



Annual Strategic Agreement

between

Torbay Council and Torbay and Southern Devon Health and Care NHS Trust

for the delivery of Adult Social Care

April 2014 to March 2015

FINAL DRAFT FOR APPROVAL

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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 period to deliver the provision of adult social care services.

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). At the same time the DASS role returned to the Council. The impact of these changes, on relationships between the Council and the Trust, has become clearer during 2011/12 and new relationships have begun to develop between the Council and the CCG. These 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. It is expected that the Trust will be part of an Integrated Care Organisation (ICO) during the coming financial year and the acquiring organisation of the Trust has been consulted on this agreement.

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.

The range and level of adult social care services provided and co-ordinated by the Trust, on behalf of the Council under this agreement are indicated in the following table. The figures for the number of service users are based on the mid-year position at 30th September 2013 and will fluctuate according to demand for services at any point in time. The number of service users is also likely to reduce over the period of this agreement as the service changes set out below begin to impact. The associated budget allocations are set out in detail in Section 5 and Annex A.

Service Type	Number of Service Users
Residential and Nursing Home Care	635
Community services costing over £606 per week	172
Community services costing between £371 and £605 per week	105
Community services costing between £71 and £370 per week	767
Community services costing under £70 per week	347
<i>Sub Total</i>	<i>2,026</i>
<p>In addition there are a number of people who have the resources to fully fund the cost of their care but require support to arrange and manage the care they need. This comprises:</p>	
<ul style="list-style-type: none"> ▪ People living in care homes 	133
<ul style="list-style-type: none"> ▪ People living in their own homes 	114
<i>Sub Total</i>	<i>247</i>
Total	2,273

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 has been created and public health commissioning responsibilities has moved to local government, and responsibility for the commissioning of health services has moved 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 are setting and monitoring local priorities for the health and wellbeing of the population.

The care agenda has been the focus of concerns about safety and quality and the national question of how we pay for care in an increasing older population with more complex care needs has been partly answered by Dilnot reforms. This will require a focused set of changes locally to comply with the new expectations and requirements of a changed form of means testing for care.

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.

The local context is shaped by the expectation of an Integrated Care Organisation (ICO) as well as the success in November of being a national 'pioneer' for further integration and innovation.

Torbay Council and the Trust and other providers 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 great pressure and although there has been welcome reform through Dilnot it does not ease the pressure councils are under to provide safe and quality services within less resource.

Torbay Council, in line with the comprehensive spending review (2011-2015), is required to make substantial budget reductions. 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 vision of Torbay's Health and Wellbeing Board is for a Healthier Torbay: Where we work together to enable everyone to enjoy a healthy, safe and fulfilling life. The Board has identified three outcomes to be delivered to achieve this vision:

- Children have the best start in life
- A healthy life with a reduced gap in life expectancy
- Improved mental health and wellbeing

There are a number of priorities under each outcome. The Board will challenge commissioners and providers of services in Torbay about how well they are working together to meet these priorities and will be looking for information about the actions which are needed to improve the health and wellbeing of everyone in Torbay.

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 takes 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 is in use. 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

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 by the DASS and Executive Lead for Adult Social Care.

The Safeguarding Adult function and process will be the subject of a Peer Review (ADASS and LGA) in June 2014. The focus of this will be on governance and accountability in a changing organisational environment and on keeping people safe in their own homes. The Trust and Council will work together closely to address any issues raised in the feedback from the Review.

The Trust and Torbay Council have worked together with the CCG to implement an action plan based on the recommendations from the inquiry into Winterbourne View. Work will continue on this plan to ensure that future milestones are met for returning individuals to their home area (when safe) and to review our contracts with providers to ensure that they reflect and are monitored on the principles and requirements of Safeguarding Adult policy and best practice.

An option to base the Single Point of Access Team with the Police alongside Childrens' Safeguarding is being actively explored in order to improve and develop multi-agency working. There are opportunities in developing a whole family approach, particularly around Domestic Abuse and ensuring our responsibilities under PREVENT are met.

There will be a continued focus on ensuring that all staff have the appropriate level of training for their role, as set out in the Torbay Safeguarding Adults Multi-Agency Training Policy, with the target of 100% achievement.

1.6 Service Development Activity

The service development activity to be undertaken by the Trust in the period 2014/15 and 2015/16 will be framed by national and local policy drivers including:

Preparation for the enactment of the Care Bill and Dilnot reforms: Although the implementation date is 2016 the Council, Trust and CCG will work closely together to ensure that all policy and service developments in the interim period are 'Dilnot' compliant and build towards a future which will address and capitalise on those reforms.

Locally the formation of the ICO and developments within the Pioneer project will drive a range of service developments which will need to both shape and be shaped by the requirements of this ASA.

More immediately, but still within the context of the above longer term developments, the level of financial reductions the Trust has been asked to plan for in the period 2014/15 and 2015/16 will require a sea change in the level of services and how those services are

provided. These changes will need to be fully endorsed by the Council, as the commissioning authority, and some may also require full public consultation.

Whilst many of the service development areas are interdependent in terms of delivering quality services within the resources available the key priorities in 2014/15 will be to:

- Review the Community Care Support needs of all people receiving care in their own home to ensure the consistent application of all current policy and eligibility criteria, including FACS, RAS and the Cost Choice and Risk Policies. Where appropriate this will include ensuring that any transport provided accords with the person's needs and any appropriate charging policies.
- Review the financial circumstances of everyone receiving a chargeable social care service to ensure that charging policies are being applied consistently and equitably.
- Ensure that where a Community Alarm is necessary to meet a person's assessed needs it is funded as part of their personal budget.
- Implement the final phase of the Occombe House development.
- Bring forward proposals for consultation in regard to the range and nature of services which can be provided in the future. These proposals will be developed through quarters 1 and 2 with consultation and implementation planning taking place in quarters 3 and 4.
- Bring forward proposals for service delivery which will ensure that assessment and care planning processes, and all back office functions, are managed in the most cost effective way. These proposals will be developed through quarters 1 and 2 with consultation and implementation planning taking place in quarters 3 and 4.

Additionally there is an assumption which is built into CIP plans that the number of people needing support in care homes will continue to fall. The number of people supported in care homes has fallen by an average of 4% over the period April 2007 to September 2012, the plans in this agreement are based on this trend continuing but at a rate of 6% per annum.

1.7 Commissioning Intentions and Associated Work plan

Commissioning priorities 2014-15:

The Council and the CCG are working together to develop a joint approach to strategic commissioning for adult care services and will ensure it is aligned with NHS commissioning for health outcomes and public health outcomes. 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 and the pioneer programme over the year. This will increase the potential to further streamline and make best use of resources across organisations to support the commissioning function.

To ensure the effective and efficient delivery of services it is vital that colleagues in commissioning and provider functions work closely together to share intelligence in regard to demand, build capacity and resilience in the market place, ensure that quality is monitored and that provider capability is matched to the needs of service users. This work will be pursued in line with the principles of the Pioneer project and the establishment of the ICO will be an enabler in this process.

Whilst the Council and CCG will work together to deliver strategic or macro commissioning priorities the Trust will continue to deliver a range of micro commissioning responsibilities including:

- The assessment of need and commissioning of care packages to meet assessed needs on an individual basis.
- Active monitoring and pooling of intelligence in regard to the quality of services provided by all providers of adult social care services in Torbay.
- Working in partnership with providers to promote self-assessment and self-monitoring against an agreed quality matrix (known as the QUESTT tool).
- Instigating safeguarding processes where these are necessary and escalating circumstances where providers are not complying with agreed improvement plans to commissioners for decision in regard to contract enforcement and if necessary contract cessation.
- Developing and implementing a plan for work with carers that is in line with the Care Bill.

The Council and CCG are working together to develop a market position statement for adult social care, which is in line with the commissioning intentions of both the Council and the CCG. The resulting service developments will be implemented by working in conjunction with providers with the objective of securing more cost effective system wide solutions, which take account of the resources available. A work programme to underpin the delivery of these changes will be agreed between the Council, the CCG and the Trust and monitored through the governance arrangements for this Agreement.

1.8 Consultation, Engagement and Involvement Process

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. 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.

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.

Where service 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 Council and the Trust will continue to support 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 Council also expects the Trust to engage actively with service users and the voluntary sector in Torbay in developing new service solutions. This will apply irrespective of whether the service changes are driven by the necessities of the current financial environment or the need to ensure the continual evolution and development of services.

1.9 Mental Health

The Council has statutory responsibilities for providing services to people with mental health problems under the Mental Health Act 1983 and NHS and Community Care Act 1990 which are delegated to the Trust. These include:

- Approval and provision of 'sufficient' numbers of Approved Mental Health Practitioners (AMHP)
- Aftercare under section 117
- Guardianship under section 7
- Care management services

The Trust delegates many of these responsibilities to Devon Partnership NHS Trust, along with the budget. During 2012/13, a number of issues have been identified around the sustainability and robustness of some of these arrangements. A visit from CQC and the Mental Health Act Commission in March 2013 focused attention on to this area and reinforced the need to address the issues. These stem from historical complexities around employing organisation, contracts of employment, recruitment and training and volume of referrals and capacity. There are also issues around the commissioning of mental health services and the impact that changes have on staff roles (e.g., reduction in inpatient services).

Whilst progress is being made on some issues, others remain outstanding and present a block to further development and improvement.

Over the next year, the following matters will be addressed:

- Clarification regarding input of a social care perspective into CCG commissioning processes around mental health services.
- Workforce issues: resolution of employment related issues; training and succession planning; review of roles and responsibilities of social care staff assigned to DPT to ensure best use of resources across Torbay.

2. Workforce

Current Position and issues for 14/15

The provision of an integrated health and social care service through local multidisciplinary teams has proved to be an effective model for delivery, able to respond to customer needs swiftly and able to facilitate rehabilitation and avoidance of residential and hospital admissions.

However, the existing model relies on a level of staff resources which may not be sustainable in future. During 2013/14 a significant number of front line posts were removed, the distribution of reductions being made on the basis of analysis of available workload information.

As there is evidence that the number of complex and high risk referrals are increasing, some redesign of the service is required to ensure the Trust is able to continue to deliver its delegated statutory responsibilities whilst retaining the benefits of the model for integrated delivery. As it is clear that resources are now stretched to capacity, plans need to be in place to ensure that our workforce is 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. It is clear that the system for linking individuals in the community into the right sort of social care support needs to be widened, with more engagement of local communities and local provision, and less emphasis on the statutory services

Other issues which may impact on the workforce during 14/15 and 15/16 include:

- **Impact of new legislation on workforce.** During 2014/15, the Council and Trust are working together to explore the likely impact of the Care and Support Bill (including Dilnot) in terms of finance and workforce. Early scoping makes it clear that the changes to carers' entitlements and residential and domiciliary care funding arrangements are likely to increase the volume of referrals for assessment and need for back office support.
- **Impact of Zero Based Reporting.** A Steering Group is in place to identify the systems changes needed for social care reporting. This will require input from front line staff in design and time for essential training in changes required.
- **Telephone assessments and reviews.** Alternatives to traditional methods are being developed to improve efficiency of service. Changes to some roles may result, with training required for all.
- **Eligibility Criteria.** National criteria are under revision which is likely to result in the need to adjust local policy and practice guidance. Meanwhile, the Trust will re-launch current guidance to ensure that it is being followed robustly in all parts of the system.
- **Outcomes-based Commissioning.** Whilst personalisation has been embedded in practice to some extent, there is a need to revise and streamline the current processes to progress this and to develop an interface with our Prime Providers. New payment systems and documentation will be needed. It is planned that Trust staff will complete the assessment and an Outcome-based Support Plan for each individual, which will be passed to the Prime Provider to fulfil in a sustainable way after discussion with the individual and their family. This new approach will impact directly on some roles and will have significant training implications for all.

Optimising use of workforce and skills to meet changing environment in social care

- **Work analysis.** Detailed information about the work undertaken by the social care workforce is being undertaken in January 2014 in order to get a clear picture of 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. This information provide evidence on which to base any future workforce restructure, the current hypothesis being that the current 50:50 ratio of registered:non-registered social work staff may need adjusting in the light of complexity and risk.

- **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.
- **Mental Health.** A number of social workers are assigned to DPT in order to provide services delegated to the Trust under the NHS and Community Care Act (to people under 65) and Mental Health Act (all). There are a set of complex contractual arrangements in place which impede clear governance and accountability. These need urgent resolution in order to address a number of workforce issues.
- **Emergency Duty Service.** The delivery model for out of hours is not sustainable in the long term. A review will be undertaken to prepare options that would add resilience to the services whilst also providing a better fit with daytime adult and children's services. The future model will be agreed and implemented during 14/15.
- **An alternative model** to build information and support and promote local community networks will be developed.

Communication and Professional Development

- **Training events.** Following the success of conferences and workshops in 13/14, the Trust will continue to identify areas of professional development required to support qualified social work staff in maintaining CPT requirements for their HCPC registration. In order to maximise local expertise and keep costs down, social workers will be encouraged to have greater input to planning and delivering these.
- **Succession planning and recruitment.** The Trust will continue to support appropriate staff to obtain a social work qualification through the Open University by providing placements to support their academic studies. It will also continue to work with local Universities to provide placements for students.
- **A Social Care Focus Group** will be established to provide a voice for social work and to progress professional issues

3 Adult Social Care Performance Management

ASC Outcomes Framework (ASCOF) and Other Key Performance Measures

The Adult Social Care Outcomes Framework (ASCOF) is the Department of Health's main tool for setting direction and strengthening transparency in adult social care. The framework was first published in March 2011 and since then has been kept under constant review to ensure a continued focus on measures that reflect the outcomes which matter most to users of adult social care services and carers.

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 Annex D for the ASC Outcomes Framework).

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

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.

A new definition for indicator 1C is included for 2014/15, the proportion of people using social care who receive self-directed support, and those receiving direct payments. The change in definition will ensure that measure 1C better reflects the success of the council in delivering personalised care and support.

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.

A new measure 2D the outcome of short-term services: sequel to service is included for 2014/15. This measure reflects the proportion of those people who received short-term services to maximise independence (often described as reablement or rehabilitation services) during the year, where no further request was made for ongoing support.

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.

A new measure 3E Improving people’s experience of integrated care is included for 2014/15. This measure reflects the commitment to measure and understand people’s experience of integrated care.

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 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 Annex B).

3.6 Transfer of Public Health to Local Authorities

Public Health transferred to local government in April 2013 and has been advised the grant will be ring fenced for 3 years.

3.7 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. The Council's peer review on adult safeguarding takes place in February 2014.

3.8 Joint Strategic Needs Assessment (JSNA)

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

3.9 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 - General Findings	<ul style="list-style-type: none"> • Overall quality of life for the over 65 population was 26th highest in the country; the 18 – 64 population quality of life was below average (133rd out of 149 local authorities) • High level of satisfaction for the services clients receive • Clients feel in control of their daily lives • A higher proportion of clients (57.7%) find accessing information and advice easy compared to the national average (55.8%). A small proportion of clients (0.6%) are highly dissatisfied with their care; national average is 1.1% • A slightly higher proportion of clients feel unsafe; 7.3 % against the national average of 6.6% and the Southwest average of 6.2% • 18.8% of clients view their health as “bad” or “very bad”; the national average is 19.3%, the Southwest average is 18.9%
Care Homes	<ul style="list-style-type: none"> • Care home placements decreased by 27% between April '07 and Nov'13 from 960 to 697 clients, i.e., 4 – 5 % p/a. • The proportion of nursing to residential home clients is low. The national average is a 29:71 ratio. The Torbay ratio is closer to 11:89. One factor in this is thought to be the direct input of community nursing and intermediate care teams is providing support within residential care homes.
Community Based Services	<ul style="list-style-type: none"> • 13% of clients within Torbay receive less than 2 hours of domiciliary care each week. This is in line with the national average of 10.4%. • 29.8% of clients receive in excess of 10 hours of domiciliary care each week. This is well below the national average of 43%. 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

Finding	Comparison
	<p>clients.</p> <ul style="list-style-type: none"> • 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 that 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.
Care Assessment and Management Costs	<p>The following information is drawn from a one of benchmarking report:</p> <ul style="list-style-type: none"> • 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 • 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"> • 50% of clients die at “home” – the national average is below 44% • Whole system performance has been good throughout the winter pressures period • Average length of stay for people aged over 65 admitted as an emergency are the lowest in the south west • Previous good performance in relation to admission and readmission rates has recently been challenged through publication of a revised data set, which makes comparisons difficult. Work is underway to understand the new data sets to resolve any emerging adverse trends.
Housing related support	<ul style="list-style-type: none"> • 89.67% of vulnerable people achieved independent living from short term services against an annual target of 86% (2012/13). So far in 2013/14 the achievement has been 90.1% against a target of 86% (Qtr 1 and 2 of 2013/14)

3.10 Financial Risk Share and Efficiency:

The existing risk sharing agreement will continue until the new Integrated Care Organisation is formally established and the services currently provided by the Trust transfer into the new organisation. The expectation of the two Trusts, which will form the ICO, the Council and the CCG is that a revised risk shared arrangement will be instituted at the point that adult social care services transfer into the new organisation.

The planning assumption, which is still to be agreed between the parties, is that the revised risk share will involve a 50%/50% risk share between the ICO and Commissioners, with the CCG and Council then sharing the commissioning risk in proportion with the value of their contracts with the ICO.

However until revised arrangements are agreed the exiting position will apply and the Council will continue to assume responsibility for both in-house LD and independent sector commissioned social care expenditure, whilst the Trust assumes the risk for operational costs.

There are a number of risks to the Council and the Trust in delivery of the commissioning agreement. The known risks are set out in Annex C and include issues associated with:

- Ordinary residence
- Risk of capacity to deliver changes
- Care home fees
- Community concern
- Acquisition process

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 2014-15

The budget outlined below for 2014-15 is allocated to the Trust to meet the performance levels listed in Annex B along with any local adjustments to be agreed before 1st April 2014 between DASS and the Trust.

	2011-12	2012-13	2013-14	2014-15
<i>Base Budget</i>	39,089	40,035	40,339	38,273
<i>Central Govt Funding</i>	2,322	2,224	2,966	2,966
Sub Total	41,411	42,259	43,305	41,239
<i>JCES</i>	541	560	499	498
TOTAL	41,952	42,819	43,804	41,737

6. Client Charges for 2014-15

Residential Services

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 CIP schemes for 2015/16, the Trust will bring forward proposals for revised charging policies during 2014/15.

7 Roles and Responsibilities

Torbay Council

- **Role of Torbay Council Director of Adult Social Services (DASS)** – 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 and strategic commissioning for adults 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 through the Deputy DASS. 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 Operating Officer (COO)** – has delegated authority within the Trust to ensure that the requirements of this agreement are met through the effective management and delivery of adult social care services as part of the Trust’s integrated Zone based teams. The COO will take lead responsibility for the relationship with the Council.
- **Role of Director of Finance** – to take a lead responsibility within the Trust for managing the budgets allocated to social care services and the monitoring and reporting of performance. This will include the provision of support to the DASS in analysing and interpreting performance, against locally agree KPIs and national benchmarking data, as part of target setting, strategic planning and performance monitoring.
- **Role of Associate Director Adult Social Services** – to provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding and support the running of the Adult Social Care Programme Board.
- **Role of Head of Complex Care** –to provide advice and leadership in regard to care planning for people with complex needs, the application of statutory guidance in regard to Ordinary Residence, the management of applications for judicial review of decisions in regard to individual care needs assessments and complex or vexatious complaints.

Social Care Programme Board (SCPB)

The Council and the CCG intend to take a joint approach to the commissioning of services from the new ICO. This will include establishing revised governance structures, which will include the Health and Wellbeing Board. The role and remit of the Adult Social Care Programme Board will be revised to reflect these changes during the course of the year.

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 2014-15 and onwards.
- To discuss and develop future Annual Strategic Agreements.
- Co-ordinate the production of the 'Annual Account'.
- 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	• Executive teams within both organisations
• Health and Well-Being Board	• Integrated Governance Committee
• Joint Commissioning Group (Torbay)	