



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

April 2013 to March 2014

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1. Purpose and Scope of this agreement

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

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

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

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

1.1 Overall context and strategy

National agenda

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

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

Locally

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

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

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

1.2 Financial context

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

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

1.3 Health and Wellbeing Board

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

1.4 Quality

National: CQC (Care Quality Commission)

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

- Make greater use of information to achieve the greatest impact
- Strengthen how we work with strategic partners
- Continue to build stronger relationships with the public
- Build our relationship with organisations providing care

- Strengthen the delivery of our unique responsibilities on mental health and mental capacity
- Continue our drive to become a high performing organisation

Local: Torbay and Southern Devon Health and Care NHS Trust

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

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

Local: Torbay Council

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

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

1.5 Safeguarding

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

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

1.6 Service Development Activity

Whilst many of the service development areas are interdependent in terms of delivering quality services within the resources available the key priorities would be:

- Structural zone re design to ensure savings are delivered with full year effect
- Outcome base contracting to ensure we work with independent and voluntary sector providers in new ways to get the best outcomes for individuals
- And timely support and individual budget allocation.

However all elements will be progressed and some are co-dependent to be successful in the next financial year

Specific milestones and timelines to be developed as per Overview and Scrutiny recommendations and to be monitored through Adults PDG and Health Scrutiny for the council.

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

- **Structural (zone) redesign** - with a lean staff complement, working to outcomes based approaches with service users, and focused on stratified reviews and assessment
- **Outcomes based contracting** - development of new approaches and innovative funding mechanisms with providers as an alternative to cost and volume contracts
- **Choice and independence** - being supported by the development of a more robust third and voluntary sector, which again is driven by outcomes based contracts, providing an infrastructure to offer universal services and community response
- **Equity in Resource Allocation** -ensuring a consistently transparent and rigorous approach to meet the needs of the service users through allocation processes such as the Individual Patient Placement panel
- **Integration** – the Council and the Trust are committed to developing the model of integrated care which has championed within Torbay to drive best practice to work with clients in setting goals for enablement and independence, embedding and then spreading the skills
- **Assistive Technologies** - a robust Community Solutions offering that delivers timely equipment and technology support to practitioners and clients to promote regalement and enablement
- **Timely support and individual budget allocation** - with the approach to reviews and the enhancement of community resources through the third sector, the personal funding mechanisms such as the Resource Allocation System (RAS) will be calibrated to account for the market developments
- **Transactional and back office costs** - to be reduced, for example through the possible implementation of payment cards

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

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

1.7 Commissioning Intentions and Associated Work plan Commissioning priorities 2013-14:

- Develop market position statement for adult social care

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

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

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

1.8 Consultation, Engagement and Involvement Process

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

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

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

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

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

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

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

From February 2013 all community hospital inpatients and minor injury attendees aged over 16 yrs will be given a post discharge questionnaire which includes the 'Friends and Family Test'. This will enable local and national comparison of customer satisfaction in services and initiate local learning. In the next two years the Trust will develop and roll out a standard questionnaire for adults social care clients so that their experiences can be collated and actioned upon locally, in a comparable way to the 'Friends and Family' test for health services, the Trust will also look to extend the methods by which this data is captured including web based services, text messaging and smart phone applications, supported by comprehensive service user 'stores' and learning from the North Devon Healthcare NHS trust mystery shopper project. This will inform our local Quality Assurance Framework, (1.4).

The Trust will use their engagement and experience committee as a way of maintaining effective links with those who are both seeking to capture the views of our local population and those who are representing their views including local Healthwatch organisations, patient support groups and local community, voluntary groups.

2. Workforce

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

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

This will be done in two ways:

a) Make optimum use of workforce and skills

The following will be undertaken to inform this:

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

b) Policy and Practice Updates

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

This will be supported by:

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

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

3 Adult Social Care Performance Management

ASC Outcomes Framework (ASCOF) and Other Key Performance Measures

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

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

This reflects the personal outcomes which can be achieved for individuals through the services they receive. In particular it focuses on the services provided by adult social care and the effect they have

on users and carers. It covers issues of personalisation, choice and control, independence and participation.

What success will look like:

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

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

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

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

What success will look like:

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

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

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

What success will look like:

- Individual service users and their carers are satisfied with their experience of care and support services
- Carers feel they are respected as equal partners throughout the care process

- Individual services users and carers know what services are available to them, what they are entitled to, and who to contact when they need help
- Individuals who receive care and their carers feel that their dignity is respected and the support they receive is sensitive to their circumstances

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

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

What success will look like:

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

3.5 Public Health Outcomes Framework (see Appendix 4)

Many of the Public Health Outcomes Framework indicators require a multi-agency approach to their achievement. Public Health Commissioners are currently reviewing which measures are appropriate to include within the ASA. Once the list of indicators is established they shall be incorporated into monthly monitoring reports.

3.6 Monthly Performance Reporting

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

3.7 Transfer of Public Health to Local Authorities

Public Health received notification of their ring fenced grant on the 11th January 2013. They are now in a process of finalising contracts against the budget and will aim to have agreements in place and signed by mid-March. Public Health will add detail to the ASA when the detail of the contracts have been finalised. Additions shall be discussed and agreed at a Social Care Programme Board meeting.

3.8 Sector Led Improvement and Peer Review Process

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

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

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

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

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

3.9 Joint Strategic Needs Assessment (JSNA)

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

- Integration of services for children, public health and safer communities on a locality basis
- Continued focus on inequalities
- Management of long term conditions
- Alcohol and teenage pregnancy

3.10 Benchmarking and Comparisons with other Authorities

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

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

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

The high level summary of the findings are outlined below:

Finding	Comparison
ASC Survey -	<ul style="list-style-type: none"> • Overall quality of life for the over 65 population was 9th highest in the country;

Finding	Comparison
General Findings	<p>the 18 – 64 population quality of life was below average (100th out of 151 local authorities)</p> <ul style="list-style-type: none"> • High level of satisfaction for the services clients receive • Clients feel in control of their daily lives • Clients find accessing information and advice easy • A small proportion of clients (1.7%) are highly dissatisfied with their care; national average is 1.0% • A higher proportion of clients feel unsafe; 8.2% against the national average of 7.2% and the Southwest average of 6.6% • 24.7% of clients view their health as “bad” or “very bad”; the national average is 19.6%, the Southwest average is 17.6%
Care Homes	<ul style="list-style-type: none"> • Care home placements decreased by 25% between April '07 and Sept '12 from 960 to 726 clients, i.e. 4 – 5 % p/a. • The proportion of nursing to residential home clients is low. The national average is a 24:76 ratio. The Torbay ratio is closer to 11:89. The direct input of community nursing and intermediate care teams is providing support within residential care homes to delay the need for nursing home services. (A detailed audit in August '12 revealed 22% of community nurse visits are to care homes.) • Home based support services are allowing Torbay to be in the top 10% of Councils for minimising the number of permanent admissions in to care homes. • High reliance on bed based care for mental health clients aged between 18 and 64.
Community Based Services	<ul style="list-style-type: none"> • 13.2% of clients within Torbay receive less than 2 hours of domiciliary care each week. This is in line with the national average of 12.2%. • 27.5% of clients receive in excess of 10 hours of domiciliary care each week. This is well below the national average of 41%. This is surprising when taking account of the reduced reliance on care home placements and points towards the effectiveness of intermediate care services within the Bay who support and work closely with complex clients. • A higher proportion of clients receive 2 – 5 hours of care; 29% against a national average of 20%. The IPC report highlighted the benefits of a Reablement Team which could focus on clients with lower level needs that may not automatically have access to the intermediate care teams who focus on more complex needs. A Reablement Pilot commenced in August '12 and preliminary results are expected in January '13 to determine next steps. • Average response time for the delivery of urgent community equipment is 72 minutes
Care Assessment and Management Costs	<ul style="list-style-type: none"> • Service transformation plans seek to protect frontline staff and reduce management/back office costs • Torbay's unit cost for an assessment or review is in line with the national average according to the NAO Report produced in August '12

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

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

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

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

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

4. Spending Decisions and Key Decisions

- 4.1. This agreement reiterates section 22.3 of the Partnership Agreement, i.e. the Trust may not make decisions unilaterally if they meet the criteria of a 'key decision'.
- 4.2. Key decisions are made by Torbay Council in accordance with its constitution. In Schedule 8 of the Partnership Agreement, a key decision is defined as a decision in relation to the exercise of Council Functions which is likely to:
- result in incurring additional expenditure or making of savings which are more than £250,000
 - result in an existing service being reduced by more than 10% or may cease altogether
 - affect a service which is currently provided in-house which may be outsourced or vice versa
 - and other criteria stated within schedule 8 of Partnership Agreement.

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

5. **Social Care Budget 2013-14**

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

	2011-12	2012-13	2013-14
Base Budget	39,089	40,035	40,339
Central Govt Funding	2,322	2,224	2,966
Sub Total	41,411	42,259	43,305
JCES	541	560	499
TOTAL	41,952	42,819	43,804

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

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

5.1. **Risk Share Arrangements**

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

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

- **Ordinary residence**
Movement of ordinary residence can create in year pressures and this will be monitored closely through the Social Care Programme Board (SCPB)
- **Risk of capacity to deliver changes**
The requirements of this commissioning agreement are the further changes and savings to back office and assessment processes. Capacity in zone teams may impact on the pace of delivery. This is mitigated through assurance from the Trust that operational services at the front end can be delivered in a different way.
- **Care home fees**
Council is setting (as separate decision) a 2 year set of fees within a new banding structure for residential care which may be open to challenge. This is mitigated through a consultation process with providers throughout 2012/ 13.
- **Community concern**
Concern may be raised in response to implementation of the programmes of work outlined in this agreement which may affect the pace of delivery. This is mitigated through the close involvement of, and engagement with, individuals and communities.
- **Acquisition process**
The Trust may be acquired by another NHS Foundation Trust and this could result in distraction from delivery of this agreement. This is mitigated through close working between senior officers and the NHS, the Mayor and Councillors, NHS chairs and Board Members.

If anticipated cost pressures do not materialise any residual S256 monies shall be used to support service transformation schemes and spend to save initiatives which will secure greater savings for 2014-15 and beyond.

6. Client Charges for 2013-14

Residential Services

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

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

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

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

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

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

Non Residential Services

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

7 Roles and Responsibilities

Torbay Council

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

The Trust

- **Role of Trust Chief Executive** – to provide leadership of the Trust as the Council's main provider of services to Adults in Torbay and continue to lead and develop the organisation as a provider of services, ensuring that the requirements of this agreement are delivered.
- **Role of Trust Chief Operating Officer** – to fulfil the role as the Trust's Nominated Director and to take lead responsibility for the provision of adult social services and to lead responsibility for the relationship with the Council and for managing performance.
- **Role of Director of Finance** – to take a lead responsibility on behalf of the Trust for managing the budget.
- **Role of Company Secretary** – to lead on the self assessment process and performance management of adult social care with the Care Quality Commission.

- **Role of Assistant Director – Planning and Performance** - to be responsible for the quality of all performance information contained within the Annual Strategic Agreement and to be the lead for target setting within the Trust.
- **Role of Associate Director - Social Work** – to deputise for the Director of Adult Social Care and lead on professional leadership, workforce planning and implementing standards of care.

Commissioning

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

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

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

Social Care Programme Board (SCPB)

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

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

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

APPENDICES 1 - 5

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

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

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

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

Type of Decision

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

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

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

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

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

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

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

Priority/ outcome	Workstreams	Actions	Links	Timescale	
				Start	End
support people before their needs increase and working with public health intentions/resources aligned with the ASA	Consider further workforce alignment through joint commissioning posts with health, children's and public health and alignment of commissioning support services	Share and combine commissioning work plans, agree joint commissioning posts. Review CIB and engagement with providers	CIP 31	Jan 13	Sept 13
		Maximise opportunities for cross border commissioning and delivery and sharing back office resources/support services	Work with neighbouring authorities on residential care CIP: 31	Feb 13	Apr 15
	Develop ASA and associated service specifications	Agree TC and Trust operational and strategic commissioning accountability and roles and responsibilities (incl. scheme of delegation/escalation process)	CIP: 31 WV: 12, 21	Dec 12	Nov 13
	Identify lead strategic commissioners for each ASC contract	Ensure clarity of provider/strategic commissioner role	CIP: 31 WV: 5, 15, 20, 21, 45 and 73	Dec12	Jan 13
Reablement and getting people back to independence quickly (use of 256 monies)	Evaluate services in place and develop future commissioning intentions	Evaluate IHSS pilot Contribute to refresh and Implementation of dementia strategy	Re-commission domiciliary care DPT and CCG arrangements for 'people who challenge' CIP: 1, 27	Feb 13	June 13
	Review advice, advocacy and information services (including IMCA/IMHCA) consider potential for cross Devon commissioning	Review current contracts in place and funding arrangements Consider cross authority potential	CIP: 26 WV: 29	Jan 13	Apr 14

Priority/ outcome	Workstreams	Actions	Links	Timescale	
				Start	End
Further development of learning disability services to explore national best practice	Review day services and respite care as part of co-ordinated approach to day opportunities	Complete market assessment and develop specification for day services and respite care	Review day opportunities contract and performance CIP: 5, 6, 10, 11 WV; 45,73	Jan 13	Apr 13
		Evaluate success of new supported employment contract	Provider to implement and monitor out of area placement notification process	Mar 13	Apr 13
	Winterbourne View recommendations	Agree commissioning function and accountability/responsibility aligned to work plans and CIP	Work with CCG to agree commissioning leads SAB action pan	Jan 13	Feb 13
Early work with individual and families on transitions from children to adults social care	Providers of health and social care to work with children's services to develop process /protocol identifying any commissioning requirements	Agenda item for CIB	Children's, CCG and public health	Mar 13	Jul 13
Further review of price and payment where we have discretion- Allowing those who can to pay	Improved income collection Operations review of choice cost, risk policy Application of ordinary residence criteria	Minimise private funders on whose behalf Trust contracts. Seek cross authority approach if possible. Consider funding policy in relation to community v residential packages Implement and monitor out of area placement notification process	Review of community and residential packages of care CIP 13, 16, 17	Jan 13	Apr 13

Key:

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

ASC= Adult Social Care

CCG = Clinical Commissioning Group

CIB= Commissioning for Independence Board

CIP = Cost Improvement Proposal

IMCA= Independent Mental Capacity Advocate

TC = Torbay Council

Trust = Torbay and Southern Devon Health and Care Trust

SP= Supporting People

WV = Winterbourne View action plan

2013/14 Key Performance Indicators

Performance Indicator	12/13 Target	Dec 12 Position	Proposed 13/14 Tgt
Timeliness of social care assessment	70%	73%	65%
Timeliness of care package	85%	99%	85%
% Clients with self-directed support	55%	56%	70%
% Clients with a DP	9%	10%	10%
% People with a statement of need	95%	94%	95%
% Clients receiving a annual review ^[1]	85%	87%	80%
No. of overdue reviews	400	566	500
% Carers receiving needs assessment/review	31%	26%	31%
No. of care home clients	703	737	Outturn less 30 clients
% Clients supported in a care home		18%	18%
No. of safeguarding alerts received		272	270
% Strategy Meetings held within 5 days	75%	80%	75%
% Case Conferences held within 20 days	35%	82%	70%

For Inclusion

New Client numbers and Deaths - monitor and agreed zone baselines

ASC Survey indicators - measured annually and all to be included - ASC Outcomes Framework lists these

- LD in settled accommodation
- MH in settled accommodation
- MH in settled accommodation
- Repeat safeguarding referrals
- NI125 - Reablement/91 days

} Set at 2012/13 outturn

Reablement clients no's - determine a range of client numbers assisted each month

For further discussion - split between <12 and 12> month clients? Monitor internally - anticipate shift to higher % in receipt of short-term POC

Notes:

[1] Annual reviews expected to be stratified by client group

[2] Awaiting confirmation of Public Health targets.

