

Adult Social Care Local Account 2015 - 2016

A local account of how adult social care services in Torbay have been delivered and performed throughout 2015-16, with forward intentions through to 2017-18



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APPROVAL BY TORBAY COUNCIL**

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Foreword by Councillor Julien Parrott, Executive Lead for Adults and Children, Torbay Council



This is a landmark Local Account in the transformation of health and social care support for our residents in Torbay.

The establishment of the Integrated Care Organisation (ICO) known as Torbay and South Devon NHS Foundation Trust, on 1st October 2015 was the cornerstone that makes delivery and embedding of all the policies that we have talked about for several years truly achievable. If the key to the ICO was, and continues to be, trust and enlightened leadership among partners, those qualities will again be to the fore as we tackle the coming year's agenda.

Work is well underway in localities to support people at home, something we all recognise as the 'new model of care' and is paying dividends in terms of the continued quality of life that we expect to see for our residents. This work includes a need to focus carefully on working with the range of provider markets, including housing providers, in developing options.

Partnerships with the public health and voluntary sectors will result in truly sustainable preventative work and early help including, crucially, combatting loneliness in later life through the Ageing Well project. Somebody said to me recently that the thing about early help is that it is not something that you can turn on and off. I believe that is the real distinction between our current strategies and those of the past. Our work must be truly sustainable; we are in this for the long haul.

Nobody associated with this huge undertaking is in any doubt about the major financial pressures we are working under in this time of austerity. This brings me back to my initial point about trust and enlightened leadership among partners. This year's Annual Account shows a notable beginning. The coming year will find us all facing very tough decisions if we are to see our work through for the good of all our residents. For several years now we have been 'talking the talk' of new models of health and social care. Now is the time we really have to 'walk the walk'.

I commend the Local Account, and thank everyone who works so hard for the health and wellbeing of the Bay's residents

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Julien Parrott', written over a horizontal line.

Councillor Julien Parrott
Executive Lead for adults and children, Torbay Council

Foreword by Sir Richard Ibbotson and Mairead McAlinden, Chair and Chief Executive of Torbay and South Devon Foundation Trust



In October 2015 local social care and health service saw the biggest local shake up to the way services are run in over a decade, when Torbay Hospital merged with community health and social care services. We created one single integrated care organisation to improve the outcomes for our local population.

Our vision is to have a community where we are all supported and empowered to be as well and as independent as possible, able to manage our own health and wellbeing, in our own homes and, when we need care, we will have choice about how our needs are met and only have to tell our story once.



In the forthcoming year, we will work towards finding new ways to meet the growing needs of our local population and achieving our vision. The current financial position, both locally and nationally, means that we will have to do this without spending more money and in addition to finding new ways of working this will mean making difficult choices.

Everything that we do centres around the people we care for and this remains our focus but the way we do things has to change.

A new model of care has been developed in conjunction with the Clinical Commissioning Group and the Council and this will look to develop community services, making them more sustainable for the future and helping to achieve our vision. These changes won't happen overnight and public consultation will take place first to seek your views but if proposals go ahead we could see changes take place later this year to where and how you receive social care and health services.

Being one organisation makes change and improvements easier to implement but we know we cannot work in isolation. We will need work with all our partnership organisations and this will include working closely with voluntary organisations and community groups who will play a fundamental role in supporting people to maintain an active and fulfilling life, retaining their independence for as long as possible. In Torbay this work is being progressed in partnership with the Torbay Community Development Trust and the Ageing Well programme; as a result we expect that colleagues from voluntary organisations will be working as an integral part of the Trust's local teams and services during 2016/17.

We are so lucky to have dedicated and passionate staff in our organisation and across Torbay who are committed what they do. Everyone is focused on ensuring you remain at the heart of what we do and at a period of vast change this is more important than ever. The local account sets out our commitment to social care for the next year and how well we met this last year.

Sir Richard Ibbotson

Chair

Mairead McAlinden

Chief Executive

2. Our intentions for services in in Torbay in the Next Five Years



Social care continues to be on a journey of transforming from the provision of a set of means tested good local services, provided by committed and caring staff to a more personalised set of solutions that are integrated across the NHS, volunteer and community sector provision.

As more of us have a mixture of needs that involve medical care as well as social support that exceeds the separate responsibilities of individual organisations, it is impossible to consider how we meet these challenges in isolation from the NHS, volunteers and our own family and friends.

Two major issues have impacted positively on adult social care in Torbay. The first of those is the Care Act, which is now in implementation and recognises through clear guidance the local authorities' responsibilities for vulnerable people, supported by a coherent set of legislation.

The second element is that the Integrated Care Organisation (ICO) commenced on the 1st of October 2015. This brings together adult social care, acute hospital services and community services into one organisation. This new organisation allows resources to be moved flexibly and dynamically amongst those different elements. This will bring about a further focus on holistic care for individuals with support for people to remain well and independent at home for longer, with better connections to locally based services and community networks. Our commissioning intentions are to commission the ICO for five years in line with the business case, and in April 2017, the first 18 months of that plan should have been delivered.

During 2016-17 we expect the ICO to have delivered our local strategy which stresses supporting people at home. The ICO will have provided multi skilled teams working in Torquay with an emphasis on prevention and delivery of high quality social care. There will also be new arrangements in Brixham and Paignton to support people in that locality with high quality information, care and support.

Financial pressures:

However, despite major positive changes in social care, local government is still faced with significant financial pressures, based on a further reduction in income from central government. This requires some difficult decisions to be made by the Council, as to what to prioritise, and I am pleased that Torbay Council continues to prioritise the support of vulnerable adults. However, there is still a difficulty in resolving future demand pressures for Adult Social Care, despite the allowance of 2 percent precept on council tax, which the Council in its medium term financial plan intends to apply and use.

Support for people with learning disabilities:

The Council as a commissioner with our provider partners have continued on a journey to support people on a more individual basis. This will result in a diverse range of support options being available with new local providers, some in house and it will see some well regarded services being decommissioned. Providing

greater choice for people locally is in line with the national 'Transforming Care' policy and we have taken steps with our partners to ensure that care solutions are available within the local area for people who currently live away from home in care settings.

Mental health services:

Mental health services remain a challenging area nationally and locally and we have worked with Devon County Council on an improvement plan with the provider Devon Partnership Trust. Mental health services remain the underdog of the Health and Care system. During 2016/17 we will continue to work with local and regional partners on integrating mental health services. Our objective is to deliver a service which provides a more seamless approach to all age mental health, addressing issues of transition planning between adult and child mental health services. To achieve this the Council will play a key role in mental health commissioning and service design.

Adults and children's services:

Adults and children's services and integrating their distinct approaches with the focus on family, remains a key ambition. The Council and the Trust are exploring options for integrating children's social care services (which are currently provided by the Council) with the ICO. The intention is to ensure there is joined up thinking on families within localities; positive and well-managed transition planning for those children and families who need adult services continues to be a key focus to improve their experience and health, education and care outcomes. We continue to prioritise early multi-agency work with our most troubled families and adults to prevent problems escalating wherever possible.

Market for care and support:

Local government was allowed by central government settlement to administer a 2 percent precept on council tax in order to support adult social care. Torbay Council took advantage of this opportunity in the knowledge that this will support the living wage, which will impact on the care sector. We will continue to work as a strategic commissioner with the market, in order to innovate and support new and existing provision. Our **Living Well At Home** contract is expected to bring further innovation in care, with a focus on personal goals for independence, not just tasks and new job roles for local people as we support more people in their own homes. The **care home market** has seen a reduction in the number of homes in the Bay, in line with our **market position statement**. As part of a wider strategy on accommodation based care and support we will be working on outcomes based commissioning and potentially a new form of contracting, to ensure specialist innovation and consistency for the business of our care home partners alongside further development of housing with care. This work will form part of our **housing strategy**, to support a variety of specialist accommodation for people with different abilities, and conditions as well as people in their end stage of life.

System Leadership:

This way of working sees the distinction between the Council and the Clinical Commissioning Group (CCG) as commissioners, and the ICO as a prime provider becoming more fluid. Much focus by NHS England and central government has been on place based solutions and system leadership. **Sustainable Transformation Plans** (STP) were required for NHS colleagues by June 2015 and this was submitted on a geographic Devon footprint. We also work on devolution proposals with Devon and Somerset for health and care. There are opportunities for new **Accountable Care Organisations** as well as other emerging contractual partnerships. The problems to be solved are the same no matter what the initiative, i.e. an affordable and dynamic, high quality health and care system for individuals and populations. We will continue to work flexibly and to navigate initiatives which help us achieve the best solutions for Torbay within a wider region.

Workforce

By 2017 workforce will continue to be one of the key system issues. Retaining social workers and ensuring they are valued and supported will be one of our intentions. Creating with providers new job roles for the model of care we commission is also vital. Whatever the outcome of the EU referendum the support for people who work in the care sector from overseas needs to be well managed, and combined with local and national planning on job roles and retention.

The health and care sector remains an important part of Torbay's economy and we will work with partners to develop skills for people who wish to commit to it. As part of the Council's wider role we will work with the health and care sector to develop opportunities as part of our **economic strategy** for the Bay.

Information and advice

Social care is means tested and for many people they will directly find their own support. Many of these people are sometimes called 'self-funders'. For all of us, whether supported by the state or not, we will ensure good quality information and advice is available. Often people find care at a point of crisis, and it is hard for families and individuals to feel they have made the right decision for, and with, their loved one. We will commission, as part of the ICO contract, a range of advice and support, which includes on-line help as well as carers support services and access to Healthwatch and voluntary sector support. This work will be developed with support from the Ageing Well programme which is being co-ordinated by the Torbay Community Development Trust. This programme is bringing welcome investment and expertise to the development of these functions as well as prevention and wellbeing services.

Equipment and Telecare

Under a separate contract the Council with the CCG commissions equipment services. By 2017 there is an opportunity to develop a more seamless approach to ensuring homes are adapted and the right use of technology as well as adaptations and equipment increases opportunities for people to remain in their own homes throughout all stages of their lives and health. The Council will work with partners to

improve solutions by joining up Disabled Facilities Grants (DFGs), home improvements (via the Home Improvement Agency scheme), equipment and telecare support, with the ICO taking a more active role in seeking telecare solutions.

Prevention

We know that many conditions that cause us to need care in later life can be prevented if we take action in middle age (or earlier). This includes dementia as a condition, and prevalence in the population is expected to increase, and this requires significant support, and is difficult for the individual and family to experience. We will work with public health and providers to ensure the local population can take every opportunity to be responsible for their own health, and make lifestyle choices which may prevent need for care and support in later life.

Safeguarding

A key responsibility for local government is adult safeguarding. The Care Act put this role on a statutory basis. The safeguarding board comprises of key partners and has an independent chair in order to challenge and champion safeguarding in the Bay. Part of the commissioning of the ICO would be to check the independence of safeguarding in the provider, acting as the local authority, is maintained; and to ensure all partners continue to play an active role within a community that is aware of what good looks like in care.

Quality and performance

Assurance through local governance processes and close work with the regulator CQC will continue to focus on quality. As well as measuring the national indicators for social care, including quality surveys, we will work with providers and local people to act on any concerns for quality. Health watch and local expert user groups provide additional assurance and can raise concerns, as well as good practice for providers to build on. These will continue to be shared through regular liaison via the multi-provider forum in the Bay.



Caroline Taylor
Director of Adult Social Care Services
Torbay Council

3. Our performance in 2015-16

This section of the Local Account looks at how we have performed and delivered on our responsibilities for adult social care in 2015-16. The information presented here is intended to provide the reader with information about how our local services have performed against national and local performance targets set by the NHS and the Council. We have indicated how well the performance targets have been met by using the following system of red, amber and green ratings.

Green	Exceeded, achieved or within 5 percent of the performance target
Amber	Narrowly missed performance target by between 5 percent and 10 percent
Red	Performance needs to improve, target missed by 10 percent or more

Torbay and South Devon NHS Foundation Trust (referred to here as ‘the Trust’ and previously as the ICO) and Torbay Council (referred to here as ‘the Council’) are aware from previous feedback that this information on its own is not always helpful to the reader in determining whether things have improved for themselves, their loved ones or the people they care for. So with this in mind, the commentary that follows also provides examples of how the work this year has made a difference to individuals or groups. These examples are based on real situations but to protect the privacy of the people we work with they are presented here as illustrations of the support which can be provided and drawn from more than one source rather than the specific circumstances of individual people or families.

The performance ratings and examples of the care provided are set out here under the four performance outcomes agreed between the Council and the Trust at the start of the year. These are:

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

A description of what you might expect under these headings is also provided so that you can judge whether this is what you told us or experienced. The Trust and the Council are always striving to improve and develop services through lessons learnt and best practice and we have described how we plan to do that in the future. We have also included details of some things you might not be aware of which might help you or someone you know in the future.

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

Additionally, we have asked your local Healthwatch in Torbay and members of the Council's Overview and Scrutiny Committee to review the Local Account and ensure we have provided an open and transparent view of the services provided, in line with the views of members and constituents in Torbay. We have also asked our Experts through Experience panel to review the Local Account and have made amendments to the account to improve the information, layout and look of this Local Account as result of their feedback.

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

Outcome 1: Enhancing the quality of life for people with care and support needs

What does this mean for the people of Torbay?

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

How have we performed?

Measure	2015/16 Outturn Provisional	2015/16 Target	2014/15 Outturn	2014/15 Target	2014/15 England Average	2014/15 SW Average
The proportion of clients informed about the cost of their care	93.6%	70.0%	90.1%	no tgt	83.7%	79.2%
The proportion of clients who receive direct payments	26.0%	10.0%	27.8%	no tgt	26.3%	24.7%
Proportion of adults in contact with secondary mental health services in paid employment	3.2%	7.1%	1.7%	5.5%	6.8%	8.4%
Proportion of adults with a learning disability who live in their own home or with their family	70.3%	70.0%	71.0%	69.0%	73.3%	69.5%
Proportion of adults in contact with secondary mental health services who live independently, with or without support	62.1%	77.0%	62.9%	77.0%	59.7%	53.8%
Proportion of clients receiving an annual review	78.1%	76.4%	76.4%	80.0%	n/a	n/a
Proportion of clients receiving a care support plan	88.5%	90.0%	90.0%	95.0%	n/a	n/a
Proportion of assessments completed within 28 days of referral	68.9%	74.1%	74.1%	70.0%	n/a	n/a
Proportion of clients receiving their care within 28 days of assessment	95.2%	90.0%	94.6%	85.0%	n/a	n/a

The table above shows that in the past year we have only 68.9 percent of people referred for an assessment have been seen within 28 days. This is a reduction on last year and reflects the pressure on our frontline teams, in relation to the increasing complexity of work including an increase in whole home safeguarding. This has been compounded by pressures during the winter period.

However the proportion of people who start to receive care within 28 days of their needs being assessed has increased to 95.2 percent and our performance on ensuring that people are kept informed of the cost of their packages of care has risen to 93.6 percent against a target of 70 percent.

Some people also opt to organise their own care and so receive what is known as a 'direct payment', the proportion of people receiving direct payments has fallen slightly to 26 percent which is in line with performance nationally and well above the local target of 10 percent. We expect this to improve in 2016/17 as we are about to introduce a system of pre-payment cards to make it easier for people to manage and pay for their own care.

Performance for adults who require and are supported by mental health services is lower than we would like. The high unemployment rate and seasonal employment patterns within Torbay contributes to this. Improving employment opportunities for people with learning disabilities and mental health needs is a key priority and our multi-agency work and forms part of the action plan agreed between the Council and Devon Partnership Trust who provide these services.

Case Study – learning disabilities

Robert has autism and learning disabilities. His family are local but he had lived in the north east of England, in supported accommodation, with two friends for more than ten years. Following the death of a close family member his relationships with his friends deteriorated as he stopped sleeping in his bed and took to living mainly in the lounge. Relatives stepped in and he returned to live with them locally. However after nine months this arrangement was also becoming difficult and he was referred to our learning disabilities service.

Robert and his family hoped he could live independently but at the point he was referred to the team here this seemed an unrealistic possibility. Robert had only ever lived with his family or in supported accommodation and because of his recent difficulties it seemed likely that he may need to move into residential accommodation.

Initial proposals were for a package of care in excess of £1,700 per week. After extended work with Robert and his family a place was found in a supported housing scheme. Robert has his own flat but there is support available on site and has a morning and evening visit for medication only. He also has support for four hours a day, four days a week to help him prepare meals and manage his housework. He goes out mid-week to play snooker and is able to visit his family at weekends.

This arrangement has been in place for over six months. There have been difficulties along the way but Robert is more settled in himself and is enjoying the level of independence he has. The current cost of his care package is less than £300 per week.

One way in which the Trust works to support people living at home and feeling safe is through the provision of our own dedicated TeleHealth Care service that provides advice, installation, maintenance and monitoring equipment which supports people to remain living at home. The range of equipment spans a basic community alarm and pendant to more sophisticated devices such as smoke detectors that will automatically raise a call to the monitoring centre. Where this is the only way to meet the needs of someone assessed as requiring support under the provisions of the Care Act the cost of these services can be funded through their care and support plan. Other people chose to pay for this support themselves by contracting directly with our service or one of the other similar services available both locally and nationally.

In total around 2,000 people rely on the monitoring service which operates 24 hours a day, 7 days a week and last year we received over 73,000 calls. These calls need a quick response and over 99 percent of calls are answered within 60 seconds. In order to ensure that our service continues to meet the highest standards we routinely survey our customers and in the last 12 months:

- 100 percent of people surveyed described our call handlers as friendly and helpful
- 99 percent of people surveyed described our installer as friendly and helpful

- 99 percent of people surveyed who required urgent help said it was handled efficiently

In addition to the survey statistics we also received several compliments about the service. Below are just a few of our comments:

“The family would like to thank you for the help and support that you gave to our mother in her later years of life. Without your help she would not have been able to stay at home until she died. Help was always close at hand. Thank you for this and know that all the elderly people in our town are supported by a wonderful team.”

“Installer visited today and was a delight, polite, cheerful and efficient. They also put our mind at rest about the keysafe and we are happy with everything.”

“Would not be without it, very assuring.”

Case Study - telehealth

Mrs A lives alone with no relatives nearby, she suffers from Alzheimer’s, heart arrhythmia and COPD and is at risk from falling. Some time ago, she fell and was unable to get to her phone and had to wait several hours for help when her care worker turned up and was able to summon assistance.

We have since provided a community alarm, pendant and keysafe for emergency access purposes, when she next fell she was able to contact the centre immediately via her pendant and we arranged for an ambulance to visit, this was all accomplished within 12 minutes of activation. The ambulance crew were able arrive quickly and to attend to Mrs A, taking the assessed/required action to ensure that all physical issues were addressed in a timely manner with as little distress caused as possible, within the circumstances.

Outcome 2: Delaying and reducing the need for care and support

What does this mean for the people of Torbay?

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

How have we performed?

Measure	2015/16 Outturn Provisional	2015/16 Target	2014/15 Outturn	2014/15 Target	2014/15 England Average	2014/15 SW Average
Number of people living permanently in a care home as at 31 March	635	630	641	644	n/a	n/a

During the last four years the number of individuals living permanently in a care home (at the end of the year) has reduced each year and this trend continued in 2015/16, although at a lower rate than we had planned. With an ever growing elderly population this enables those who most need this type of specialist care to receive it, whilst helping others to stay as independent as possible in the comfort of their own home.

We continue to work closely with the care homes within Torbay and rely on the intermediate care support they provide which can often avoid an emergency admission into an acute hospital. Our ability to place people at very short notice into temporary beds is part of our intermediate care service. The integrated nature of these services also helps ensure people have shorter stays in Torbay, Paignton and Brixham hospitals. The average length of stay for people admitted to Torbay Hospital in an emergency is amongst the lowest in the country and the number of people experiencing a delay in their discharge is minimal. This is achieved by having streamlined communication processes between teams to ensure people benefit from the rapid access to the service they need when they return home.

The Trust's reablement service (the Intensive Home Support Service) has been developed to provide an enabling domiciliary care service that works with people going through a change in their health and social care needs. The staff have received further training and are now led by an Occupational Therapist, which means that they are able to approach people with an enabling approach to their care and 'do with' rather than 'do for' the person.

Through the support afforded by the Ageing Well programme, the Trust has also been working with the Torbay Community Development Trust, and other voluntary sector organisations, to develop a more consistent and cohesive range of preventative and wellbeing services.

This Local Account reviews services provided in 2015/16 but these new wellbeing services are not due to be implemented until shortly after this Local Account is published; consequently these services are not fully described or referenced in this Local Account. It is, however, expected that they will be reported and discussed in the Local Accounts for future years.

Case Study: Intermediate Care

Mr B is 76 years old reluctant to accept any help or support at home prior to his input from Intermediate Care. Mr B had experienced at least four significant falls at home, in the four months prior to his hospital admission. He called an ambulance out each time but refused to accept a referral for any follow up input.

He suffered a further fall at home and fractured his hip; after a short stay at Torbay Hospital was transferred to an Intermediate Care bed to recover from his surgery and regain his strength and mobility. He was supported by the multi-disciplinary team whilst in placement and the same team supported him following his return home.

On discharge home he was reluctant to accept help but agreed to short term support from the Crisis Response Team. He received input from the Physiotherapist and support workers who worked with him on a programme of balance and mobility to reduce his risk of further falls and help him to regain his confidence. They also taught him what to do should he have a further fall and discussed ways in which he could make his home environment safer.

The team's Community Care Worker worked with him about his longer term support needs at home; he agreed to some support from Age UK voluntary services, and has been maintained safely at home with their ongoing support. He has not experienced any further falls in the last six months and is planning to start going out to a local café, with the support of the volunteer from Age UK.

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

What does this mean for the people of Torbay?

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

How have we performed?

Measure	2015/16 Outturn Provisional	2015/16 Target	2014/15 Outturn	2014/15 Target	2014/15 England Average	2014/15 SW Average
Overall satisfaction of people who use services with their care and support - from annual user survey	67.9%	68.5%	69.7%	no tgt	64.7%	67.4%
The proportion of people who use services who find it easy to find information about services - from annual user survey	81.3%	77.3%	77.4%	no tgt	74.5%	76.6%
Carers receiving needs assessment, review, information, advice, etc.	43.3%	40.0%	41.3%	35.0%	n/a	n/a

This year we have had additional Care Act monies to fund additional carers support required as a result of the Care Act which was introduced in April 2015. One aspect of the Care Act was promoting whole family working – looking at all the carers affected by someone’s situation, regardless of what age they are. We therefore funded a part-time worker who was experienced in working with younger people, and based them within the main Torquay team, to promote those workers considering the needs of the younger carers.

Case Study: Young carer

There is a young adult carer (a carer aged between 16 and 25) who is sole carer for her grandfather who has a dementia. His physical health has also been very unstable and he has had a couple of falls in the home. The young adult carer was very distressed about the situation, and it was really affecting her own health and wellbeing, so she spoke to the specialist carers worker. They were able to speak to the social worker who was managing her grandfather’s care. They made an urgent visit together to look at the situation, and consider everyone’s needs. As a result of this, the social worker arranged for the Crisis Team to stay overnight to keep an eye on the grandfather so that the carer could have a good night’s sleep. This may not seem like much, but to the carer it made all the difference between feeling able to continue or not, and just to know that additional support would be available if she needed it again, made her much more confident.

We also fund a local voluntary agency - carers Trust Phoenix to provide health and wellbeing checks for carers, and to provide carers Advocacy – which again was promoted through the Care Act. Here is an example of the work that they have done for a carer who, like many carers, has multiple caring roles.

Case Study: Carers

Mrs A has three children; one has medical problems, another has a young grandchild with a disability and her husband has a degenerative condition and recently required additional treatment. She is a strong brave lady but also has her own health problems. She has used Carers Trust Phoenix on a number of occasions to support her with obtaining statutory service help. They have been able to support her and her family and have checked that she and her family have the correct entitlements for their many disabilities. As a result of the carer's assessment, she was eligible for a one-off payment for £200 to have small breaks with her family. The Carers Trust Phoenix continues to support her on a regular basis and advocate when necessary.

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

What does this mean for the people of Torbay?

The Care Act 2014 put Safeguarding Adults into a statutory framework for the first time from April 2015. This placed a range of responsibilities and duties on the Local Authority which the Trust will deliver on behalf of the Council. This includes requirements in the following areas:

- Duty to carry out enquiries or cause others to do so
- Co-operation with key partner agencies
- Safeguarding Adults Boards
- Safeguarding Adult Reviews
- Information sharing
- Supervision and training for staff

Ultimate accountability sits with the Torbay Safeguarding Adults Board (SAB). This is a well-established group that will provide a sound basis for delivering the new legislative requirements. The Board will incorporate the requirements into its terms of reference and Business Plan for 2016/17, ensuring that all relevant operational and policy changes are in place for April implementation.

In addition the Council has signed up to the national initiative of Making Safeguarding Personal. This is an exciting initiative designed to measure Safeguarding Adult performance by outcomes for the individual, rather than the current reliance on quantitative measurement of timescales for strategy meetings and case conferences. Work will be done through SAB during 2016/17 to implement these new measures in Torbay.

The term '**safeguarding**' is used to mean both specialist services where harm or abuse has or is suspected to have occurred, and other activity designed to promote the wellbeing and safeguard the rights of adults.

In its broadest sense it is everybody's business: the public, volunteers and professionals, working together to ensure everyone is treated with dignity and respect, enable people to have choice and control in their lives and provide compassion in care.

How do we ensure that adults experiencing, or at risk of abuse or neglect are protected?

The Trust's work in this area primarily divides between the community operational teams who respond to safeguarding concerns, causing enquiries to be made by others such as Devon and Cornwall Police, maintaining strong local partnership arrangements, our Business Support and Quality team which works with care homes and domiciliary care providers to promote high quality care and proactive monitoring of quality standards and our Experts through Experience service which undertakes various activities to promote awareness and early interventions.

How did we perform?

Measure	2015/16 Outturn Provisional	2015/16 Target	2014/15 Outturn	2014/15 Target	2014/15 England Average	2014/15 SW Average
Proportion of safeguarding strategy meetings held within 7 working days	38.5%	80.0%	48.0%	n/a	n/a	n/a
Proportion of Safeguarding case conferences held within 30 working days of strategy meeting	65.3%	80.0%	72.0%	n/a	n/a	n/a
Proportion of repeat safeguarding referrals in last 12 months	4.9%	8.0%	7.6%	n/a	n/a	n/a

The figures in the table illustrate that 2015/16 was a challenging year for our safeguarding services. The service has been under pressure from staff shortages and an expanding workload. The workload pressures have come from the demands of whole home investigations and introducing new ways of working to meet the requirements of Making Safeguarding Personal.

Workers continue to report challenges in meeting the targets due to an increased emphasis on the good practice guidance contained in Making Safeguarding Personal. This is because the approaches mandated by this guidance focus on the need to talk with the people involved at an earlier stage, working with that person to identify initial preferred outcomes, getting key people around the table and arranging an initial meeting that best meets the needs of the person involved. This process, while delivering better qualitative outcomes for the people involved, will often conflict with the timescales set out in the existing quantitative indicators. Social Work Leads have discussed this and are currently working with managers and colleagues from the Safeguarding Board to find new ways of working which will address the issues.

Looking forward to 2016/17 a new team member started in April, which will address capacity issues, and contingency arrangements have been agreed with our community based teams to provide cover should unforeseen circumstances arise.

Regular performance analysis from all partner agencies will be reported to the SAB to give a clear picture of performance across the agencies.

Experts through Experience

The independent, and voluntary, Experts through Experience group continue to carry out key pieces of work for the Trust and to focus on safeguarding and quality of service with the public. There are three main areas the group have carried out work in, these being;

- Mystery shopping
- Peer safeguarding evaluations
- Domiciliary care evaluation

Mystery shopping

The Experts mystery shoppers have developed a standardised process when they visit care and nursing homes unannounced. National issues such as Winterbourne view has been taken into account when putting the programme together and home owners/managers are given feedback following visits. The BBC Spotlight programme recently recorded and aired a piece of dialogue from the Experts regarding their mystery shopping programme.

Peer safeguarding evaluation

The face to face peer evaluation, which is carried out by the volunteers of the Experts through Experience group, will inform and assist in developing strategies to promote safeguarding in a personalised way for people in Torbay ensuring they are informed and at the centre of any plans made with them. The Experts have also included the Independent mental capacity advocacy service to ensure people who experienced capacity issues still had a voice to make improvements

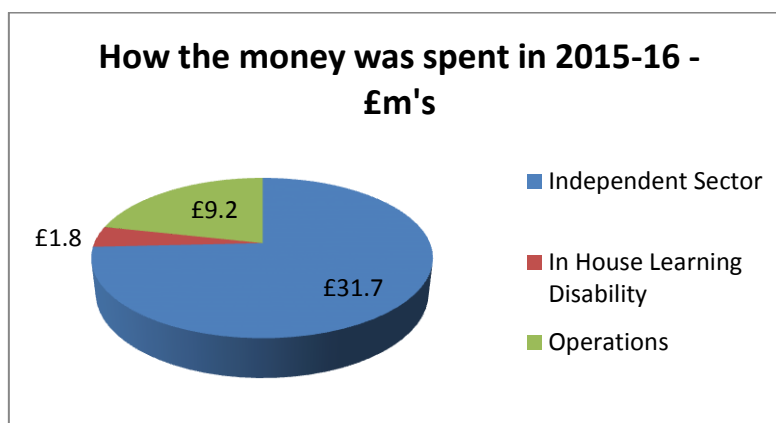
Domiciliary care evaluation

The independent Experts have gathered face to face information from people who use domiciliary care services. The findings from the initial piece of work have been fed back to the provider, commissioners and safeguarding board. The public again have a voice in shaping their services. This is an ongoing piece of work.

The independent, voluntary Experts through Experience also attend various committees and boards for example; The Safeguarding Adult Board, Executive safeguarding Board. We also have regional and local networks and look forward to continuing to work on behalf of the Trust.

4. Financial position and use of resources

This financial review provides an overview of the financial performance of adult social care services in the Torbay area in 2015-16. Over this period the budget for adult social care services in Torbay was £41.5m. Total expenditure against this budget was £42.7m which resulted in a £1.2m overspend. The chart below shows how the £42.7m was spent.



Despite the overspend of £1.2m significant cost improvement savings, of £3.3m, were achieved by the Trust in relation to adult social care services and this was managed without impacting negatively on service delivery. To achieve this savings have been delivered through:

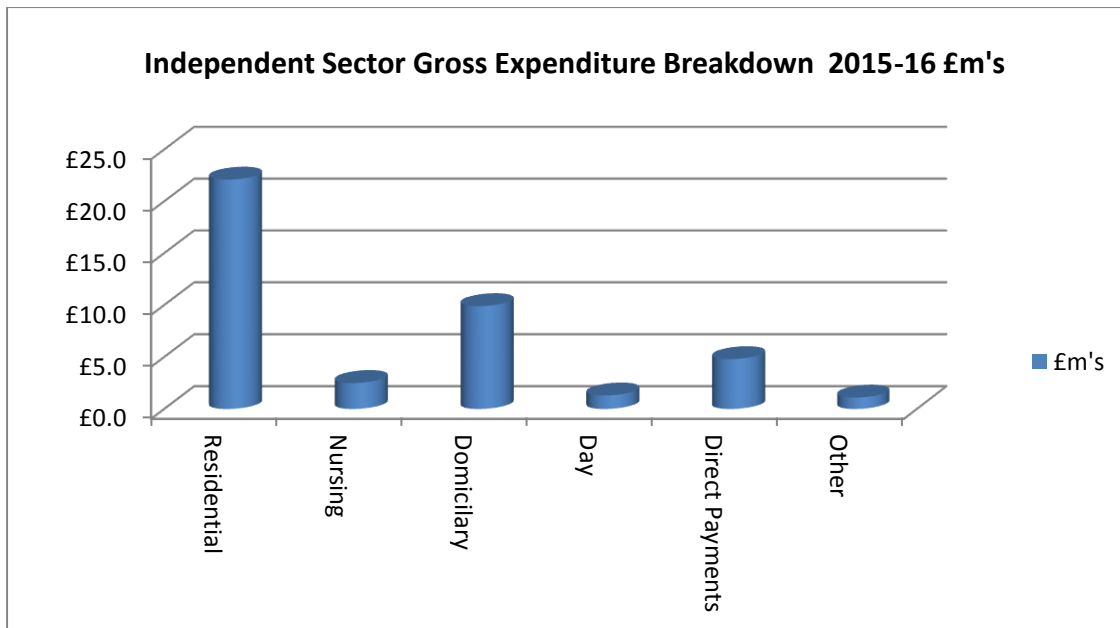
- Working with people to find alternative ways to meet their needs, including finding more effective ways of supporting people needing care at home and enabling people to remain living at home.
- Improvements in contract management to make better use of the resources used to buy care from independent providers.
- Operational efficiencies and vacancy management within our own teams.

Spend analysis 2015-16

Over 70 percent of the total net spend on adult social care services is the purchase of care (including residential, nursing, day and domiciliary) from independent providers. The majority of this spend is with providers within Torbay but some specialist residential care is provided out of area. At any point in time there were on average around 2,200 people receiving a core service.

The net spend figure in the independent sector was £31.7m in 2015-16. However this is the figure after the contributions made by people receiving services were taken into account.

Under national legislation people assessed as needing social care services which are provided or arranged by the Council also receive an individual financial assessment and this can result in a them being asked to contribute towards the cost of their care provision. The income collect from people in Torbay in 2015/16 was £10.1m. The total (gross) expenditure on services was therefore £42.8m. The allocation of this gross expenditure across different types of services is illustrated in the chart on the next page.



The budget for the in-house learning disability services provided directly by the Trust in 2015-16 was £1.8m. This was made up of £0.9m for residential services and £0.9m for the provision of day care.

Operational costs totalled £9.2m in 2015-16. This is the amount necessary to provide care management and social care support across Torbay; it includes the cost of social workers, community care workers, occupational therapists, physiotherapists, finance and benefit assessors and commissioning and support service staff.

The age of the people receiving these ranged from 18 to over 100 years old and services were provided to clients with learning disabilities, dementia, sensory and physical disabilities, vulnerable people and the frail and elderly.

Financial outlook for 2016-17 and beyond

At a national level there are continuing financial pressures across both adult social care and health services. Torbay is not immune to this and like other local authorities Torbay Council has funding constraints which have led to budget reductions in recent years and further reductions will be required for the foreseeable future.

Torbay Council and South Devon and Torbay Clinical Commissioning Group acknowledge the tight financial constraints and jointly believe that Torbay and South Devon NHS Foundation Trust, is best placed to continue to deliver the best possible care and support within these constraints. The Trust will achieve this through managing resources across health and social care to deliver a more efficient and effective profile of expenditure.

This will be dependent on how the overall funding envelope for the Trust can be best utilised to maintain a financially stable and sustainable health & social care system for the long term to improve people's experiences of health and social care. This will be done in consultation with the Council and, where it is necessary to make changes to the way services are delivered, consultation will take place with the people and carers who use those services.

5. Looking after information

The Trust takes the responsibility of safeguarding the information we hold very seriously. All incidences of information or data being mismanaged are classified in terms of severity on a scale of 0-2 based upon the Health and Social Care Information Centre *“Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation.”*

Risks to information are managed and controlled by applying a robust assessment against the evidence collected as part of the national information governance toolkit return. During the period 1 April 2015 to 31 March 2016 the following breaches of confidentiality or data loss were recorded by the Trust which required further reporting to the Information Commissioner’s Office and other statutory bodies.

Date of Incident	Nature of Incident	Summary of Incident	Outcome and Recommendations
23-Apr-15	Unauthorised Access	Member of staff accessed the record of a patient not involved in their direct medical care.	A full investigation was undertaken and the outcome of which resulted in a final written warning for the employee.
15-Jun-15	Information disclosed in Error	Patient received the medical records of another patient.	A full investigation was undertaken and a technical solution has been implemented to reduce the risk of an occurrence.
21-Aug-15	Information disclosed in Error	Patient received the medical records of another patient.	A full investigation was undertaken and it was identified that a change in process was required; This change has been adopted by the department.
17-Sep-15	Unauthorised Access / Disclosure	A member of staff accidentally sent too much data via an insecure email account to the Devon Local Medical Committee (LMC). Upon receipt the LMC staff member realised there was a backing sheet to the summary information which contained some detailed data.	A full investigation was undertaken and the outcome of which resulted in changes to the way information is provided by the Trusts’ Information Team to internal staff.

The conclusion of the Information Commissioner’s Office to its investigation of the above incidents was that there was no regulatory action required against the Trust as the incidents did not meet the criteria set out in the ICO’s Data Protection Regulatory Action Policy.

Any other incidents recorded during 2015/16 were assessed as being of low or little significant risk.

In accordance with the 2015/16 Monitor risk assessment framework, the Trust was able to declare level two compliance against the information governance toolkit requirements by 31 March 2016. A new action plan will be created to deliver improvements against the 2016/17 information governance toolkit and will be overseen by the Information Governance Steering Group.

In September 2015 the Information Commissioner's Office was invited to the Trust to carry out one of their regular support audits. Following pre-audit discussions with the Trust, it was agreed that the audit would focus on data protection governance, records management (manual and electronic) and data sharing. The auditors made a number of recommendations and gave the Trust an amber rating primarily around enhancing existing processes to facilitate compliance with the Data Protection Act. A detailed action plan has been created which is being implemented and monitored by the Information Governance Steering Group.

6. Commentary from Healthwatch Torbay

Torbay Adult Social Care has a reputation for innovation in the provision of integrated care services for local people. So the concept of a New Model of Care, combining staying well for as long as possible by being supported at home when our health is not at its best, is not entirely “new” to us. Torbay does have a lot to offer to keep us well as we age, which is why it is attractive for retirement and has high expectations from older people for good quality care. The complexity of the local population's care need is reflected in this Account and indicates that integrated care and innovative ways of working continue to be the future.

So in reality is our care system creaking at the seams to quote the media messages? Healthwatch Torbay is the local independent consumer champion for health and social care. We also have a reputation for innovation being one of the first Healthwatch, nationally, to use a Rate and Review website where the public's experience of health and social care services can be posted online, at any time. Our volunteers are out and about encouraging local people to share their insight and our office in Paignton Library is open for drop-in. In the last year there has been well over a hundred comments specifically about adult social care. Whilst the star rating is consistently high, with the quality of care being appreciated, within that experience there are comments which may indicate that financial and workforce pressures are having a detrimental effect. There are concerns that transfer from a hospital stay to care at home does not always work well. Both lack of carer involvement and the inconsistency of home care provider services has caused unnecessary stress. Healthwatch Torbay is specifically concerned that the process for complaints about social care does not operate at the same quality standard as within the NHS.

We highlight the concerns of local people and work towards building an independent evaluation of the standard of care. In this role, as the Account indicates, Healthwatch Torbay's input is welcomed. Providers appreciate our approach recognising that our intention is to work with them using intelligence from local people to drive up the standards of care. The voice of local people is listened to and acted on.

The Local Account brings forward an area of recurrent concern to local people. That of Mental Health Services. Especially, the initiative to focus on the balance between mental health and physical health but most significantly the need to look at all age mental health services. We have been made aware of disruption in care caused by the transfer from children's services to adult services, so this approach will be well received.

Healthwatch Torbay has consistently promoted the concept of a single point of contact supported by reliable, current advice. Although lists of private care providers are useful, we have been told that nothing is so disheartening as making a phone call to be told that the recommended organisation is so busy it is unlikely to be able to fit in with the needs of the consumer. Or that what is offered is inappropriate, either financially or in scope. That this service will be commissioned through the

Trust contract will facilitate an integrated approach within new models of care. But we also look for continued engagement with the public to ensure that their insight leads to a substantially improved service.

In conclusion, we are pleased to support the presentation of the Local Account and look forward to our continuing work to champion the voice of local people.



7. Commentary from Experts through Experience

Members were unsure who this document is aimed at. The group acknowledged the amount of work and information the document contains but also wonder if this is aimed at the general public would people read all of it due to its length.

Members liked the case studies and illustrations relating to how the impact of the Trusts work translates to service delivery. Particularly if the public and outside organisations want to know how the Trusts work affects daily lives.

Towards the end of the document some members focused on the case studies and illustrations to the detriment of the rest of the dialogue. If the document is aimed at the general public, members offer the idea of the information being summarized in bullet points together with the case studies for future editions.

The members liked the consistent message throughout the document which acknowledged the changes with the ICO but the focus of the Trust remaining on the individual and retaining their independence where possible.

Moving forward the document also noted the value of working with volunteers which the group felt was important as well as the consultations with the public where applicable.

Finally, the group hope the intended service delivery stated in the document, will in the future match the ethos of community care with people being moved swiftly from the hospital with quality and available domiciliary care and residential care, whilst coping with ever decreasing finances.

Other than the small points above we felt the document gave an over view of the Trusts activity and how it relates to individuals as well as a realistic overtone of the current restraints everyone is encountering.

8. Statement from Torbay Council's Overview and Scrutiny Board on the Adult Social Care Local Account 2015/2016

Members of Torbay Council's Overview and Scrutiny Board considered the Adult Social Care Local Account for 2015/2016. The Board welcomes the openness and transparency with which this Local Account has been published. It appreciates the amendments that have been made to the format of the Account to reflect the Board's comments in previous years. However, the comments from the Experts from Experience Group show that there may still be further steps to be taken to ensure that document is accessible to the general public.

It is disappointing to note that, year on year, there is an acknowledgement that mental health services are not meeting the needs of clients. There is little indication as to how and when they are going to improve although the work with Devon County Council and Devon Partnership NHS Trust is welcomed. Despite the current national focus, mental health services remain the Cinderella of the health and social care system and, with the sobering thought that suicide figures are rising in Torbay, there is an urgent need to improve services.

The creation of the integrated care organisation for Torbay and South Devon is welcomed. The Torbay and South Devon NHS Foundation Trust must continue to work together with its partner agencies to build on the successes we have seen over the years brought about by integrating health and social care. To that end it appears to be an oversight that the work of the Torbay Community Development Trust, or the outcomes of their work, is not referenced within the Local Account¹.

Given the reducing availability of resources in the public sector, the Board would seek to ensure that all Trusts and partner organisations continue to work together for the benefit of the whole Torbay community.

Notes:

¹ This feedback from the Overview and Scrutiny Board highlighted an omission in the original draft; voluntary organisations across Torbay provide invaluable input to the way services are developed and delivered across Torbay. Whilst some of this activity was referenced in the draft document the co-coordinating role of the Community Development Trust was not. The Trust and the Council are grateful for this feedback and the final text has been revised to include reference the role played by the Ageing Well Programme and the Community Development Trust.

The Trust also wishes to note that this Local Account has been produced specifically in regard to the adult social care services provided in Torbay and on behalf of Torbay Council. Similar arrangements apply to the engagement and involvement of colleagues from voluntary organisations as part of the Trust's services in South Devon. These services and arrangements are however beyond the scope of this Local Account and therefore are not referenced in this document.