of Adult Social Care, its importance and contribution to the fabric of Torbay and work to ensure sustainability for plans and personalisation that will provide high quality services and choice for people. This will include the engagement of all elected members to promote understanding in the work of adult social care services and joint working initiatives as a result of the Trust's arrangements.
- The Trust and Torbay Council will explore further integrated working to improve outcomes and efficiency in light of the NHS reform programme.
- To engage with the development of the pathfinder Health and Wellbeing Board in the context of the emerging South Devon provider model.

The Trust and the Council have held a series of Open Days in the year 2011/12 to showcase the work of the integrated health and social care organisation and the outcomes achieved. The profile of the Trust and the Council continues to receive national acclaim and is still the subject of many authoritative reports published.

The work of the integrated organisation produces benefits for the health and social care system as a whole and the Trust is keen to ensure that this continues in the future despite the obvious economic pressures present throughout the NHS and the Local Authority.

- Following the election of the new Mayor and appointment of a new Executive Lead for Adult Social Care, the Council has strengthened its engagement and its future planning arrangements for Adult Social Care. A stronger focus on understanding demand pressures, improvement opportunities and resource planning has been evident both internally within the corporate functions of the Council and in the Council's management of its arrangement with the Trust. Despite the complexities of the NHS Reforms, the Council and the NHS have continued to emphasise the importance of retaining the level of integration and impact that Health and Social Care integration has had to the benefit of Torbay residents.
- The separation of Commissioner and Provider responsibilities previously vested with Torbay Care Trust has caused an adjustment to the effect that the Director of Adult Social Services (DASS) role moved from the Chief Executive of Torbay and Southern Devon Health and Care NHS Trust (formerly Torbay Care Trust) to the Council's Deputy Chief Executive in April 2012.

Outcome 9: Commissioning and use of resources

Expectations

- To ensure a maximisation of benefits of joint commissioning and investigate ways in which this can be further consolidated.
- The Trust will undertake a robust monitoring of its contracts to ensure safe and effective service delivery as appropriate. We regularly benchmark our performance and work closely with other Councils to share good practice and learn from events experienced elsewhere.

Against a backdrop of increasing demand, the Trust provided adult social care to around 6,350 people in 2011/12 (this includes 830 people over 65 with mental health issues).

Our integrated services are helping prolong independence enabling a greater proportion of people to remain living within their own homes. Recent national benchmarking has revealed Torbay is in the top 10% of local authorities for the number of over 65s living permanently in care homes, i.e. in Torbay people are supported in their own homes for longer than in other parts of the country.

- The Council and the Trust have retained the partnership and pooled budget arrangements in place. This facilitates flexible resource use to meet patient needs. Both NHS and Local Authority Commissioners understand the benefits that this has brought for service users and for the Health and Care system as a whole.

- In common with the rest of the country, the care home sector is showing signs of vulnerability. Several homes have ceased trading and others are known to be facing longer term viability issues. Nonetheless both quality and value for money indicators have remained strong despite the continued downward trend of about 4% per annum reduction in publicly funded placements. This is in line with the shared local strategy of developing services to support carers and customers in their own homes.

- The jointly funded and jointly provided function of assessment/care management and care coordination continues to attract external attention for its ability to impact positively on whole system performance.

- A small proportion (about 25%) of the Council's spend on Learning Disability continues to be provided in-house. This component of our Learning Disability strategy has progressed more slowly than others and will receive fresh impetus during 12/13 when a consolidation of day services sites from three to two will be implemented as the last directly provided residential home will, with full family involvement, be re-procured with a new partner contracted to redevelop the facility into supported living.

- The domiciliary care market continues to be difficult to balance between the reliability of the four large block contractors, a range of other independent sector providers and the emerging picture of direct payments and personalised care plans further diversifying the picture. A small residual in-house service, focused on post discharge care at present is changing focus to intensive rehabilitation to reduce long-term care package dependency.

The demographic profile within Torbay which has an above average number of elderly residents makes the future choices and decision making by the Trust and the Council a difficult one. Both organisations want to build upon the success of recent years however difficult decisions will inevitably have to be made in the coming years as funds are reduced. Both organisations commit to being open and transparent about the decisions to be made in the future as well as ensuring that this is undertaken on an equitable basis.

Conclusion:

Both the Trust and the Council are pleased that the partnership arrangement continued to bring benefits for the citizens of Torbay during the year 2011/12. Both organisations recognise where more work is required within the limitations of future funding constraints and are keen to explore initiatives to deliver care in alternative ways in the future wherever possible.

Section 9 outlines some of the difficulties facing both organisations in the coming year and the impact this will have on the services we both commission and provide in the future. Every endeavour will be taken to include citizens in the decision making process in the coming year.

Thanks are given to the staff, stakeholders and service users who have contributed to this year's publication of the local account.

We want your feedback:

What did you think of our Local Account for 2011 / 2012? Did you find it helpful?

Do you have any ideas on what we should include in our Local Account for 2012 / 2013?

We welcome your feedback and ideas. Please send your views to either:

Local Account TSDHCT,
Bay House,
Nicholson Road,
Torquay,
TQ2 7TD

or

Director of Adult Services,
Torbay Council,
Town Hall,
Castle Circus,
Torquay,
TQ1 3DS

For information about health and social care in Torbay and South Devon, including carers services, falls prevention and Telecare, please contact the Trust's Customer Service Centre on 01803 219700.

The Local Account is also available in an audio format, large print, Braille or alternative language. If you would like any of these, or require further copies, please contact 01803 210500.