Adult Social Care Local Account 2016 - 2017

A local account of how adult social care services in Torbay have been delivered and performed throughout 2016-17, with forward intentions through to 2018-19



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TORBAY COUNCIL

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

The need to provide support, security, and safety for vulnerable adults across the Bay is something we can all readily understand. The fact that those needs are becoming ever more complex is also clearly understood. The need for the delivery of those services to be paid for by the community is something we can all buy into. The fact that Adult Social Care is still suffering from wide gaps in funding is something we find harder to understand.

This year has seen that underfunding grow particularly acute at a time when we are at the cross-roads in the delivery of integrated health and social care. The people of Torbay have understood this and are paying increased local taxes to show their commitment. But, there are signs that central government may have now got the message, with some four million pounds being found to help us this year.

Against the financial pressures that I identify above, I cannot fail to have been impressed by the commitment from all the care providers and professionals who have demonstrated their determination to see care delivered where and when our residents need it. Increasingly this means changing working practices to support people in their own homes. This is, I believe, resulting in resurgence in wider community well-being.

As home and community- based care develops further over the coming years, I believe that the pressures felt now will be seem to have been worth enduring. I commend this report and all the work of so many dedicated people that it represents.

Yours faithfully,

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

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

We have been providing integrated health and social care services as one organisation since October 2015. We strongly believed that, by joining health and care, we could work very differently and more cost-effectively to improve outcomes for local people. In the 18 months since then we have been delivering our vision of a community where people are able to live as well and as independently as possible, confident in managing their own health and wellbeing at home. When they do need support, we focus not just on what is the matter with them, but what matters to them, supporting them in their own homes and local communities wherever possible. If someone needs specialist care in hospital, we will do our utmost to keep their stay as short as possible and help them return to their normal activities.

Over the past year, we have invested in our community teams so we can now provide intensive support to people in their own homes 7 days a week. We have also worked with and alongside the voluntary sector to appoint new wellbeing co-ordinators, who help people tap into the resources of their own communities.

As a result of these additional community services, and improvements to the way we admit and discharge people from hospital, we have been able to reduce the number of hospital beds we need – both in community hospitals and at Torbay Hospital.

We know we have more to do and that we have to do it in an affordable way, always focusing on the needs of the community we serve and aiming to do the right thing for each individual in an increasingly challenging environment.

You can read in the pages of this report some of the stories of people who have used our services over the past year. They are evidence of the success of our new approach.

We are truly grateful for the passion and commitment of everyone involved in delivering care to some of the most vulnerable people who need our support. Some of these people are staff employed by councils, residential and care homes and the NHS. Others are volunteers, supporters, family members and other unpaid carers. You come together as a formidable team, and we could not succeed without you.

Thank you for your contribution to our achievements over the past year. We look forward to your continued support for social care in the coming year.

RJ Ibbotson

Mairead Mc Alinden

Sir Richard Ibbotson

Chair

Mairead McAlinden

Chief Executive

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

Social care supports people when they may be at their most vulnerable and at its best social care can transform lives. Torbay through integration with health and other services has a good history of supporting people in the community and facilitating individuals to achieve what is important to them.

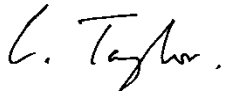
At the time of writing this introduction, adult social care and its future is headline news as we approach the general election. It is nationally accepted that social care needs to be different as we rise to the challenge of living longer lives as elderly people, and as more people survive into older age with a variety of conditions and disabilities. Torbay will continue to contribute to that national debate and innovate locally to achieve the best outcomes we can from the resources we have. Across Devon we will work to commission care services at scale where that makes sense to do so, and deliver locally where that supports the best outcomes for communities.

In the next few years the direction of travel in Torbay is to continue to **support people at home** and rely less on bed based care. We will support individuals and their families to be **as independent as possible**. Some of the ways of doing that will be to increase the amount of **direct payments** and **personal budgets**, so people can choose personalised support to meet their needs. Part of those solutions will also to have a wider range of **housing based support** in the Bay. We will continue to support a **range of information and advice** mechanisms so people can find an easy route to sourcing their support if they wish to.

Prevention is vital to ensuring people get help and support at the right time to avoid more significant interventions in their health and care. All of this is successful if Torbay has **resilient communities** and that individuals who are vulnerable have the opportunity for social connections. When people have had an acute episode and may need a hospital stay we will work with the NHS to ensure **short term care** is in place for a quick return to independence. We will work with our **mental health** provider and the voluntary sector to ensure more people are supported to be more independent in the community. For some people who are in placements outside of the Bay and Devon we will continue to safely support individuals to move back to their communities as part of the **Transforming Care Programme.** For individuals with a **learning disability** we continue the programme of work to maximise independence in housing, work, and social support. For those people with **autism** we will work will national programmes to close the gaps people with autism currently experience between health, social care, and the work and benefits systems.

Unpaid carers are key to supporting loved ones and we will work with services that support carers to ensure their caring role does not adversely impact on their own health and well-being.
We will look to **technical innovation** as well as sustaining a **workforce** for social care that feels valued and supported. Workforce sustainability is a national issue as effect to ensure social care is perceived as a valued career for new entrants.

Lastly, **quality and safeguarding** and our formal role in safeguarding vulnerable people will be an overriding focus over the next few years, so whatever setting people have they are their loved ones knows they are safe and well cared for.



Caroline Taylor
Director of Adult Social Care Services
Torbay Council

3. Our performance in 2016-17

This section of the Local Account looks at how we have performed and delivered on our responsibilities for adult social care in 2016-17. 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% of the performance target
Amber	Narrowly missed performance target by between 5% and 10%
Red	Performance needs to improve, target missed by 10% 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.

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	2016/17 Outturn (provisional)	2016/17 Target	2015/16 Outturn	2015/16 Target	2015/16 England average	2015/16 Comparator group average
The proportion of clients informed about the cost of their care (self-directed support)	92.4%	90.0%	93.6%	no tgt	86.9%	96.0%
The proportion of clients who receive direct payments	24.9%	26.0%	26.7%	no tgt	26.3%	29.2%
Proportion of adults in contact with secondary mental health services in paid employment	3.3%	6.0%	3.1%	7.1%	6.7%	n/a
Proportion of adults with a learning disability who live in their own home or with their family	77.1%	75.0%	70.1%	70.0%	75.4%	76.4%
Proportion of adults in contact with secondary mental health services who live independently, with or without support	62.0%	68.0%	63.2%	77.0%	58.6%	n/a
Proportion of clients receiving an annual review	75.6%	76.0%	78.1%	76.0%	n/a	n/a
Proportion of clients receiving a care support plan	86.2%	90.0%	88.5%	90.0%	n/a	n/a
Proportion of assessments completed within 28 days of referral	71.2%	70.0%	68.9%	74.1%	n/a	n/a
Proportion of clients receiving their care within 28 days of assessment	92.5%	94.0%	95.2%	90.0%	n/a	n/a

We performed well in the majority of key areas for outcome 1, with the exception of adults with mental health needs who are in paid employment or who are living independently. This table indicates that for most people they are supported to live as independently as possible and with the right level of support.

One of the enablers for this outcome is the Direct Payment card which has been successfully implemented with currently 349 out of 396 Direct Payment recipients using the card in one form of another. This has given these clients further independence and choice in terms of paying service provider and has improved efficiency in the Trust's administration of direct payments and related overheads.

Performance for adults who require and are supported by mental health services is lower than we would like. In relation to being in paid employment, seasonal employment patterns within Torbay contributes to this. Increasing employment rates as well as increasing the numbers of people with mental health problems who are enabled to live independently is a key area of ongoing work for Torbay Council and Devon Partnership Trust who provide these services.

Case Study –

Health and Social Care working together to help patients leave hospital once they are medically fit

Mr L was admitted to Torbay Hospital following a fall at home having suffered a heart attack. He lives with his wife of over 50 years and they care for each other as his wife is in the early stages of dementia. Once on the ward, it was apparent that Mr and Mrs L had been struggling to cope without any outside support for some time. The ward alerted the Health and Social Care Complex discharge team that their help would be required to assist Mr L to return home safely and continue living independently with his wife.

The team, comprising nurses and social care colleagues, discussed who might be best placed to assist Mr and Mrs L in thinking about what was important to them in maintaining their life together. The nurse talked about equipment needed and arranged with the OT on the ward to deliver a commode, a mattress and cushion to protect Mr L's skin as he had a pressure sore and asked for a temporary contract with a local domiciliary care agency whilst Mr L recovered at home. The social care workers on the team liaised with the mental health services to discuss extra support for Mrs L at home to ensure she was safe whilst her husband was in hospital. They also arranged for her to engage in a local memory clinic and offered activities to keep her active. The teams Carer Support Worker talked to Mr L about his needs as a carer and offered a small, one-off personal budget to help him get a garden shed where he could have some time to himself from caring for his wife. Mr L was then referred to the GP Carer support worker for follow-up once back home.

As this was organised from the initial admission, as soon as Mr L was medically fit to leave hospital all arrangements were already in place to provide the reassurance to him and his wife that they could continue to manage well at home.

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	2016/17 Outturn (provisional)	2016/17 Target	2015/16 Outturn	2015/16 Target	2015/16 England average	2015/16 Comparator group average
Number of people living permanently in a care home as at 31 March	642	617	635	630	n/a	n/a

During 2015/16, the Trust led Care Model Strategy and the Council led Prevention Strategy have set the framework for developing a wider range of integrated proactive services providing more multi-disciplinary team working and more tailored personalised care closer to home (also known as the adult social care 'personalisation' agenda).

Enhanced Intermediate Care

During the last four years the number of individuals living permanently in a care home (at the end of the year) has reduced year on year and this trend continued into 2016/17. However placement numbers from July 2016 onwards increased, then reduced to the 2015/16 level with a small increase at the end of the 2016/17 year. Whilst this performance was less than we expected, 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 benchmark well with other authorities in terms of our gross expenditure in this area and we know that we have a higher than average proportion of older people in our local population.

The development of enhanced Intermediate Care is one of the key deliverables within the new Care Model for the Integrated Care Organisation. GPs and Pharmacists are now part of the health and wellbeing teams delivering Intermediate care within Torquay Paignton and Brixham. Stronger links with the ambulance service and the acute hospital have also been developed, meaning that patients experience a more seamless service between settings.

The deeper integration of these services has helped ensure people have shorter stays in hospital. 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. The implementation of a 'discharge to assess at home' pathway has further developed the ability of the organisation to care for people at home – 'the best bed is you own bed'.

Work is on-going to further link up the enhanced Intermediate Care services with the Rapid Response and Reablement services that the Trust also provides; alignment of services has already taken place with further integration of services being the next step.

Wellbeing Services in Partnership

In a financially stretched system, Torbay partners have successfully created funding to evaluate the impact of new and different proactive services .E.g. NHS England Vanguard bid £300k; the Health Foundation £75k, the £6m Ageing Well Project Lottery fund and the Great Place Scheme, of which a portion of £1.2m is allocated to arts, culture and wellbeing.

Within this account period we have worked with Torbay Community Development Trust; Torbay Age UK and Brixham Does Care voluntary sector partners and the newly established Torbay Culture Board to develop new ways to help people plan their own care needs, keep active, and consider alternatives to traditional and more expensive care. E.g. singing for people with respiratory problems.

Wellbeing Coordination, 'My Support Broker' brokerage service and the Arts and Culture for Wellbeing Programme are all in delivery with outcomes to reduce health and care activity and cost. Evidence suggests this reduction could be up to 20% if we target the right people into these pathways. The Trust, TCDT and Plymouth University SERIO have entered into a tri-partite Information Governance Agreement to enable quantifiable evaluations of the Torbay wellbeing co-ordination service to inform future commissioning and the Health Foundation has appointed evaluators for the Arts and Culture for Wellbeing Programme. The local account for 17/18 will evaluate these services.

Developing the Care Sector

Key aims are to develop an approach to early diagnosis of both health and social issues at the earliest point to promote independence and reduce the need for permanent care home placements. Also key is developing the availability of private sector home care providers who reflect the aims of the care model strategy in their approach and encourage people to connect with local community resources and develop their own support network. The aim is to reduce the pressure on services that bridge the gap when people are going through a change in their health and social care needs. Torbay Council are further developing and enhancing the local Provider forums which enable a rich dialog between the Council and independent providers to support market development in the context of the local needs assessment.

Case Study – Wellbeing Co-ordination

Jean is in her 80's and was referred to the Wellbeing Co-ordinator by her GP. She is confined to her flat and reported feeling extremely lonely and isolated. Jean is very personable and describes herself as a "people person". Jean has many interests including reading but her physical and sensory disabilities mean she is unable to take up any of these now. Jean misses simple things like being able to go outside and watch dogs run in the park and meeting with friends.

Our Wellbeing Co-ordinator referred Jean to the befriending team at CentrePeace. Jean now has a weekly visit from CentrePeace, has arranged for Jean to meet another lady whom she seems to have a lot in common in her local area. Jean is unsatisfied with her care providers and so The Wellbeing Co-ordinator has arranged for an enlarged copy of the Health Watch leaflet to explain her options.

Jean would like to move more and be outside and so the Co-ordinator has arranged for a Physiotherapy trainer to visit her to help her develop an approach to safely move from her chair to her wheelchair so she can be supported to go outside. The WBC is working with Jasmyn House so Jean can trial talking books.

Jean says she will be eternally grateful to her GP for making the referral to the Wellbeing Co-ordination and to have someone interested in her emotional health and life, not just her physical health. Jean has commented that visitors are her "window on the world" and "within a week, the wellbeing co-ordinator had called and for the first time in years, with the exception of my sons "I felt there was someone who really cared about me".

Her son told her this week "it feels like I've got my mum back".

Safe and Well

The Safe and Well Project is a new initiative that was developed in 2016 and is a service that supports people to access small pieces of equipment simply and easily themselves. The service is provided from Nottingham Rehab Supplies. (NRS)

NRS offer free advice from an Occupational therapist over the telephone or through a simple question and answer quiz online. They guide service users to local retailers to try before they buy or offer an ordering service from their own company. Local retailers and NRS shared a joint awareness session to promote the service as they work in collaboration to support the needs of our community.

The service is available to all adults in the community who are able to research and purchase small pieces of equipment to meet their needs as their physical health changes over time.

Case Study One– Safe and Well

March 6th 2017

Client calls into Torbay's single point of contact; Customer Service Centre and is put through to a Health and Social Care Coordinator. Client has moved into area leaving equipment behind in another County. She feels she would benefit from a perching stool in the kitchen to help her remain independent in food preparation. HSCC explains the new approach and agrees to send the service user a Safe and Well leaflet.

28th March 2017 Telephone call from the HSCC to the service user who reports that quote she has used the website to find a perching stool that she will purchase.

Case Study Two– Safe and Well

April 27th 2017

Service Users daughter calls to report that her Mum is struggling to get out of bed at night and waking her Dad to help her. A simple bed lever was discussed resulting in an email to the daughter given the details of where the appropriate equipment can be sourced.

Same Day: Email response from service user's daughter "Thank you for the information you sent me I will be picking up the bed rail today and will try and get the grabber. I will also look into a new chair. You have been very helpful, much appreciated".

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	2016/17 Outturn (provisional)	2016/17 Target	2015/16 Outturn	2015/16 Target	2015/16 England average	2015/16 Comparator group average
Overall satisfaction of people who use services with their care and support - from annual user survey	68.4%	68.0%	67.9%	68.5%	64.40%	67.40%
The proportion of people who use services who find it easy to find information about services - from annual user survey	77.3%	81.3%	81.3%	77.3%	73.50%	76.10%
Carers receiving needs assessment, review, information, advice, etc.	38.3%	40.0%	43.3%	40.0%	n/a	n/a

The overall satisfaction survey is above target, last year, the England average and the comparator group. The proportion of people who use services who find it easy to find information is the other experience target with national comparators and has also exceeded the national and comparator group although it has fallen back from last year's achievement and our plan. The similar measure for carers concerning advice and information has also fallen back from last year. These areas will be considered in the Trusts Annual Strategic Agreement to ensure we have a focus on understanding what measure need to be put in place to support.

Case Study:

This is a couple in their 60s. The husband has Vascular Dementia and was in hospital with a hyperglycaemic attack. The wife, who works part-time, was saying that she could no longer manage him at home as it had got to crisis point. They had had domiciliary care before the admission but this was not working to their satisfaction as there were regular changes in staff or routine that made her husband's confusion worse. The Carer Support Worker completed a Carers Assessment and discovered that the wife felt it could work at home if she undertook the personal care, so long as she got a regular break to herself. The CSW arranged for the husband to have a package of care which included two days day care to give her a break. The husband had previous links with a charity that the CSW linked with to provide regular short stays in residential care and to take him to their regular events. As he knew the people, he was confident and calm to go with them. These arrangements enable the wife to continue having a life of her own, supporting a quicker discharge from hospital and preventing an admission to permanent residential care.

Case Study – Carer support

The pre-assessment Clinic identified that this man had a Carer, and that the situation was at crisis-point with potential family breakdown. They are a couple in their 30's with children, and the husband has multiple health conditions, is a wheelchair user awaiting a hip replacement, and living in accommodation which made his health condition worse. Many different departments of the hospital were working with him, but all in isolation of each other, and the family had no external support, despite the extensive needs, so were at extremely high levels of anxiety. The Carer Support Worker completed a Carers Assessment and called a Case Conference to bring together all the parties involved with the family. A joint home visit was undertaken with the Community Occupational Therapist, in order to support him at home, and a request for re-housing was made (and just been successful). The CSW has worked with the family to do contingency planning and the Community Matron is also now involved. The CSW has also involved CAB to help with financial advice and planning, and has set up a small enabling service half a day a week to give the Carer a break, but also helping the husband get out and about. This has been enough to keep the family together and prevented an admission to a residential home placement.

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 provides a sound basis for delivering these legislative requirements. The Board has incorporated the requirements into its terms of reference and Business Plan for 2017/18, ensuring that all relevant operational and policy changes are in place for April implementation.

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 have we performed?

Measure	2016/17 Outturn (provisional)	2016/17 Target	2015/16 Outturn	2015/16 Target	2015/16 England average	2015/16 Comparator group average
Proportion of repeat adult safeguarding referrals in last 12 months	7.0%	8.0%	4.9%	8.0%	n/a	n/a
Safeguarding Adults - % of high risk concerns where immediate action was taken to safeguard the individual	100.0%	100.0%	n/a	n/a	n/a	n/a

The Safeguarding Adult Team has undertaken an initial analysis of information pertaining to repeat referrals. This has provided a baseline understanding of information for more in depth review of whether any of these repeat referrals could have been avoided. For example, preventative measures in place to safeguard, safety advice, communication of care plan information. This analysis will be reported back to the Safeguarding Adult Board's September meeting.

The Safeguarding Adult Single Point of Contact Team undertakes an initial assessment of information to prioritise concerns appropriately. This provides assurance that concerns requiring immediate safeguarding responses have either already been or are acted upon. The data evidences that 100% of cases requiring immediate responses received so within the given (same day) timescale.

Case Study - Safeguarding

A community nurse visited a patient living in assisted living accommodation on an unrelated matter. In discussion the patient advised that he was awaiting a call back from his GP due to other health issues that were currently significantly impacting on his health and well-being. The discussion with the GP and Nurse identified that paid carers had not been administering critical medication over a period of time, impacting significantly on his physical and emotional well-being. The patient and family stated that they had reported their concerns to the care provider previously but the issues had not been resolved despite assurances. The patient also reported carers had been visibly stressed when visiting.

A safeguarding response was immediately put in place with the support of the GP, community nursing team, registered manager of the care provider, the patient and his family. A social worker was also allocated to coordinate the enquiry. The preferred outcomes for the patient were identified and focused on resolving the medication management concerns with the provider and ensuring that carers felt confident in their care delivery. An in depth enquiry was undertaken jointly between a community nurse lead and senior management of the care provider.

The safeguarding response was reviewed with all parties at a safeguarding meeting that took place at the patients preferred venue. The key issues and risks were captured in the meeting so everyone was clear. The meeting recorded the views of the patient and his family and ensured the patient's views were central to the meeting. This included information from the patient that he was satisfied with the response and actions taken by the care provider but also his views as to what had happened and concerns for the future.

A safeguarding protection plan was agreed which included an on-going monitoring plan to minimise any future risk. The patient recorded that their outcomes had been fully met and the response had been a positive one. All agreed at this point that the safeguarding enquiry could stop.

4. Financial position and use of resources

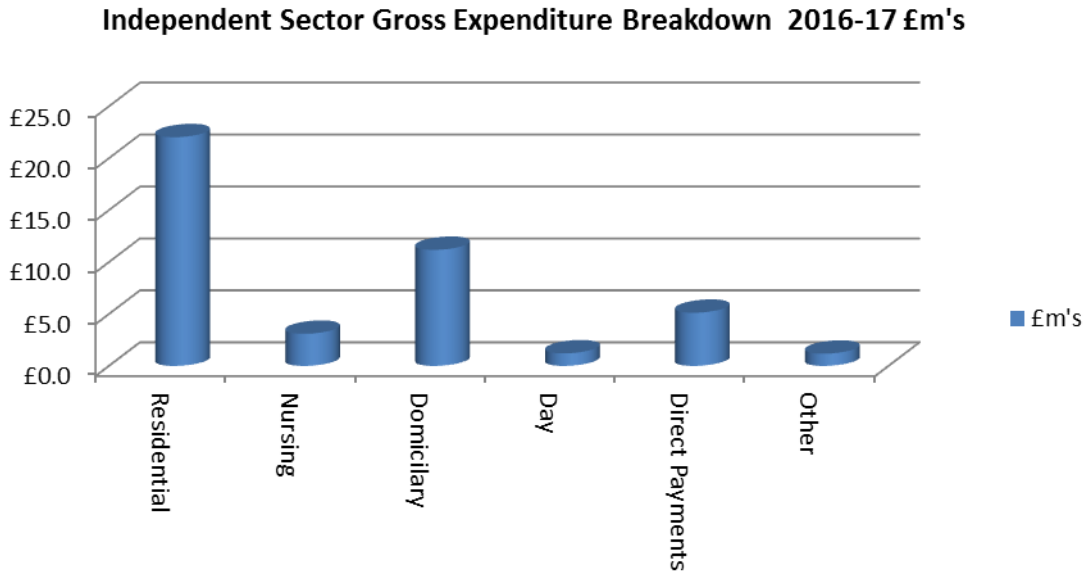
From the 1st October 2015 an Integrated Care Organisation was formed and within this organisation remit was to provide Adult Social Care (ASC) on behalf of the population of Torbay. From a financial perspective Torbay Councils role as a commissioning body is to provide a funding contribution to the overall running costs of the ICO. In 2016/17 this contribution was £41.7m which was £1.8m over the original budget (under the current risk share arrangement Torbay Council pick up 9% of any under or overspend within the ICO).

The ICO provides a diverse range of services and ASC is a part of this. There is 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 support service staff.

The vast majority 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 is on average around 2,200 people receiving a core service.

The net spend figure in the independent sector was £33.2m in 2016-17. 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 collected from people in Torbay in 2016/17 was £10.5m. The total (gross) expenditure on services was therefore £43.7m. The allocation of this gross expenditure across different types of services is illustrated in the chart below.



The age of the people receiving these ranged from 18 to over 100 years old and services were provided to clients with learning disabilities, mental health issues,

dementia, sensory and physical disabilities, vulnerable people, and the frail and elderly.

Financial outlook for 2017-18 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 2016 to 31 March 2017 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
24-Nov-16	Unauthorised Access	An email with an attachment that included patient identifiable data was sent to an insecure email address by an approved contractor working on behalf of the Trust.	The error was identified within 10 minutes of its occurrence and a full investigation was undertaken by the Head of Information Governance. An internal review was undertaken by the approved contractor with disciplinary actions being discussed. The supplier's remote access has been reviewed in line with the information governance requirements specified within the contract. This stated that no patient identifiable information should leave the Trust. The Trust has reviewed its own internal processes and made changes.

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 2016/17 were assessed as being of low or little significant risk. The Trust declared level two compliance against the information governance toolkit requirements by 31 March 2017. A new action plan will be created to deliver improvements against the 2017/18 information governance toolkit and will be overseen by the Information Governance Steering Group which is chaired by the senior information risk owner.

6. Healthwatch Torbay response to the Adult Social Care Local Account 2016 - 17

Throughout 2016-17 Healthwatch Torbay (HWT) has continued to develop and grow in its own right and is now an independent organisation working to ensure that the people of Torbay are kept well informed about developments in health and social care, and have a voice in both the transformation and scrutiny of local health and care provision.

As a key partner in health and social care, HWT has continued to work with all stakeholders to ensure that the views of the people of Torbay are listened to and respected. There is a continuing need to drive up service user's experience and carers in all areas of our day to day business and service planning. Under the national 'Think Local Act Personal, Making it Real' programme, which sets out what local people and carers who use services expect to see and experience HWT strives to ensure local people are included as equal partners and have their say on the services which are important to them.

The new directions discussed in the Local Account, to rely less on bed-based care and to support people to become more independent at home, provides a vital opportunity for providers to work with HWT to ensure that service user's views continue to be an integral part of quality monitoring and the effectiveness of the New Model of Care.

During 2016/17 HWT, as an independent organisation, collected feedback from the community and produced a report to inform South Devon and Torbay Clinical Commissioning Group on the New Model of Care as part of their public consultation. The feedback gathered highlighted public concerns that changes may lead to a lack of town-based community beds for End of Life care, a half-way-bed from the acute hospital to home and respite care. There was also an assumption of a significant increase in the amount of travelling required by patients, family members, clinical and intermediate care teams. As the New Model of Care is implemented, HWT will continue to monitor whether these concerns are substantiated and continue to escalate any public concerns or complaints through the official process.

Another HWT report on the quality of the domiciliary care for vulnerable people at home highlighted a pattern of "deteriorating communication" regarding the organisation of home visits, with loss of control and support for service-users and family members. It also indicated a "growing breakdown" in the Carer service-user relationship, with staff also reporting "demoralisation through reduced job satisfaction" and "concerns for clients' safety."

We continue to work with the local authority on the development of improved standards for home care services and on monitoring the provision of services in residential and nursing care homes using our online Rate and Review service.

It is pleasing to see in the Local Account that the majority of clients received an assessment within 1-4 weeks, figures that reflect our own report into Social Care Assessments in December 2016. We would like to thank Torbay Council and Torbay and South Devon NHS Foundation Trust (TSDFT) for their support with this report and also their continued commitment to use the insight we provide to improve the service they deliver.

In conclusion, we are pleased to support the presentation of the Local Account and look forward to our continuing partnership work to champion the voice of local people in local decision making - making this process meaningful and bringing about positive changes.

Yours Sincerely,

Dr Kevin Dixon
Chair - Healthwatch Torbay