



Annual Strategic Agreement

Between:

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

For the delivery of:

Adult Social Care April 2017 to March 2019

Final subject to signature (V1.7)

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1 Introduction

The Annual Strategic Agreement (ASA) outlines service development areas within the budget envelope provided by Torbay Council and outlines elements of the work plan being undertaken by the Trust on behalf of the council, over the two years 2017/18 and 2018/19. Whilst this is under review with the serving of notice of the Risk Share Agreement by Torbay and South Devon NHS Foundation Trust, it remains the intended direction of travel for all parties.

It specifies roles and responsibilities, and areas of risk. It aligns with the Corporate Plan which sets our aims to support vulnerable adults. Risks remain in respect of the scale of savings required, the stability, and sufficiency of the independent sector market, the appetite, and acceptance for change in this model of care by the community, the continuing pressures of Deprivation of Liberty Safeguards as well as the impact of operational pressures in the Integrated Care Organisation (ICO).

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 normally mean 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 South Devon and Torbay Clinical Commissioning Group (SDTCCG), 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.

This agreement sits within the overall contractual agreement with the ICO between SDTCCG and Torbay Council. It is recognised that there should be a change in contractual arrangements with the Risk Share Agreement not being reinstated during the period of notice that an independent agreement between the Council and ICO may need to be created.

1.2 Status of the Agreement

The statutory duties and obligations in respect of the delivery of ASC such as meeting the needs of those clients meeting eligibility criteria and those within the Care Act within the scope of this agreement.

1.3 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;
- 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 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 2017-2019. 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 ;

- Development of a vibrant voluntary and community sector;
- 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

2.2 Autism

- Provide Autism awareness training for all staff that come into contact with people with autism;
- Provide specialist training for key staff;
- Undertake assessments under the Care Act for adults;
- Develop a clear pathway to diagnosis and assessment for adults with autism;
- Commission services based on adequate population data and needs assessment;
- Delivery of associated actions arising from the Autism Self-Assessment Framework 2016.

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;
- Development of Learning Disability Strategy and action plan;
- Development of Joint Learning Disability Strategy and action plan, following the ADASS Peer Review.

2.4 Mental Health

- Torbay Council to oversee the delivery of the improvement plan with DPT and input to mental health service redesign with DPT, Devon County Council and SDTCCG;
- 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.
- Transfer of Approved Mental Health Practitioners to DPT.

2.5 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.

2.6 Enhanced working between the commissioning functions

- Developed 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.

2.7 Housing and Care

- 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.

2.8 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 organizations 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.

2.9 Carers

The Trust will deliver operational duties to support carers on behalf of Torbay to:

- Support carers;
- Improve performance on numbers of carers assessment, which has dipped in 17/18;
- Address reduced performance in the Personal Social Services Survey of Adult Carers in England 2016-17;
- Redesign of carers services to ensure it is fully allied to the care model and address issues highlighted above.

3 Current Services

3.1 Activity Assumptions

On annual basis and linked to business planning, activity baseline figures are established. As per the table below there are circa 2,200 clients in receipt of a long term ASC package of care. This has been broken down across zone / teams and by value of the packages of care.

Table 1: Activity Assumptions

	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 £70 per week (at home)	31	14	13	148	125	331
Care Under between £70 & £606 per week (at home)	52	38	215	291	306	902
Care Under £606 per week (Residential based)	35	133	63	144	148	523
Care over £606 per week (at home & residential based)	7	7	136	28	26	204
Full Cost Care (Residential based)	-	28	1	28	38	95
Full Cost Care (at home)	-	9	-	46	59	114
Total	125	229	428	685	702	2,169

3.2 Projected activity

This is included as part of the Trust's overarching plans and assessment of the impact of their preventative and demand management measures which are presently being calculated. The Adult Social Care Programme Board (ASCPB) will consider the presentation from the Trust in this respect and will also be part of the target setting.

3.3 Activity Baselines and Planning Assumptions

At any one time the Trust will be supporting around 2,200 adults and older people with social needs through the provision of ASC Services and support funded through the ASC budgets delegated to the Trust under this Agreement

Delivery is monitored through local operational meetings, the Trust's Community Divisional 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 with advice to the overarching agreements Contract Review Meeting as well as discussion and escalation as necessary to the Risk Share Oversight Group (RSOG).

The indicators are to be agreed in the light of the December 2016 out-turn figures and the associated funding. 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 1 and includes details of the performance and benchmarking information against each Key Performance Indicator.

3.4 Impact on quality, activity and cost including cost improvement

The levels of run rate are based upon demand and the legal duties within the Care Act with which the Trust have a legal duty to comply as part of their delegated responsibilities on behalf of the council. As a result and as can be seen from the above tables (though update awaited) there is little impact on the number of people the Trust will be expected to support, aside from the reductions in care home placements. Consequently although action is necessary to bring run rates back in line with delegated budgets it is expected that the majority of cost improvements will need to be found through one or both of the following ways of reducing the cost of each individual package of care:

- i. Tight adherence to national eligibility criteria and/or
- ii. Finding more innovative ways of meeting peoples' needs which deliver better solutions at lower cost.

To support this approach there have been additional quality assurance processes developed which will continue in 2017/18. The Social Care Quality Report is reviewed and monitored through the ASCPB as one example of the oversight and contract monitoring applied to these elements.

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 voluntary sector will bring a synergy of approach not previously seen. For social care this is building upon the previous 'Personalisation Strategy' which was been successful in delivering a change of philosophy from time based and care based provision to outcomes based commissioning.

A social care workforce strategy was published in September 2016, which made a series of key recommendations. The recommendations in this strategy focus on

strengthening recruitment, focusing on newly qualified workers, and using enhanced media/advertising.

The strategy also looked to strengthen the Social Work Workforce, by creating a Principal Social Worker and specialist clinical roles in order to align Torbay and South Devon to neighbouring authorities. In addition, specialist roles are recommended. These measures will equip the workforce for a more complex workload and offer a career pathway which is not based on management.

In addition, the strategy proposes to address the loss of experienced social workers to neighbouring authorities by introducing flexibility within Band 6 to match salaries offered in other peninsula authorities.

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 Care 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 participate 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 group¹. The results show, in a comparison with similar local authorities, Torbay spends around £281.27 per head of total population, compared to £275.73 per head across the family comparator group of most similar local authorities.²

This demonstrates a good use of money through this contract when considering that

Torbay performs very well in the following area:

Excellent
<ul style="list-style-type: none">• delayed discharges of care due to social care•

And well in these areas:

Good
<ul style="list-style-type: none">• Proportion of people who use services who have control over their daily life.• Overall satisfaction of people who use services with their care and support.• Information available to carers and service users

Opportunities for improvement are as follows
<ul style="list-style-type: none">• ability of people to pay for their care themselves either with a direct payment or individual service fund• proportion of people with a learning disability living in their own homes and in paid employment• The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services• Reducing the ASC unit cost so that performance improves in comparison to other CIPFA family group local authorities.•

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

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

¹ 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>]

Unit cost improvement

The Trust will work with Torbay Council and SDTCCG to develop and implement a number of ASC cost improvement projects as part of wider system savings plans to:

- Ensure expenditure and performance controls are in place to manage the Council's expenditure on ASC and exposure to risk;
- Rationalise commissioning function and create cost effective commissioning support for Torbay Council and the ICO;
- Reshape the Market to increase quality and value for money incentivising independence and reducing reliance on residential and nursing care;
- Reduce ASC unit costs through better use of supported living as an alternative to residential care and increase use of direct payments and payments cards;
- Manage increasing demand pressures and reduce low level packages of care by ensuring conversations and criteria signpost new referrals to other offers of support before statutory services are considered and a review of low level packages of care;
- Reduction in cost of social work activity including, redesign of skill mix and workforce to implement care model, a new support planning process and protocol for self-funders.

Appendix 8 refers - Trust Wide Improvement and Savings Plans as they impact on Adult Social Care and Unit Cost Improvement

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 by the Trust and taken 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, led by the Community Development Trust, and information and advice services are enablers to improve access to preventative services and providing alternatives to traditional social care commissioned services and promoting self-care with increased enablement, independence, and wellbeing.

4.1 Social Care Workforce Plan

Delivery of Care Act compliance is a key deliverable for our social care staff and in 2017/18 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 will be addressed via an action plan in 2017/18.

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 2017/18 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 Aging Well Lottery Fund.

4.5 Standardisation of process

We will continue to build on the standardisation work that streamlines our systems and processes making sure the most appropriate staff focus on the right work. We will build on the strength of delivering standardisation across the Bay whilst keeping a local focus for Paignton and Brixham and Torquay. We will use benchmarking to consider further opportunities for standardisation and the delivery of productivity and cost improvement.

4.6 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.

Development of the personal assistant market will be a key delivery element in 2017/18

4.7 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 imbed 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;
- Provide falls prevention services;
- Provide palliative care as part of end of life care pathway.

In addition to its organisationally based governance structures the impact of these changes on community based care is such that the schedule of development and roll-out will be provided to and monitored through the ASCPB in respect of the community activity

4.8 Services for people with learning disabilities including Autism

Following a public consultation 2015/16 where a decision was made by the Trust board to close Baytree House, all associated work outlined in the 2016/17 ASA has been achieved.

Work relating to people with learning disabilities and autism continues to progress. During 2017/18 work will continue to ensure people with a learning disability and or autism receive the right support, when they need it. To achieve this:

- A Learning Disability Strategy will be developed with clear action plan and accountability between partner organisations, led by Torbay Council Commissioners. This will be informed by the LD ADASS peer review.
- Development of a targeted action plan detailing improvements to be made

following the Autism Self-Assessment Framework 2016.

Key to successfully addressing the needs of people with learning disabilities will be:

- The development of data collection relating to learning disability and autism to aid understanding of demand and pressures within the health and social care system;
- A skilled and effective workforce trained with specialist skills in social care assessment and engagement with workforce development associated with Devon Transforming Care Programme;
- Supporting the people to remain independent for as long as possible through effective accommodation and accommodation based support. This will be achieved through the creation of a Supported Living service specification and framework for providers in Torbay and link to work undertaken by Devon County Council;
- Providing effective support to enable people with learning disabilities and / or autism to gain and sustain employment.

4.9 Residential and day Services for Older People

Market management strategy to support and shape the local market for ASC will be produced in the first quarter of 2017 led by council commissioners.

4.10 Reviews

Reviews will continue within locality and specialist services as part of business as usual. In addition to this there is a review team who concentrate on residential and nursing home reviews and reviews of independent living providers with support from Commissioners to consider the care and accommodation costs and driving best value.

4.11 Programme Management Office (PMO) arrangements to ensure delivery

This work will be coordinated through the PMO, and the governance arrangements that are in place within the organisation, with progress being reported through the ASCPB. The Trust Wide Improvement Programme is detailed in the main Operational Plan which is a separate document. A key programme of work impacting on ASC is the Placed People and Continuing Health Care work. This will be part of the development of the new model of care and a sustainable system which is detailed in the overarching Operational Plan and detailed Programmes/Projects.

4.12 Key Milestones

These are to be agreed in line with the performance indicators and Trust Wide Improvement initiatives in advance of the contract year.

5 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 commissioned by the Council 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.

Strategic Commissioning Support for this arrangement will be provided by Torbay Council's Joint Commissioning Team including, co-location of the Trust mental health commissioner and day to day work allocation and support.

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 are to be outlined in the Joint Improvement Plan (JIMP) between the Council, 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. It is envisaged greater alignment of governance and strategic approach will be achieved with Devon County Council during 2017/18. It is expected that during 2017/18 employment of the Approved Mental Health Practitioners will transfer from the Council to DPT.

6 Quality Assurance

6.1 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

6.2 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

6.3 Multi-agency Safeguarding Hub (MASH)

Since October 2015 the Single Point of Contact for safeguarding adults has been co-located with Torbay Council Children's Services.

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

7 Finance and Risks

The current RSA ends on the 31st December, unless agreement to a variation is agreed. Due to the delay in the additional government settlement with councils the 2017/18 funding settlement to the ICO is still being concluded through the Risk Share Oversight Group.

Notice was given by the ICO to the CCG and Council which terminates the RSA on the 31st December. Subject to securing the above financial agreement and confidence in delivery of the comprehensive savings plans this notice may be revoked and a variation to the RSA agreed.

All three partners are working on a revised RSA and although at the point of writing it is not concluded there is an ongoing work programme which will conclude in the next week or so.

The conclusion of this programme may have implications for the draft text in the remainder of section 7 below.

7.1 Budget allocations

The allocations to be included in the Risk Share Agreement (RSA) 2017/18 as per the agreed five year RSA September 2015 is £35.6m. The council positively adjusted this by £0.860m to accommodate the results of the care homes judicial review part one resulting in a figure of £36.460m. In addition the council will pass over the Independent Living Fund (ILF) grant in full.

The Council will honour its 9% share of any ICO deficit. This is full year so will be $\frac{3}{4}$ of those values if ASA/RSA is to end of December 2017 given the January 2017 serving of notice on the RSA by the ICO

7.2 Financial Risk Share

The Risk Share Agreement (RSA) developed as part of the transaction creating the ICO took effect from its inception on 1st October 2015. The share of financial risk going forward is a function of the wider performance of the Trust, rather than specifically in relation to ASC.

The financial baseline from the Council and the CCG commissioners funding the ICO will appear in as the RSA appendix to the Operational plan.

7.2.1 Notice served on Risk Share Agreement

- It is to be noted that the ICO have served notice on the RSA as of January 2017, the notice period being twelve (12) months.
- Whilst the intent is to be able to continue to work in partnership and renegotiate the RSA the current position is that this RSA is effective for nine months of the financial year to which it relates.
- If the current RSA finishes end of December 2017 in line with recent ICO notice of withdrawal, then the current BCF arrangements between the Council and South Devon and Torbay CCG in support of the RSA will also cease and will need to be revised in line with national BCF guidance.

7.2.2 Efficiency Risks

The commitment set out in the RSA includes an interim assessment of the increase in care home fees associated the judicial review established in 2015/16. The Council have agreed to fund this in addition to the original opening baseline, along with any additional settlement agreed or instructed in the final decision on the judicial review appeal.

- Delivery of the Trust wide Improvement Programme;
- Agency and temporary staffing costs;
- Increasing costs of medical technologies;
- Rate of expenditure in both ASC and Place People;
- Delayed delivery of financial benefits associated with the implementation of the revised care model

7.2.3 Risks pertinent to Adult Social Care expenditure include

- The scaled of savings required;
- The Judicial Review challenging Care Home Fee set by the Council;
- Insufficient capacity in the domiciliary care market;
- Sufficiency in the care home market;
- Community Support for Change;
- Impact of case law relating to the Deprivation of Liberty Safeguards;
- Pressures within the out of hours Emergency Duty Service;
- Impact of the Care Act;
- The increasing complexity of needs
- The risk within the Risk Share Agreement in respect of any cumulative overspend being shared between three organisations.

7.3 Revenue Budget 2017/18 and 2018/19

The budget allocated by the Council for ASC Service is set out in 7.1 above. The budget is predicated on the ICO achieving the commitments that it has made within the Trust Wide Improvement programmes. The Council will review the budget annually and in the light of the negotiations as to future Risk Share and pooled budget arrangements, whilst continuing to consider a multi-year agreement the appropriate direction of travel.

7.4 Care Home Fees Judicial Review Appeal

The Council have agreed to fund any additional settlement agreed or instructed in the final decision on the judicial review appeal. The appeal is now scheduled to be heard in June 2017 so this outstanding risk is carried forwards.

In 2017/18 the Council took the decision on fees having consulted with colleagues in Torbay and South Devon NHS Foundation Trust. This decision remains interim pending the outcome of the above judicial review.

7.5 Better Care Fund

The guidance and directions in terms of the BCF for 2017/18 are not available until post the general election June 2017. Once received the BCF commitments will form an addendum to the ASA.

8 Client Charges

8.1 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.

8.2 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 through 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.

8.3 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.

8.4 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 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.

9 Governance

9.1 Adult Social Care Programme Board (ASCPB)

The ASCPB remains the contract management Board for this Agreement. The Board 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 escalate issues of concern or delivery to the Contract Review meeting and the RSOG as appropriate
- To receive and review the progress of the Trust Wide Improvement Plans impacting on ASC

The ASCPB sits within the governance framework for the overall contract, which is set out in Appendix 3.

9.2 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.

9.3 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 tracked by the Trust's Programme Management Office (PMO), monitored through standing internal meetings (such as the Community Divisional Board), and reported to the ASCPB.

9.4 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 and which would be listed in an appendix.

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'.

9.5 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.

The Decision Tracker will be reviewed, managed, and updated through the ASCPB throughout the year.

9.6 Governance of Placed People

With the negotiations that will take place during 2017/18 in respect of a revised relationship between the parties with notice having been served on the Risk Share

(expiring 31 December 2017), there is a need to increase the focus on those areas where direct social care impact can be or needs to be identified. This will support discussions and options. In respect of Placed People, ASC will be clearly identified and reported alongside health, Continuing Health Care, with clear allocation between the two as to clients, activity and spend. The pooled arrangements continue to report within the existing structure whilst oversight will be undertaken through Social Care Programme Board for information purposes with the papers that will be enhanced to reflect this delineation which are reported to the Joint Executive
This is displayed diagrammatically in Appendix 4

9.7 Risk Share Oversight Group

The Risk Share Agreement (RSA) 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.

A diagram of the governance structure is included Appendix 3

9.8 Individual Roles and Responsibilities

9.8.1 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.

9.8.2 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.

9.8.3 Associate 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.

9.8.4 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 5 – Strategic and Micro-commissioning functions.

9.9 Emergency cascade

Please see Appendix 6 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.

9.10 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 7

Appendix 1 - Performance Measures ASCOF / BCF / L.I.



2015-2016 ASC
Benchmarking v1_6.p

Appendix 2 - Summary of the Adult Social Care Outcomes Framework for Torbay (Jan '17)

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	76.6	%		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	93.8	96.0	86.6	%		Higher is better	
1C(1B): The proportion of carers who receive self-directed support	2015/16	306	83.4	79.3	77.7	%		Higher is better	
1C(2A): The proportion of people who use services who receive direct payments	2015/16	309	26.7	29.2	28.1	%		Higher is better	
1C(2B): The proportion of carers who receive direct payments	2015/16	306	83.4	67.9	67.4	%		Higher is better	
1D: Care-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	253	70.1	76.4	75.4	%		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	-	59.6	%		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	39.4	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	19.3	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	650.6	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	176	513.0	707.5	628.2	Rate per 100,000		Lower is better	
2B(1): The proportion of older people (aged 65 and over) who were still at home 61 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	781	81.8	81.7	75.8	%		Higher is better	
3A: Overall satisfaction of people who use services with their care and support	2015/16	389	67.9	66.2	64.4	%		Higher is better	
3B: Overall satisfaction of carers with social services	2014/15	290	46.4	43.8	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	2012/13	-	75.2	-	74.5	%		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	76.4	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	

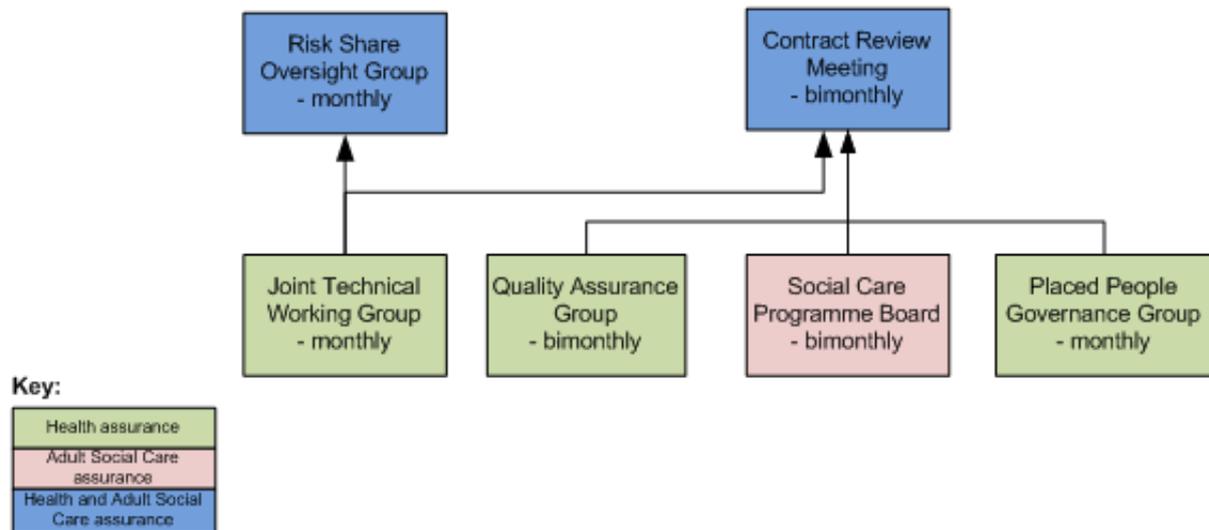
Notes:

- 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?PU621900>
 Comparator group based on CIPFA nearest neighbours



Appendix 3 – Governance Structures



Appendix 4 - Programmes of the Joint Executive and Placed People Governance



Programme Lead
Flowchart.docx

Appendix 5 – Strategic and Micro-commissioning functions

Function/role lead	Torbay Council Strategic Commissioning function	Torbay and South Devon Trust ASC function
STRATEGIC COMMISSIONING FUNCTION		
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	✓	

Function/role lead	Torbay Council Strategic Commissioning function	Torbay and South Devon Trust ASC function
MICRO COMMISSIONING OF PROVIDERS, PROCUREMENT AND BROKERAGE		
Develop and implement operational commissioning plans		✓
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		✓
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 6 – 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, Associate 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 7 – 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 8 - Trust Wide Improvement and Savings Plans as they impact on Adult Social Care and Unit Cost Improvement

These will be provided as part of the Operational Plan when agreed by NHS England and available for publication