

Friday, 3 May 2024

CABINET

A meeting of **Cabinet** will be held on

Tuesday, 14 May 2024

commencing at **5.30 pm**

The meeting will be held in the Banking Hall, Castle Circus entrance on the left corner of the Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Committee

Councillor David Thomas (Chairman)

Councillor Billings	Councillor Jacqueline Thomas
Councillor Bye	Councillor Tranter
Councillor Chris Lewis	Councillor Tyerman

A Healthy, Happy and Prosperous Torbay

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, Town Hall, Castle Circus, Torquay, TQ1 3DR

Email: governance.support@torbay.gov.uk - www.torbay.gov.uk

CABINET AGENDA

1. **Apologies**
To receive apologies for absence.
2. **Minutes** (Pages 4 - 16)
To confirm as a correct record the Minutes of the meeting of the Cabinet held on 25 April 2024.
3. **Disclosure of Interests**
 - (a) To receive declarations of non pecuniary interests in respect of items on this agenda.

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
 - (b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda.

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(Please Note: If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent Items**
To consider any other items the Chairman decides are urgent.
5. **Matters for Consideration**
6. **Public Question** (Page 17)
To hear and respond to any written questions or statements from members of the public which have been submitted in accordance with Standing Order A24.
7. **Nomination to list Breakwater Car Park, Berry Head Road, Brixham TQ5 9AF as an Asset of Community Value** (Pages 18 - 38)
To consider a report that seeks to list Breakwater Car Park as an Asset of Community Value.
8. **Next Steps Properties at Ryan Place** (To Follow)
To consider the submitted report on the above.

9. **Report of the Adult Social Care and Health Overview and Scrutiny Sub-Board - Dementia Support in Torbay Spotlight Review**

(Pages 39 - 55)

To consider the above report from the Adult Social Care and Health Overview and Scrutiny Sub-Board.

Live Streaming and Hybrid Arrangements

To encourage more people to engage in our public meetings the Council is live streaming our Cabinet meetings on our YouTube channel in addition to recording the meetings and publishing the recording on our website. To watch the meeting live please visit <https://www.youtube.com/user/torbaycouncil>.

We are also using hybrid meeting arrangements to enable officers and Councillors who are not members of the Cabinet to either attend the meeting in person or to attend the meeting remotely via Zoom. Anyone attending the meeting remotely must use their raise hand function when they wish to speak and to declare any interests at the appropriate time. If anyone attending the meeting remotely loses connection the meeting will continue and they will have the option to follow the meeting via the YouTube live stream.

Minutes of the Cabinet

25 April 2024

-: Present :-

Councillor David Thomas (Chairman)

Councillors Billings, Bye, Chris Lewis, Jacqueline Thomas, Tranter and Tyerman

(Also in attendance: Councillors Amil (virtual), Steve Darling, Johns (virtual),
Barbara Lewis (virtual), Maddison, Spacagna, Tolchard (virtual) and Twelves (virtual))

102. Minutes

The Minutes of the meeting of the Cabinet held on 19 March 2024 were confirmed as a correct record and signed by the Chairman.

103. Matters for Consideration

The Cabinet considered the following matters, full details of which (including the Cabinet's decisions) are set out in the Record of Decisions appended to these Minutes.

- 104. Report of the Children and Young People's Overview and Scrutiny Sub-Board - Schools Mental Health Programme**
- 105. Proposed Devon & Torbay Council Combined Authority and Devolution Deal**
- 106. Commissioning of Integrated Sexual and Reproductive Health Services**
- 107. Governance and Commissioning Review of Local Authority Company - SWISCo**
- 108. Contract Award for Civil Enforcement System**
- 109. The Provision of Independent Health Complaints Advocacy in Torbay**

Chairman/woman

Record of Decisions

Report of the Children and Young People's Overview and Scrutiny Sub-Board - Schools Mental Health Programme

Decision Taker

Cabinet on 25 April 2024.

Decision

That the Schools Mental Health Programme report and Cabinet's response to the Children and Young People's Overview and Scrutiny Sub Board recommendations in respect of the Schools Mental Health Programme be approved as published.

Reason for the Decision

The Cabinet was required to respond to the findings of the Overview and Scrutiny Board.

Implementation

This decision will come into force and may be implemented on 9 May 2024 unless the call-in procedure is triggered (as set out in the Standing Orders in relation to Overview and Scrutiny).

Information

The Cabinet received the Schools Mental Health Programme and a report of the Children and Young People's Overview and Scrutiny Sub-Board. In accordance with section D7 of Standing Orders in relation to Overview and Scrutiny as set out in the Constitution, the Cabinet was required to respond to the recommendations of the Overview and Scrutiny Board within two months. Subsequently the Cabinet prepared a response to the recommendations of the Children and Young People's Overview and Scrutiny Sub-Board which was proposed by Councillor Bye and seconded by Councillor Tranter and agreed unanimously by the Cabinet, as set out above.

Alternative Options considered and rejected at the time of the decision

None.

Is this a Key Decision?

No

Does the call-in procedure apply?

Yes

Declarations of interest (including details of any relevant dispensations issued by the Standards Committee)

None.

Published

29 April 2024

Signed: _____ Date: _____
Leader of Torbay Council on behalf of the Cabinet

Record of Decisions

Devolution – Deal for Devon and Torbay

Decision Taker

Cabinet on 25 April 2024.

Decision

That Cabinet recommends that the Council:

- (a) Thanks all those who responded to the consultation, for the time they gave in considering the draft proposal and in preparing responses to it;
- (b) Considers the analysis of the responses (Appendix A) on the draft proposal for the Devon and Torbay Combined County Authority showing the variety, breadth and range of views expressed;
- (c) Approves the proposal (Appendix B) for the Devon and Torbay Combined County Authority (DT CCA) for submission to the Secretary of State for Levelling Up, Housing and Communities, taking into consideration and having due regard to the consultation responses and the Public Sector Equality Duty;
- (d) Delegates authority to the Chief Executive, in consultation with the Leader of the Council, to consent to the making of the necessary Regulations to create the Devon and Torbay Combined County Authority thereby implementing and giving effect to the proposal, subject to those Regulations reflecting the principles in the proposal document and this report;
- (e) Notes that, subject to the approval of the proposal and making of Regulations, the Council will give consideration to a draft constitution for the DT CCA in September 2024; and
- (f) Notes that Devon County Council will be asked to support the establishment of the Team Devon Joint Committee and with the proposed terms of reference being considered by Devon County Council in September 2024.

Reason for the Decision

To enable the next steps towards the establishment of the Devon and Torbay Combined County Authority to be undertaken.

Implementation

The recommendations of the Cabinet will be considered at the Extraordinary meeting of Council being held on 30 April 2024.

Information

The proposed devolution deal for Devon and Torbay was announced by the Secretary of State for Levelling Up, Homes and Communities and published by the Department for Levelling Up, Housing and Communities (DLUHC) on 25 January 2024.

At its meeting on 2 February 2024, the Cabinet agreed to support the proposed Devon and Torbay devolution deal and resolved to carry out a joint public consultation with Devon County Council (as the Constituent Councils) on the draft proposal to establish the Devon and Torbay Combined County Authority (DT CCA).

The Levelling-up and Regeneration Act requires that prior to submitting a proposal for a CCA to the Secretary of State, the Constituent Councils (i.e. Devon County Council and Torbay Council) must undertake a public consultation on the proposal in the proposed area. The Constituent Councils are obliged to carry out the consultation across the proposed area and consider the results. It was recommended that the proposal for the DT CCA be agreed by the Council for submission to the Secretary of State for Levelling Up, Housing and Communities.

At the meeting Councillor David Thomas proposed and Councillor Chris Lewis seconded a motion that was agreed unanimously by the Cabinet, as set out above.

Alternative Options considered and rejected at the time of the decision

An alternative option would be not to submit the final proposal to the Secretary of State. If this option was to be adopted, then there would be no guarantee that a DT CCA and associated devolution deal with the potential associated powers and funding would be available to the area in the same way in the future.

Is this a Key Decision?

Yes

Does the call-in procedure apply?

No

Declarations of interest (including details of any relevant dispensations issued by the Standards Committee)

None.

Published

29 April 2024

Signed: _____ Date: _____
Leader of Torbay Council on behalf of the Cabinet

Record of Decisions

Commissioning of Integrated Sexual and Reproductive Health Services

Decision Taker

Cabinet on 25 April 2024.

Decision

That, subject to none of the specification, the budget nor the procurement processes proposed being materially different from what is outlined in the submitted report, the Director for Public Health be given delegated authority to award the contract for integrated sexual and reproductive health services to the successful provider, upon conclusion of the procurement process and in consultation with the Cabinet Member for Adult and Community Services, Public Health and Inequalities.

Reason for the Decision

Improving sexual and reproductive health, improves outcomes for communities and people and in turn ensures that planning for place (such as housing and population predictions) and economic growth and skills are also positively impacted.

Delegating authority to award the contract to the Director of Public Health, facilitates a timely and efficient joint procurement process.

Implementation

This decision will come into force and may be implemented on 8 May 2024 unless the call-in procedure is triggered (as set out in the Standing Orders in relation to Overview and Scrutiny).

Information

The current contract for Integrated Sexual and Reproductive Health Services in Torbay expires on 30 June 2025, and hence it is a requirement that a new contract commences from 1 July 2025 due to the following two conditions:

1. Open access sexual and reproductive health services are a mandated function of the public health ring-fenced grant.
2. Current procurement legislation requires that this contract be subject to a legally compliant procurement process.

Currently services are co-commissioned with Devon County Council, and the intention was to continue this approach.

At the meeting Councillor Tranter proposed and Councillor Tyerman seconded a motion that was agreed unanimously by the Cabinet, as set out above.

Alternative Options considered and rejected at the time of the decision

Options considered are limited given the mandated nature of service provision and available budget. However, three models were considered and after consultation with the public,

including groups with poorer sexual health outcomes, other local authorities, the provider market, and national best practice. A subsequent model had been developed, presented and broadly accepted by the provider market.

Is this a Key Decision?

No

Does the call-in procedure apply?

Yes

Declarations of interest (including details of any relevant dispensations issued by the Standards Committee)

None.

Published

29 April 2024

Signed: _____ Date: _____
Leader of Torbay Council on behalf of the Cabinet

Record of Decisions

Governance and Commissioning Review of Local Authority Company - SWISCo

Decision Taker

Cabinet on 25 April 2024.

Decision

1. That the Cabinet approves the adoption and implementation with immediate effect of the recommendations as set out in Appendix 1 of the Governance and Commissioning Review of SWISCo (Section 7, 1-12.);
2. That the Cabinet approves the extension of the commissioning of SWISCo, as a wholly owned company of the Council to carry out the works specified in SWISCo Commissioning Agreements for a further 5 year period between 1st April 2025 and 31st March 2030; and
3. That the Director of Pride in Place in consultation with the Director of Finance and Cabinet Member for Pride in Place, Culture & Events and Parking be delegated authority to approve any revisions to the Councils commissioning agreement with SWISCo to the 31st March 2030.

Reason for the Decision

The commissioning agreement of SWISCo spanning the five-year period 2020 to 2025 sets out that both parties shall undertake a review at the end of years 2, 5 and 10 of this agreement to ensure that governance arrangements and commissioning processes were robust and effective and provide sufficient direction for the management of SWISCo.

The commissioning agreement also specifies that a review must be carried out on or before 31 March 2024 to inform any extension of the agreement for a further 5 years.

Implementation

This decision will come into force and may be implemented on 8 May 2024 unless the call-in procedure is triggered (as set out in the Standing Orders in relation to Overview and Scrutiny).

Information

Torbay Council established SWISCo in 2020 as a wholly owned company of Torbay Council. The commissioning agreement of SWISCo sets out that both parties shall undertake a review at the end of years 2, 5 and 10 to ensure that governance arrangements and commissioning processes were robust and effective and provide sufficient direction for the management of SWISCo.

The purpose of the review was to provide recommendations relating to the Governance and Commissioning of SWISCo as a wholly owned company of the Council and to make a recommendation on any extension to the commissioning agreement from 1st April 2025 for a further 5 years.

At the meeting Councillor Billings proposed and Councillor Bye seconded a motion that was agreed unanimously by the Cabinet, as set out above.

Alternative Options considered and rejected at the time of the decision

Appendix 1 to the submitted report sets out a range of findings and recommendations in relation to how the council governs and commissions SWISCo. The recommendations were based on best practise guidance and take into account consequences of not adopting these recommendations.

Is this a Key Decision?

No

Does the call-in procedure apply?

Yes

Declarations of interest (including details of any relevant dispensations issued by the Standards Committee)

None.

Published

29 April 2024

Signed: _____ Date: _____
Leader of Torbay Council on behalf of the Cabinet

Record of Decisions

Award of Contract for Civil Enforcement System (Parking Notice and Permit Processing System)

Decision Taker

Cabinet on 25 April 2024.

Decision

That the Contract for Civil Enforcement System (Parking Notice and Permit Processing System) be awarded to the successful Applicant as set out in Exempt Appendix 1 to the submitted report.

Reason for the Decision

To ensure that the Council can continue to issue parking penalty charge notices and permits within Torbay.

Implementation

This decision will come into force and may be implemented on 7 May 2024 unless the call-in procedure is triggered (as set out in the Standing Orders in relation to Overview and Scrutiny).

Information

The Council has a requirement under Section 8 of the Traffic Management Act 2004 to enforce parking restrictions across Torbay.

An IT system is required to be able to issue parking penalty charge notices, (PCNs) ensure the system follows the legal process to make representations and appeal the issuing of the penalty charge and ensure recovery of unpaid penalty charge notices. The IT system is also used to manage the different types of permits to be used in car parks and on street in controlled parking areas.

The current contract for this system is due to expire on 31 March 2025, due to the requirement of an implementation period in the event of a new supplier being awarded a new contract, a formal procurement process was commenced in January 2024 and completed in March 2024 with the identification of the Council's preferred supplier as the most economically advantageous tender.

At the meeting Councillor Billings proposed and Councillor Jackie Thomas seconded a motion that was agreed unanimously by the Cabinet, as set out above.

Alternative Options considered and rejected at the time of the decision

There were two options considered:

Option 1 - award the contract to the preferred supplier, identified following a compliant procurement exercise, as the applicant who submitted the most economically advantageous tender. The contract would be for an initial period of three years with three optional extensions of 12 months each.

Option 2 - not to award the contract, allow the current contract to expire leaving the Council with no method to enforce parking restrictions across Torbay or to issue permits.

Is this a Key Decision?

No

Does the call-in procedure apply?

Yes

Declarations of interest (including details of any relevant dispensations issued by the Standards Committee)

None.

Published

29 April 2024

Signed: _____ Date: _____
Leader of Torbay Council on behalf of the Cabinet

Record of Decisions

The Provision of Independent Health Complaints Advocacy in Torbay

Decision Taker

Cabinet on 25 April 2024.

Decision

That the contract for Independent Health NHS Complaints Advocacy be awarded to the preferred supplier named in Exempt Appendix 1 to the submitted report.

Reason for the Decision

Each local authority must commission local NHS complaints advocacy, as there are statutory functions that have to be delivered. This falls under the Health and Social Care Act 2012 and is funded out of the Local Reform and Community Voices Grant.

Implementation

This decision will come into force and may be implemented on 8 May 2024 unless the call-in procedure is triggered (as set out in the Standing Orders in relation to Overview and Scrutiny).

Information

Independent Health Complaints Advocacy is a free, independent, and impartial service funded by local authorities (see above). It can guide anyone who wishes to complain about their (or another person's) NHS care and treatment through the process of contacting the appropriate NHS organisation. The NHS complaints advocacy service can support anyone who needs to navigate the complaints process. There are no specific eligibility criteria. Wherever possible, they will facilitate self-advocacy in line with the empowering model of advocacy.

Following an open procurement process led by Devon County Council (DCC), for the provision of this service in both Devon and Torbay the new contract for Independent Health Complaints Advocacy needs to be awarded in order to start on the 1 July 2024.

At the meeting Councillor Tranter proposed and Councillor Chris Lewis seconded a motion that was agreed unanimously by the Cabinet, as set out above.

Alternative Options considered and rejected at the time of the decision

Historically the Council has commissioned and contracted the service as a single Council. However, given the relatively small size of the current contract and that Torbay and South Devon Foundation Trust already have an arrangement with Devon County Council for the commissioning and contract management of other statutory advocacy services, it was proposed to include the Independent Health Complaints Advocacy within this wider service. This was in line with some other contracts within health and care, such as the Local Healthwatch service, where the Council jointly commission this with other partners within the Integrated Care System for Devon.

Is this a Key Decision?

No

Does the call-in procedure apply?

Yes

Declarations of interest (including details of any relevant dispensations issued by the Standards Committee)

None.

Published

29 April 2024

Signed: _____ Date: _____
Leader of Torbay Council on behalf of the Cabinet

Agenda Item 6

Item 6 Public Question

Public Question submitted by Colette O'Brien

Have officers involved a Brixham Councillor in any of the meetings regarding the Brixham Breakwater Development which have taken place with the developer's team? If not, why not, Brixham needs a voice to ensure we have an 'accessible to all' beach, for our continuing strong tourist trade as well as for local's water sports and wellbeing.

Meeting: Cabinet **Date:** 14 May 2024

Wards affected: St Peters with St Marys, Brixham

Report Title: Nomination to list Breakwater Car Park, Berry Head Road, Brixham TQ5 9AF as an Asset of Community Value

When does the decision need to be implemented? As soon as possible

Cabinet Member Contact Details:

Councillor Jackie Thomas, Cabinet Member for Tourism, Culture & Events and Corporate Services, Jackie.thomas@torbay.gov.uk

Director/Divisional Director Contact Details: Matthew Fairclough-Kay Director of Corporate Services matthew.fairclough-kay@torbay.gov.uk

1. Purpose of Report

- 1.1 The Council has received a nomination to list Breakwater Car Park as an Asset of Community Value. The Asset of Community Value regime provides communities a right to identify a building or other land that they deem to be of importance to their community's social wellbeing.
- 1.2 To be listed, the land must be nominated by an organisation with a local connection. This application has been made by an unincorporated group of 21 Torbay residents known as the 'Breakwater Beach Community Group' and must be determined by the Cabinet in accordance with the requirements of the Localism Act 2011 and the Assets of Community Value (England) Regulations 2012.
- 1.3 The nomination has been assessed by Officers who recommend approval of the application and the designation of Breakwater car park as an Asset of Community Value.

2. Reason for Proposal and its benefits

- 2.1 Assets of Community Value form part of the Community Right to Bid initiatives introduced under the Localism Act 2011. One of the key policy goals of these provisions was to give communities more power to become involved in the way local services are delivered and to counteract the damage that can be done to communities when buildings or other amenities are closed or sold. Types of assets awarded Asset of Community Value status include community centres, village halls, hospitals, local pubs, car parks, green spaces, or other places which hold significance to the community. Subject to exceptions, virtually any land or building can be nominated, whether in public or private ownership.
- 2.2 Every local authority is required to maintain two lists in relation to Assets of Community Value in its area, one list containing a list of land that is deemed to be of community value and a second list of unsuccessful nominations. Where land has been included on a local authority's list of assets, it will remain on the list for five years. Both lists are available for public inspection on the Council's website.
- 2.3 Land or a building will be considered of community value if, in the opinion of the Council, the actual current (or recent) use of the land furthers the social wellbeing or social interests of the local community, and it is realistic to think that the future use of the asset land will continue to be used in a way that will further the social wellbeing or social interests of the community.
- 2.4 If a community group nominates land or buildings that meet the definition of an Asset of Community Value, and a valid nomination is made, then the local authority must include the asset on its list of Assets of Community Value.
- 2.5 If an asset is placed on the list, a moratorium period will be applied from the date on which the local authority receives notification of any proposed disposal of the land. During this moratorium period (of up to six months) local community groups have the opportunity to raise finance, to make a bid to buy the asset on the open market. Whilst the community group will be given opportunity to bid, the owner is not bound to accept it.
- 2.6 We want Torbay and its residents to thrive, and consideration should be given to safeguarding amenities which are of great local significance to the places where people live and work.

3. Recommendation(s) / Proposed Decision

1. That Breakwater car park be designated as an Asset of Community Value.

Appendices

Appendix 1: Application to list Breakwater Car Park as an Asset of Community Value submitted by Breakwater Beach Community Group who are an unincorporated group of residents.

Appendix 2: Location Plan

Background Documents

Torbay Council Assets of Community Value Policy:

<https://www.torbay.gov.uk/planning-and-building-control/local-land-charges/assets-of-community-value/>

Asset of Community Value legislation is supported by non-statutory guidance issued to local authorities in 2012. This guidance is intended to assist local authorities implement the Asset of Community Value legislation and provides guidance on procedural matters.

<https://www.gov.uk/government/publications/community-right-to-bid-non-statutory-advice-note-for-local-authorities>

Glossary

Asset of Community Value	<p>A building or other land is an asset of community value if its main use has recently been or is presently used, to further the social wellbeing or social interests of the local community and could do so in the future.</p> <p>Social interests are defined to include cultural, recreational, or sporting interests of the local community.</p>
Community group/organisation	<p>The following groups are eligible to nominate, Parish Councils, a body with a local connection such as neighbourhood forums, charities, unincorporated groups comprising of at least 21 members with a local connection, companies, including not-for-profit companies.</p>
Disposal	<p>in the context of the Community Right to Bid, the legislation defines disposal as the sale of the</p>

	freehold, or the grant or assignment of a leasehold estate for a term of 25 years or more.
First Tier Tribunal	an independent body to decide appeals made by owners against assets being listed, and decide compensation claims.
Judicial review	is a legal process that allows individuals to challenge the decisions or actions of public bodies where they have not acted lawfully and fairly.
Moratorium period	when buildings or land listed come up for sale, a moratorium of up to six months can be invoked, providing local community groups with an opportunity to bid to purchase the asset on the open market.
Not-for-profit company	companies whose activities benefit the community and who reinvest surplus made from trading back into the community (often called Social Enterprises or Community Interest Companies).

Supporting Information

1. Introduction

- 1.1 On 02 April 2024, the application to list Breakwater Car Park as an Asset of Community Value, was validated. A redacted version of the application is appended to this report at Appendix 1. The application complies with the requirements set out in paragraph 6 of The Asset of Community Value (England) Regulations 2012.
- 1.2 A local authority considering whether to include land nominated on its Asset of Community Value list must take practicable steps to inform the owner or the holder of any leasehold estate in the land. In this instance, the Council is the freehold owner of the land; the asset is a pay and display car park managed by Parking Services.
- 1.3 The decision to list the nominated building or land will only occur where in the opinion of the local authority, it meets the statutory criteria set out in Section 88(2) of the Localism Act 2011 specifically that:

- a) an actual current use of the building or other land that is not an ancillary use furthers the social wellbeing or social interests of the local community, and
- b) it is realistic to think that now or in the next five years there could continue to be a primary use of the building/land which will further (whether or not in the same way) the social, wellbeing or social interests of the local community.

1.4 Members' attention is drawn particularly to pages 8 and 9 of the application at Appendix 1 regarding the merits of the nomination and established community use. You will note that the car park, as depicted in the plan at Appendix 2, is a widely used amenity, given its proximity to the beach which is considered to enhance the quality of life for residents and visitors alike, promoting a happy, healthier community.

2. Options under consideration

2.1 Following receipt of a community nomination for Breakwater car park to be listed as an Asset of Community Value, the Council must decide whether to accept the nomination.

A nominated asset must be listed if:

- it is located within the local authority's area ✓
- is nominated by a voluntary or community body with a local connection as defined in Regulation 5 of the Asset of Community Value (England) Regulations 2012 ✓
- satisfies the definition of land of community value set out in Section 88 of the Localism Act 2011; ✓ and
- is not listed in Schedule 1 of the 2012 Regulations as an excluded asset type. ✓

The nominator is not required to prove that the asset should be listed on "the balance of probabilities", but the much lower test if, in the opinion of the local authority "it is realistic to think" that use of the building or land furthers the social wellbeing or social interests of the local community, and that the use can continue.

As a valid nomination which meets the criteria for listing has been received, it is proposed that Breakwater Car Park is designated as an Asset of Community Value.

2.2 The alternative option would be to refuse the application; in which case written reasons for refusal would need to be provided to the applicant.

3. Financial Opportunities and Implications

3.1 In recognition of the potential impact on landowners, the Assets of Community Value Regulations contain provisions for landowners to seek compensation from the local authority for any loss or expense suffered as a result of the listing. The provision of compensation is available to all owners except public authorities, consequently it does not apply in this case.

4. Legal Implications

- 4.1 There are no direct legal implications arising from this report however, for clarity, the community right to bid provisions do not restrict what the owner of a listed asset can do with the land, nor restrict to whom an owner of an Asset of Community Value can sell their land to or at what price.
- 4.2 Further information regarding the effect of a listing can be found in Torbay Council Assets of Community Value Policy:

<https://www.torbay.gov.uk/planning-and-building-control/local-land-charges/assets-of-community-value/>

5. Engagement and Consultation

- 5.1 Torbay Council is the freehold owner of the land and is the only party directly affected by the proposals.

6. Purchasing or Hiring of Goods and/or Services

- 6.1 Not applicable

7. Tackling Climate Change

- 7.1 There are no direct climate implications.

8. Associated Risks

- 8.1 If the Council fails to determine the application by 28 May 2024, it will be in breach of its statutory duty to do so, which would leave the Council vulnerable to a potential ombudsman complaint.
- 8.2 The legislation does not provide a statutory appeal mechanism to an applicant. The only remedy available to the applicant if they were not happy with the decision, would be to challenge the Council's decision by way of judicial review.

9. Equality Impacts - Identify the potential positive and negative impacts on specific groups

In exercise of its functions, the Council is required to have due regard to the Public Sector Equality Duty set out in section 149 of the Equality Act 2010. It is considered that this nomination contributes positively to uniting individuals and groups from diverse backgrounds and thus contributes to fostering good relations between persons with

different protected characteristics and those who do not. The provision of an easily accessible and inclusive space for members of the local community to use further demonstrates the value of this particular asset.

	Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
Older or younger people			No differential impact
People with caring Responsibilities			No differential impact
People with a disability			No differential impact
Women or men			No differential impact
People who are Black or from a minority ethnic background (BME) (Please note Gypsies / Roma are within this community)			No differential impact
Religion or belief (including lack of belief)			No differential impact
People who are lesbian, gay, or bisexual			No differential impact
People who are transgendered			No differential impact
People who are in a marriage or civil partnership			No differential impact
Women who are pregnant / on maternity leave			No differential impact
Socio-economic impacts (Including impact on child poverty issues and deprivation)			No differential impact
Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			No differential impact

10. Cumulative Council Impact

10.1 None.

11. Cumulative Community Impacts

11.1 None.

Assets of Community Value Nomination Form

Please complete this form fully. The details you place in this form will be the basis for which the Council will come to an informed decision on whether the asset can and should be placed on the List of Assets of Community Value, or not.

How we use your personal information

What personal information do we need?

In order to process a nomination we require the name, address, telephone number and email address of the nominating body and the owner/occupier of the nominated asset. In cases of applications made by unincorporated bodies with at least 21 individual members, all the 21+ members' names and addresses should also be provided.

Who is collecting it?

The data controller is Torbay Council, Town Hall, Castle Circus, Torquay, TQ1 3DR.

Why is it being collected?

Under the Localism Act 2011: Assets of Community Value (England) Regulations 2012, we have a statutory duty to receive, process and make a decision on nominations for Assets of Community Value.

How will it be used?

Personal information is used to process the nomination, to make a decision on the nomination, and inform the owner(s) and other interested parties of the nomination, its progress and the eventual decision.

Who will it be shared with?

We will share the personal contact details used to process the nomination with internal departments within the Council e.g. Local Land Charges, Legal Department, Governance Support and Elected Representatives Information will also be shared with the Torbay Development Agency as the Council's Asset Management body.

How long will the information be kept for?

Nomination forms and information relating to the nomination will be kept for 6 years.

Your rights

If you feel that the information the Council holds about you is incorrect, you have the right to request it is rectified. You are also able to request a copy of the personal data the Council holds about you. To see more information about your rights, please see our Information Rights Policy.

If you wish to raise a complaint about how the Council has processed your information please contact the Council's Data Protection Officer via infocompliance@torbay.gov.uk

Important notes

The assessment period will commence once the Council is in receipt of a **fully valid application**. **Incomplete application forms and forms missing required documentation will not be accepted as valid and will be returned to the applicant to provide the missing information.**

A landowner/occupier is entitled to see this form during the 8 week consultation period (once the nomination is validated) or following any decision to list the asset concerned as an Asset of Community Value.

Please complete this form electronically, or if completing by hand, only use **BLOCK CAPITALS and black or blue ink**.

Section 1. About your Organisation

1a. Nominating Organisation's Name and Address:

Organisation Name*: Breakwater Beach Community Group

Address: 12 Prospect Road, Brixham, Devon TQ5 8HS

**full name as written in your constitution or rules (if appropriate)*

1b. Please provide a named contact for us to get in touch with, should we need to discuss your nomination:

Name:

Address:

Telephone:

Email Address:

1c. Please specify which of the following categories your organisation relates to

Category of Organisation

Description:

Please tick only **one** box:

Registration / Charity number (if applicable)

Town or Parish Council

Body designated as a neighbourhood forum under the Town and Country Planning Act	<input type="checkbox"/>	
Unincorporated bodies with at least 21 individual members and which does not distribute any surplus it makes to its members	<input checked="" type="checkbox"/>	
Charity	<input type="checkbox"/>	
Company limited by guarantee which does not distribute any surplus it makes to its members	<input type="checkbox"/>	
Industrial and provident society which does not distribute any surplus it makes to its members	<input type="checkbox"/>	
Community interest company	<input type="checkbox"/>	

1d. Evidence Organisation

Please provide a copy of the following as relevant to your organisation (tick all documents provided):

Memorandum of Association	<input type="checkbox"/>
Articles of Association	<input type="checkbox"/>
Companies House return	<input type="checkbox"/>
Trust Deed	<input type="checkbox"/>
Constitution / Terms of reference	<input type="checkbox"/>
Standing Orders	<input type="checkbox"/>
Interest Statement for Community Interest Company	<input type="checkbox"/>

1e. Evidence of a local connection

All nominating organisations must have a local connection, please tick all the relevant statements that apply, or provide a description of how your organisation is connected to Torbay, or a neighbouring authority's area (South Hams or Teignbridge):

The body's activities are wholly or partly within Torbay, South Hams and/or Teignbridge	<input checked="" type="checkbox"/>
At least 21 of the members of the body are local (see point 1f. below)	<input checked="" type="checkbox"/>
Any profits made by the body are wholly or partly applied for the benefit of Torbay, South Hams or Teignbridge	<input checked="" type="checkbox"/>
It is a parish council within Torbay's boundary or it shares a boundary with Torbay	<input type="checkbox"/>

Description / additional information:

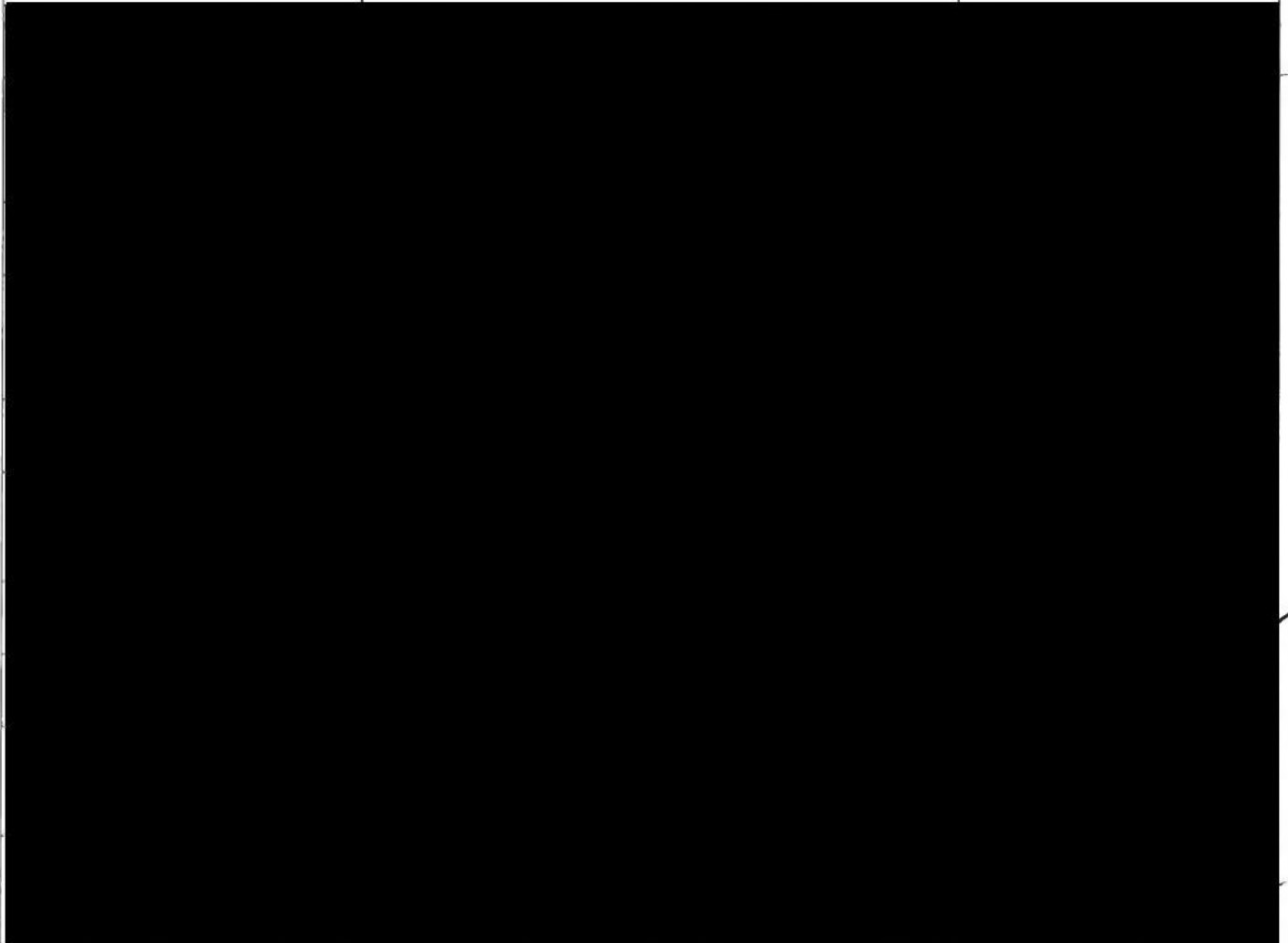
1f. Membership of unincorporated bodies

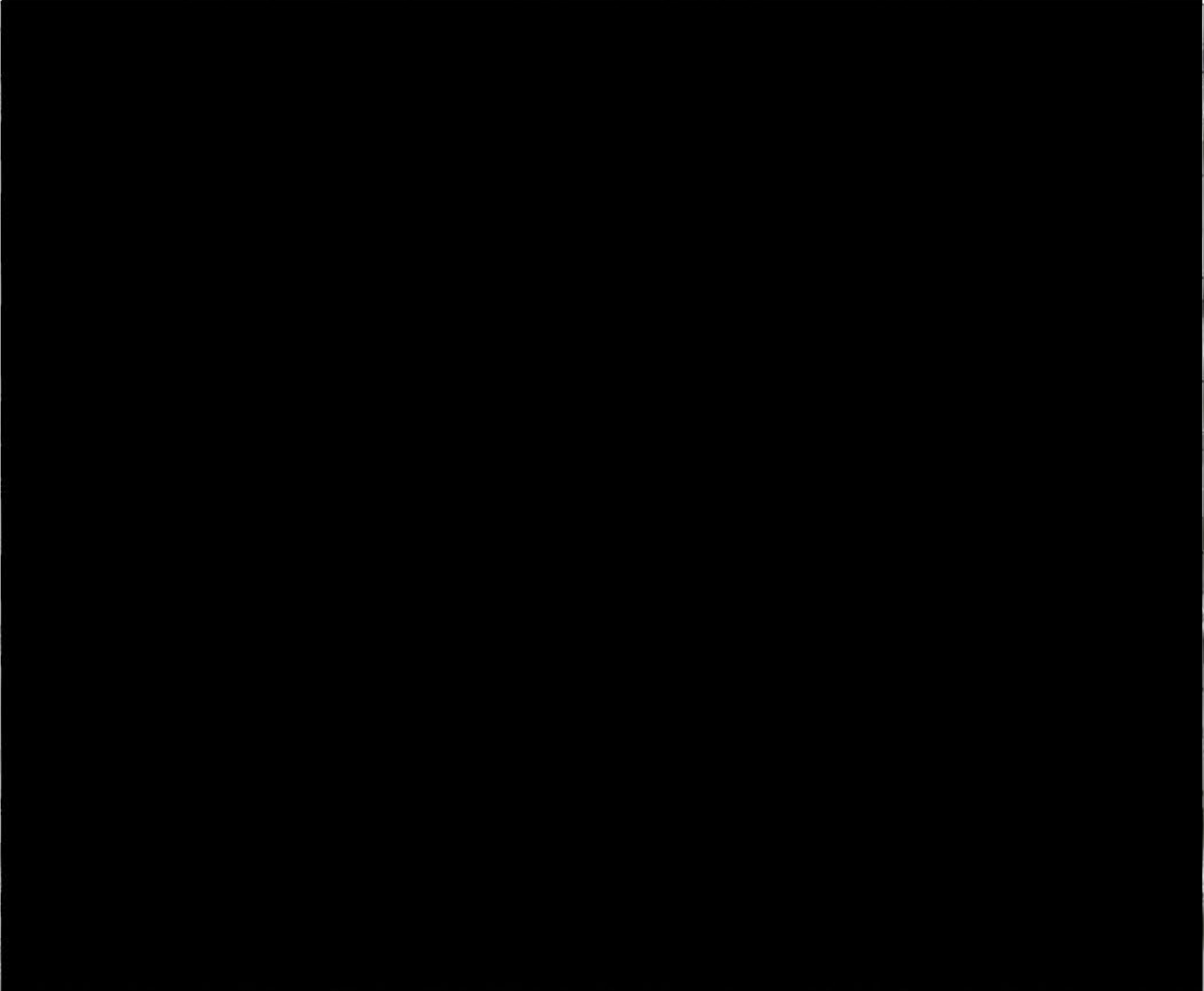
For unincorporated bodies please confirm that at least 21* members are included on Torbay's register of electors and provide their names, addresses and signatures below:

Name:

Address:

Signature:





** if you have more than 21 members, please provide additional details on a separate page annexed to this application.*

Section.2. About the Asset you are nominating:

2a. Please provide the name of the asset (if relevant), and the location/address of the asset:

Name: Breakwater Beach Car Park

Address: Berry Head Road, Brixham,

Postcode: TQ5 9AF

Is the asset defined as operational land under section 263 of the Town and Country planning Act 1990, or owned by statutory undertakers such as utility companies? Please provide details:

No it is a publicly owned car park

2b. Please provide details of the boundary of the asset. Please submit a boundary map/plan at the end of this application which helps to clarify the exact location and extent of the asset being nominated. Where possible this should be a Land Registry Title and Title Plan for the asset (less than one month old). You can get electronic copies of the Land Registry Title and Title Plan from the Land Registry at <https://www.gov.uk/search-property-information-land-registry> (there is a fee for this service).

If the asset is unregistered, alternatives include a Site Location Plan, or OS map with boundaries clearly marked in red, with a North point, and a scale.

Please note that you are required to provide correct boundary and ownership information for the asset you wish to nominate. Incorrect or ambiguous information will be considered an incomplete application form and not be accepted as valid.

See plan attached.

2c. Owner and occupier details (Please provide all information available to you, and copies of the Land Registry Titles and Plans. Note: where there is leasehold(s) and freehold, please provide copies of the Land Registry Titles and Plans for both the leasehold(s) and freehold):

	Name	Address	Delete as appropriate
Owner/s	Torbay Council	Town Hall, Castle Circus, Torquay, TQ1 3DR	Current
Lawful occupiers	N/A		
Holder/s of freehold estate (if not the Owner)	N/A		
Holder/s of any leasehold estate	N/A		
Further detail / other:			

2d. Current use of asset

What is the asset / What is the current main use of the asset? e.g. shop, pub, community facility, playing field

Public car park. Its is a flat car park adjoining the public Breakwater Beach.

Describe fully how you consider that the current and main use of the asset furthers the social wellbeing or cultural, recreational or sporting interests of the local community?

The Car Park is fully accessible being on the level and adjoining the public beach known as Breakwater Beach. There are slopes down from the car park to the beach so that it makes the beach easily accessible.

The beach itself is a much loved local asset. Breakwater Beach is close to the mouth of Brixham harbour and is one of the cleanest beaches on the English Riviera, South Devon's beautiful bay. Not only is it a Blue Flag beach, but it has a Combined Seaside (resort) Award and has been recommended by the Good Beach Guide.

There's disabled access with adjoining parking facilities, meaning everyone can enjoy it.

The beauty of the Breakwater Beach is that it is fairly unspoilt and has an old world charm that draws families back to it time and time again. The views from the beach are exceptional and on a good day the Jurassic coast can be seen. The beach is as a result popular 12 months of the year.

It is used by many sea swimmers because the water is calm and clean. Sea swimming is increasing in popularity and as it does so the number of people swimming from the beach increases. Obviously the proximity of the car park facilitates that as it is often the case with swimmers that they will pop to the beach on a regular basis for a swim.

Breakwater Beach is a particular favourite for scuba diving. There are a number of dive schools throughout the area and with some of the warmest and calmest waters in the country, this is the place to learn to scuba and get your open water certificate. Expect to see rare seagrass beds, seahorses, fish and even the odd shipwreck. The proximity of the car park to the beach means that it is easily accessible for scuba divers who need to be able to park close by to the beach so that they can more easily move their weighty gear to the waters edge.

The car park is used by families who take children down to the beach to swim picnic and play. Again it is the proximity of the car park and slope down from it to the beach that means it is fully accessible for families.

The car park is often used as an extension of the beach to facilitate community events such as the Brixham Gig Club Regattas when part of the car park is closed so that gig boats from all over the South West can be brought to the harbour area where the boats are launched and the trailers parked up while leaving space for all of the other facilities that are necessary for events to be run that draw in hundreds of people from across the south west.

These events raise considerable funds for the Gig Club which is based within the boundary of the Car Park. The club is open to all ages and offers recreational and sporting opportunities for the local community.

The sea cadets are likewise based adjoining the car park and use the area for recreational and sports facilities.

In addition the close proximity to the beach allows users who have limited physical mobility to enjoy the views of the beach and the far-reaching views of the bay from their vehicles. For some this is their only chance to get close to the beach. This is the only accessible beach in Brixham

Having the Breakwater car park next to the beach offers several advantages that add to the wellbeing of local people and helps to create the opportunity for sports and recreational uses that full accord with the aims of the ACV legislation. Firstly, it provides convenient access for beachgoers, making it easier for people to travel to and from the beach without having to walk long distances or carry heavy bags and equipment. This can make the beach more accessible to a wider range of visitors, including families with young children or elderly individuals.

Furthermore, the Breakwater car park enhances the overall visitor experience by providing public facilities such as the toilet block and peoples cars are often used as changing facilities since they are so close. This contributes to the comfort and convenience of beachgoers, encouraging them to spend more time at the beach and enjoy their visit and relax and hopefully return to Brixham thereby enhancing the economy of the Town.

From a safety perspective, having a designated car park next to the beach can help ensure that emergency vehicles have clear access to the area in case of any incidents or medical emergencies. Access to the life boat station is obviously an essential for these purposes since the life boat is moored just off the Breakwater Hard which adjoins the Breakwater car park and is accessed through it.

Moreover, a this strategically located car park next to Breakwater beach is an economic asset for the local community. It can attract visitors to the area, supporting local businesses such as restaurants, shops, and recreational activities. The convenience of having a nearby car park may also encourage tourists to spend more time and money in the area, benefiting the local economy, their welfare, wellbeing and health.

In summary, the advantages of a car park next to a beach include improved accessibility, reduced traffic congestion, enhanced visitor experience, safety benefits, and economic advantages for the surrounding area. Proper planning and management of the car park are essential to maximize these benefits and ensure that it complements the natural beauty of the beach environment.

Over what period is this main use of the asset anticipated to continue?

999 years.

Does the local community have legal and authorised use of the land or property?

Yes subject to complying with the parking rules and restrictions.

If the main use of the asset does not currently further the social wellbeing or cultural, recreational or sporting interests of the local community, did it do so at some stage in the recent past? *(Please provide details of how the asset was used in the past and dates of this usage)*

The use is current.

Can you demonstrate / how do you anticipate that the asset would return to furthering the social wellbeing or cultural, recreational or sporting interests of the local community?	N/A
When do you consider that the asset could realistically return to furthering the social wellbeing or cultural, recreational or sporting interests of the local community?	N/A

Section 3. Supporting Information for your Nomination

3a. Please provide any further information to support your nomination

Declaration

I confirm that I am authorised to submit this nomination form on behalf of the applicant organisation and that all of the information given or referred to in this form is true, accurate, and complete and that all relevant information has been submitted.

Name:



Signature:

A handwritten signature in blue ink, appearing to be 'P. O.' followed by a flourish.

Date:

20th March 2024

Please return to Legal Section, Torbay Council, Town Hall, Castle Circus, Torquay, TQ1 3DR or ACVLegal@torbay.gov.uk
Tel: 01803 207157

*We will acknowledge receipt of your nomination and will check through your form and let you know if any information is missing or if any further information is required.
If all the requested information is provided, we will accept the form. We have 8 weeks from formally accepting the form to determine whether the asset you have nominated should be placed on the List of Assets of Community Value.*



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Meeting: Cabinet Meeting **Date:** 14 May 2023

Wards affected: All Wards

Report Title: Report of the Adult Social Care and Health Overview and Scrutiny Sub-Board – Dementia Support in Torbay Spotlight Review

1. Introduction

- 1.1 The Adult Social Care and Health Overview and Scrutiny Sub-Board undertook a spotlight review of Dementia Support in Torbay which had been highlighted as a topic of particular importance for investigation by Overview and Scrutiny Members.
- 1.2 The scope and Agenda were very focussed with a view to identifying practical and achievable recommendations. The key aims and objectives of the Scope were to achieve an overview of the support and services available to people living with dementia and people caring for those living with dementia in Torbay, together with the challenges currently faced and how support and services could be improved.
- 1.3 The Sub-Board welcomed guest speakers from the Torbay Community Mental Health Team for Older People, Devon Partnership Trust, the Mental Health Provider Collaborative and Torbay and South Devon NHS Foundation Trust. Aspects covered by speakers included:
 - an outline of the Adult Social Care Commissioning Strategy;
 - how social care was working to provide support and the public health perspective;
 - what type of needs currently presented to mental health services in relation to the older population and how those needs were being met;
 - an overview of the impact on the community from a voluntary sector perspective, including details of people's experiences; and
 - how the need was identified for the Rowcroft Dementia Unit together with an update on progress and areas of concern.

2. Adult Social Care Commissioning Strategy and Public Health: Infrastructure and Support

- 2.1 Members of the Sub-Board received a presentation outlining an integrated perspective across Torbay Council, including Public Health, and the NHS in respect of commissioning and delivering dementia services in Torbay.

- 2.2 The Consultant in Public Health, Torbay Council explained that there were 1,612 people aged over 65 on Torbay General Practitioner (GP) registers with diagnosed dementia in 2022/23. However, the estimate was that around 2,714 people aged over 65 in Torbay were actually living with dementia in 2023. The main potential risk factors for developing dementia were age, lifestyle factors, mental and social activity and sex (more women were living with dementia than men).
- 2.3 In terms of regional and national comparisons, as at August 2023, the percentage of GP patients with a dementia diagnosis, aged over 65 was 4.08% in Torbay and 4.12% for England with 3.92% for the South West. The mortality rate for Torbay was similar to that for England but there was a real differential in terms of sex and deprivation which demonstrated that the figure was higher in respect of females and that deprivation factors in Torbay were higher than average. Early intervention was key and the Lancet Commission research had concluded that twelve areas of focus, including maintaining frequent exercise, stopping smoking and treating hearing impairment, for example, not only contributed to healthy lifestyles but helped to reduce neuropathological damage and to increase and maintain cognitive reserve, thereby preventing up to 40% of dementias.
- 2.4 Moving forwards into the future, the predicted population change from 2021 to 2041 for Torbay was for a substantial continued increase in the numbers of older people and a reduction in those of younger and working age. Both Devon and Torbay were projected to have approximately one third of the population aged over 65 by 2043. The Chief Officer's Annual Report 2023 focussed on Health in an Ageing Society and concluded that as a whole nationally, the population was ageing significantly going forward with rural and coastal areas ageing at a faster rate. Inequality factors also influenced ageing rate and therefore there was a focus on prevention, with thought as to quality of life as well as how long people live. In terms of prevention work in Torbay, there was a Healthy Ageing Programme, "Live Longer Better Torbay" which was working across communities to transform awareness of the benefits of staying active.
- 2.5 The Director of the Mental Health Provider Collaborative provided an Integrated Care System perspective and informed Members that work was underway across the system to move towards a more integrated way of working and in terms of dementia care there was a genuine opportunity to achieve that. In January 2024 a Dementia Summit was held which was attended by 60 providers. Pre-summit engagement asked people to prioritise areas for those living with dementia. The following responses were given:
- timely diagnosis;
 - timely support and practical advice, based on need not technical eligibility;
 - respite for Carers;
 - "no wrong door" and proper connection between community organisations, primary care, secondary care and mental health expertise;
 - available crisis support;
 - specialist support and training to care homes;
 - better coordination within and between health and social care;
 - understanding of dementia as a long term condition, with a clear pathway; and
 - having the right end of life care remains really important.
- 2.6 Current difficulties identified were extremely constrained financial circumstances, with financial planning still in process for 2024/25 and the recent withdrawal of the previous contract for Alzheimer's Society post-diagnostic support – not all Local Authorities had been able to prioritise this.

- 2.7 The Summit recognised that there was not a Dementia Strategy for Torbay and there was a real need for one. The Summit highlighted lots of examples of good care, committed professionals and dedicated community responses but this was fragmented, with no overall direction or certainty of resource. Consideration was given to the overall “Dementia Well” pathway:
- preventing well;
 - diagnosing well;
 - supporting well;
 - living well; and
 - dying well.
- 2.8 It was explained that the key focus of the Summit was to prioritise diagnosis, post diagnostic support and co-ordination to support people living well with dementia. Key work streams were implied in the discussion which would be tested with participants and the strategy developed. Likely work streams included post diagnostic support, support to Carers, support to care homes, complex dementia provision and market provision and development of the Voluntary, Community and Social Enterprises Sector (VCSE).
- 2.9 In summary, it was vital to have a Dementia Strategy in place which brought together the key themes ranging from prevention to dying well.
- 2.10 The Strategic Partnership Manager, Adult Social Care Commissioning, Torbay Council provided Members with a Local Authority Commissioning perspective and explained that prevalence data estimates for Torbay showed that over the next 10 years the number of people living with dementia would increase by over 30% to 3,300 people. 27% of Torbay’s population were aged 65 or over, compared to just 18% of the population across England and by 2040 was expected to rise to one in three (34%) of Torbay’s population. Therefore, demographic changes suggested levels of demand were likely to increase and so the challenge would be to do more and better with the budget available.
- 2.11 It was acknowledged that there was some brilliant work being carried out by Carers, the voluntary sector, nursing providers and experts in community teams. However, there were challenges in that the market in Torbay, particularly the residential and domiciliary care provider market, was currently not equipped to deal with the increase in complexity of need. Torbay’s health and social care market was wholly externalised and almost all of the provision accessed consisted of independent businesses. If there was to be change within the market, it would have to be carried out in a commercial way, for example, changing contracts and expectations from care providers. This was not a change that could be forced and NHS and Local Authority commissioners had not yet defined what modern services should look like nor the cost.
- 2.12 Another challenge related to the fact that there was no purpose built dementia provision and a heavy reliance on adapted 19th Century residential buildings not designed for the needs of people with complex and challenging dementia. It was acknowledged that new services would be extremely expensive and slow to reach the market with little innovation in design. There was also a lack of end-to-end rehabilitative or reablement model for dementia in place yet and this limited meaningful daytime activity, replacement care or support for the voluntary sector, user-led care and support options. It was accepted that the model in terms of engaging with the voluntary sector outside commissioned care was

not as good as it could be and although commissioners bought domiciliary care very well, there was a lack of sophistication at present, in the way in which other parts of the market could be bought. There were extremely limited alternatives to residential care and a delay in delivering new extra care housing. However, a lot of good design work had been carried out for Torre Marine in conjunction with Stirling University's Dementia Services Development Centre and it was felt that good delivery of the project meant that a really good housing model case of care could be delivered with better outcomes and a lower cost.

- 2.13 The main concerns were that, at present, there was no Dementia Strategy in place to unite all stakeholders into a joined-up Torbay framework based on the national "Dementia Well" pathway. Adult Social Care Commissioning would lead the work in that respect and the ideal was to have a co-produced strategy in place, which would be a Torbay version of the national strategy with input from everyone who had a stake in dementia services. The aspiration was to do more with available resources to keep people independent for as long as possible and then at the point of escalation, to manage the pathway smoothly at the right time for those individuals. It was important to help people "age in place" and remain part of their community within their natural circles of support. In order to achieve this, it was vital to have more domiciliary and personal assistant services in the community, who also specialised in complex support that people could buy directly, including with a personal budget or direct payment.
- 2.14 There needed to be a stronger focus on resilience, re-ablement and access to aids and assistive technology together with better partnerships with both commissioned and non-commissioned voluntary sector and community providers of all sizes enabling people and carers to access the right advice and signposting them to the help and support they were eligible for. There needed to be greater availability for supported housing, including extra-care housing and sheltered schemes with modern residential and nursing provision that met current best practice for dementia-friendly design and improved life outcomes, together with co-production of services and care and support pathways with people living with dementia and family carers. Innovators in the market were paramount as existing provision was not suitable going forward into the future.
- 2.15 It was highlighted to Members that one of the most important aspects to think about was that whatever was done, it was essential to co-produce the Dementia Strategy with people who had lived experience of dementia. Conversations with those people would enable that experience to be built into the wider response.
- 2.16 The Associate Director of Operations, Adult Social Care, Torbay and South Devon NHS Trust provided the NHS providers' perspective and informed Members that there was absolute alignment with partners in working together to develop the Dementia Strategy whilst looking carefully at the market and transformation. It was accepted that a more cohesive approach was required together with design for better provision. Homes were the main provider of dementia care in Torbay, but there was not a care home provider that specialised in dementia care. Many of the care homes supported individuals with low to mid dementia needs and the NHS was aware of the increasing need for placements that could accommodate individuals with challenging behaviours and complex needs. There was a care home education service which worked alongside care homes and provided excellent support in developing knowledge with training at various levels which was also offered out to South Devon College as part of the work around prevention. Knowledge sharing and gauging the level of provision for each care home ensured that appropriate placements were being made.

- 2.17 The Devon standard definition was yet to be developed for what was meant regarding 'complex' dementia, however to define this was a goal of an NHS Devon Enhanced Health in Care Homes. There had been significant improvements in markets although specifications had not been developed yet for the future. However, work was underway with individual providers to create a tiered system of one to one specialist dementia support where care was regularly reviewed as the care home understood client's needs and could keep them safe. This presented an excellent opportunity around provision to understand any innovations providers may have in mind so there was confident collaboration moving into the future which would set the tone as to how to manage the market moving forward. There was a need for contract management and quality assurance to be heightened due to providers' clients presenting with more complex behaviours. At present the market was completely externalised. Therefore, working in collaboration was key and actively seeking ideas to look at pathways more broadly from the acute setting and primary care all the way through would provide more of a circular picture and provide an understanding of areas that when transformed, would be really cognisant about how people move through the journey in the systems.
- 2.18 From a transformation perspective there was a lot of work to do but also good building blocks were already in place and the existing relationships with Torbay Council and the Devon Partnership Trust would continue to allow that development and good transformation going forward. From an operational perspective, the NHS was very much aligned with partners. It was imperative to have a Dementia Strategy in place in order to help address the expected bulge in numbers of people living with dementia in the future.
- 2.19 The Deputy Clinical Director for Older People's Services and Consultant Psychiatrist for Torbay Community Mental Health Team for Older People provided an overview of Devon Partnership Trust Dementia Services.
- 2.20 Members were informed that the Devon Partnership Trust (DPT) older people's services had seen a 45% increase in referrals for assessment and support over the past 5 years with an expected 35% increase in people over the age of 65 in Devon between 2023 and 2040 alongside a 51% increase in dementia prevalence. The Devon dementia diagnostic rate remained a national outlier at 55%. DPT Dementia Services consisted of Torbay Community Mental Health Team (CMHT), Torbay Care Home Education and Support Service (CHESS) and Devon Memory Service (Torbay memory clinic).
- 2.21 It was explained that the Alzheimer's Society contract with ICB to provide post diagnostic support for dementia patients in Devon was terminated last year. DPT repurposed £340,000, which it used previously to run a post diagnostic support pilot in North Devon, to provide a Devon wide post diagnostic service.
- 2.22 In terms of post diagnostic service development, a DPT offer would be in development from April 2024 and £340,000 would be repurposed to invest in building the foundations of an effective and sustainable post diagnostic service across the DPT footprint. The purpose of this would be to provide dedicated support for patients post diagnosis regardless of where the diagnosis was made; to provide supervision and support to local partners (for example, local authorities, voluntary sector and primary care) and so that patients and carers would be able to self refer and access post diagnostic service advice, signposting and if required, assessment and intervention. Currently work was underway with dementia experts and research colleges to ensure that the service would be clinically effective and evidence

based and recruitment for the service was being undertaken. This was coupled with ongoing work with Integrated Care Board (ICB) colleagues to support the development of a Dementia Strategy which needed to focus on prevention through to diagnosis and support.

- 2.23 Transformation was needed but impacted by post-pandemic system recovery, financial challenges (in a national context), resource implications (workforce, skills and infrastructure) across each part of the sector, multiple priorities and wider transformative work, legal literacy (for example, the Health and Care Act 2022), organisational changes and wider market conditions to support capacity and innovation.
- 2.24 In terms of the next steps towards a Dementia Strategy it would be necessary to address the impact of demographics, prevalence and societal changes. Partnerships in Torbay were committed to ensuring joined up services and working with people with lived experience as well as Carers and the voluntary sector so that there was a shared understanding and co-production. Partners collectively recognised that there were things that needed to be done differently, that were multifaceted and required a whole pathway approach. People needed to be put at the centre with work to build a community that was resilient and based on wellbeing. The whole pathway needed to be seen as a system and careful consideration given to stepping in only when needed and in a way that helped navigate people through their life with dementia.
- 2.25 The Sub-Board raised a number of questions and were informed that:
- medications for dementia are not disease modifying drugs but have a role in prolonging the quality of life for patients;
 - it was important to push the boundaries when developing new services and there were some good examples of work happening nationally and internationally around what a good built environment looked like in terms of urban and residential design. There was a desire to work with Stirling University who had a dementia design unit and it would be of benefit to link architects with them so that the university could challenge proposed building designs to ensure they were as effective as possible, for example, containing spaces where people could wander with purpose and designing living accommodation taking into account needs as physical abilities deteriorated. Elements such as sound proofing and colourways were also important factors;
 - three of the four medications available were suited to newly diagnosed patients with the remaining medication more appropriate for those individuals in the more advanced stages of dementia. There was evidence to suggest that giving medication for mild cognitive impairment actually worsened that condition. There were side effects to the medication which were usually mild and it usually took a period of time for the body to adjust to the medication. The more serious side effects of the medication could include convulsions. It was important to realise that each patient was individual and there may be other medical issues to consider in combination, for example, some patients may also have cardiovascular conditions;
 - prior to Covid-19, the community mental health team was not holding a waiting list and patients were usually assessed within 4 to 6 weeks. Post Covid-19, this had extended to up to 16 to 18 weeks. For memory clinics, waiting had increased from 12 weeks up to 18 weeks due to Covid-19 and other reasons;
 - it was important to acknowledge that people were assessed in the community as well;
 - for a diagnosis to be made, a GP would need to refer the patient to the central system rather than directly to the memory clinic;
 - in terms of dementia diagnosis generally, there was quite a lot of work in relation to screening at a primary care level. The GP would usually use one of three

questionnaires, involving the patient and carers and would also take a blood test. It was difficult to diagnose dementia when there were a lot of other things going on medically with the patient and so GP's tended to exercise a degree of caution in diagnosing dementia;

- some GP patients did not want to be diagnosed with dementia as they felt there was a stigma around it and they may also not want to lose their driving licence. Therefore, it was really important as a society to support people coming forward for diagnosis, highlighting the benefits in terms of safety, as well as access to treatment and access to post diagnostic support;
- prior to Covid-19 a series of visits to care homes were undertaken and it became apparent that they were very anxious about the increase in complexities and were struggling to deal with that. Advice was given around acoustic management as noise could act as a trigger for a lot of behaviours that could be challenging. Stable furniture which allowed two people to sit together helped enable human contact particularly with family visits and work was carried out around cutlery so that people could maintain dignity in feeding themselves, so colour, design and tilt of plates was considered as well as putting domestic scale kitchens in for use by residents so that it gave people a safe space to cook. There was also a lot of work done around reminiscent pods, for example, rooms that were designed to look like a living room from a certain period of time and acoustic monitoring systems so that staff could monitor patients moving around at night without noise from alarms.

2.26 It was acknowledged that the challenge around dementia was global.

3. Impact on the Community – A Voluntary Sector Perspective

- 3.1 The Chief Executive, Healthwatch and the Chief Officer of Torbay Age UK provided an overview of the voluntary sector perspective and service user perspective.
- 3.2 Members were informed that statistics provided by Torbay Age UK for the period March to December 2023 showed that the average age of someone seeking support from Torbay Age UK was 79. There was a lack of local targeted support for befriending people and out of 113 referrals, 25% presented as lonely and isolated, 64% were female and 36% male. The average number of referrals was 12 per month and the most popular route for referrals was via direct contact from families or through the Community Helpline.
- 3.3 As of March 2024 Torbay Age UK stopped taking referrals for the dementia wellbeing service as funding had ended for the one full time Wellbeing Co-ordinator post. There were limited opportunities for onwards referral with only one drop in café locally available. Dementia diagnosis seemed to be taking a considerable time with people waiting months for an appointment.
- 3.4 Carers, particularly those who living with a partner with dementia were at increasing risk of Carer breakdown because of the pressures they faced. The voluntary sector had been working with those with dementia and their Carers to provide support where they were able.

- 3.5 It was apparent that the Covid-19 pandemic had severely impacted people with dementia and their families, in particular a lack of face-to-face support and involvement in support groups.
- 3.6 It was highlighted that more training around dementia was needed, not just for professionals and the voluntary sector, but for carers, such as those caring for a partner with dementia, so that they could learn what to expect and how to deal with challenging behaviours.
- 3.7 It was explained that support for the voluntary sector was also required as people were presenting with more complexities. The voluntary sector wished to work with partners to provide a better level of support. Healthwatch Torbay were currently undertaking work around unpaid Carers and out of 224 Carers that participated, around a third were caring for someone with dementia. Volunteers were often becoming upset by what was being shared with them and people felt overwhelmed and either did not know who to contact for support or did not receive call backs. It was frustrating for people who did not know where to go or what to do. It was compounded by the difficulty in making GP appointments and this all added to the layers of complexity that wrapped around services. The main point was that Carers wanted to know there was someone they could call for help to avoid a crisis – many Carers did not know how to work with aggressive behaviour.
- 3.8 Both Healthwatch Torbay and Torbay Age UK were fully supportive that a Dementia Strategy was needed now. The Care Quality Commission (CQC) were currently engaging with a range of key stakeholders including care professionals, people with lived experience, voluntary and community sector organisations and local Healthwatch to help them develop a national Strategy for Dementia which would help address inequalities in the quality of treatment and care provided to people affected by dementia.
- 3.9 It was suggested that the type of information people should be able to access and receive early should consist of:
- information regarding their type of dementia and how it would affect them;
 - any further tests, treatment, activities or therapies that might be available and of help;
 - who would provide care and how to contact them including the professionals that would co-ordinate an individual's care;
 - support groups and charities that could help;
 - how dementia could affect driving and what to do about that;
 - how an employer should provide support if the individual was at work; and
 - any research studies that were available for participation.
- 3.10 Carers' experiences relayed showed that most felt anxious, overwhelmed, unable to get any respite and that they hardly slept. They were anxious about not knowing what they were dealing with and it was love of their partner that kept them going.
- 3.11 Early information and advice given in the initial stages of dementia was also highlighted as essential, such as a list of entitlements and guidebooks as it was a strain and a worry not knowing what help was available. Many Carers were resorting to Google to find out more about their partner's condition and that was how information was discovered about possibly not being legal to drive and that the DVLA needed to be informed. Carers were often left feeling confused by the process. All of these factors led to a conclusion that there was the need for timely access to support as when it was in place people felt much more able to cope. The benefits of peer support to Carers and people with dementia in feeling less

isolated was also highlighted as well as everybody's experiences of dementia being different. A person centred approach was key to supporting people in managing their situations.

- 3.12 There was concern that based on people's first hand experiences, dementia support was becoming more and more difficult to access as services appeared to be reducing and no information was available as to what would happen in relation to future support if and when existing services decline further.
- 3.13 The Sub-Board raised a number of questions and were informed that:
- the funding for the Wellbeing Co-ordinator lasted for four years and was received from Public Health, but that funding had now come to an end;
 - the wellbeing service had not been promoted because there was only one Wellbeing Co-ordinator who had a case load of 150 and did not have the capacity to take on any more cases; and
 - apart from one memory café in Torbay, there was nothing else available from a voluntary sector perspective so this led to social isolation issues. There was some national support in the form of telephone befrienders but the voluntary sector was struggling as to what to do with people that had come to them for help. If people presented with a housing issue, the voluntary sector could deal with that and assist, but if people presented with dementia and needed support, there was nothing specific and little that the voluntary sector could do to assist.

4. Rowcroft Dementia Unit

- 4.1 The Chief Executive of Rowcroft Hospice provided Members with an overview of the proposed Rowcroft Dementia Unit in Torbay.
- 4.2 Members were informed that the plans encompassed 23 acres of ground and that planning approval had been granted with a two year consultation having taken place and the project was ready to be delivered. The current hospice would be rebuilt moving from a ward based model to individual rooms with en-suite facilities and rooms for families to stay overnight. Emphasis was put on linking in with nature and every bed had access to gardens and sky-garden.
- 4.3 The Orchard would provide a 40 bed assisted living accommodation village for those 65 plus, with domiciliary care and luxury apartments. Generating income for the hospice long term also had to be a consideration, but overall it was a great facility for the community.
- 4.4 Lavender Square would present a 60 bed world class specialist dementia and complex nursing home with six households of 10 residents. The plans were based on world best practice for dementia care and focussed around normalisation. There were also plans for a nursery with 37 young people on site engaging with residents on a daily basis as the impact of intergenerational care with the elderly was crucial. A quality of life approach was adopted which also embraced horticulture at its core. The emphasis was around creating a vibrant, nurturing and caring community, embracing the latest Artificial Intelligence (AI) technology to enhance care. The objective was to create freedom of choice and have a

street along which every resident could walk safely with access to a shop, hairdresser, music room, art room, cinema, events office, gym, library, restaurant, bistro and café bar. There would also be a village hall for residents and community use, together with allotments and a daily bus to local facilities.

- 4.5 It was explained that the need for a dementia nursing home in Devon was evidenced through Torbay's Market Position Statement (2021 – 2024) which illustrated the growth and demand with dementia care. Part of the research carried out was around the need for specialist dementia beds. The document "Identifying the Need for Specialist Housing in Torbay (September 2016)) estimated figures for nursing care and by 2035 indicated a need for an additional 1,224 nursing care beds which clearly showed that something had to be done. Torbay Council's Strategy for Housing in Later Life (2020 – 2025) was also considered along with the increase in ageing population. Torbay's summary estimate of need for older people's housing and accommodation to 2035 indicated that a further 370 beds in nursing care would be required.
- 4.6 Additional research was undertaken in the form of the Carterwood Report which provided a comprehensive market analysis for the care home for Rowcroft Hospice. Indicative balance of provision as at 2021 provided a snapshot that the estimated shortfall in beds would be 535. Research was also undertaken to pinpoint what was missing in the community to support elderly care provision with the community and the response was that 85% of respondents felt that there was not enough care provision and options for the elderly within the local area. 62% felt that greater access to GP's and specialist dementia care needed improving for the elderly within Torbay and 50% felt that more accessible local transport, improved end of life care, accessible recreational activity venues and options for multi-generational companionship also scored highly and were deemed missing.
- 4.7 In terms of progress, the process had to be managed so that the nursing home would be developed first followed by the hospice and then the assisted living accommodation. A care model and workforce model had already been developed together a digital decision making model. The value engineering process had been completed to save construction costs and an Amazon Web Services Imagine grant had been secured for exploring the use of Artificial Intelligence (AI) in a nursing home (Rowcroft being only one of three organisations awarded this in the UK). This meant that AI tools could be explored for development, for example, to measure hydration levels and relay that information to carers and to ensure that residents could wander around the grounds safely but if they were to go near a road, for example, AI would alert carers. Rowcroft had also been working with the ICB and local councils for 12 months to agree a commissioning agreement but this work was still ongoing.
- 4.8 Overall there was a real need and strong desire in the community for the planned development.
- 4.9 The Sub-Board raised a number of questions and were informed that:
- residents within the development would be able to have pets;
 - the development would be operationally carbon neutral with universal access across the site;
 - there was a challenge around funding and commissioning and there were complexities around introducing something like this into the system. It would force commissioners to change things and to do things differently;
 - the reality was that the development had to be built at a scale that was viable long term;

- 60 beds in a small system like Torbay was a challenge because in the market there was no private market at the level of need Torbay has. It was either high end social care funding or NHS funding and because of that schemes can only be made to work if 100% of the beds were taken and that could be achieved by working with the ICS. If commissioned by the ICS this would be a Torbay and South Devon resource, so the catchment would be wider and numbers would need to be managed by design, so for example, a local connection could be required;
- the effect on primary healthcare, social care capability and community care capability must be considered, if people with complex needs were placed in Torbay as that cost potentially transfers to the Torbay system with no extra monies available. That was a challenge to put back to the ICS and ICB;
- Lavender Square was a separate development with assisted living but was within the overall grounds;
- the nursing home would be built as a first priority; and
- the on site nursery would be open to both staff and community children. There were three local nurseries keen to partner already and the children would be of pre-school age.

5. Current Challenges

- 5.1 The Director of Adult and Community Services, Torbay Council explained that social care was facing fundamental structural challenges particularly in a post pandemic system. Those people who were most vulnerable, with the most complex needs were impacted the most and so that would include those living with dementia and their Carers.
- 5.2 There was currently a workforce challenge nationally in social care and a need to put more money into training at a local level. There needed to be consistent ways of employing and paying people in a way that meant they could have a good life themselves, for example, paying the living wage. This was a real issue in social care.
- 5.3 Going forward Torbay Council was committed to bringing partnerships together in Torbay, providing joined up services and a Torbay Dementia Strategy with aspirations for a systems strategy which would be required across the Devon system, particularly now the ICS and ICB were spending high levels of money on addressing complex issues.
- 5.4 It was recognised that Carers find themselves in a lonely and challenging place looking after their loved one living with dementia. It was important to work together to help the market and the community within the current funding available.
- 5.5 The Sub-Board raised a number of questions following the conclusion of presentations from speakers and were informed that:
- there were good examples of urban design in the context of looking at design and thinking about how to make developments/buildings integrated in respect of social health and care. Torbay Council work with developers and organisations to ensure this. For example, work had started around the Crossways development which would provide around 90 extra care and sheltered housing units. It was also about ensuring that age, knowledge and experience remain within the community;
 - there were a significant number of care homes that have ongoing capital works or were doing some kind of refurbishment to the environment. Torbay Council carry out

pre-planning visits and the clinical quality team also attend to advise so support was given to providers to innovate but they were hindered by the environments they have to work with as most buildings were built in the 19th Century;

- as part of the Torbay Dementia Strategy it would be necessary to look at accessibility and social isolation and how difficulties in relation to those aspects could be overcome;
- cardiovascular disease was linked to areas of age and deprivation not necessarily coastal areas;
- there were currently no care homes in Torbay that have dedicated dementia care;
- the Living Well with Dementia in Devon booklet was not given out at the memory clinics but individuals were provided with some information and signposting; and
- Carers were supported at the memory clinic at the four week stage.

5.6 The Chairman of the Sub-Board invited guest speakers to contribute in terms of what they would like to see and they responded as follows:

- from a strategic perspective it would be helpful to understand how to influence wider decisions to be made about next steps and for the Chair of the Integrated Care System for Devon to provide an update as to progress;
- there were a lot of people who were living a reasonably good quality life with dementia in the community and it was about how they were supported to live longer and live better and ensuring that services, support and the environment were dementia friendly. People living with dementia and their Carers wish for someone to be available to fix a problem or provide assistance rather than having a person who visits them, only to signpost them to someone else;
- there needs to be a catalyst within the market to create and drive forward change;
- current systems were too complex and therefore could create barriers. Systems need to be simplified;
- a preventative approach was key and a new philosophy needs to be embedded for living well with long term conditions. We could all optimise how well we live in many ways; and
- further investment was required to deal with the projected rise in the need for dementia care going forward which would also help alleviate pressures on Accident and Emergency Departments and social care admissions.

6. Recommendations / Proposed Decision

That the Cabinet be recommended:

1. to support the co-production of the wider Dementia Strategy with specific interest in ensuring that Torbay residents can easily access information, advice and support through a joint organisational approach;
2. to request the Cabinet Member for Adult and Community Services, Public Health and Inequalities to write to the Secretary of State for Health and Social Care and the Chair of the Integrated Care System for Devon to highlight the need for advanced dementia care which is innovative and which can provide efficient services for Torbay, being a coastal resort with an ageing population facing an increase in significant bed shortages particularly for those living with dementia;
3. to request that the Director of Adult and Community Services scope what access to training exists across the Voluntary Sector, Carers and domiciliary care agencies and explores with Torbay and South Devon NHS Trust provision of wider access to online portal training for dementia awareness and support; and

4. to request that the Director of Adult and Community Services ensures there is a link to information from the Alzheimer's Society on the Council's webpage.

TORBAY COUNCIL

Cabinet Response to the recommendations of the Adult Social Care and Health Overview and Scrutiny Sub-Board

Dementia Support in Torbay: Spotlight Review

Recommendation 1:

That the Cabinet be recommended to support the co-production of the wider Dementia Strategy with specific interest in ensuring that Torbay residents can easily access information, advice and support through a joint organisational approach.

Response:

The ICS is committed to developing a Dementia Strategy. The Mental Health, Learning Disability and Neurodiversity Collaborative has agreed to support the wider system to design a strategy subject to support and resource from the ICB and/or the Integrated Care System.

This strategy will include all partners and will be co-produced with people living with Dementia and their carers. The focus will be on ensuring that people have access to the right information and support at every stage of their journey.

Recommendation 2:

That the Cabinet be recommended to request the Cabinet Member for Adult and Community Services, Public Health and Inequalities to write to the Secretary of State for Health and Social Care and the Chair of the Integrated Care System for Devon to highlight the need for advanced dementia care which is innovative and which can provide efficient services for Torbay, being a coastal resort with an ageing population facing an increase in significant bed shortages particularly for those living with dementia.

Response:

Dear Secretary of State,

Re Care for people with dementia in Torbay

I am writing to you in my position as Cabinet Member for Adult and Community Services, Public Health and Inequalities to highlight the challenge Dementia poses for the people of Torbay, and to outline how we are working with partners to meet this challenge.

Torbay, being a coastal resort with an ageing population, faces an increasing challenge in the provision of care and support for people living with dementia and their carers.

Prevalence data estimates for Torbay show that over the next 10 years, the number of people living with dementia will increase by over 30% to 3300 people. In fact, Devon Partnership Trust has seen a 45% increase in referrals for assessment over the last 5 years, with a 51% increase in dementia prevalence.

Torbay Council is focussing developing a specialist, skilled home care dementia specialist workforce; alongside a focus on resilience and reablement through technology. We are investing in dementia specialist extra care and working with local providers to provide high quality bed-based care. The Council also works closely with local Community and Voluntary Organisations to support the vital work that they do.

I write to urge you to focus on prioritising diagnosis, post-diagnostic support and co-ordination to support people to live well with dementia. In addition, I would like to highlight the need for advanced dementia care which is innovative and can offer people with complex dementia good local joined up care and support.

Recommendation 3:

That the Cabinet be recommended to request that the Director of Adult and Community Services scope what access to training exists across the Voluntary Sector, Carers and domiciliary care agencies and explores with Torbay and South Devon NHS Trust provision of wider access to online portal training for dementia awareness and support.

Response:

TSDFT have been asked to look into maximising the access to their online training as far as possible. The training they offer is:

The education programmes around dementia are as follows:

SCIE video and reflective practice exercise:

- Common early signs
- What happens within the brain?
- Impact of Alzheimer's on memory
- Vascular dementia
- The diagnosis of dementia
- Drugs used in dementia

SCIE eLearning module:

- Introduction of a new approach to the assessment of people's needs for care and support.
- The consideration of three key areas to determine whether the adult's care and support needs - or carer's support needs are eligible for support.
- Social care practitioners talk about how their working practice will change as a result of the new assessment and eligibility framework. They discuss the key principles of the framework, the impact it will have on individuals and identify some of the challenges in its implementation.

Accredited: - Care Certificate Standard 9 - Understand the importance of promoting positive health and wellbeing for an individual who may have a mental health condition, dementia or learning disability.

Learning outcomes are:

How positive attitudes towards those with mental health conditions, dementia or learning disabilities will improve the care and support people receive. Social model of disability and how it underpins positive attitudes towards disability and involving people in peoples own care.

Understand the adjustments which may be necessary in care delivery relating to an individual who may have a mental health condition, dementia or learning disability.

Be able to describe what adjustments might need to be made to the way care is provided if someone has:

1. A mental health condition such as: a. Psychosis b. Depression c. Anxiety 2. Dementia 3. Learning Disabilities 9.3b.
2. Describe how to report concerns associated with any unmet needs which may arise from mental health conditions, dementia or learning disability through agreed ways of working.

Assessment – The learner must: Understand the importance of early detection of mental health conditions, dementia and learning disabilities. Explain why early detection of mental health needs, dementia or learning disability is important.

Give examples of how and why adjustments to care and support might need to be made when a mental health condition, dementia or learning disability is identified.

Understand legal frameworks, policy and guidelines relating to mental health conditions, dementia and learning disabilities. List the main requirements of legislation and policies that are designed to promote the human rights, inclusion, equal life chances and citizenship of individuals with mental health conditions, dementia or learning disabilities.

Explain how the legislation and policies listed may affect the day to day experiences of individuals with mental health needs, dementia or learning disabilities and their families Understand the meaning of mental capacity in relation to how care is provided.

Delivered by the ICO – Face to face, eLearning, self-study

Dementia Tier 1: Dementia Awareness

In the first module, we will describe what dementia is and how common it is, and what it is.

E-Learning

Dementia Tier 2 Communication, Interaction and Behaviour in Dementia Care

Pharmacological Interventions in Dementia Care

Equality, Diversity and Inclusion in Dementia Care

Equality, Diversity and Inclusion in Dementia Care

Law, Ethics and Safeguarding in Dementia Care

Dementia Tier 2(9): Law, Ethics and Safeguarding in Dementia Care

Health and Well-being in Dementia Care

Families and Carers as Partners in Dementia Care

Research and Evidence-Based Practice in Dementia

This session looks at conducting service evaluation and research in the workplace

Dementia Bus: Virtual Dementia Tour

Living Well with Dementia and Promoting Independence

Reduction and Prevention

End of Life Care (e-ELCA) - for People with Dementia

Palliative and End of Life Care

Recommendation 4:

To request that the Director of Adult and Community Services ensures there is a link to information from the Alzheimer's Society on the Council's webpage.

Response:

The Director of Adult and Community Services has requested the Web Team ensures there is a link to information from the Alzheimer's Society on the Council's webpage.