



# Annual Strategic Agreement

Between:

**Torbay Council and  
Torbay and South Devon NHS Foundation  
Trust**

For the delivery of:

**Adult Social Care April 2018 to March 2020**

**Draft 3.0 16/01/18**

**DRAFTING NOTE:**

- THIS DOCUMENT REMAINS DRAFT AND IS BEING CONSIDERED BY BOTH THE TRUST AND THE COUNCIL
- PERFORMANCE INDICATORS ARE TO BE CONFIRMED POST M9 OUT-TURN
- SOME APPENDICES TO FOLLOW ONCE AGREED/APPROVED THROUGH THE ADULT SOCIAL CARE PROGRAMME BOARD

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## **1 Introduction**

The Annual Strategic Agreement (ASA) is refreshed and agreed annually between Torbay Council (the Council) and Torbay and South Devon NHS Foundation Trust (the Trust). The ASA is aligned with the Council's Corporate Plan and the Trust's Operational Plan.

The ASA is set in the context of the Risk Share Agreement established between the Council, the Trust and South Devon and Torbay Clinical Commissioning Group (the CCG).

It should also be noted and considered within the context that the Council and the Trust and CCG are working as part of the Devon wide Sustainability and Transformation Partnership (STP). The organisations continue to evidence their strong partnership role in working on both local and Devon solutions to use resources to best effect.

There is an aspiration for the Trust to become a Local Care Partnership during 2018/19 as part of the governance of an Accountable Care System for Devon.

### **1.1 Scope of the Agreement**

The scope of this agreement is Adult Social Care (ASC) services provided for the population for which Torbay Council is accountable. This will include the statutory duties and obligations in respect of the delivery of ASC services for people who are resident in Torbay but will also include people placed in accommodation in other areas of the country where national policy dictates that the Council remains the accountable authority.

In addition to the services described in this Agreement, the Trust provides other services, including those commissioned by the CCG, NHS England specialist, dental, and screening teams.

Torbay Council also commissions additional services from the Trust including, the Drug and Alcohol Service and the Lifestyles, Health Visiting, and School Nursing service which are commissioned by the Council's Public Health team.

Within the integrated approach of the Torbay care system the parties work jointly to ensure effective and efficient delivery of services. The Trust hold the budget for areas such as Autism, Learning Disabilities and Mental Health. Aspects of these are delivered through other organisations such as Devon Partnership Trust. The system partners will collaborate to ensure a continuous improvement approach to the delivery of care. Roles and responsibilities will be part of iterative work within 2018/19

### **1.2 Summary of services to be provided**

The services provided under this agreement will include:

- Provision of information and advice to people enquiring about ASC services;
- Assessment of need for social care services, including the provision of rehabilitation and reablement services, and an Emergency Duty Service;

- Commissioning and monitoring individual packages of care, including case management assessments under the Mental Capacity Act, Deprivation of Liberty safeguarding and engagement in Court proceedings;
- Monitoring of the quality, performance, and cost of services provided by Trust staff and other providers;
- Safeguarding the needs of adults and older people living in Torbay. This includes delivery of Torbay Council's operational safeguarding responsibilities, servicing the Torbay Adult Safeguarding Board, investigations of individual safeguarding concerns and whole homes investigations;
- Voluntary and Community Sector development and coordination in support of independence, self-care, enablement and improved quality of life;
- Ensuring that services are provided in a cost effective way whilst still offering the choice to which people are entitled;
- Collection of income for chargeable services, including and assessment of an individuals' financial circumstances and ensuring that people are receiving any welfare benefits to which they are entitled;
- The collection, collation and submission of activity information and performance returns as required operationally, by the Council and to meet local, regional and national statistical returns;
- The collection, collation and submission of financial returns and budget reports as required operationally, by the Council and to meet local, regional and national statistical returns;
- Benchmarking Torbay Council's performance and cost against similar Local Authority areas, England and the South West;
- Input to JSNA and housing needs assessment as required to ensure strategic commissioning plans and market management is based on relevant, accurate, quality and timely data;
- Procurement and monitoring and management of the local market, within the strategic approach set by the Council/CCG Joint Commissioning Team and Market Management Group, to ensure sustainable, good quality services;
- Delivery of agreed plans including Trust Wide Improvement Projects and those agreed through the BCF including the commitments to optimise the application of the Disabled Facilities Grant.

## **2 ASC Commissioning Priorities**

The Council's Corporate Plan (2015-2019) includes the following commissioning priorities for 2018-2020. It is the Trust's responsibility to ensure these are underpinned by timely and accurate data collection and information provision including, finance and performance management information on independent and community voluntary sector contracts and Service Level Agreements held by the Trust:

### **2.1 New Model of Care**

- Wellbeing Co-ordination in place, offering strengths based conversations and signposting to support people to maximize resilience and self-care
- introduction of a new model of support planning, using a partner to deliver person centered support plans developed with people by planners with lived

experience

- Living Well@Home development programme being a market wide programme in support of the new model of care;
- Implementation of the NHS Standard contract for Care Homes and development of outcomes based contracting options;
- Accommodation-based, care and support strategy;
- Outcomes based specification for extra care housing and procurement of supported living, to maximize independence ;
- Support the development of a vibrant voluntary and community sector within the context set by commissioners
- Reducing demand through prevention and innovation
- New approaches to assessment and the introduction of Individual Service Funds in order to maximize choice and reduce costs in care packages.

These will be supported by the development of a detailed approach to Information and Advice provision (in relation to ASC services), a strategic plan for the support of enablement of individuals by the use assistive technology alongside a refreshed strategy for the development of the Voluntary and Community Sector.

## **2.2 Autism**

- Provide Autism awareness training for Trust staff who come into contact with people with autism;
- Ensure that staff of organisations and agencies commissioned by the Trust who come into contact with people with autism have appropriate training;
- Provide specialist training for key staff in the trust who come into contact with people with autism;
- Undertake assessments under the Care Act for adults;
- Key partner and in the development and delivery of the Joint Learning Disability and Autism Strategy and action plan, following the ADASS Peer Review.
- a sustainable supported living market for people with Autistic Spectrum Disorder diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract

## **2.3 Learning Disabilities**

- Focus on people living full and independent lives, where secure homes and fulfilling lives are a priority;
- Help people and let them know what options they have to help them achieve their goals;
- Improved accessibility to community services for those people who have a learning disability;
- Improve access to employment and housing;
- Key partner and in the development and delivery of the Joint Learning Disability and Autism Strategy and action plan, following the ADASS Peer Review.
- secure a sustainable supported living market for people with a Learning Disability diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract

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

- Approval and provision of 'sufficient' numbers of Approved Mental Health Practitioners (AMHP);
- guardianship under section 7;
- Financial and Budgetary responsibilities for the whole Mental Health budget, including activity below assigned to DPT.

Devon Partnership Trust will be directly commissioned under a Service Level Agreement by Torbay and South Devon NHS Foundation Trust as part of the section 75 agreement between TSDFT and the Council. Devon Partnership Trust will be commissioned to operationally deliver these under 65 social care mental health services in Torbay. This is in compliance with Torbay Council's statutory duties under the Care Act, Mental Health Act and other relevant legislation, including:

- Aftercare under section 117;
- Care management services, including operational brokerage of social care packages.

Contract management of Devon Partnership Trust will be undertaken by Torbay Council, Strategic Commissioning Support for this arrangement will be provided by Torbay Council's Joint Commissioning Team.

Professional Practice oversight of AMHP needs to be defined and agreed. This arrangement will be governed by this ASA and a contract between DPT and the Trust.

The priorities for the commissioned service in 2017 to 2018 extend into 2018 / 19 and are outlined in the Adult Mental Health, Joint Delivery Plan between the Council, TSDFT and DPT. Close working with other commissioners such as the CCG will see this developed and monitored through Social Care Programme Board Quarterly performance and finance reports will be submitted to the ASCPB. A governance structure is in place with the Council, the Trust and DPT. Greater alignment of this work will be required during the 2018/19 financial year through the development of the Mental Health ACS. It is envisaged greater alignment of governance and strategic approach will be agreed through this structure. It is expected that during this period employment of the Approved Mental Health Practitioners will transfer from the Council to DPT.

- Trust finance team support for improvement plan and development and implementation of cost improvement projects. Torbay Council Commissioners to agree improvement plan and development of cost improvement projects with DPT
- Support for integrated personal care planning and brokerage including implementing and embedding systems plans.
- Review and redesign of all current assigned staff roles within the Adult Mental Health contract to ensure value for money and focused approach to delivering better outcomes for people with mental ill health.
- a sustainable supported living market for people with a Mental Health diagnosis through procurement of Supported Living Shared Hours and Supported Living 1:1 Hours contract



## 2.4 Social Care Workforce

- Ensure sufficient professional leadership and support to changes to the workforce and implementation of new ways of working;
- Develop capacity within the workforce to deliver the services and provide contingency working and engagement in co-producing new approaches to care work e.g. Trusted Assessor models.

## 2.5 Enhanced working between the commissioning functions

- Continued development of working arrangements for clarity of roles and responsibilities with the growing independent and voluntary sector;
- Supporting engagement with independent and voluntary sector providers through the multi-provider forum and associated groups.

## 2.6 Housing and Care

This commissioning function in support of the new model of care will be led by the Council in support of its system partners Implement the homelessness prevention plan:

- Re-commissioning of accommodation based and outreach support for single homeless and young peoples' homelessness support services and young parents service;
- Implement the Devon protocol to support joint action on improving health through housing;
- Accommodation-based care and support plan;
- Better use of equipment, home improvements, grants and technology including, disabled facilities grant in line with BCF planning;
- Homelessness strategy delivery including, prevention and early intervention and alternatives to temporary accommodation and improved hospital discharge.

## 2.7 Safeguarding Adults

The Trust will deliver operational safeguarding duty on behalf of Torbay to:

- Prevent abuse and neglect wherever possible, understand the causes of abuse and neglect, and learn from experience;
- Ensure all organisations embed learning from incidents and case reviews;
- Improve multi-agency practice and processes to improve individual safety planning as part of care and support plans and safeguard adults in a way that supports choice and control and improves their lives;
- Provide information and promote public awareness to enable people in the community to be informed so that they know when, and how, to report suspected abuse;
- Work with strategic commissioners and in partnerships with independent and community voluntary sector organizations to identify and address issues early preventing escalation through focused service improvement planning to reduce and streamline the number of current safeguarding processes.

## 2.8 Carers

**In line with the priorities established through the redesign of Carers services** the Trust will deliver operational duties to support carers on behalf of Torbay to:

- Provide Carers Assessments / Health and Wellbeing Checks for Carers of Adults
- Provide support to maintain Carers' health and wellbeing
- Provide Carers' advocacy;
- Promote identification and support of Carers across the wider health/social care community;
- Provide support to commissioners about market development to meet the needs of Carers and those of the people they care for
- Ensure Carers performance indicators are met.
- Take steps to address reduced performance in the Personal Social Services Survey of Adult Carers in England 2016-17;
- Implement the Carers Strategy (Appendix 1)

In 2018/19 a review of Carers Services will be undertaken, this will include a period of consultation with the public. Any decisions on changes to services will be made following this consultation and be managed through the Adult Social care Programme Board.

### 3 Current Services

#### 3.1 Activity Baseline and Planning Assumptions

The Trust will be providing, under the terms of this agreement, long term packages of care to adults and older people with social needs. In the table below this activity is broken down across localities / teams and by value of the packages of care (initial business planning baseline).

Table 1: Activity Baseline Assumptions for 1<sup>st</sup> April 2018

	Mental Health Under 65	Mental Health Over 65	Learning Disability	Adults & Older People		Total
				Torquay	Paignton & Brixham	
Type of Care and Support Plans						
Packages of Care Under £120 per week (at home)	54	19	47	236	186	<b>542</b>
Care Under between £121 & £999 per week (at home)	41	24	244	245	251	<b>805</b>
Care Under £1,000 per week (Residential based)	36	130	82	174	165	<b>587</b>
Care over £1,000 per week (at home & residential based)	3	5	79	4	5	<b>96</b>
Full Cost Care (Residential based)	-	21	1	14	18	<b>54</b>
Full Cost Care (at home)	-	12	2	49	49	<b>112</b>
<b>Total</b>	<b>134</b>	<b>211</b>	<b>455</b>	<b>722</b>	<b>674</b>	<b>2,196</b>

### **3.2 Projected activity**

As part of the Trusts' business planning process the Trust's Community Service Delivery Unit (Community SDU) will formulate plans to deliver the capacity required in 2018/19 within the parameters of the Trust's business planning process and the associated savings requirements.

The service development and saving plan work streams developed through this processes by the Community SDU will report to the Adult Social Care Programme Board (ASCPB) with governance, assurance and approval being provided through this board as appropriate and applicable.

### **3.3 Operational Delivery, Monitoring & Oversight**

Delivery will be monitored through local operational meetings, the Community SDU Board, the Trust Board and the ASCPB against financial run rates and performance targets.

The Trust will operate autonomously to take any management action is necessary to correct performance which can be taken within the parameters of this Agreement. However, should exceptional circumstances arise, through excess demand or other external factors not taken into account when the budget allocations underpinning this agreement were made, the impact and any corrective actions will be discussed through the ASCPB

The indicators are to be agreed in the light of the December 2017 out-turn figures and the relevant service and business planning processes. Performance indicators for the service will be those set nationally, under the ASC Outcomes Framework (ASCOF), or agreed locally. A description of the ASCOF indicators is set out in Appendix 2 and includes details of the performance and benchmarking information against each Key Performance Indicator along with performance measures produced following the review of work with Professor John Bolton.

### **3.4 Impact on quality, activity and cost including cost improvement**

A programme of improvement and savings plans will be developed by the Trust for approval through the Adult Social Care Programme Board and attached as Appendix 3

### **3.5 Adult Social Care Workforce**

The provision of integrated health and social care services through local multidisciplinary teams has proved to be an effective model for delivery, able to respond to customer needs swiftly, facilitate rehabilitation, and avoid admissions to residential care and hospital where ever possible. However, the existing model relies on a level of staff resources which will not be sustainable in future given the additional demands. An alternative model is being designed which will have an impact on how staff are deployed.

The new care model will be built on a strengths based approach, aligning entirely to the model in use within the voluntary sector and Integrated Personal Commissioning. Adopting this approach across social care, health services, and the private, voluntary and independent sectors will bring a synergy of approach not previously seen. For social care this is building upon the previous 'Personalisation Strategy'. This is being developed with initiatives e.g. Strengths Based Working and Making Every Contact Count (MECC) and will underpin a more from time based and care based provision to outcomes based commissioning.

### 3.6 Safeguarding

The Trust will continue to deliver the delegated responsibilities of Torbay Council regarding Safeguarding Adults. 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 with which the Trust will need to comply. This includes requirements in the following areas:

- Duty to carry out enquiries;
- Co-operation with key partner agencies;
- Safeguarding Adults Boards;
- Safeguarding Adult Reviews;
- Information Sharing;
- Supervision and training for staff.

Accountability for this will sit with the Torbay Safeguarding Adults Board (TSAB). 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 2017/18, ensuring that all relevant operational and policy changes are in place for April implementation.

Regular performance analysis from all partner agencies will be reported to the TSAB to give a clear picture of performance across the agencies. The Council will ensure high level representation on the Board by the Director of Adult Social Services and Executive Lead for Adult Social Care.

In order to maximise capacity Torbay SAB will work closely with the Devon SAB with an increased number of joint sub-committees and shared business support. In addition to this, to provide internal assurance that the Trust is fulfilling its Safeguarding Adult requirements, the Board will have a sub-committee which will oversee performance. This will have a particular focus on training and performance activity.

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. This is now in place.

The Trust also has delegated responsibility as a provider of ASC services to ensure that it participates as a full partner in the TSAB and meet all regulatory requirements in safeguarding adults and children.

### 3.7 Delivery and Performance Management: Adult Social Care Services

The present arrangements for ASC delivery through an integrated health arrangement delivered by the ICO have been benchmarked against similar authorities in its family group (comparator group). The results show in 2016/17 Torbay spends around £363 per head of adult population, compared to an average of £348 for our comparator group (this is the net current expenditure from 2016/17 Adult Social Care Finance Return (ASC-FR) - per head of adult population).

It is to be noted that the integrated nature of the Torbay's system whilst delivering better outcomes for people does mean that direct comparisons do not always provide an unambiguous picture. The work and benchmarking as provided by Professor John Bolton illustrates the benefit of the additional analysis and benchmarking. With this in mind a series of additional measures reflecting the challenges put forwards by Professor Bolton are included within the performance indicators and will be attached as Appendix 2.

Torbay performs very well in the following area:

<b>Excellent</b>
<ul style="list-style-type: none"><li>• Service user reported quality of life</li><li>• Service user reported social contact</li><li>• Service user reported control over daily life</li><li>• Carer reported ease of finding information</li></ul>

And well in these areas:

<b>Good</b>
<ul style="list-style-type: none"><li>• Service user reported ease of finding information</li><li>• Service user reported satisfaction with care &amp; support</li><li>• Coverage of reablement service</li><li>• Reablement not followed by long term social care support</li><li>• Delayed transfers of care from hospital</li></ul>

<b>Opportunities for improvement are as follows</b>
<ul style="list-style-type: none"><li>• Permanent admissions to residential and nursing care for 18-64 years olds</li><li>• Adults with a learning disability in paid employment</li></ul>

Audit South West's January 2017 audit report looking at the Trust's care assessment process has confirmed that "the Trust's arrangements for the assessment of the care needs of referred individuals, and determination of eligibility to receive publicly funded care and support is in line with the Care Act 2014 and are appropriate. Staff are able to access a range of training and operational support mechanisms to help them discharge these key responsibilities."

Appendix 4 provides further detail in respect of the areas above – Summary of Adult Social Care Outcomes Framework for Torbay (Jan 2017)

<sup>1</sup> Torbay's family group of comparator authorities are groups of authorities that central government consider have similar patterns of deprivation and age profiles etc.

N.B. It should be noted that the ASA applies to the delegation of authority and activity in respect of ASC and does not include Children's services. The ICO's use of funds to deliver these services should therefore focus on ASC when comparisons are made with other authorities.

[Torbay and South Devon NHS Foundation Trust Final Internal Audit Report: Care Assessment Process Report Reference: TSD08/17 January 2017

Source Page 34 CIPFA Local Authority budget comparator profile Torbay Comparator Report November 2016

Source ASCOF and Personal Social Services: Expenditure and Unit Costs, England - 2015-16: <http://www.content.digital.nhs.uk/catalogue/PUB22240> ]

## **4 Service developments**

Key developments in the way ASC services are provided, and any changes in what services will be provided, are outlined in the following paragraphs. Where appropriate the planning and implementation of these changes will involve internal and external consultation with key stakeholders as set out in the Decision Tracker which is managed through the ASCPB. Where appropriate the Decision Tracker will also clarify accountability for decision making in these developments.

The new care model will target resources to those in greatest need and provide a universal service to allow people to be as independent as possible and be connected with their local community. The new care model will require significant change and we will need to ensure that we support staff and managers through complex change.

To support the resilience and sustainability of services, we will work closely with the independent and voluntary sector in relation to co-production of solutions that provide solutions for 'what matters to me'.

The Ageing Well Programme has piloted a number of initiatives and the evaluation of these will offer additional input for the further development of services that provide alternatives to traditional social cares services, increase the independence of people and encourage preventative measures and behaviours. Areas that will be addressed include Information and Advice, Assistive Technology and community building.

The development of the new model of care, the on-going focus on enablement and support for a strengths based approach with clients is further underpinned by a revised Eligibility Criteria which will be attached as Appendix 5 once formally agreed by the Adult Social Care Programme Board.

### **4.1 Social Care Workforce Plan**

Delivery of Care Act compliance is a key deliverable for our social care staff and in 2018/19 we will develop and implement a workforce plan for social care services which focuses on:

- Working in partnership with our community, addressing the issues faced by our most vulnerable members;
- Revisiting our approach to ensure we are inclusive with users, carers and community organisations – using strengths based approaches as our principal theoretical approach and operating model;

- Promoting the reputation of social work in Torbay through engagement with users and the co-design of our approach;
- Supporting staff to reach their potential using a capability framework; responding to the Social Work health check and by providing support to improve resilience;
- Delivering a high quality, safe and well respected service through use of quality, safety and governance processes.

In 2016/17 TSDFT undertook the Social Work Health Check. The health check indicated that there are arrangements in place for structures such as flexible working, staff welfare services and exit interviews. Despite increasing allocation lists, Social Workers did not report unmanageable caseloads or sickness due to stress. However, stress is a constant issue for Social Work. Although Social Workers do find time to attend training, and they find it useful, they feel it needs improvement in terms of specialist areas and opportunities for professional development.

These key areas were identified as performance and improvement priorities:

- Reducing the amount of process and computer inputting
- Improving training & CPD
- Clarifying arrangements for supervision
- Focusing on wellbeing and resilience

These areas have been addressed via an action plan in 2017/18. In 2018/19 a strategic approach is sought to the supporting infrastructure and the legacy system that is PARIS.

#### **4.2 Strengths Based Approach**

The Care Act 2014 requires local authorities to consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help in considering what else other or alongside the provision of care and support might assist the person in meeting the outcomes they want to achieve. In practice, this means operationalising strengths based approaches into the care model.

A strengths based approach is being embedded and scaled up within the new Health and Wellbeing Teams. It will become the golden thread which runs through all our interactions with people, both in terms of how we approach care and support in our teams and how our teams in turn approach care and support with the people they serve. To support the deployment of a strengths based approach we have developed the following principles for the implementation:

- We will empower staff to use their skills and experience;
- We will let go of care management approaches;
- We will focus on community involvement;
- We will concentrate on the assets and strengths of the people who use our services, our staff and our partners.

#### **4.3 New Approaches to Person Centred support Planning**

During the course of 2018/19 the Trust will continue to explore new approaches to undertaking support planning. This will include furthering existing schemes for people

with learning disabilities and undertaking wider proof of concept work in partnership with independent, voluntary and third sector organisations.

#### **4.4 Wellbeing Coordinators**

The Wellbeing Coordination service has been in place since July 2016 and is now well embedded as part of the Health and Wellbeing Teams across Torbay. The Trust is working with partners to look at the evaluation of this program in relation to outcomes which reduce reliance on statutory services. This is an evolving project which is being co-designed and developed between statutory and voluntary sector providers and is funded from the Ageing Well Lottery Fund.

#### **4.5 Self-Directed support – including direct payments**

Self-directed support using initiatives such as Individual Service Funds alongside Direct Payments will be encouraged. An infrastructure will be developed to support this, enabling people to identify their options, make informed decisions and have mechanisms that make the right thing to do the easy thing to do.

An example of this is the implementation of Direct Payment cards that took place in 2016/17.

The personal assistant market was a focus of development in 2017/18 and is now well established. The priority for 2018/19 is a refresh of the Direct Payment policy, in order to fully embed a flexible and personalised approach. This refresh will be managed through the Adult Social care Programme Board.

#### **4.6 Care Model Implementation**

Health and wellbeing teams referred to in the Operational Plan will be providing a range of functions details of which are below:

- Encourage self-care, healthy lifestyles and maintain independence
- Help to grow community assets/develop resilience;
- Assessment, support planning and professional social work support;
- Provide rehabilitation;
- Provide nursing care;
- Integrated medical management of people with complex co-morbidities;
- Reactive care coordination of people with deteriorating complex health issues and frail elderly;
- Continue to embed and mainstream Learning Disabilities and working with the voluntary sector to support the delivery of this
- Proactive care co-ordination of people with complex needs and frail elderly;
- Proactive integrated long term conditions support;
- High quality discharge support from hospital to home, integrated planning and seamless handover of care;
- Development of a fully integrated out of hospital care system for Torbay and South Devon, providing onward care which is focused on improving independence.
- Provide falls prevention services;
- Provide palliative care as part of end of life care pathway.



In addition to the Trust's internal governance structures the impact of these changes on community based care roll-out will be monitored and assured through the ASCPB in respect of the community activity

#### **4.7 Services for people with learning disabilities including Autism**

On the 12<sup>th</sup> and 13<sup>th</sup> of October 2017, Torbay Council and the Trust took part in a Learning Disability Peer Challenge Review; which was an opportunity for all partners to understand what we do well, areas for improvement and will support us together in setting our strategic aims and delivery for Learning Disability services for the next three years.

As part of the next stage of this process, an action plan has been developed, with the participation of key partners and will focus on the 5 key areas that have emerged from the Peer Review Team visit:

- Information and Needs Assessment
- Training and Employment User
- Engagement and Partnership Board
- Commissioning and Market for the Future
- Working in Partnership

The Trust will be a key partner in the delivery of this plan.

#### **4.8 Residential and Day Services for Older People**

Market management strategy to support and shape the local market for ASC will be produced and led by council commissioners.

#### **4.9 Reviews**

In 2017/18 the Quality Assessment and Improvement Team was formed by The Trust. This team focusses on all residential and nursing reviews, offering support to homes on key improvement issues. The feedback from homes has been very positive and in 2018/19 a review will be undertaken to ensure that the team has sufficient clinical leadership and can meet review targets.

#### **4.10 Key Milestones**

These are to be agreed, in line with the performance indicators and Trust Wide Improvement initiatives, through the ASCPB and then monitored and assured by the ASCPB throughout the year.

### **5 Quality Assurance**

#### **5.1 National: CQC (Care Quality Commission)**

The Commission will make sure health and social care services provide people with safe, effective, and compassionate high-quality care and encourage care services to improve. They monitor, inspect, and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.

## **5.2 Local: Torbay and South Devon NHS FT**

The Trust will provide quality assurance of both its own integrated business activity and the services it commissions on behalf of the community. A quality and safety report reports all social care quality, safety, and performance metrics quarterly. Interim performance monitoring is via the ASCPB; which receives performance reports and updates on ad hoc issues.

A Quality Assurance Framework has been developed and is now in use with independent and voluntary sector providers to provide assurance in regard to the quality of care provided to people in their own homes and in care homes

## **6 Finance and Risks**

### **6.1 Financial Risk Share**

The Risk Share Agreement (RSA) (Appendix 9) was developed as part of the transaction creating the ICO, and took effect from its inception on 1<sup>st</sup> October 2015. A revised Risk Share Agreement was agreed October 2017.

The share of financial risk going forward is a function of the wider performance of the Trust, rather than specifically in relation to Adult Social Care. The financial baseline from the Council and the CCG, the commissioning funders of the ICO, are set out in the revised Risk Share Agreement, known as RSA2.

### **6.2 Care Home Fees Judicial Review Appeal**

The Council has agreed to fund any additional settlement agreed or instructed in the part two decision on the judicial review appeal.

### **6.3 Better Care Fund**

The Better Care Fund is dealt with within the Section 75 agreement. The Improved Better Care Fund (iBCF) and Disabled Facilities Grant are hosted by the Council and have governance structures which reflect this and the allocation of spend. The focus of the iBCF will continue to be on those initiatives that encourage the development of the new model of care and transformation of adult social care provision. Appendix 10 provides a list of schemes within the Improved Better Care Fund that have been approved

### **6.4 Efficiency Risks**

- Delivery of the Trust-wide Improvement programme
- Levels of agency and temporary staff costs
- Increasing costs of medical technologies
- Rate of expenditure in both ASC and Place People
- Delayed delivery of financial benefits arising from the implementation of the revised care model

### **6.5 Risks pertinent to Adult Social Care expenditure include**

- Scale of required savings
- (insufficient) Capacity and quality in the domiciliary care market
- Sufficiency and pricing in the care home market
- Community support for change
- Impact of case law re Deprivation of Liberty Safeguards
- Pressures in out-of-hours Emergency Duty service
- Increasing complexity of needs
- Increasing referral rates due to the increasing age of the population

## **7 Client Charges**

### **7.1 Power to Charge**

With the introduction of the Care Act, the Council now has a 'power to charge for services' whereas previously, there was a 'duty to charge' for long term residential/nursing care and a 'power to charge' for non-residential care.

The Council has made the decision to utilise the 'power to charge' for both residential and non-residential services. The Trust will discharge this power on behalf of the Council and in doing so will apply sections 14 and 17 of the Care Act and the Care and Support (charging and assessment of resources) regulations 2014.

### **7.2 Residential and Non Residential Charges**

Charges for residential services will be amended each April as directed by the Department of Health new rates. In addition to this, charges can also be amended in light of increases to the cost of care.

Charges per unit of care for non-residential care services will be set in accordance with the Council's charging policy.

Client contributions are based on the level of care a person requires and an assessment of their financial circumstances, including capital and income. The Trust will ensure that individual financial assessments are updated at least annually (but more frequently where the financial circumstances of an individual service user are known to have changed during the course of the year).

Consequently the charges made to an individual may change in the course of a year if there are changes in their financial circumstance or the level of care they require.

The Trust will ensure that all clients in receipt of a chargeable service receive a full welfare benefit check from the Finance and Benefits team and an individual financial assessment in person for new assessments where possible.

There is no charge for Intermediate Care or Continuing Health Care services.

### **7.3 Carers**

Services provided specifically to carers will, in principle, not be subject to a charge but this will remain under review dependent upon resource allocation. These are services provided directly to the carer (rather than the person that they care for) which include open access services such as Carers Emergency Card and Carers Education Courses, and simple services provided as a result of an assessment including emotional support or one-off direct payments for a carer's break.

The Carers Strategy will be subject to consultation in the final quarter of 2017/18 and implemented during 2018/19 and attached as Appendix 1.

#### **7.4 Universal Deferred Payments**

The Care Act 2014 established a requirement for a universal deferred payments scheme which means that people should not be forced to sell their homes in their lifetime to pay for the cost of their care.

A deferred payment is, in effect, a loan against the value of the property which has to be repaid either from disposal of the property at some point in the future or from other sources. The scheme has now been running since April 2015 as all councils in England are required to provide a deferred payment scheme for local residents who move to live in residential or nursing care, own a property and have other assets with a value below a pre-determined amount (currently £23,250). They must also have assessed care needs for residential or nursing care.

The Council's deferred payments policy is now fully implemented as part of the policy the Trust has the ability to recover any reasonable costs it may incur in setting up and reviewing a Deferred Payment Arrangement in addition to the cost of any services provided. These management costs may be included in the deferred payment total or be paid as and when they are incurred.

The interest rate payable on deferred payments is advised by the Department of Health and changed every six months. Interest will be added to the balance outstanding on the deferred arrangement on a compound daily basis, in accordance with the regulations.

### **8 Governance**

#### **8.1 Adult Social Care Programme Board (ASCPB)**

The text of this section remains current however the Terms of Reference and membership of the ASCPB will be revised and agreed to ensure the ASCPB continues as an effective governance board within the developing system structures.

The ASCPB remains the contract management Board for this Agreement. The ASCPB will drive ASC and improvement plans. Its Terms of Reference cover the following areas:

- To assist the development of the strategic direction of ASC services supporting the new context faced by the Council and Trust in terms of public sector reform, reducing public resources and potential devolution;
- To receive regular reports and review progress against transformation and cost improvement plans differentiating between those areas incorporated within the budget settlement and any cost pressures over and above this;
- To receive reports and review performance against indicators and outcomes

- included in the ASA providing and/or participating in regular benchmarking activities;
- To monitor action plans against any in-year areas of concern, raising awareness to a wider audience, as appropriate;
  - To discuss and determine the impact of national directives translating requirements into commissioning decisions for further discussion and approval within the appropriate forums. This will include the initial list of service improvement areas planned for 2017-19 and onwards;
  - To discuss and develop future ASAs; co-ordinate the production of the Local Account.
  - To receive and review the progress of the Trust Wide Improvement Plans impacting on ASC
  - To escalate issues of concern or delivery to the Contract Review meeting and the RSOG as appropriate

The ASCPB governance framework is under review. In the interim the ASCPB will report and escalate issues which cannot be resolved within the ASCPB, to the Joint Executive Group; additionally the ASCPB reports to the Adults and Public Health Monitoring Group for oversight by elected Members.

## **8.2 Consultation, engagement and involvement process**

As the Accountable Authority the Council will lead consultation processes where the need for change is being driven by the needs and requirements of the Council beyond those of delegated activities to the Trust. The Trust is committed to supporting the consultation and engagement processes the Council undertakes in relation to service changes recognising the Council's statutory duty and good practice.

As a provider the Trust will engage all stakeholders in service redesign and quality assurance including, playing an active role with Torbay Council Health Overview and Scrutiny Committee. Additionally the Trust will be engaged with the CCG Locality Teams where the primary focus will be on consultation in regard to NHS services.

Where service changes will result in variation in the level or type of service received by individual service users, the Trust will comply with statutory guidance on the review/reassessment of care needs and ensure that those service users affected are given appropriate notice of any changes.

The Council, the Trust, and the CCG will continue to support the role of Healthwatch and the community voluntary sector in involving people who use services in key decisions as well as service improvement and design. The Council also expects the Trust to engage actively with service users and the voluntary sector in Torbay in developing new service solutions. This will apply irrespective of whether the service changes are driven by the necessities of the current financial environment or the need to ensure the continual evolution and development of services.

## **8.3 Programme Management**

Oversight of delivery and programme management for the programmes of work set out in this Agreement will be provided through the Trust's Programme Management Office. Delivery will be monitored through standing internal meetings (such as the Community SDU Board), and reported for assurance to the ASCPB.

## **8.4 Key Decisions**

Whilst this agreement places accountabilities on the Trust for the delivery and development of ASC Services, the Trust may not act unilaterally to make or enact decisions if they meet the criteria of a 'key decision' as described in the standing orders of the Council or are included in a list of 'Reserved Items' shared between the parties as part of the agreement.

This requirement reiterates section 22.3 of the Partnership Agreement under which services were originally transferred from the Council to Torbay Care Trust. Key decisions must be made by the Council in accordance with its constitution. In Schedule 8 of the Partnership Agreement a key decision is defined as a decision in relation to the exercise of council functions, which is likely to:

- Result in incurring additional expenditure or making of savings which are more than £250,000;
- Result in an existing service being reduced by more than 10% or may cease altogether;
- Affect a service which is currently provided in-house which may be outsourced or vice versa and other criteria stated within schedule 8 of the Partnership Agreement.

In addition when determining what constitutes a key decision consideration should be given to the possible level of public interest in the decision. The higher the level of interest the more appropriate it is that the decision should be considered to be a 'key decision'.

#### **8.5 Governance of other decisions**

Governance of other decisions will vary according to the scope and sensitivity of the decision being made. To ensure clarity about whether decisions are to be taken by the Trust, Council, or CCG and at what level the decision should be taken a 'Decision Tracker' has been developed and will be managed through the ASCPB.

The Council will take the lead in reviewing, managing and updating the Decision Tracker throughout the year.

#### **8.6 Governance of Placed People**

With the advent of Risk Share Agreement 2 being signed in 2017 Placed People Governance sits within the structure of the present monitoring and decision making arrangements which include ASCPB and Joint Executive meetings.

#### **8.7 Risk Share Oversight Group**

The Risk Share Agreement (RSA) (Appendix 9) describes the framework for the financial management of the multi-year investment by health and social care commissioners for the services provided by the Trust. The RSA sits alongside the NHS Standard Contract and this Agreement. Whilst does not override the quality or administrative elements it does supersede all financial components.

The implementation of the RSA will be monitored by the Risk-Share Oversight Group (RSOG), which includes senior officer representation from the Council and Directors from the Trust and CCG, to provide strategic oversight of the RSA.

## **8.8 Individual Roles and Responsibilities**

### **8.8.1 Torbay Council Executive Lead Adults and Children**

The role of Executive Lead is held by an elected Member of Torbay Council. As part of their duties they will sit as the Council's representative on the Trust Board to provide oversight, challenge, and liaison.

### **8.8.2 Director of Adult Social Services**

The role of Director of Adult Social Services (DASS) is a statutory function, and is fulfilled by a senior officer of the Council who is accountable for all seven responsibilities of the role set out in statutory guidance dated May 2006. However responsibility for Professional Practice and Safeguarding are delegated to the Deputy DASS employed within the professional practice directorate of the Trust.

### **8.8.3 Deputy Director of Adult Social Services**

The role will provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding, and support the running of the ASCPB. The role also oversees the Deprivation of Liberty Safeguards and Guardianship arrangements in Torbay.

### **8.8.4 Deputy Chief Executive and Chief Operating Officer**

The role will provide provider executive input and oversight as part of the governance structure for the contract.

### **8.8.5 Organisational Roles and Responsibilities**

The partnership working inherent within the Torbay model is supported by further clarification of the organizational roles pertaining to the local authority as the commissioning partner of the contract and the Trust as the providing partner including commissioning responsibilities within its delegated activities. A range of activities for reference is included in Appendix 6 – Strategic and Micro-commissioning functions.

## **8.9 Emergency cascade**

Please see Appendix 7 for details of Torbay Council's Emergency Planning Roles in Council's Emergency cascade. The Trust will be expected, through best endeavours, to identify social care senior officers to be part of emergency cascade, to coordinate delivery of ASC in an emergency situation.

## **8.10 Annual Audit Programme**

Audit South West (ASW) as the Internal Audit provider to Torbay and South Devon NHS Foundation Trust will undertake the following actions and requirements:-

- Consult with the Director of Adults Services (DAS) of Torbay council on proposed internal audit coverage;
- Provide to the DAS copies of assignment reports that relate to control arrangements for Adult Services;
- Provide an annual report to the DAS on the adequacy and effectiveness of the overall system of internal control for the Trust, and in particular, those areas

directly affecting Adult Services.  
Detail is included in Appendix 8



**Appendix 1: Carers' Strategy – to follow after consultation & agreement at ASCPB**

## Appendix 2: Performance Measures:

- Adult Social Care Outcomes Framework (ASCOF)
- Better Care Fund
- Local Measures

Date included in this draft is derived from 2016/17 returns a revised position will be agreed on the basis of 2017/18 Month 9 figures and to reflect the new Care Model.

Performance Measures from the Adult Social Care Outcomes Framework (ASCOF), Better Care Fund (BCF) & Local Indicators 2016/17 Version 1.0		Torbay and South Devon NHS Foundation Trust																		
Domain & BFI	Frequency / work / month	2016/17 Performance Description	2014/15 Target	2015/16 Target	2016/17 Target	2014/15 Engaged Average	2015/16 Engaged Average	2016/17 Engaged Average	2014/15 SW Average	2015/16 SW Average	2016/17 SW Average	2014/15 CO Average	2015/16 CO Average	2016/17 CO Average	2014/15 Bank	2015/16 Bank	2016/17 Bank	2014/15 Quanta	2015/16 Quanta	2016/17 Quanta
Domain 1: Enhancing quality of life for people with care and support needs	ASCOF	Achieved target Better than previous autumn Better than 1st quartile Better than 5th decile Better than 5th decile Better than previous working hours in top quartile	15.4	15.2	15.4	15.1	15.1	15.1	15.3	15.3	15.3	15.4	15.4	15.4	27/151	147/150	4/151	04	04	04
ASCOF part 1A: Social care-related quality of life	ASCOF	Achieved target Better than previous autumn Better than 1st quartile Better than 5th decile Better than 5th decile Better than previous working hours in top quartile	15.4	15.2	15.4	15.1	15.1	15.1	15.3	15.3	15.3	15.4	15.4	15.4	27/151	147/150	4/151	04	04	04
ASCOF part 1B: The proportion of people who use services who have control over their daily life	ASCOF	Achieved target Better than previous autumn Better than 1st quartile Better than 5th decile Better than 5th decile Better than previous working hours in top quartile	80.0%	79.0%	79.0%	76.0%	77.0%	76.0%	78.0%	78.0%	78.0%	79.0%	79.0%	79.0%	13/151	13/150	9/151	04	04	04
ASCOF part 1A: The proportion of people using social care who receive self-directed support (adults aged over 18 receiving self-directed support)	ASCOF	Achieved target Better than previous autumn Better than 1st quartile Better than 5th decile Better than 5th decile Better than previous working hours in top quartile	80.0%	80.0%	80.0%	80.0%	80.0%	80.0%	79.0%	81.0%	84.0%	86.0%	86.0%	86.0%	69/152	64/152	87/152	03	03	02
ASCOF part 1B: The proportion of people using social care who receive self-directed support (adults receiving self-directed support)	ASCOF	Achieved target Better than previous autumn Better than 1st quartile Better than 5th decile Better than 5th decile Better than previous working hours in top quartile	79.0%	80.0%	80.0%	77.0%	77.0%	77.0%	71.0%	75.0%	71.0%	79.0%	79.0%	79.0%	10/151	112/150	104/150	02	02	02
ASCOF part 2A: The proportion of people using social care who receive direct payments (adults receiving direct payments)	ASCOF	Did not achieve target Better than previous autumn Better than 1st quartile Better than 5th decile Better than 5th decile Better than previous working hours in top quartile	77.0%	74.0%	74.0%	76.0%	76.0%	76.0%	74.0%	74.0%	74.0%	77.0%	77.0%	77.0%	63/151	70/152	89/152	03	02	02
ASCOF part 2B: The proportion of people using social care who receive direct payments (adults receiving direct payments for support direct to care)	ASCOF	Did not achieve target Better than previous autumn Better than 1st quartile Better than 5th decile Better than 5th decile Better than previous working hours in top quartile	79.0%	80.0%	80.0%	80.0%	80.0%	80.0%	74.0%	74.0%	74.0%	84.0%	84.0%	84.0%	79/151	90/150	76/150	02	02	02
ASCOF part 2C: Care-reported quality of life	ASCOF	Did not achieve target Better than previous autumn Better than 1st quartile Better than 5th decile Better than 5th decile Better than previous working hours in top quartile	8.3	9.0	9.0	7.9	7.9	7.9	7.9	7.9	7.9	8.0	8.0	8.0	14/151	9.4	46/151	04	04	03
ASCOF part 2E: Proportion of adults with a learning disability in paid employment	ASCOF	Did not achieve target Better than previous autumn Better than 1st quartile Better than 5th decile Better than 5th decile Better than previous working hours in top quartile	3.8%	4.5%	4.5%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	4.0%	100/152	90/152	100/152	02	02	02
ASCOF part 2F: Proportion of adults in contact with secondary mental health services in paid employment (commissioned outside ICS)	ASCOF	Did not achieve target Better than previous autumn Better than 1st quartile Better than 5th decile Better than 5th decile Better than previous working hours in top quartile	3.7%	3.7%	3.7%	6.7%	6.7%	6.7%	6.4%	6.4%	6.4%	6.4%	6.4%	6.4%	142/150	137/148	9.6	01	01	01
MHSDE	MHSDE	NHS Digital has suspended this GP for 2016/17 due to the poor performance and quality of the data																		

**Appendix 6: Trust Wide Improvement and Savings Plans – to follow once endorsed via ASCPB**

The table below summarises Trust and System wide savings workstreams and projects where they impact on Adult Social Care and Unit Cost Improvement

TO BE INSERTED BY ICO

# Appendix 4: Summary of the Adult Social Care Outcomes Framework for Torbay

January 2017 **UPDATED VERSION TO BE INSERTED POST MONTH 9**

SUMMARY OF THE ADULT SOCIAL CARE OUTCOMES FRAMEWORK FOR TORBAY (JAN '17)									
Indicator	Time period	Count	Torbay value	Comparison group average	England average	Unit of measure	Trend	Trend guide	
1A: Social care-related quality of life score	2015/16	359	19.7	19.3	19.1	%		Higher is better	
1B: The proportion of people who use services who have control over their daily life	2015/16	401	81.5	79.1	78.6	%		Higher is better	
1C(1): Proportion of people using social care who receive self-directed support	2013/14	3,155	62.8	57.2	61.9	%		Higher is better	
1C(2): Proportion of people using social care who receive direct payments	2013/14	790	15.7	15.1	19.1	%		Higher is better	
1C(1A): The proportion of people who use services who receive self-directed support	2015/16	1,294	93.6	90.0	86.9	%		Higher is better	
1C(1B): The proportion of carers who receive self-directed support	2015/16	308	83.4	79.3	77.7	%		Higher is better	
1C(2A): The proportion of people who use services who receive direct payments	2015/16	369	26.7	29.2	28.1	%		Higher is better	
1C(2B): The proportion of carers who receive direct payments	2015/16	308	83.4	67.9	67.4	%		Higher is better	
1D: Carer-reported quality of life	2014/15	345	8.3	8.0	7.9	%		Higher is better	
1E: The proportion of adults with a learning disability in paid employment	2015/16	15	3.9	5.7	5.8	%		Higher is better	
1F: The proportion of adults in contact with secondary mental health services in paid employment	2015/16	-	3.1	-	6.7	%		Higher is better	
1G: The proportion of adults with a learning disability who live in their own home or with their family	2015/16	263	70.1	76.4	76.4	%		Higher is better	
1H: The proportion of adults in contact with secondary mental health services living independently, with or without support	2015/16	-	63.2	-	58.6	%		Higher is better	
1I(1): The proportion of people who use services who reported that they had as much social contact as they would like	2015/16	395	49.4	47.0	45.4	%		Higher is better	
1I(2): The proportion of carers who reported that they had as much social contact as they would like	2014/15	370	41.5	38.9	38.5	%		Higher is better	
2A(1): Permanent admissions of younger adults (aged 18 to 64) to residential and nursing care homes, per 100,000 population	2013/14	25	36.4	16.3	14.4	Rate per 100,000		Lower is better	
2A(1): Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	2015/16	12	16.3	16.2	13.3	Rate per 100,000		Lower is better	
2A(2): Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population	2013/14	205	614.1	729.3	650.8	Rate per 100,000		Lower is better	
2A(2): Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	2015/16	178	513.0	707.5	638.2	Rate per 100,000		Lower is better	
2B(1): The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	2015/16	173	75.9	84.5	82.7	%		Higher is better	
2B(2): The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	2015/16	228	4.4	3.4	2.9	%		Higher is better	
2C(1): Delayed transfers of care from hospital, per 100,000	2015/16	6	5.9	12.4	12.1	Rate per 100,000		Lower is better	
2C(2): Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	2015/16	3	2.3	5.3	4.7	Rate per 100,000		Lower is better	
2D: The outcome of short-term services: sequel to service	2015/16	791	81.6	81.7	75.8	%		Higher is better	
3A: Overall satisfaction of people who use services with their care and support	2015/16	399	67.9	68.2	64.4	%		Higher is better	
3B: Overall satisfaction of carers with social services	2014/15	290	46.4	43.9	41.2	%		Higher is better	
3C: The proportion of carers who report that they have been included or consulted in discussion about the person they care for	2014/15	265	75.7	73.1	72.3	%		Higher is better	
3D: Proportion of people who use services and carers who find it easy to find information about services	2013/13	-	75.2	74.5	71.4	%		Higher is better	
3D(1): Proportion of people who use services and carers who find it easy to find information about services	2015/16	273	81.3	78.4	73.5	%		Higher is better	
3D(2): The proportion of carers who find it easy to find information about support	2014/15	265	74.9	68.7	65.5	%		Higher is better	
4A: The proportion of people who use services who feel safe	2015/16	399	72.3	70.6	69.2	%		Higher is better	
4B: The proportion of people who use services who say that those services have made them feel safe and secure	2015/16	390	85.2	88.0	85.4	%		Higher is better	

- Notes:
- Torbay value is statistically significantly higher or better than the England average
  - Torbay value is not statistically significantly different to the England average
  - Torbay value is statistically lower or worse than the England average
  - No statistical significance calculated

Source: NHS Digital, Measures from the Adult Social Care Outcomes Framework (ASCOF), England  
<http://www.content.digital.nhs.uk/catalogue/PUB21600>  
 Comparator group based on CIPFA nearest neighbours



**Appendix 5: Eligibility Criteria – to follow after consultation & agreement at ASCPB**

## Appendix 6: Strategic and Micro-commissioning functions

**Drafting Note: These are to be reviewed and approved via the ASCPB during 2018/19**

Function/role lead	Torbay Council Strategic Commissioning function	Torbay and South Devon Trust ASC function
<b>MICRO COMMISSIONING OF PROVIDERS, PROCUREMENT AND BROKERAGE</b>		
Develop and implement operational commissioning plans		✓
<b>STRATEGIC COMMISSIONING FUNCTION</b>		
Market shaping and developing new providers to fill gaps in provision and oversight of decommissioning plans	✓	
Market Position statement and Joint Strategic Needs Assessment	✓	
Market mapping	✓	
Gap analysis	✓	
Analysis of sufficiency of supply	✓	
Manage provider failures and market exits	✓	✓
Strategic Commissioning Strategy	✓	
Proactive strategy to develop the market as a whole	✓	
Market engagement with provider market as a whole	✓	
Run Multi Provider Forum for all providers with strategic themes	✓	
Joint commissioning arrangements with partner organisations and other areas	✓	
Lead on co-design of new service models with providers and stakeholders	✓	✓
Develop population outcome based commissioning approach for market	✓	
Develop and c-produce Payment by Results mechanisms that encourage sound outcomes	✓	
Co-ordinate user and carer engagement and consultation	✓	
Contract review and performance management of ASC	✓	
Review budget for ASC and sign-off cost improvement plans related to ASC	✓	
Overarching sub contracts between Trust and other ASC providers, e.g. Care homes, community care		✓
Prepare and agree individual service specifications		✓
Develop and monitor outcome based commissioning approach for each provider at service level	✓	✓
Develop personal outcome based commissioning for each service user		✓
Contract management & performance review of independent & voluntary sector including, grant funding		✓
Proactive quality assurance of individual providers including, develop/implement service improvement plans		✓

Function/role lead	Torbay Council Strategic Commissioning function	Torbay and South Devon Trust ASC function
Achieving value for money from providers including, cost improvement planning		✓
Procurement of ASC providers		✓
Manage provider failures and market exits including, for service users and relatives/carers involved		✓
Individual contracts for care packages		✓
Brokerage/purchasing processes and brokerage of individual care packages		✓
Direct payments and personal budgets		✓
Lead and manage safeguarding processes including, Whole Provider/Provider of concern/quality concerns		✓
Resolution of Safeguarding incidents and implementation of lessons learned		✓
Run and co-ordinate forums for specific provider areas with operational focus e.g. forums for care homes		✓
Collection, collation and regular reporting of data on need, demand, supply, cost, workforce and performance (Trust and sub-contractors) with interpretation and presentation		✓
Benchmarking of cost/performance of services – own and sub-contracted		✓
Management of pooled budget to achieve value for money and cost improvement		✓

## Appendix 7: Emergency Cascade

Adult Services Primary Contacts		
Name/Title	Emergency Role	
Frances Mason, Head of Partnerships, People and Housing	Communication with contracted providers of Care and Support for vulnerable people. Availability and co-ordination of needs assessment. Safeguarding vulnerable adults and serious case review including authorisation of deprivation of liberty under Mental Capacity Act.	
Joanna Williams, Deputy Director of Adult Social Services	The role will provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding and support the running of the ASCPB. The role also oversees the Deprivation of Liberty Safeguards and Guardianship arrangements in Torbay.	
Adults Services Secondary Contacts		
Robin Willoughby, Lead AMHP	Assessment and placement, access to services, medication and packages of care and place of safety for older people with poor mental health	
Sharon O'Reilly, Manager Older Person Mental Health Team	Assessment and placement, access to services, medication and packages of care and place of safety for people under 65 with poor mental health.	



## **Appendix 8: Annual Audit Programme**

### Background

For Torbay Council, Internal Audit is a statutory service in the context of The Accounts and Audit (England) Regulations 2015.

From April 2013, organisations in the UK public sector are required to adhere to the Public Sector Internal Audit Standards (the Standards). Internal Audit for Torbay & South Devon NHS Foundation Trust is delivered by Audit South West.

### Internal Audit Plans

When preparing the internal audit plan for Torbay and South Devon NHS Foundation Trust it is expected that Audit South West will:

- Consider the risks identified in Torbay Council's strategic and operational risk registers that relate to Adult Services;
- Discuss and liaise with Directors and Senior Officers of Torbay Council regarding the risks which threaten the achievement of the Council's corporate or service objectives that relate to Adult Services, including changes and / or the introduction of new systems, operations, programs, and corporate initiatives;
- Take account of requirements to support a "collaborative audit" approach with the external auditors of Torbay Council;
- Consider counter-fraud arrangements and assist in the protection of public funds and accountability;
- Support national requirements, such as the National Fraud Initiative (NFI) which is run every two years.

Draft plans, showing proposed audits covering Adult Services should be shared and agreed with Torbay Council's Director of Adult Services (DAS). The DAS should also be made aware of planned audit reviews that will provide overall assurance that control mechanisms operated by the Trust, but that are key to the workings of Adult Services, are working effectively (e.g. audits of key financial systems (payroll, payments, income collection etc.), and corporate arrangements (e.g. procurement, information governance etc.)).

The Audit Plan will not be a "tablet of stone" and changes may be required or advised during the year.

### Internal Audit work

Internal audit work should be completed in accordance with the PSIAS. Proposed briefs for work covering ASC should be shared with the DAS prior to fieldwork commencing.

### Reporting – Assignments

The DAS will be provided of copies of all final reports that specifically relate to Adult Services. The DAS will also be provided with early sight of draft reports for which the audit opinion is "fundamental weaknesses" or similar. The Director of ASC will also be

provided with copied of final audit reports for wider subject areas (e.g. payroll) where the audit opinion is "fundamental weaknesses" or similar.

### Reporting – Annual Report

Audit South West will provide the Council with an annual assurance report on the adequacy and effectiveness of the overall system of internal control for the Trust, and in particular, those areas directly affecting Adult Services. It is noted that this assurance can never be absolute. The most that the internal audit service can do is to provide reasonable assurance, based on risk-based reviews and sample testing, that there are no major weaknesses in the system of control.

The report should provide:

- A comparison of internal audit activity during the year with that planned, placed in the context of Adult Services;
- A summary of significant fraud and irregularity investigations carried out during the year and anti-fraud arrangements; and
- A statement on the effectiveness of the system of internal control in meeting the Council's objectives.

Together with a summary of the performance indicators set for internal audit and performance against these targets.

## **Appendix 9: Risk Share Agreement (RSA2)**

See separate document

## Appendix 10: List of Improved Better Care Fund Schemes Approved by BCF Working Group

Project Name	Approved
Extension of TSDFT Care Home Education and Support Team (CHEST) (DPT- note also apvd by DCC)	Approved - with conditions
Mental Health and DPT (MSB)	Approved
Proud to Care South West	Approved
Leadership development in care homes	Approved
Development of the out of hospital care system	Approved
IPC	Approved
Transition Worker	Approved
Health Care Videos	Approved
Market Analysis for Care Homes (see also Transformation Funding)	Approved
LD Peer Review	Approved
Non-injured fallers	Approved
City & Guilds Accreditation	Approved
Low Cost Packages / Eligibility Criteria - Age UK	Approved