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Date: Thursday, 22 November 2012

Overview and Scrutiny
Town Hall
Castle Circus
Torquay
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Dear Member

HEALTH SCRUTINY BOARD - THURSDAY, 29 NOVEMBER 2012

I am now able to enclose, for consideration at the Health Scrutiny Board to be held on Thursday, 29 November 2012, the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
5.	**Adult Social Care - Local Account**	(Pages 25 - 50)
6.	**Brixham Hospital Site Development Scheme**	(Pages 51 - 83)

Yours sincerely

Kate Spencer
Overview and Scrutiny Lead

Title:	**Adult Social Care Local Account 2011/12**	
Public Document:	**Yes**	
Wards Affected:	**All**	
To:	**Health Scrutiny Board**	On: **29 November 2012**

Contact Officer: **Caroline Taylor**
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1. Purpose of the paper

1.1 The Government in 2011 introduced Local Accounts to provide greater transparency on adult social care information which enables accountability for performance to be held locally, and for citizens to feel empowered to challenge or commend local services.

1.2 This is our first local account in Torbay and it covers the year 2011/12. The account includes a variety of qualitative and quantitative information framed around the key performance headings agreed as part of the Annual Strategic Agreement agreed with the Council. The quotations are designed to provide the people of Torbay with the real outcomes achieved for service users.

1.3 Members should note that the Care Quality Commission (CQC) no longer formally undertakes an annual assessment of council adult social care services so the Local Account will be instrumental in providing the people of Torbay with the confidence that the services being provided locally are of the quality expected.

1.4 The Trust in conjunction with the Council has this year sought engagement from groups such as the Experts by Experience Group; the Overview and Scrutiny Committee; LINks and specific groups such as “Speaking out in Torbay” SPOT.

1.5 The Trust and the Council would like to give services users and the people of Torbay a chance to tell us what information they would like to see in the account and to help us set future priorities. We want this local account to be useful for our population and would welcome feedback to help us shape the account in future years.

1.6 This latest version of the Local Account takes into account the feedback from Health Scrutiny Members provided earlier this month.

2. Recommendation(s)

2.1 Members are asked to review the draft Local Account, provide any comments or amendments where necessary for this year’s publication and future publications.

3. Next Steps

3.1 The draft local account will be presented to members of Torbay and Southern Devon Health and Care NHS Trust Board on the 28 November 2012 for recommendation with final approval being sought from full Council in December 2012.

3.2 The intention once approved is to make the Local Account available in Libraries, GP surgeries and on the Trust website in the first instance.

Caroline Taylor
Director of Adult Social Services

Torbay and Southern Devon Health and Care NHS Trust

Your Local Account of Adult Social Care Services

November 2012

Right Care, Right Place, Right Time

www.tsdhc.nhs.uk

Introduction from Councillor Christine Scouler

Executive Lead for Adult Social Care, Torbay Council

Dear resident,

In November 2011, the Government published its consultation paper "Transparency in Outcomes, a framework for adult social care". The results of this consultation indicated that Councils were in favour of producing Local Accounts; replacing annual publications, assessments and rating by the Care Quality Commission (CQC). A Local Account offers Councils the opportunity to share a common approach with a more tailored, local focus, that is responsive to the needs of local communities.

Therefore, I am delighted to present this first edition of your **Local Account**. This first Local Account provides information on Adult Social Care in Torbay. In Torbay, the adult social care function works slightly differently and is delegated to Torbay and Southern Devon Health and Care NHS Trust (formerly Torbay Care Trust). This way of working enables health and social care services to be jointly run in the area and helps to ensure that our patients and service users not only get the very best service but also a service that enables people to have a single point of contact and receive all aspects of their care in a simple and seamless way.

This local account enables you to see how the Trust is delivering social care services as well as acting as a way to hold the Trust to account on how well they are supporting people with social care needs.

The Council and the Trust successfully use the concept of "Mrs Smith" as an example of an elderly person and her family in the Bay needing some health and social care support. This metaphor has helped focus Councillors, NHS Board members, managers and front line staff on the purpose of our services, ensuring that we are 'doing the right thing' for the individual in our community as part of our shared values. The Council's commitment statement (*see page 3*) continues that journey for Mrs Smith in the new context of changing public sector reforms and reducing public resources but maintains our core shared value on doing the right thing for the person in our community.

We actively seek to gather information on the needs of local people of all ages. This helps us to ensure that their voices are heard by the people responsible for purchasing and providing care services and, as part of developing the Local Account, we asked you what you wanted to see. You told us that you wanted to see people treated with dignity and respect, you wanted better outcomes for carers and their health, community equipment to be available when required and you wanted to see the service user experience improved.

Wherever possible, we want people to be able to help themselves; however, when they do require support, advice or services we work hard to ensure it's the right care, in the right place, at the right time and at the right cost.

Your Local Account covers the period 01 April 2011 to 31 March 2012 and I hope that you find this of interest.

Christine Scouler

Commitment Statement from Torbay Council

'Mrs Smith in the heart of the community'

We will always aim to help people continue to live in their neighbourhood and community, where this is feasible and affordable. We will seek to reduce admissions of people to residential care where we can safely meet their assessed needs in a community based setting. We will always ensure that the assessment is offering more than just a response to a current crisis and that each person is getting the right health, housing and other support alongside their social care. If a person is now in residential care and an assessment indicates that they may be able to live in the community we will give them the opportunity to try that option.

We will ensure that the interventions we offer people will focus on how we can promote their independence. This means we will always seek to use community based solutions including assistive technology where these will enable people to remain safe and meet their care needs. All the domiciliary care that we offer will be based on the principles of re-ablement. This means we will work with people to see how we can assist them in doing more for themselves. Over time we would expect some packages of care to decrease as people meet their own defined outcomes in achieving greater independence.

We will use residential care where we have explored other options and have found that this is the only way to meet someone's care and support needs in a safe way. In many cases, people who have the most complex needs also have longer term health conditions which also mean they may be entitled to additional personal health budgets to meet their needs.

Resources focused on critical and substantial needs for Mrs Smith

Our interventions will offer the right level of support according to a person's assessed needs. Assessments will be carried out over a reasonable period of time to ensure that we have not made long-term decisions about people before we have had a chance to work with them through a recovery or recuperative plan.

We recognise that the solutions that many people have to meet their care needs can be found within their own families, their communities and within themselves. We will work with each person and their network to find these solutions. We will continue to support the number of carers in the Bay. Where people have lost their support networks we will work in partnership to rebuild them. We will encourage our service users, our partners and our staff to help find creative solutions to meet the outcomes that they wish to achieve. We will always look for solutions that offer value for money (quality in delivering the agreed outcomes against the cost to the public purse).

Mrs Smith and risk

The essence of our work will be to ensure that we are balancing risk to empower and safeguard our service users. We will never take responsibility away from someone unless we have a court order, which indicates that the person does not have capacity to manage their own affairs. If we are concerned about the decisions a person is making for themselves, but they still have capacity to make a decision, then we will talk through the risks and work with them to ensure that, as far as possible, they understand the risks they are taking. This may mean that some people make the wrong decisions but that will be their choice based on as full an understanding as possible of the risks. We will look to offer guidance and support but not to take over control.

Work with Providers for the benefit of Mrs Smith

We will work with our providers to build a philosophy of care that focuses on outcomes – where service users can determine with their assessors and their providers the aspirations they have from the service. We will ensure that people have a suitable level of service (preferably through a Direct Payment) that will meet their currently assessed needs and support their objectives towards independence. We will always work with those who are providing services to ensure that they are delivering value for money from the public purse; we will look to achieve this in partnership through a dialogue between service users, providers and the Council. We will set main performance contracts through the Annual Strategic Agreement for all our services that are provided or commissioned by the Council and these will focus on the desired outcomes for the service users.

We will invest in providers who can demonstrate creative, innovative service provision and disinvest in providers who do not provide a person centred, value for money service. If Mrs Smith has learning disabilities we will work with her to develop as much independence and quality of life choices as possible.

We will develop community based services that encourage good neighbourliness, assist in meeting the challenges of social isolation and social exclusion as well as services that enable people to take more control over their own lives. We will support user-led organisations, social enterprises and other groups who can meet our aspirations for social care.

We will also work with other public sector bodies, our contractors and companies based in the Bay to offer real opportunities for people whose disability may have traditionally disadvantaged them within the employment markets.

Managing demand for services with a growing number of Mrs and Mr Smiths

With the combination of growing demand and reduced resources available to the Council, we need to ensure that money is spent in a fair and equitable way. It is possible that some of our current service users and their carers may see a reduction in the amount of money that is available to them. The decision as to how any reduced money will be used will always be done in full consultation with the user and their carers. In particular, we will manage reductions in a clear, transparent and negotiated way.

We will focus on achieving value for money for every service that we procure on behalf of service users. We will focus on finding the most affordable price that can deliver us the degree of quality that our service users require.

In a world of personal budgets we will take a balanced view between procuring services on behalf of local people to achieve good value and through encouraging service users to develop their own creative solutions to meeting their needs.

We will ensure that there are services available for service users and their carers to meet their needs within the resources that will be made available to them through personal budgets. We will work with local and regional providers of care to support the delivery of this policy.

Our commissioning strategy will be developed jointly with our health partners and in consultation with our service users and carers and we will learn lessons from elsewhere. We will build models of care and support which help us to deliver the outcomes that we have outlined above.

Knowledgeable and Informed Workforce
We will develop a workforce who can work within this vision. This includes staff both within the Council and those who work for organisations who provide services on our behalf. We will ensure that all staff understand how to work with service users in ways that promote their independence and support their recovery. We will support staff to work within multi-disciplinary teams. We will help staff develop their practice in ways which will assist them to empower our service users to make the best use of their personal budgets to ensure a relentless focus on promoting independence rather than creating dependency.

Valuing Carers
Many people with social care needs will have these met mainly through the carers with whom they live. We will ensure that carers are informed of their right to have a carers assessment which they can have either together with their cared for person or separately and we will work to identify the carers in the Bay that are not currently aware of the support that is available to them.

Mrs Smith and suitable housing for her long term quality of life
We will continue to develop housing schemes with partners with suitably adapted accommodation and to offer care and support in the community wherever that is feasible to meet someone's needs (as opposed to residential care). In an age of digital technology, we will continue to explore how new technological solutions, such as Telecare, can give citizens better care, ensure their safety and assist our staff in carrying out their daily tasks.

Safeguarding Mrs Smith
We will continue to take a multi-agency approach to safeguarding adults and ensure through good communications that members of our community know what to do if they are concerned for Mrs Smith. We will continue to be reflective that we have the right balance and quality systems in place and we will continue to learn from best practice.

Ms Smith to Mrs Smith - child to adult
We will expect that younger adults, who have sufficient ability, are supported into work environments. We will support younger adults and their families through the move from children's services into the adult world. We will support young carers to ensure that their needs are also being met. We will use personal budgets to ensure that the people requiring longer term care can take as much control over their lives as their needs allow. We will continue to increase the number of people who are in receipt of a direct payment.

An integrated health and social care system for Mrs Smith
We need to maintain an integrated and outcome-focused approach to our work with all our health partners, in the context of major NHS reforms. This will mean working with the new CCG (Clinical Commissioning Group), who will commission health services for Mrs Smith, on how health and social care jointly improve outcomes, and with an NHS Foundation Trust how we further build on the innovative work we have done with the Trust to find new provider based innovations for solutions for Mrs Smith.

We will maintain shared health and social care assessments and a single plan that will help people to retain independence in the community. We will work with NHS partners to develop the expert patient programmes which enable people to take more responsibility for how they manage their longer term conditions. This will both help them as the patient and reduce the cost to the Council and the NHS.

We will develop our commissioning strategy jointly with the NHS, (and adjacent local authorities where it is sensible to do so), with a wide range of Stakeholders including health partners, providers, community groups, users and carers taking a whole systems approach to the design and development of services. In this way we can maintain a sustainable approach to social care for Mrs Smith for the years ahead.

Expected outcomes for the Trust to deliver on adult social care in Torbay

Each year Torbay Council sets the Trust a number of expectations and targets. Collectively these are referred to as outcomes and they describe what the Council wants to achieve for people who use adult social care services in Torbay.

Within each of the outcomes there are a number of performance standards and a number of quantitative measures, which we have called targets, and a number of qualitative measures, which we have called expectations.

Each section of the Local Account describes how the Trust has performed against the overall outcomes listed below.

Outcome 1	♦ Improving Health and Emotional Wellbeing
Outcome 2	♦ Improved Quality of Life
Outcome 3	♦ Making a Positive Contribution
Outcome 4	♦ Increased Choice and Control
Outcome 5	♦ Freedom from Discrimination or Harassment
Outcome 6	♦ Economic Wellbeing
Outcome 7	♦ Maintaining Personal Dignity and Respect
Outcome 8	♦ Leadership
Outcome 9	♦ Commissioning and Use of Resources

Outcome 1: Improving Health and Emotional Wellbeing

Expectations:

- To ensure that opportunities for the integration of adult social services are sought and developed where possible, as part of the wider integrated care agenda
- For the Trust and Council to work in close partnership to bridge the gap in health inequalities, with improved outcomes in the neighbourhood management pathfinder
- To play a role in developing and implementing the Adult Social Care contribution to an Active Ageing Strategy
- To develop an integrated prevention strategy to safeguard vulnerable adults in partnership with the Crime Reduction Partnership.

Targets

The following targets were agreed between the Trust and the Council. The table below provides a description of the area of performance to be measured together with the target and how the Trust has performed.

Each area is rated as Red, Amber or Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/12 Result
To ensure that at least 78% of older people using the Trust's services during the year 2011/12 achieve independence through rehabilitation and intermediate care.	82%
To ensure that there were no more than 9 people (per 100,000) experiencing a delayed transfer of care for the year 2011/12	1.7
New Target: In conjunction with partners, the Trust wants to ensure there is at least a 10% reduction in the number of emergency readmissions for over 65s within a 28 day period. This equates to a target of **no more** than 348 readmissions	557 readmissions
New Target: In conjunction with partners, the Trust wants to ensure that there is a 5% reduction in the number of emergency bed days for the over 75s with 2 or more admissions to acute hospital. This equates to a target of **no more** than 11,368 bed days.	13,580 emergency bed days
New Target: In conjunction with partners, the Trust wants to ensure that there is a 5% reduction in the number of falls for those over 65 living in a care home which results in an a hospital admission. This equates to a target of 731 or more.	764

The Trust is pleased with the results achieved in the areas rated GREEN however more work is to be done with partners to understand how we can work together to reduce the number of readmissions and emergency bed days. This is the focus of particular attention for the health and social care community as a whole.

The sections below provides readers with the results of targeted work to reduce health inequalities thorough the Hele Project; some of the outcomes in relation to the falls initiative as part of the Active Ageing Strategy and work undertaken in partnership to safeguard our most vulnerable adults.

Neighbourhood Management Pathfinder – Hele Project

The neighbourhood management pathfinder was set-up three years ago, with the hope that the pilot scheme would help to bridge the gap and act as a catalyst for further schemes in other areas of Torbay suffering from socio-economic disadvantage and health inequalities.

Outcome 1: Improving Health and Emotional Wellbeing

The scheme was designed to bring residents and service providers together to improve the quality of life for the people in the most disadvantaged neighbourhoods and ensure public service providers are more responsive to neighbourhood needs and to improve their delivery.

The Neighbourhood Team comprises a Neighbourhood Manager, residents and estate based workers such as Street Wardens, Police Community Support Officers, Housing Officers and Health Trainers working to a specified Neighbourhood Management Action Plan.

Hele provides a suitable backdrop for the Neighbourhood Management Pathfinder and, as part of the phased delivery plan, will act as a catalyst for a series of similar initiatives throughout Torbay.

The scheme is now well established and has a central hub known as Hele's Angels. The initial outcomes of the project are to reduce crime by creating more activities for young people (under 11), improving the work prospects and improvements to the local environment.

The initial project is now under the leadership of a Community Board and under the direction of a Management Team who will be evaluating this work. Hele's Angels has been established as a Social Enterprise based in new premises together with the creation of a commercial aspect/ charity shop in the area.

"I cannot recommend the Strength and Balance Class highly enough. I have literally gone from strength to strength! Previously I was unfit and kept tripping. I thoroughly enjoyed the sessions, I have improved my stamina and I have stopped tripping!"

Active ageing and falls prevention

Each year the Trust holds a falls awareness event to raise awareness of what people can do to reduce their risk of a fall. Over 300 people were invited along to the drop in day in June, where they had the opportunity to talk with professionals about foot health, visual problems, how to exercise and lose weight, how to prevent falls and maintain their bone health and independence. There was also the opportunity to try out various dance and exercise forms to maintain or improve levels of activity, which help maintain strength and stamina.

On evaluation, 87 per cent of people who attended said the event had made them think about their activity levels, 67 per cent about their bone health, 62 per cent about their diet, 24 per cent about their vision, and 69 per cent about falls prevention.

In 2011/12 The Trust invested £17,797 for three additional instructors to provide a 12 week programme of strength and balance classes. The classes are designed to support people who are recovering from a fall and help to prevent a future fall, as well as helping people to reduce their risk of a falling in the first place.

Safeguarding vulnerable adults

Our independent sector partners have been active in establishing funding from the Home Office to tackle the issues of 'hate crime' and 'mate crime'. They have been keen to share information about this with people who have learning disabilities, as well as with the agencies working with them. Support in relation to the independent reporting of crime and revitalising the 'Safe Place' scheme will be further developed this year.

Dave Hingsburger, a Canadian psychologist and civil rights supporter, visited the Bay recently for a well-attended workshop on 'building community'. It was very thought-provoking and established some clear thinking about the barriers in our community that may exist for people who have a learning disability and what we can do to encourage greater inclusion. The Trust has also been working with speech and language therapists to improve communication in community services such as libraries and leisure centres.

Outcome 2 : Improved Quality of Life

Expectations:

In line with Care Quality Commission's recommendations, the Trust should:

- Improve the provision of telecare/ telehealth and community equipment
- Implement the Dementia Strategy for Torbay

Targets

Each area is rated as Red, Amber, Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/12 Result
To ensure that at least 2,911 people in the year 2011/12 were supported to live independently through social services (all adults)	2,661
New indicator: To ensure that at least 1,100 people in the year 2011/12 were supported through telecare and telehealth initiatives	1,000
New indicator: To ensure that 99% of community equipment is delivered to the client within seven days	99.8%
New indicator: To ensure that the average waiting time for the delivery of urgent community equipment to the client is within two hours	72 minutes

The Trust is keen to understand how they can use the intermediate care services and technology such as telecare and telehealth more to promote independence and will explore this further during the coming year. For the purposes of understanding, below is a summary of what telecare and telehealth is and how it enables people, especially older and more vulnerable individuals to live independently in their own home:

Telecare, Telehealth and assistive technology

- Equipment is provided to support the individual in their home and tailored to meet their needs. It can be as simple as the basic community alarm service, able to respond in an emergency and provide regular contact by telephone. It can include detectors or monitors such as motion or falls and fire and gas that trigger a warning to a response centre staffed 24 hours a day, 365 days a year. As well as responding to an immediate need, telecare can work in a preventative mode, with services programmed to monitor an individual's health or well-being. Often known as lifestyle monitoring, this can provide early warning of deterioration, prompting a response from family or professionals. The same technology can be used to provide safety and security through bogus caller and burglar alarms.

  Another form of telecare, often known as telehealth, is designed to complement health care. It works by monitoring vital signs, such as blood pressure, and transmitting the data to a response centre or clinician's computer, where it is monitored against parameters set by the individual's clinician. Evidence that vital signs are outs ide of 'normal' parameters triggers a response.

Health checks for people with a Learning Disability

- We offer health checks to people with a Learning Disability living in Torbay and this year we saw the highest uptake of health clinics in England. We will continue to keep up this high standard to ensure that everyone has access to good quality health and social care.

Aids to daily living

- We have developed a prescription-based service for simple aids and equipment. People who need these can chose where to get them from and can "top-up" if they wish to buy a more expensive piece of equipment.

Outcome 2 : Improved Quality of Life

Below are some examples of cases which show the value of the Community Equipment and Lifeline Alarm service:

Telecare

During the initial assessments of a lady, her daughter expressed some concern regarding her mother's disorientation of time. She had reportedly been getting ready to go out to day care at 10.00pm and had, on one occasion, phoned her daughter to invite her round for tea at approximately 3.00am.

A monitoring system was accepted as the preferred initial intervention by family members.

The information provided by the assessment, Telecare – 'Just Checking', demonstrated that although she wasn't leaving the house (aside from prearranged day care and with family), she was opening the front door on numerous occasions most days and into the early evening. The lady's daughter, however, stated that since she had lived in a cul-de-sac she had often got up to observe the comings and goings in the road and was therefore unconcerned as it was habitual behaviour. Her sleep pattern was regular with no evidence of her wandering even downstairs during the night.

The current package of care was deemed suitable to the level of need and avoided early placement into a Residential Home.

Rapid Response

A gentleman was in Torbay hospital with heart failure, diabetes, poor circulation, peripheral vascular disease, retinopathy and mild vertigo and was told that he had three - five weeks to live and so decided to self-discharge home.

He was allocated to Torquay South zone team and the Rapid Response service was used to obtain a glide-about commode, slipper pan and a Mowbray after having an Occupational Therapy assessment. Nurses were involved and caring for his pressure areas. The timely provision of the equipment enabled this man to be cared for at home and enabled him to be in the place of his choice at the palliative stage of his life.

Simple Aids to Daily Living

Following an Occupational Therapy assessment, a lady was given an equipment prescription for a simple aid to daily living to assist with her bathing.

On saying goodbye to the Occupational Therapist, the lady was able to cross the road and redeem her prescription at one of the 20 accredited retailers located around Torbay. She was provided with the equipment just 15 minutes after the Occupational Therapist visited.

Outcome 2 : Improved Quality of Life

The following sections are some of the initiatives underway as part of the implementation of the Dementia Strategy for Torbay:

Hospital care for people with dementia?

- Our community hospitals have all completed the national audit on their environment and how we engage patients with dementia and their carers. This has been a very useful process as all hospitals now have an action plan to make improvements which will be monitored and reported to the Trust Board. The Strategic Health Authority (SHA) is leading a peer review of hospital standards of dementia care across the South West which is due to take place in the autumn.

The Torbay Dementia Alliance

- The alliance has been set up and has begun to meet to consider how the community can work better together to support those living with dementia. It is jointly chaired by Norman McNamara, a service user with dementia, and the Deputy Mayor. The Mayor has agreed to support the 'Dementia friendly communities' initiative and has provided a formal note of support to the Dementia Alliance: *"It is great that Torbay is aiming to be the first dementia friendly community in the UK. It is wonderful that individuals, such as Norman McNamara, and local groups are working extremely hard towards achieving this status. Norman and others transform the lives of those affected by dementia in Torbay. This includes supporting their independence and reducing pressure on the NHS and social care system."*

Supporting Care Homes

- The Trust is working closely with Devon Partnership Trust to consider how we might better support people with dementia living in care homes in Torbay, and also to help individuals and their families work with their care homes to plan their future and state their aspirations for care and treatment.
- The South of England NHS Strategic Health Authority has identified £10 million to be used to help kick start projects and service innovations for people with dementia. Initial applications for the funding are invited from each Clinical Commissioning Group in July with full submissions due in September 2012. The Department of Health scrutiny committee will consider these and inform applicants in October. It is anticipated that a number of submissions will relate to improving the care of people with dementia and in support of carers.

Adult Social Care and Primary Care

- We have recently reviewed our systems in Torbay to consider, with staff, people with dementia and their families, how we might best support them. Changes have been made and implemented. The mental health team for older people links with all our zones and each GP practice to aid communications. All GP practices have received an education session about dementia and are required to keep a record of all the people they have on their lists with dementia. Each practice has also nominated a lead GP for dementia.

Memory Cafes

- Cafes are now well established across Torbay, with one up and running in each of our three towns. The Cafes are run weekly by the Alzheimer's Society and are very well attended. The Alzheimer's Society has also started other initiatives including a 'Singing for the brain' group and a peer support group for those with an early diagnosis.

Memory clinics

- Memory clinics for assessment of those with suspected dementia are well established, and highly successful in Torbay.

Outcome 3: Making a Positive Contribution

Expectations:

- To ensure that the needs of service users and carers are met with high levels of satisfaction and work closely with the Council and other partners to adopt a client-led approach to the commissioning, monitoring and delivery of services.
- Develop self-assessment mechanisms to ensure the delivery of more personalised services, whilst considering the Government's Big Society intentions – specifically voluntary and community activity.
- Introduce an outcomes-based accountability approach to transforming social care to ensure the intended positive effects are realised, through goal setting and review of personal care plans.

Target
Each area is rated as Red, Amber, Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/2012 Result
New indicator: We aimed to have 2,759 people on Carers' Register in 2011/2012	3,396
To ensure that during the year 2011/12 we identified at least 25 Young Adult Carers and offered support	55

The Trust us really pleased with the outcome in relation to carers services, particularly as this was something specifically that service users valued highly. Below is a summary of the work undertaken during the year 2011/12 which influenced commissioning and the use of more personalised services.

Carers Support

Understanding carers experience of services has directly led to service developments such as creating a Carers Support Worker post within the Hospital Discharge Team at Torbay Hospital, a new telephone befriending scheme (Carers 4 Carers) staffed by volunteers, and a service for Young Adult Carers (age 16 – 25).

Carers and former Carers have been directly involved in monitoring services acting as Carer Evaluators - interviewing carers as part of service evaluation. This brings a new level of understanding, involvement and feedback.

The Torbay Carers Register has grown by 20 per cent each year for the past two years, and now means that over 3,000 local carers can be asked for their views on services.

The development of the Torbay Carers Forum (www.torbaycarersforum.co.uk) means there is an independent website, run by local Carers, where they can exchange views and issues as well as debate on common concerns.

As a result of the direct involvement of Carers in publicity campaigns, such as the work with Sainsbury's supermarkets to identify hidden carers, we have seen very successful early identification of carers. Many people who are caring do not see themselves as carers and so don't access the support that is available to them.

Systematic consultation with Carers has led to them directly influencing the commissioning of new services. For example, a new service supporting Carers of People with Substance Misuse problems and a project for early identification of Carers of people with dementia.

Carers Support (continued...)

Carers play a key role in monitoring services by sitting on management and steering groups and their ideas are frequently the basis of new innovation e.g. Carers Discount Scheme.

The publication of joint plans for carers support, (Measure Up Interagency Carers Strategy for Torbay) and details the expenditure on Carers services, enables carers to comment on planning and service delivery. An annual review of Measure Up 2012 - 2014 will be published shortly.

By focussing attention on Carers experience we have identified an area for improvement in community based support immediately following discharges from Hospital. This will be the subject of an improvement target (know as a CQUIN) for the Trust. During 2012 we will also be undertaking a consultation with Carers of people with mental health problems in order to review these services.

Susan and Peter's Story:

Peter was diagnosed with terminal cancer. Susan also had an on-going long term medical condition.

Following admission to hospital, Peter desperately wanted to be able return home to spend his last few weeks.

The Social Work Team, liaising with Torbay Hospital, were able to determine his needs and ensure an appropriate care package was put in place together with carer support for Susan, who wanted to be able to have Peter at home but recognised she needed support to achieve this.

The District Nursing Team and the Social Work Team worked through the Continuing Healthcare Checklist together, producing a Health Needs Assessment . The case was taken to the Resource Allocation Meeting to get an agreement to Continuing Healthcare Funding.

The District Nursing Team visited daily and were also able to arrange Marie Curie night services.

The Zone Occupational Therapy Team involvement ensured Peter had appropriate equipment in place before his admission to hospital.

The hospital Occupational Therapy also put some extra equipment in place to ensure that Peter could be safely discharged home.

This resulted in the needs of Peter and Susan being met. Peter died at home as he wished and Susan expressed her thanks for all the support provided from the zone for both Peter and herself.

Outcome 4: Increased Choice and Control

Expectations:

- Review and re-commission appropriate models of information, advice and advocacy to support the preventative and independence agenda including further website development and the further development of information and advice consortia.
- To successfully complete the review of Learning Disabilities Services and begin implementation of subsequently approved recommendations.
- To take forward, in partnership, the development of extra-care housing in Torbay with an associated wide range of enablement services. To extend the scope of care to a Virtual Extra Care model supported by community hubs offering care and support by piloting this approach in Shiphay.
- Continue to improve partnership working with Children's Services to improve transitions from children's to adult services.
- To ensure the development of a thriving third sector through better joint commissioning that adopts the principles outlined by the Office of the Third Sector.
- Improve current rating of 'performing adequately' to 'performing well' through the effective mainstreaming of personalisation across Paignton, supported by more widespread use of assistive technology (including Telecare).

Targets

Each area is rated as Red, Amber, Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/12 Result
To ensure that at least 40% of social care clients receive self directed support in 2011/12 (per 100,000 population)	45%
To ensure that 75% of social care assessments undertaken in 2011/12 (all adults) are carried out within 28 days	73%
To ensure that 85% of social care packages are in place for 2011/12 within 28 days following a social care assessment	99%
To ensure that 35% of carers in 2011/12 receive a needs assessment or review and a specific carer's service, or advice and information	38%
To ensure that 45% of adults with learning disabilities in 2011/12 are in settled accommodation	68%
To ensure that 35% of adults receiving secondary mental health services* in 2011/12 are in settled accommodation *Services provided by DPT (Devon Partnership Trust)	72%
New Indicator – to ensure that in 2011/12, 570 people aged 65 or over are living in residential or nursing homes to prolong their independence and enable them to live at home longer. In turn, this will impact on and reduce the number of clients living permanently in a care home.	600
To ensure that 95% of people coming into our care during 2011/12 receive a Statement of Needs	96%
To ensure that 85% of our clients receive a review in 2011/12	83%

Outcome 4 :Increased Choice and Control

The Trust has achieved success in many areas targeted during 2011/12 but will work hard to improve the results in the areas rated AMBER. Below is a summary of some of the work undertaken in this area and where it would like to develop further:

Advice and information access for all

- We are working with organisations across Torbay, including local libraries, to develop an internet access point for information on a range of services, activities and support in the Bay. Where people are asking about things which we don't have in the Bay at present, we are looking to capture this information so that we can encourage the development of new business and activities in Torbay.

Improved choices for learning disability

- In the last year we have worked hard to further improve the services available to a person with a learning disability. In 2011/12, we increased the choice of approved providers for people who use services in their own home. This has proved to be really useful for people who have complex needs. We have also extended the choice of day services for people. This is something that we plan to build upon in 2012/13, ensuring that day activities are closely linked to a person's needs.

Extra-Care Housing

- We have been developing accommodation for individuals and their families who need support in order to remain living in their own homes. Dunboyne in Plainmoor has been successfully rebuilt and a number of people are now housed in accommodation which provides them with services on their doorstep to maintain their independent lives.
- We are going to develop extra-care at other sites in Torbay such as Hayes Road in Paignton. We intend these new homes to have practical solutions such as Telecare and assistive technologies, in order to use all the modern resources available to meet people's needs.

Training for Care Homes in personal profiles

- In 2012 we will begin to work with care homes to develop a single page profile of each of their residents. This is a person-centred way of focusing on what is important to the individual as well as what is important for them.

Outcome 4 :Increased Choice and Control

Partnership Working to enable transition

- Staff from Children's Integrated Services (disabilities) have regular meetings and undertake some joint working with our Adult Learning Disability colleagues which has started to improve the transitional experience of young people with Learning Disabilities. Where appropriate, Adult Services facilitate young people to continue with the befrienders and other carers that they know well.
- We also work with third sector organisations to improve the transitions experience and we commission some services that go across the transitions age in order to enable young people to continue to meet with their peers and learn life skills. There is currently some project work underway to produce a parent/carer and young persons guide to transition and these will contain useful information and guidance to support the transition process across health, education and social care.

Personalising Social Care

- We have been developing new ways of working to enable individuals who receive social care and their families to have a better understanding and more control over the options available to meet their assessed care needs.

Resource Allocation—a fair slice of the cake

- We have been using the national Resource Allocation System (RAS) to assist us in determining how much money an individual may need to meet their assessed needs. We have one RAS so that no group of individuals is discriminated against as the allocation of a budget for care is based on an individuals needs not a care label. There are people living with complex illnesses and disabilities which may be expensive and we recognise that the RAS will not always determine the full extent of money these people need for their care. We are working with other colleagues to ensure the RAS will calculate a budget for more expensive care.

Personal budgets

- We have been telling people how much money is available to spend on their care - their "personal budget". By the end of 2013 we want everyone to know their budget and to have the choice to manage their budget personally. We already have many people who do this through a "direct payment" whereby money is put into a nominated account to pay for care and services chosen by the client.

Below is a sample of how service users have used their personal budgets to improve their quality of life through increased choice and control. This is an area that service users wanted to see in the Local Account:

76 year old single client was living in nursing home for several years following stroke. During annual review with their key worker the client discussed a strong desire to return to independent living in the community.

The stroke has caused limb paralysis, leaving only one functioning limb so the Intermediate Care Therapists worked to stabilise mobility and maximise independent living skills. Their Social worker assisted the person to find suitable accommodation and the family help ensure the move back to independent living was a smooth one.

The varied support plan includes technology to reduce the risks indoors and day opportunities to ensure social inclusion.

New client, 80 years old opted for a taxi to the hairdresser and church rather than her original referral for day care.

Her Attendance Allowance was used to fund this and no further services were required.

Female carer in her 50's receiving one off payment for the purchase of a greenhouse and starter kit to allow her to 'escape' and step outside of her caring role to provide some respite and an interest.

Outcome 5: Freedom from discrimination or harassment

Expectations:

- People independently funding their own residential care will receive discretionary care management support services only if they are in need of protection or other exceptional circumstances exist. This is to balance the need for independence and autonomy whilst offering protection to those who may require it. This is to be reviewed as part of the transformation in Social Care.
- Ensure that people from black and minority ethnic groups and other equality groups have appropriate access to assessment.
- To develop and then apply a more direct source of customer feedback to provide meaningful data and assurance.

Summary of work:

Below is a summary of the work undertaken in this area together with a description of the Experts by Experience Group which is designed to provide improvement in the way the Trust and its partners receive customer feedback and use this in the future.

Identifying cultural needs

- As part of the referral process prior to a social care assessment, any language or cultural needs would be identified and recorded. This might include the need for interpretation or translation services or providing same gender care wherever possible.

Community Development Worker

- We proactively have a Community Development Worker in place to work with the Black and Minority Ethnic (BME) communities to improve access, experience of, and outcomes for using health services as well as supporting individuals to report experiences of racial and domestic abuse.
- There are many support groups for various ethnic groups in Torbay which include:

Polish (Kubush), French and Japanese Clubs : they each meet monthly, bring people together to promote their culture and organise open days for people in Torbay.

One World BME Family Support Group: is a multicultural community group, meets every week, offers art and craft activities for children and a confidential place for parents/families to talk about challenges they are facing or activities they are engaged in, to ask how and where to get help and enjoy time with each other.

Imagine: is a multicultural organisation which promotes understanding of culturally diverse communities or groups living in Torbay and also provides a social and support group network for people from minority ethnic communities and the wider community within Torbay.

In addition to supporting the various support groups, the development worker has been able to apply for funding to help set up additional activities requested by communities such as a sewing club.

Outcome 5: Freedom from discrimination or harassment

- In developing partnerships with services such as the peri-natal mental health service, maternity Services, Depression and Anxiety service, Devon Partnership Trust and sexual health services, the Community Development Worker has been able to educate health professionals on the needs and experiences of the BME population. By developing these partnerships they have been able to support individuals to access or gain confidence to engage with local services.
- Where necessary they challenge services to provide an assessment of individuals ability to communicate in English and provide interpretation services to ensure the BME community receive the quality of care and support they require. The role has also been key in informing the initial stages the Equality delivery system and will continue to help evidence and support the development of this piece of work.
- In the future the Community Development Worker will work closely with Healthwatch in order to inform commissioners of the experiences and health needs of the local BME population to inform service provision and service development.

Experts by experience group

- The Experts by Experience Group are former patient and carers who work with the Trust and are currently reviewing safeguarding pathways for services users with learning disabilities, shortly to be followed by older people. It is hoped that in 2012/13 as part of the communities staff change to using electronic patient records in the community, staff will be able to take survey data on visits with them to provide greater assurance. Community hospitals will be improving their questionnaires at point of discharge and the BME Community Development worker is working with the Local Involvement Network to identify access issues within the BME community. Feedback to the Trust is expected in the autumn of 2012 and actions will be taken following this as part of the Equality Delivery System.
- In 2011/12 the Trust undertook the first stages of the Equality Delivery System, a peer, community and employee assessment of how the organisation measures up against national equalities targets. The work was carried out in partnership with the emerging Clinical Commissioning Group and South Devon Healthcare Foundation Trust. The first stage of this work has involved a number of opportunities for the public and voluntary and community sector, (VCS), to comment on the first two of four goals, *Better Health Outcomes for All,* and *Improved Patient Access and Experience.* In both areas, the Trust was scored by the local community and VCS as 'developing'. The involvement of the Torbay Local Involvement Network, (LINk), primary dental care for people with disabilities, short breaks for children and young carers with complex needs and chaplaincy and pastoral care being provided in community hospitals, were all cited as positive experiences.
- The Trust's score of 'developing' means that residents can expect improvements in functions linked to equality and diversity issues and further opportunities for public engagement and assessment. Improvements include the establishment of a peri-natal infant mental health service, complaints literature targeted at children and young people, service user reviews of safeguarding pathways for learning disabilities clients and older people.

Outcome 6: Economic Wellbeing

Expectations:

- The Trust will work to maximise benefits income of its customers and to use this to support the costs of care required.
- To work with the Council and other employers to improve access to employment for the disabled and other vulnerable groups by reviewing recruitment policies and procedures and agreeing mutual targets for supported work placements.
- To work with the Council and other partners to foster the development of community and social enterprises and the use of apprentices. In particular, to support opportunities for older people to remain active, retain economic independence, in care and support and for the intrinsic health benefits of this.

Target
Each area is rated as Red, Amber, Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/12 Result
To ensure in 2011/12 that 5% of adults with a learning disability are in employment	4.2%
To ensure in 2011/12 that 5% of adults receiving secondary mental health services are in employment	6.3%

The Trust recognises that the achievement of the target relating to adults with learning disabilities in employment requires the assistance of all partners in the Bay as this is not solely within the gift of one organisation. The Trust will work hard to achieve this in the future whilst recognising the challenges the current economic climate presents us.

Below is a summary of some of the work undertaken in this area:

Improving employment

- Nine candidates successfully completed the Health and Social Care Apprenticeship Level 3 programme in 2010/11, which was run in partnership with South Devon College. Candidates felt that course gave them more confidence and a better understanding of health and social care services. It was also something that candidates felt would support any future positions that they may go for. One of the components in the apprenticeship programme is Maths and English. Where appropriate, extra support and tuition was given to candidates.

Helping people access benefits

- The Trust has a small number of staff who actively support clients, living with illness and disability, and their carers to claim additional benefits they may be entitled to. Officer in the Disability Information Service and the Financial assessment and Benefit team liaise with colleagues in the Department of Work and Pensions, Independent Living Fund and other organisations on behalf of clients who may find this difficult. Having extra money enables many people to buy care and support independently. For those who are eligible and who require assistance from social care, they are assessed to see how much money they can contribute towards the total package of support they require.

Outcome 7: Maintaining Personal Dignity and Respect

Expectations:

- Seek ways to continue to raise the standards to meet the Dignity in Care agenda.
- To ensure that the findings of the independent safeguarding review are incorporated into commissioning and operational practice and improve joint working with children's safeguarding.
- The Trust will pursue its policy of not commissioning care services from poorly rated providers.
- Performance data and the annual report from Adult Safeguarding activity will appear in Trust Board reports and Council reports.
- A dashboard of Safeguarding Performance Measures is to be approved by the Safeguarding Adults Board (SAB) in January 2011 and will be attached to the Annual Strategic Agreement.

Targets

Each area is rated as Red, Amber, Green. Red means that the target has not been met, amber means the outcome is just below the target and green means the target has been achieved and/or exceeded.

Description of target	2011/12 Result
Ensure in 2011/12 that people have access to appropriate end of life care enabling 27% to be able to choose to die at home	19% *
New Indicator – Ensure in 2011/12 that 80% of safeguarding calls are triaged in less than 48 hours	90%
New Indicator – Ensure in 2011/12 that 75% of safeguarding strategy meetings are held within 5 working days.	80%
New Indicator – Ensure that from July 2011 at least 70% of safeguarding case conferences are held within 20 working days of the strategy meeting	74%
New Indicator – Ensure in 2011/12 that there is a 10% reduction in the number of repeat safeguarding referrals over a 12 month period. This equates to **no more** than 16 clients with multiple safeguarding referrals over a 12 month period.	7 repeat safeguarding referrals

* By definition this figure excludes people permanently living in a care home. The figure increases considerably to 41% when including people whose usual place of residence is a care home. The indicator was adjusted in April 2012 to reflect this.

The Trust has focussed heavily in this area during the year 2011/12 recognising the importance of safeguarding the most vulnerable in our population. This was a particular focus of attention for service users during the feedback we gathered.

On the following page is a summary of the work undertaken this year in this area and some areas for future focus.

Outcome 7: Maintaining Personal Dignity and Respect

Ensuring the safety and wellbeing of patients and service users is of the highest priority for the Trust, with robust procedures in place to ensure that everyone in our care is protected from harm.

As part of providing integrated care, the Trust is the lead organisation for safeguarding adults in Torbay and is part of the Safeguarding Adults Board (SAB). The SAB leads and manages multi-agency safeguarding work across Torbay and has senior representation from all organisations involved in safeguarding adults, as well as from service users, care-led organisations and independent care providers.

In 2011, we received 408 safeguarding alerts, of which 158 progressed to referral. Initial meetings were held within five days of referral in 79 per cent of cases.

Last year, there was one safeguarding case review (SCR) for the circumstances that led up to an incident and the role that all the services played. The SCR was an opportunity for us and other agencies to share learning and to make improvements to services and procedures. In 2011, we used the findings of an external audit report to further improve safeguarding; as a result, we have worked hard to ensure that strategy meetings and conferences are held in a timely manner, that our case files are audited on a regular basis and that there is regular review and improvement to procedures.

Last year, safeguarding was part of Commissioning for Quality and Innovation (CQUIN), an incentive scheme where care homes earn payments for meeting a number of quality standards. A third of the homes in Torbay took part in the new scheme.

The Trust and the SAB work closely with other local authorities across the region, with the Chair of the Torbay SAB leading regional meetings with other SAB chairs to ensure integrated working and learning across the South West. The Torbay safeguarding team is also playing their part in a piece of work to develop shared policies and practice standards across the region.






Outcome 8: Leadership

Expectations:

- Work to raise the profile of Adult Social Care, its importance and contribution to the fabric of Torbay and work to ensure sustainability for plans and personalisation that will provide high quality services and choice for people. This will include the engagement of all elected members to promote understanding in the work of adult social care services and joint working initiatives as a result of the Trust's arrangements.
- The Trust and Torbay Council will explore further integrated working to improve outcomes and efficiency in light of the NHS reform programme.
- To engage with the development of the pathfinder Health and Wellbeing Board in the context of the emerging South Devon provider model.

The Trust and the Council have held a series of Open Days in the year 2011/12 to showcase the work of the integrated health and social care organisation and the outcomes achieved. The profile of the Trust and the Council continues to receive national acclaim and is still the subject of many authoritative reports published.

The work of the integrated organisation produces benefits for the health and social care system as a whole and the Trust is keen to ensure that this continues in the future despite the obvious economic pressures present throughout the NHS and the Local Authority.

- Following the election of the new Mayor and appointment of a new Executive Lead for Adult Social Care, the Council has strengthened its engagement and its future planning arrangements for Adult Social Care. A stronger focus on understanding demand pressures, improvement opportunities and resource planning has been evident both internally within the corporate functions of the Council and in the Council's management of its arrangement with the Trust. Despite the complexities of the NHS Reforms, the Council and the NHS have continued to emphasise the importance of retaining the level of integration and impact that Health and Social Care integration has had to the benefit of Torbay residents.
- The separation of Commissioner and Provider responsibilities previously vested with Torbay Care Trust has caused an adjustment to the effect that the Director of Adult Social Services (DASS) role moved from the Chief Executive of Torbay and Southern Devon Health and Care NHS Trust (formerly Torbay Care Trust) to the Council's Deputy Chief Executive in April 2012.

Outcome 9: Commissioning and use of resources

Expectations

- To ensure a maximisation of benefits of joint commissioning and investigate ways in which this can be further consolidated.
- The Trust will undertake a robust monitoring of its contracts to ensure safe and effective service delivery as appropriate. We regularly benchmark our performance and work closely with other Councils to share good practice and learn from events experienced elsewhere.

Against a backdrop of increasing demand, the Trust provided adult social care to around 6,350 people in 2011/12 (this includes 830 people over 65 with mental health issues).

Our integrated services are helping prolong independence enabling a greater proportion of people to remain living within their own homes. Recent national benchmarking has revealed Torbay is in the top 10% of local authorities for the number of over 65s living permanently in care homes, i.e. in Torbay people are supported in their own homes for longer than in other parts of the country.

- The Council and the Trust have retained the partnership and pooled budget arrangements in place. This facilitates flexible resource use to meet patient needs. Both NHS and Local Authority Commissioners understand the benefits that this has brought for service users and for the Health and Care system as a whole.

- In common with the rest of the country, the care home sector is showing signs of vulnerability. Several homes have ceased trading and others are known to be facing longer term viability issues. Nonetheless both quality and value for money indicators have remained strong despite the continued downward trend of about 4% per annum reduction in publicly funded placements. This is in line with the shared local strategy of developing services to support carers and customers in their own homes.

- The jointly funded and jointly provided function of assessment/care management and care coordination continues to attract external attention for its ability to impact positively on whole system performance.

- A small proportion (about 25%) of the Council's spend on Learning Disability continues to be provided in-house. This component of our Learning Disability strategy has progressed more slowly than others and will receive fresh impetus during 12/13 when a consolidation of day services sites from three to two will be implemented as the last directly provided residential home will, with full family involvement, be re-procured with a new partner contracted to redevelop the facility into supported living.

- The domiciliary care market continues to be difficult to balance between the reliability of the four large block contractors, a range of other independent sector providers and the emerging picture of direct payments and personalised care plans further diversifying the picture. A small residual in-house service, focused on post discharge care at present is changing focus to intensive rehabilitation to reduce long-term care package dependency.

The demographic profile within Torbay which has an above average number of elderly residents makes the future choices and decision making by the Trust and the Council a difficult one. Both organisations want to build upon the success of recent years however difficult decisions will inevitably have to be made in the coming years as funds are reduced. Both organisations commit to being open and transparent about the decisions to be made in the future as well as ensuring that this is undertaken on an equitable basis.

Conclusion:

Both the Trust and the Council are pleased that the partnership arrangement continued to bring benefits for the citizens of Torbay during the year 2011/12. Both organisations recognise where more work is required within the limitations of future funding constraints and are keen to explore initiatives to deliver care in alternative ways in the future wherever possible.

Section 9 outlines some of the difficulties facing both organisations in the coming year and the impact this will have on the services we both commission and provide in the future. Every endeavour will be taken to include citizens in the decision making process in the coming year.

Thanks are given to the staff, stakeholders and service users who have contributed to this year's publication of the local account.

We want your feedback:

What did you think of our Local Account for 2011 / 2012? Did you find it helpful?

Do you have any ideas on what we should include in our Local Account for 2012 / 2013?

We welcome your feedback and ideas. Please send your views to either:

Local Account TSDHCT,
Bay House,
Nicholson Road,
Torquay,
TQ2 7TD

or

Director of Adult Services,
Torbay Council,
Town Hall,
Castle Circus,
Torquay,
TQ1 3DS

For information about health and social care in Torbay and South Devon, including carers services, falls prevention and Telecare, please contact the Trust's Customer Service Centre on 01803 219700.

The Local Account is also available in an audio format, large print, Braille or alternative language. If you would like any of these, or require further copies, please contact 01803 210500.

Title:	**St Kilda Care Home Re-provision at Brixham Hospital**
Public Document:	**Yes**
Wards Affected:	**Berryhead with Furzeham**
To:	**Health Scrutiny Board** On: **29 November 2012**

Contact Officer:	**Steve Honeywill**
☏ Telephone:	**01803-210512**
E.mail:	**Steve.Honeywill@nhs.net**

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1. Key points and Summary

1.1 The purpose of this report to provide members with a briefing with respect to the finalised proposals for the re-provision of the St Kilda Care Home on the Brixham Hospital site. It is anticipated that a Business Case with respect to this matter will be presented to the Torbay and Southern Devon Health and Care NHS Trust Board in late November or Mid December.

2. Introduction

2.1 Previously the Council's Health Scrutiny Committee have received regular briefing from the Trust with respect to the progress of this scheme at Brixham Hospital and general developments with regard to investment in facilities on site. The last of these reports was presented to Health Scrutiny in September 2011. Also in 2011 the committee received a Commissioning intentions report covering the town of Brixham which analysed potential future health and social care requirements for the town.

2.2 During 2012 detailed work has been taken place concerning the proposals to provide the new St Kilda facility on the Brixham Hospital site. This work is now reaching a conclusion and the purpose of this briefing to share the final shape of the project with members. We also intend to undertaken similar engagement meetings in the near future with the Brixham Town Council and other forums in Brixham (Public meeting and Brixham Hospital League of Friends) .

2.3 It is envisaged the Business Case for the scheme will be presented to the Trust Board by the end of 2012, followed by a further period of community engagement and a Planning Application, so that in 2013 the project can commence on site.

2.4 Attached is a report for members with supporting information to illustrate our proposals for St Kilda and the Hospital site.

Steve Honeywill,
Head of Community Redesign,
Torbay and Southern Devon Health and Care NHS Trust

Torbay and Southern Devon Health and Care NHS Trust

Brixham Hospital

Re-provision of St Kilda

Business Case

Extracts for Torbay Council Health Scrutiny Board November 2012

In partnership with:

Torbay Council

Sandwell Community Caring Trust

Brixham Hospital League of Friends

Contents

1. Executive Summary

i) Synopsis of the proposal

The proposals in this Full Business Case (FBC) are the culmination of a series of phases in the planned refurbishment and redevelopment of the Brixham Hospital site to provide a comprehensive range of local health and social care services consistent with local service redesign and fulfilment of the concept of creating a "Health and Care Village" for Brixham. Specifically this business case provides for the:

- Provision of new permanent facilities for the Brixham Community Health and Social Care Zone Team, within the proposed St Kilda new build.
- Provision of new facilities for St Lukes GP practices (who function in inadequate facilities); This proposal does not form a direct part of the St Kilda Business Case but is included on the assumption that this proposal will proceed at later date once approvals and funding is secured via the National Commissioning Board.
- Relocation of the existing 36 beds for the provision of nursing care, residential care/dementia and residential/intermediate care, currently provided in poor quality accommodation at the St Kilda Residential Care Home): This is the purpose of this Business Case.

The Primary focus of this report is respect to the re-provision of St Kilda, which is a long standing promise the Trust and the Council made to the local community in Brixham and was also stated as an objective in the original procurement in 2007 when Sandwell Community Caring Trust successfully became the operator of St Kilda.

The development will cost an estimated £3.5 million in capital terms and will be revenue cost neutral to the Trust and some additional revenue efficiencies can be delivered in due course.

The project will be delivered through the following partnership arrangement, which will include the raising of the necessary capital funds through borrowings by Sandwell Community Caring Trust or grant income.

- **Sandwell Community Caring Trust:** To borrow sufficient funds to provide the majority of the capital costs for the new St Kilda facility (approximately £3.5m) Borrowings will be serviced via Sandwell's revenue contract arrangements with Torbay and Southern Devon Health and Care NHS Trust (TSDHC) At the end of the loan terms the asset with revert to public ownership. Sandwell Community Caring Trust (SCCT) is a Social Enterprise, which means that any profits generated are re-invested locally into the services it provides. SCCT envisage they will also have access to grant funding towards the capital build.
- **Brixham Hospital League of Friends:** To provide up to £1m funding towards the costs of re-providing St Kilda and the retention of fractional ownership of the new St Kilda facility.
- **Torbay and Southern Devon Health and Care NHS Trust:** To contribute the NHS owned land at Brixham Hospital to the scheme and, in relation to the new St Kilda facilities, the retention of a controlling interest via a long-term lease to SCCT; This assume a property transfer will occur as per national guidance from the Commissioners to the TSDHC Provider 31/3/2013. This process is in train and expected to be completed.
- **Torbay Council:** To contribute to the scheme later once the disposal of the existing St Kilda site has taken place. Value approximately £500,000. (Council "Decision" March 2011)

ii) Key changes to the proposal from 2007-2011

In 2007 a Business Case was presented to the Department of Health proposing the wider re-development of the Brixham Hospital site, including a request for funds to demolish most of the existing building and replace them with new health and community facilities including additional consulting space, GP practice and accommodation for the Health and Social Care Zone team. This bid was made by the Director of Primary Care at the time with support from the Head of Estates.

This bid/case was not successful and it was agreed subsequently that a new strategy would be put in place as an alternative method of delivering our goals on site. During the period 2007 to 2011 a full refurbishment took place of the existing building on site funded via public capital. The 20 bedded inpatient facility previously located in Nightingale Wards in the old building was relocated to the Briseham Unit. This was a successful move supported by the community (League of Friends contributed funding) and health professionals. The 20 beds are now located in a fit for purpose facility that meets modern nursing, privacy and dignity, patients safety and infection control requirements. 16 of the beds are in four bedded bays and 4 single rooms are provided along with a day care room and adjacent garden and a relatives room.

The old/original Hospital building was also refurbished in phases up until the beginning of 2011 to meet modern operating and compliance standards. This allowed for the sub-standard Clinic building at the bottom of the site to be demolished as that particular facility was no longer sustainable for both estates and health care perspectives. New consulting space has been provided for Sexual Health Services, Physiotherapists, Health Visitors, School Nurses, Audiologists, Orthopists and visiting consultant's session and public health activity. The minor injuries reception area has also been updated to enhance access for patients as well as being more welcoming. Likewise Minor operations and X-ray space has also been improved.

At the beginning of 2011 with the above work streams successfully delivered activity began in earnest to look at the possibility of relocating St Kilda to the Brixham Hopsital site in the form of a new build and the St Luke's GP practice. A Project Initiation Document to this end was approved by the Trust's Management Team in February 2011. Feasibility work on this scheme proceeded during the remainder of 2011 and into 2012.

iii) Affordability

In **revenue** terms **Sandwell** Community Caring Trust (SCCT) will meet borrowing requirements from its revenue stream paid by the Trust to provide the 36 beds that we commissioning from SCCT. The new contract is 85% block and 15% spot purchase for the beds. This is also covered in the finance section of this Business Case. The new contract reflects better the demand for beds currently and anticipated for the future with the nursing care and dementia beds components.

In **Capital** terms the estimated pre-tender cost of the St Kilda build is £3.5 Million.

The **NHS** will contribute the land leased on a long-term basis and the ownership of the new St Kilda will revert to the NHS, when all borrowings to fund the build are paid.

The Brixham Hospital **League of Friends** will contribute up to £1 Million and hold a proportional ownership of the building

Torbay Council will contribute the value of the existing St Kilda site on sale, estimated value £500,000, although this contribution will require a bridging due to timing constraints.

Sandwell Community Caring Trust will borrow a balancing figure of up to £1.5 million to deliver the scheme and the capital build (Including all costs and fees) As a charitable organisation

SCCT will not be charged VAT, which will assist affordability of the overall scheme materially. Some of the above loan figure may be covered by income from grant applications available to Social Enterprise organisations.

The Zone team accommodation rental costs will be funded from the revenue allocation currently used to fund the Portakabin lease for this team. This budget has been ring-fenced for this purpose, however the District Valuer will need to assess the rental value in due course, but has informally suggested a cost per square feet rate is likely to be agreed that is affordable and in line with other Trust office space approved.

iv) Workforce implications

SCCT will relocate their existing workforce from the current St Kilda building into the new build. The Brixham Zone team will relocate from the Portakabin to their leased floor within the St Kilda new build. The funding to pay for the lease Portakabin accommodation will be hypothecated into the new permanent office space.

South Devon Healthcare Foundation Trust (SDHFT) provides Estates services for the Brixham site, currently as outlined via SLA arrangements. Sandwell as the operator will run the St Kilda new build in terms of in house hard and soft facilities managementfunctions. SDHFT will continue to provide Estates services to the NHS owed estate on site.

v) Project management arrangements and milestones

Sandwell as the developer will lead the scheme and produce all the appropriate project management controls and documentation. An outline project milestone document has been incorporated towards the end of this report. This of course is currently provisional and is dependent upon the successful outcome of a Planning Application and accurate assumptions with respect to procurement and contract mobilisation time scales.

A project board will be established, assuming successful outcomes for the business case, planning process and community consultation, to over oversee all activity during the build phase until completion. This will include SCCT, architects, build project manager and appropriate technical advisors, the main contractors and Steve Honeywill (Head of Community Redesign) for the Trust as client side advisors and link to the Executive Team and Board. Steve Honeywill also has an on-going dialogue with Liam Montgomery (Housing) at Torbay Council who is the lead link officer with respect to St Kilda and ensuring the Council interest in this scheme is monitored and reviewed.

VI) Recommendation

- That this business case recommends that the Executive Team and Trust Board supports the proposal to build the re-provided St Kilda (36 beds) on the Brixham Hospital sites to be outlined fully in this paper.
- That NHS owned land on site is made available for building the new St Kilda and leased for SCCT for a fixed term period. The ownership of the building return to public ownership once any outstanding loans are met in full. This is the key decision for the Board that will allow the St Kilda build to proceed.
- That the proposal to replace the Brixham Health and Social Care team temporary accommodation with permanent leased accommodation in the new St Kilda is approved.
- That the proposal to progress the feasibility of providing space for the St Luke's GP practice on site in the old Hospital building is approved.
- That further briefing comes to the Board when the outstanding site master plan and building design issues are settled prior to the Planning Application. As the project

hopefully proceeds the Board will receive progress reports with regard to finances, legal matters and the build process itself.

2. Introduction

2.1. Purpose of the Full Business Case

- This briefing describes the proposals for the final phase of the redevelopment of the Brixham Hospital site in order to secure approval to proceed with implementation of the scheme. It describes how the proposal has developed since the original proposals in 2007 and demonstrates that the proposal is: strategically appropriate and necessary, affordable, and deliverable.

2.2. Approval arrangements

2.2.1. Social Care Programme Board and Torbay Council will over need to be briefed with respect to the proposal The approving authorities for this business case is:

- The Trust Board of the Torbay and Southern Devon Health and Care NHS Trust (TSDHC) will make the decision to make the land available for the St Kilda build to proceed. The St Kilda contract and Zone Team will be funded from existing revenue budgets and contracts.
- The Local Planning Authority of Torbay Council will need to approve our Planning Application for the scheme.
- The National Commissioning Board would need to approve the GP scheme if they were to proceed at a later date.

2.3. History of this proposal

2.3.1. The origins of these proposals lie in an initial "visioning event" in 2006 (involving over 40 community advocates, clinicians and staff) which was aimed at exploring the long term role of the Hospital within the context of a much wider modernisation of the health and social care infrastructure (the 'Integrated Care Network') in Torbay and the local programme for Modernisation of Older People's services. Specifically the aims were to:

- Provide better outcomes for service users;
- Ensure that all new care facilities were planned and built to be fit for purpose and planned around the best models of service provision;
- Ensure best possible use of the resources available;
- Further development of opportunities to work in partnership including the provision of more, locally-based, integrated services.

2.3.2. The original plan featured the development of the Brixham Hospital as a focal point for local changes and services. A three phase development was envisaged:

Phase		Components
1	Re-location and modernisation of inpatient facilities to be based on a nurse / therapist led model	• Step down care following acute hospitalisation • Intermediate care • End of life care • Day care (e.g. transfusion)
2	Modernisation of MIU and Outpatient services	• Nurse led Minor Injury Care • Local access to diagnostics • Local access to a wide range of consultant led, specialist, Outpatient care
3	Development of wider health and social care services	• Primary Care 'One Stop Shop' (at that time featuring the relocation of St Lukes GP practice only) • Office and clinical space for the Brixham Integrated Team • Education space for service users and health and social care professionals • Services to promote health and well being • Potential for the improvement of the facilities provided St Kilda's residential/intermediate care

Phase		Components
		centre by re-providing this facility on the Brixham Hospital site

2.3.3. The first 2 phases have now been substantially achieved. This report now focuses on the final shaping and delivery of the final phase of developments at Brixham Hospital. However it should be noted the financial climate has changed significantly since we embarked on our proposals for the Hospital site and that the final phase scheme being proposed in this paper is tailored to challenging financial times. It is more difficult to deliver a new build project and therefore the partnering arrangements by which the proposed scheme will be delivered (The NHS, Sandwell, the League of Friends and Torbay Council) is the only way such a project can now managed to a successful outcome. Throughout we have looked for efficiencies and ways to avoid duplications/costs in shaping the scheme. Innovation with regard to the project approach and funding/borrowing are key to progress for this project.

3. Proposal for the Brixham Hospital site

3.1. Introduction

3.1.1. This part of the business case provides the wider strategic context to the proposals and identifies the service developments required. It also provides the objectives for the proposed development together with service benefits sought and the potential risks.

3.2. Organisational overview

3.2.1. **Torbay and Southern Devon Health & Care NHS Trust (TSDHC) and Sandwell Community Caring Trust (SSCT) Partnership:** In our previous NHS organisational form(s), The Torbay Care Trust (established in 2005) was an integrated community health and adult social care organisation (incorporating social care teams from Torbay Council) and also provides the local Primary Care Trust functions for the Torbay area (including the commissioning of primary and secondary care services for the local population). The Trust also provides the following services in Torbay:

- Community healthcare services, including Brixham and Paignton Hospitals;
- Adult social care (previously provided by Torbay Council);

In 2011 following the Transforming Community Services process our organisation was enlarged to incorporate the Southern Devon area formerly managed by NHS Devon. In April 2012 we became an NHS Trust.

Within this particular project, the Trust will be the lead partner for the proposed developments. However, although it is the owner of the Brixham Hospital site (from April 2013), the Trust will not provide any of the services within the scope of the proposals. Sandwell Community Caring Trust will undertake the role of developer with respect to the new St Kilda build.

Sandwell Community Caring Trust (SCCT): The Trust is a registered charity and Social Enterprise, created in 1997 to provide services for older people and those with physical and learning disabilities. In 2008 SCCT won the contract to provide NHS and social services in Torbay including Residential Care, Day care services, Intermediate care, Short stay (interim) care, supported living and domiciliary/ home care. In particular, the Trust is the provider of the existing service at the St Kilda Residential Care Home and will provide a substantial proportion of the capital funds to support the proposed developments in this FBC. SCCT has to reinvest any profits/surplus from its activities locally into the services it provides.

Since the commencement of the SCCT contract in Torbay Sandwell have worked in partnership with the NHS to provide high quality services and to progress the redevelopment of St Kilda. Whilst a number of parties are making capital contribution to the scheme, there will be a shortfall and from the outset it was agreed that SCCT seek a loan for the remaining amount to ensure that the people in Brixham acquire a brand new facility adjacent to Brixham Hospital. Once the loan is repaid, the ownership of the new facility will revert back to the NHS for the continued benefit and use of the local community. It is important to note that SCCT will not make any capital gain as a result of undertaking the rebuilding of St Kilda.

In terms of the revenue, SCCT has a contract in place until April 2018, after which the NHS has to re-tender services provided at St Kilda under procurement regulations. If SCCT did not win this tender, any new provider would need to make provision for the reminder of the loan to be paid. Again the ownership would revert to the NHS. Detailed procurement and legal advice has been obtained with regard to this issue. This is covered in detail in the procurement section of this Business Case.

3.2.2. **Torbay Council:** Torbay Council is a unitary authority, established in 1998, and provides services to the populations of Brixham, Paignton and Torquay. It is the local authority partner to the Torbay Care Trust and current owner of the St Kilda's site. The Council will be gifting the ownership of the St Kilda's site to help fund the developments proposed in this FBC; and will have agreed continuing service (Sub-contracting Adult Social Care to the Trust) and financial interests (In terms of the value of the existing St Kilda site brought forward into the new build)

3.2.3. **Brixham Hospital League of Friends:** This charitable organisation is providing a significant capital sum towards the proposed developments as is a key partner to the Trust. The Friends will hold a stake in the new building.

3.2.4. **St. Lukes Medical Centre:** The medical centre serves a population of 6,240. The practice is one of two that are planning to relocate to new premises on the Brixham Hospital site. Previously Greenswood Surgery decided not to be part of any feasibility work.

3.3. Existing service provision

3.3.1. **Range of services within Brixham Hospital:** The hospital is a well established base for local health services for the Brixham population. It provides a local nurse inpatient facility (for direct GP admission and as 'step down' facility from Torbay Hospital including for rehabilitation and end of life care) together with an increasing range of outpatient and other treatment services. In summary the following services are offered:

- 20 bedded inpatient facility (with medical support provided by the three local GP practices);
- Minor Injuries Unit (MIU) and X Ray;
- A range of Outpatient clinics;
- Physiotherapy Department;
- Family Health Services, including family planning clinics.

A comprehensive programme of refurbishment and improvement work on the hospital site was completed in early 2011. This has enabled the provision of modernised facilities that are fit for purpose. The programme incorporated improvements to the ward accommodation, MIU, Outpatient Clinic Services, Physiotherapy, consulting and community space. Furthermore it has included the provision of community meeting space and the installation of telephony infrastructure.

3.3.2. **St Kilda Residential Care Home:** St Kilda provides 24-hour accommodation for persons who require nursing or personal care for up to 36 service users. The home offers respite, intermediate and long-term care. The home consists of single bedrooms only that are positioned over four floors, incorporated within this is a 10 bed Intermediate Care Unit, which is sited quite separate from the long term area. Each floor has its own communal lounge and separate dining area. The home is within walking distance of community amenities, including local shops.

The overall bed complement of 36 beds is currently as follows:

- Up to 10 beds for intermediate care clients
- Up to 10 short-term beds for crisis and respite care
- Up to 16 beds for long term residential care

There are also 90 places for traditional day care services each day, Monday to Friday.
The building is owned by Torbay Council and leased to TCT (currently holding a 10 year lease from December 2005). The current building layout is not conducive to the delivery of modern services and not consistent with the services required to support the older peoples care pathway. Furthermore condition surveys carried out in 2007 by the Council identified repairs

totalling. £240,000 and rising. Essentially, it is generally accepted that whilst the standard of care at St Kilda is valued by the local community, the facility would need to be re-provided in the medium term because its structure does not allow for a good return on investment if it were to be renovated.

In 2007 the Trust appointed Sandwell Community Caring Trust to run St Kilda following a competitive tender for the service. The contract included a requirement that Sandwell will improve the conditions for the clients using the facility and, if necessary, to work with the Trust to provide alternative facilities. Sandwell as a social enterprise have access to borrowings that enable to re-provide the St Kilda residential care home in partnership with the other project stakeholders.

3.3.3. **GP practices:** There are 3 Brixham based GP Practices served by 15 General Practitioners. These three GP practices and their list sizes are as follows:

Practice name	**Practice population**
Compass House Medical Centre	11429
St.Lukes Medical Centre	6240
The Greenswood Surgery	3916
Total Registered Patients:	**21585**

As owners of the buildings, the practices are required to fund insurance costs, facilities management and equipment. It will be a decision for the Cluster/National Commissioning Board to approved additional space for any new facility on the Brixham Hospital site.

St Luke's have a long standing aspiration to operate from new premises to address the constraints on their current accommodation. The Trust has been keen to explore if it would prove feasible to locate a local GP Surgery on the Brixham Hospital site, in addition to its prime objective of re-providing St Kilda. During 2011 a Site Options Appraisal was undertaken to find the right location on site for St Kilda and the GP building that was suitable and affordable. This produced the conclusion with St Kilda located at the top of the site (quiet for long stay residents, lower traffic flow better matched to poorer traffic access, planning support & size of footprint) and the GP/Zone building at the bottom of the site (high traffic flow better suited to Greenswood road access) It should also be noted that via the Options Appraisal process the position of the site drainage was clarified by Haldons and that this is a significant limiting factor that needed to be accounted for in developing the site plan.

However the Local Planning Authority concluded that the proposed GP's building was not acceptable as its mass was significant in the context of adjacent properties, also the parking provision on site was inadequate.The initial costing for the GP building indicated it was struggling with respect to capital and rental affordability, partially as the GP scheme had to consume high elements of grounds works and parking re-provision within its budget.

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Following this abortive feasibility work The Trust and Commissioners agreed further time to ascertain if the St Luke's Primary Care space could be incorporated into under-utilised space within the old Brixham Hospital building, with a modest extension to the rear of the structure that could successfully accommodate St Lukes. This feasibility report established that this scheme would be viable technically and more affordable than the building cost if the initial proposal by approximately half the stand-alone GP scheme. This scheme is now being progressed by Commissioners and if approved would follow the St Kilda proposal on site at a future point yet to be determined.

3.3.4. **Integrated Health and Social Care Team:** This team is situated next door to the hospital in temporary 'portakabin' offices which are fit for purpose only in the short term. The aim of the team is to enable people to regain as much independence as possible, whether they have been in hospital, at home or in any other chosen place of safety. The team consists of

community nursing, physiotherapy, occupational therapy, social care, administrative support and managed by a Zone Manager. The team also provides therapy services to the hospital and to intermediate care services at St Kilda Residential Care Home and in community settings, including rapid response, following the client through the various stages to avoid 'handovers' wherever possible, thereby improving continuity.

3.4. Population served

3.4.1. **Catchment area:** The services featured in this Business Case, essentially, serve the town of Brixham which is located at the southern end of Torbay and is defined by the two electoral wards of Berry Head with Furzeham and St. Mary's with Summercombe. At the 2001 Census the resident population of the Brixham area was about 17,500, although this increases in the holiday season. However the resident population is the focus of the proposals in this Business Case. The revised population figure as at 2010 for Brixham is 21,000.

3.4.2. **Population age and growth forecasts:** In 2007 the over 65 population accounted for around 27% of the total population in Brixham compared to 23% in Torbay and just 16% for England. This is projected to increase to over 30% by 2014 & to over 35% by 2030. Within these projections the number of residents aged 75 and over is projected to almost double in the coming years.

3.5. Strategic context assessment

3.5.1. **Overview of national and regional strategic themes**

- Redesign and modernise services to be focused on the needs of the person being cared for; ensuring that (over and above receiving high quality, safe care at the right time and in the right place) the experience of care is of dignity, respect and responsiveness for everyone;
- Offer a dynamic system of community based care which reduces reliance on acute hospitals (secondary and tertiary care), avoiding needless delay for stays in Hospital and geared towards maintaining people in their own home;
- Promote integration of services (both within the NHS and between the NHS and partner agencies) through co-location and effective models of care including implementation of health and social care common assessment frameworks and joint case management;
- Locate services closer to the people who use them by providing an increasing percentage of health services in more accessible community settings;
- Give greater attention to the needs of people with complex needs (including those with long term conditions) and aim to relocate long term condition, outpatient, management into community settings;
- Prepare services to respond to the development of personal budgets which will allow greater integration between health and social care at the level of the individual and give people more choice and control over their care;
- Provide modern facilities which are designed to support and enable models of care that draw on new ways of working and use best practice, that are flexible enough to respond to changes in health care delivery;
- Secure better value for money to ensure that the NHS releases wasted resources to allow front-line teams to add more clinical value for service users including through opportunities for closer co-operation between health and social care provision, expansion of provision of less expensive local treatment and reduced lengths for stay for emergency admissions;
- Deliver further improvements in quality of services within a financially challenging future environment (Quality Innovation Productivity and Performance QIPP Agenda).

The front line nature of this will throughout require the active involvement of Torbay Council and full consideration of the local GP Commissioning Group to provide assurance that the proposals will be consistent with longer term service requirements and priorities.

It is also worth noting that SCCT as a Social Enterprise and Charity organisation are an innovative partner with a good national reputation. Working with such a partner is a good fit in terms of governmental directives and policies of working with a range of service providers in health and social care setting. Ultimately the ownership of the St Kilda would be retained by the local community given SCCT charitable status and Memorandum and Articles of Association.

3.5.2. **Brixham Health and Social Care strategy**

The Brixham Health & Social Care Strategy produced by the Adult Social Commissioning Team. The Document aims to:

"Improve the health and social wellbeing of the residents of Brixham. Reducing inequalities whilst maximising the resources within the locality, both tangible and community spirit".

In fulfilling this aim the delivery of the Strategy is will make progress on the overall vision for Brixham which is to:-

"Ensure a community health and social care infrastructure that is fit for purpose in meeting the demands of the Brixham population, both for the community and their aspirations, informed by clear commissioning intents to achieve partnership working".

The strategy highlights the challenges for the future provision of health and social care services within Brixham, identifies current unmet needs in service provision and development requirements for the future as a result of the increasingly ageing population. It is supported and enabled by a robust Commissioning Strategy which takes into account, and establishes, linkages with those activities already in development within Brixham Town and the wider Torbay area. The Local Dementia Statistics 2007 (Alzheimer's Society national figures) highlights that the proportion of both males and females aged 65 and over with dementia in Torbay is the highest in England, at 6.57% and 11.0% respectively.Torbay Care Trust's Dementia Strategy highlights Brixham as having an older average population age than the remainder of Torbay. It is therefore fair to assume that the prevalence of dementia within Brixham is higher than that within the remainder of Torbay. As a consequence of this current and developing demand Dementia beds will be incorporated in the proposed St Kilda build.

- **Carers Service Provision**: Brixham has a large number of carers, looking after people with a wide range of conditions and disabilities. Accordingly, local services are being developed to support carers in addition to the Bay wide services available to them. The Zone Team undertakes Carers Assessments as part of care management services and holds a quarterly Carers Forum. This is well attended and is used to consult on local strategy and to engage carers in development, as well as providing information about other available services. Brixham Carers Centre was established in June 2010 to improve access to support through local carers centres in each town in Torbay.

3.5.3. **Brixham Health and Social Care Commissioning Strategy:** In early 2012, John Bryant, Adult Social Care Commissioning Lead at the time, produced a report titled "Bed Requirements for Brixham new Build", which explored how to utilised the proposed 36 beds in the new St Kilda. This paper supported the provision of quality driven services locally for the Brixham population, consistent with the local health and social care strategy to ensure access

is available to those services available within the wider Torbay area. Subsequently further analysis has been undertaken by the Trust's Operations Directorate to examine the care market in Brixham and Torbay to future proof of requirements. This work has proceeded hand in hand with negotiations with Sandwell CCCT to revise the existing revenue contract to reflect financial and market pressures to reach an agreement on the use of the 36 beds in the building.

The outcome of this work has resulted in a detailed reported from Lesley Wade (Strategic Pathway Manager for Integrated Care) looking at Nursing, Residential and Dementia Care provision in Brixham.

Nursing care provision: A recent review of nursing home provision in Brixham revealed two nursing homes in Brixham with a high level of occupancy. Important factors to those selecting a nursing home can be proximity to their own home, including friends and family but also the potential for remaining registered with their own GP. Thus additional nursing care beds are required in Brixham.

Residential care provision: Within Brixham there are 8 residential homes (in addition to St Kilda) Occupancy at the time of review ranged from 75% to 100%. Two of these eight providers are also accredited to provide Intermediate Care.

Summary nursing care : It is evident that choice of nursing care providers is significantly more limited within Brixham; only 2 providers and 84 beds and the number of beds available to the over 75 population markedly lower than in the rest of the Bay. If the additional 12 beds being considered for the "new build" St Kilda are factored into the overall provision of nursing care in Brixham available beds rise to 33.8 beds/1000 population over 75; more in line with the rest of the Bay.

Dementia Care Provision: Providers of nursing and residential dementia care formerly had to be registered by CQC as providers of care within the dementia specialism. This is no longer the case; CQC require that providers declare within the statement of purpose that they are able to provide care for people with dementia. Provision of dementia care home beds has been reviewed *Bay wide* as where a specialist need is identified it could be viewed that those seeking a bed might be willing to look further afield for the appropriate care and setting of care. Additional capacity is required to meet future population and demographic forecasts.

Dementia summary of key issues:

- Nursing and Residential Homes now include in their statement of purpose their ability to provide dementia care, 34 providers Bay wide state an ability to provide dementia care; 30 residential and only 4 nursing, however,
- Providers can declare an ability to provide regular nursing & residential care and specialist dementia care; it is therefore difficult to isolate specialist providers Within Brixham all 10 providers are registered to provide dementia care are also registered to provide general care. In reviewing the numbers of placements that T&SDHCT make for patients with mental health/dementia needs the majority of placements are for residential level care**.** This evidence has informed our view on how to utilise the 36 beds in St Kilda**.** This is potentially because once people with dementia require nursing level care for their physical needs their needs can frequently be managed outside a specialist dementia/mental health setting. However for individuals with dementia requiring residential level care they can require a specialist setting because of the behaviours they exhibit directly linked with their dementia; e.g. wandering behaviour including nocturnal wandering.
- Therefore in providing specialist dementia provision (a need that is set to increase in future as our population ages) for patients that cannot be supported in their own home account must be made for higher staffing ratios and appropriate skills

The combination of the above evidence and the increasing prevalence of dementia in the population, and projected increases over time has resulted in our conclusion that a discreet number of dementia beds need to be provided within the new St Kilda. The focus has been towards residential care beds for dementia residents for the reasons outlined above.

Intermediate Care

The Trust currently has 27 residential and nursing providers accredited via an Any Willing Provider schemes to provide Intermediate care beds on a spot purchase basis. Utilisation of nursing homes is a tried & tested model but use of residential providers is new & will therefore require on-going work from Zone Intermediate Care staff to increase awareness of IC & train staff. There is no guarantee of volume for the provider within the contract; for Zone IC teams trying to prevent an admission this also means no guarantee of bed availability

- Recent experience has shown that teams have not always been able to secure a bed in an accredited residential home provider; this means the patient has gone into a spot nursing bed also spot beds are currently used predominantly for "step-up" provision; that is preventing an admission rather than "step-down" which is facilitating early discharge. Whilst this can and is changing they also have a target length of stay of 10 days or less

Intermediate Care beds summary:

The key benefits of having a single block provider for Residential Intermediate Care provision as proposed are:

- * Working in partnership to deliver focussed rehabilitation; T&SDHCT staff providing skilled assessments and rehabilitation planning with staff employed by the provider supporting the 24 hour/7 days-a-week delivery of rehabilitation
- * Easier to support the training & maintenance of the skills of the staff employed by the provider (likely to be a more static workforce)
- * Ability to develop strong links with the acute setting which means.
- * The ability to offer "step-down" Intermediate care as part of an overall pathway of care for older people within a specialist setting
- * The flexibility to offer slower stream Intermediate Care where appropriate to the individual

As a consequence of the above analysis Intermediate Care beds will be included in the new St Kilda build.

Long stay original St Kilda residents: It should be remembered that provision for the long- stay residents at St Kilda is included within the 36 beds allocation.

As a result of this detailed work and analysis the final configuration of agreed beds is:

12 beds	**Nursing Care**
12 beds	**Residential and Intermediate Care**
12 beds	**Residential Care and Dementia Care**

- **Clinical Commissioning Group:** The CCG shadow board received a report with respect to the proposals for the Hospital site in September 2011.Discussion with the lead officers from the CCG and Cluster in January 2012 concluded that the St Kilda re-build was purely "provider business" and thus did not require any further formal approval, although briefings with respect to progress would continue as would the linkage to deliver the proposed GP scheme at a later date.

3.6. Service development requirements

3.6.1. **Updated service development requirements:**

- **Brixham Health and Social Care Team office space – New Zone:** A permanent office base is required to maintain and expand upon the benefits of co-location of staff that has helped to make this team so successful at delivering improved outcomes for local people. Accommodation is required for the following, preferably located with other health and social care services; particularly local inpatient and outpatient based services:
  - General Manager
  - Health & Social Care Coordinator (Single Point of Access)
  - District Nurses
  - Social Workers

- Community Physiotherapists
- Occupational Therapists
- Community Matron
- Equipment Officer
- Intermediate Care Support Workers (currently based at St Kilda)
- Administrative support

- This space will also include staff re-located from the old Hospital building to provide space for the GP scheme, Midwives, Health Visitors and School Nurses.

- **Primary Care space:** Modern accommodation is required to provide suitable accommodation for the St Luke's Practice and to support their service development aspirations together with planned developments in other primary care based services. This proposal does not form part of this business case and will proceed at a later point assuming Commissioner approval and affordability are achieved.

- **St Kilda Re-provision:** The need to re-provide the St Kilda services offers an opportunity to reshape the care delivered within the facility and tailor the services to deliver the wider strategic goals for health and social care services in Brixham and meet the needs and wishes of local residents. The proposed new facility will provide up to date facilities that will allow people with complex needs to be cared for and includes those with mental health, dementia and nursing related issues.

  The proposed complement of beds is as follows:
  12 beds for nursing care
  12 beds for residential and intermediate care
  12 beds for residential and dementia care

  In developing the proposals for the re-provision of the St Kilda's services the following have considerations have been taken into account:
  - Optimal usage of the facility is only achievable if the service provision can be adapted to meet the varying needs of the community. To enable this it will be essential that there is designed in flexibility within the facilities;
  - In accordance with the mayoral pledge, the current long term residents of St Kilda will benefit from the new provision and can be assured of their continued residency and care.
  - The new St Kilda will include the potential to develop the capacity for mental health services to support the increasing need to care for people with dementia. This service will primarily cater for Brixham residents and would also support the existing arrangements within Torquay;
  - Provision of intermediate care rehabilitation and assessment facilities locally, particularly the scope to increase the intermediate care capacity at St Kilda during the winter period, where service escalation is required.
  - Provision of modernised, active, day rehabilitation to offer a day based service for clients to support their continued living in their chosen place of residence. This service would not seek to replace outpatient facilities provided by Brixham Community Hospital, but rather complement the range of services on offer. The day based services will include assessments and rehabilitation for those clients who require additional reablement or adaptations to their home. Specialised active day rehabilitation will also be provided for mental health clients, such as memory groups for clients with dementia.
  - Access to the following services should be provided as standard for residents and day clients: Podiatry, Optometry, religious services, Hairdressing, Bathing and Dentistry.
  - Sandwell the project partner are nationally recognised as an innovate Social Enterprise and Charity and is committed to provide a high quality facility for the people who live and work at St Kilda.

The Intermediate Care Service at the new St Kilda.

The Intermediate Care service at St Kilda will provide time limited, person centred and goal focussed interventions within a dedicated residential setting. All interventions will be provided as part of rehabilitation programme which will typically be up to four weeks in duration and should not exceed six weeks (except in exceptional circumstances). Rehabilitation programmes will be reviewed regularly and discharge planning will begin at the point of admission ensuring that all stakeholders are fully involved in the planning of on-going care needs.

The service will be provided by T&SDHCT and Sandwell Community Caring Trust working in partnership together. They will work with service users, their families and carers, and other stakeholders to help users of the Intermediate care service achieve their agreed treatment goals and maximise their independence to remain at home.

The Commissioner will ensure provision of adequate qualified occupational therapy, physiotherapy, assistant practitioner and nursing staff to provide skilled assessment, care planning and interventions to patients receiving Intermediate Care within St Kilda. The commissioner will also be responsible for ensuring social care input is provided to support discharge. This will generally be via a dedicated team of Intermediate Care staff but periods of planned and unplanned absence may be covered from Zone based services.

In addition the commissioner is responsible for provision of administrative support to the dedicated Intermediate Care Team. The provider will be responsible for ensuring that in addition to meeting all basic essential care needs of residents that all care provided will have an enabling focus and that programmes of therapy or interventions prescribed to individual service users by the Intermediate Care team e.g. basic exercise programmes, meal preparation, personal care programmes using equipment or specialist techniques will be undertaken by their skilled non-registered staff. These tasks will be delegated by the appropriate staff in accordance with the T&SDHCT Community Competency Skills Framework for Skilled Non-Registered (SNR) staff.

3.6.2. **Service benefits:** The principal benefits which are expected from the successful delivery of the proposals in this business case outlined below.

- An opportunity to improve the usage of existing NHS facilities and grounds;
- Re-provision of the St Kilda services into modern facilities which will be fit for purpose and will contribute to the increased and flexible usage of local hospital and residential care beds to provide additional internal step-down facility as required during periods of winter escalation;
- Provision of more day services for older people, aimed at enabling people to remain in their homes and avoiding inpatient care, particularly in crisis;
- Improve patient discharge from hospital, thus enhancing the patient journey and reducing unnecessary delays and expenditure.
- Enable multidisciplinary team working, thus enhancing the patient's outcomes.
- Avoid duplication of service, such as kitchen services, meeting rooms etc.
- Offer respite to carers, so that their good will and hard work is maintained and supported.
- Offering the latest equipment and facilities that will help promote the rehabilitation process and enable clients to return home and be independent for as long as possible.
- Help lower the rate of readmission to hospital. Through intensive assessment and rehabilitation.

3.6.3. **Service risks:** A summary of the key risks to the project is provided below.

Risk / Issue	Control
Securing capital funds to deliver this venture	TSDHC will not be required to contribute capital funds. Plans are in place for Sandwell Community Caring Trust to loan and contribute circa £1.49 million to the development. The League of Friends will also make a substantial contribution. The NHS will contribute the land for the development. TSDHC and the League of Friends will maintain the controlling interest. TSDHC with conjunction with Torbay Council will ensure the protection of the site for health and social care and the benefit of Brixham residents. The Trust will contribute capital to any changes in car parking.
Sandwell to develop workforce to accommodate the variation to service provision as appropriate	Re-build process will take 2 years and will therefore allow time for Sandwell to develop the appropriate workforce
Failure to increase therapy staff capacity may result in decreased efficiency and capacity at St Kilda or to manage clients within their chosen place of residence	Employ additional therapy staff and/or implement sharing of therapy staff from Brixham Hospital and community team. Sandwell are also investigating the possibility of employing their own therapy staff for St Kilda
Increased buildings, staff and visitors to site may result in reduced parking availability.	Brixham Hospital is located on a regular bus route. It is acknowledged that parking will be challenging. However, TSDHC will ensure it maximises parking for patients, within planning capabilities. The site will require a travel plan.

3.7. Implications of not proceeding with this plan

3.7.1. The re-provision of accommodation for the Health and Social Care team and St Kilda are all necessary both in service and estates terms: The life of the Portakabin which contains the Health and Social Care in reaching the end of it's a viable use. With each passing year the current St Kilda buildings become more inefficient and unsuitable both in patient care and building safety terms. Significant maintenance problems are emerging at St Kilda and making capital investments into the St Kilda in not virtuous from both economic and estates perspectives.

3.7.2. The use of an alternative site instead of proceeding with the development on the Brixham Hospital land would mean that we will not have access to the capital funds offered by the League of Friends and therefore the scheme would not be affordable.

3.7.3. The use of an alternative site would also undermine the local concept of developing the Brixham Hospital site into a local Health and Social Care campus. This will represent a lost opportunity to harmonise services and improve access to services for local people.

4. The Proposal for the Brixham Hospital site

4.1. Introduction

4.1.1. This section of the business case describes the overall proposal to meet the service requirements described in the Strategic Case, the underlying rationale, site option appraisal and design; and the public and staff involvement in the development of the final proposal.

4.2. Proposal

4.2.1. **Project scope and vision:** It is proposed that the Brixham Hospital is developed to create a health and social care facility for the residents of Brixham and the surrounding area, on one site. The proposed project will entail the following proposed developments on the Hospital site:

- New build re-provision of St Kilda's Residential Home, providing additional services for the locality;
- Brixham Community Health and Social Care Team accommodation,

The choice of the site is the product of an option appraisal and following consultation with the Local Community over a period of time.

4.2.2. **Proposed partnership approach:** There is scope for development on land located at the Brixham hospital site providing an opportunity for Torbay and Southern Devon Health and Care NHS Trust to work in partnership to create the required new buildings to deliver the service requirements. The following partnership arrangement is well established.

- **Sandwell Community Caring Trust:** To borrow sufficient funds to provide the majority of the capital costs for the new St Kilda.
- **Brixham Hospital League of Friends:** To provide £1m funding towards the costs of re-providing St Kilda and the retention of fractional ownership of the new St Kilda facility;
- **Torbay and Southern Devon Health and Care NHS Trust:** To contribute the NHS owned land at Brixham Hospital to the scheme and, in relation to the new St Kilda facilities, the retention of a controlling interest via a long-term lease to SCCT;
- **Torbay Council:** To contribute the value of existing St Kilda site towards the capital scheme.

A Memorandum of Understanding provides the legal framework that records the scope of the scheme including financial and ownership arrangements. This document has been developed over the last 12 months in consultation with all the project partners and our legal advisors.

4.3. Workforce implications

The sharing of catering resources to provide an single kitchen for the sites requirements (Hospital wards 20 beds, St Kilda 36 beds) may have work force implications.

4.4. Information Management and Technology (IM&T) implications

4.4.1. IM&T infrastructure currently used by the Health and Social care team staff in the Portakabin on site will need to be transferred and established in the new zone office space in St Kilda.

4.5. Public and staff involvement and engagement

4.5.1. Specific arrangements for consultation, patient and staff involvement and engagement have been an on-going part of the development of the project. Briefings and discussions have taken place with staff groups at St Kilda and Brixham Hospitals

4.5.2. Regular briefings and discussions have taken place with the League of Friends by both the Trust and Sandwell. The project lead attends bi monthly League of Friends committee meeting to brief with respect to the schemes progress and content. This has been an open and honest dialogue with the League of Friends having a strong voice in the projects development and shaping.

4.5.3. During 2011 Steve Honeywill and David Harborne from Sandwell attended a range of community forums to explain our aspirations for the St Kilda at the Brixham Hospital site. These sessions included presentations to the Brixham Ward Partnership, The Brixham Town Council and Torbay Council's Health Scrutiny Committee. All of these bodies supported our plan to re-provide the St Kilda facility at the Hospital site and the inclusion of Nursing and Dementia beds.

4.5.4. The Full Council meeting of the Local Authority (Torbay Council) also supported the scheme and made the "Decision" to support the scheme in the form of making the value of the existing site available for aid the scheme's affordability.

4.5.5. At the time of writing it is envisaged that by December 2012 we will be in a position to embark on a further period of consultation with the community to share our final proposals for St Kilda and the Brixham Hospital site. We intend to return to the Brixham Ward Partnership, Brixham Town Council, the League of Friends and the Torbay Council's Overview and Scrutiny Committee to seek further feedback. Over time the Health Scrutiny function of the Council has received on going briefings dating back from the initial proposal for the site in 2007-8 followed by reports on the various capital investments on site subsequently.

4.5.6. Ahead of the Planning Application we also intend hold and open event at the Hospital to share our plans. We will invite members of the public who live adjacent to the Hospital grounds who will naturally have a stake in the proposed building as well as the wider local community. Our intention would be to approve people in the local community to live near the hospital to share our proposals and address any concerns in a pro-active fashion.

4.5.7. Whilst we have been working on the scheme we have continue good informal links with Local Councillors and other stakeholders to explain of work on the project and to maintain support and consensus for the proposal.

4.5.8. We also plan to meet with Links/Healthwatch during this period to share the final proposals as part of having an inclusive approach towards the scheme.

4.5.9. **Site requirement, options and selection**

During our consultation and dialogue with stakeholders we have found strong support for the proposal to locate the new St Kilda build. This is both the Trust's preferred option in terms of integration with existing hospital functions and in terms of affordability (As the land in free an publicly owned this element is an "in kind" contribution to the scheme safeguarded by the lease agreement) SCCT as the developer also have concluded that Brixham Hospital offers the best fit and share the same perspective as the Trust regards to this matter.

This can be summarised as follows:

	Option for St Kilda	Key features
A	Do Minimum/nothing	Refurbish/ re-provide on existing sites at St Kilda, not a viable option in practical or affordability terms, the existing building is not fit for purpose and cannot be fundamentally improved or refurbished.
B	Brixham Hospital	Re-provide and develop services on potentially available land. Seen as the best fit and most affordable way forward in the current and continuing financial climate
C	New site in Brixham	Create a new St Kilda elsewhere. Less affordable and does not deliver the benefits envisaged bringing health and social care services together on the existing Hospital site in Brixham. Also finding a suitable site proved challenging when land is a limited resource and expensive.

4.6. Procurement method and outline

In 2006 the Torbay Care Trust Board approved the proposal that a partner be identified to take over the running of St Kilda Community Support Centre who had a stated plan for investment and development of services in Brixham in conjunction with the Care Trust. Following a tendering exercise undertaken in accordance with the competitive dialogue procedure of the public sector procurement regulations Sandwell Community Caring Trust (SCCT) was awarded a contract for the provision of a range of community support services. The contract commenced on 7th April 2008 with an initial term of 7 years with an option to extend the agreement prior to the termination date of 6th April 2015 for a further three year period subject to the contract:- This was extended by mutual agreement to 2018 in the summer 2012 to allow time for the development and delivery of the St Kilda new build. This occurred because:

1. Continuing to fulfil the strategic objectives of the Trust;
2. SCCT having satisfactorily discharged its obligations under the Agreement; and
3. Provided that the Agreement can be demonstrated as continuing to provide good value for money in relation to available benchmarking information.

At the outset the tender objectives stated that the Trust was seeking a partner who would engage with the thinking and development of its health and social care strategic plan for developing services in the heart of the Brixham community stressing that the St Kilda service and its re-provision would be an integral part of this planning. It was clear that SCCT would build the proposed St Kilda and deal with all matters with regard to the procurement of the build contract and construction, as long as the Trust could satisfy itself that the arrangement made by SSCT were compliant.

4.7. Design

4.7.1. **Key design requirements:** With any project of this nature and scale a design brief will be a key feature to plan the build requirement. This will include schedules of accommodation worked up with end users with appropriate input from the parent organisation and advisors. SCCT have worked through a design brief process with its own staff to arrive at a good efficient and functional layout. However this work had previously been hampered pending a definitive view from the Local Planning Authority about concerning the building shape and form that would in turn impact upon the internal layout and adjacencies.

4.7.2. From the Trust's perspective we employed Haldons Construction Consultants to work on our own Client Brief to help inform Sandwell's work so they as the developer had a good strategic and operational sense of the baseline standards the Trust (as the end client) would like to see in the new build, of course balanced against affordability. The client specification document provided by the Trust to Sandwell was not a definitive document and produced to aid Sandwell's design work and to ensure the Trust had an input from the outset.

4.7.3. In 2011 Haldons carried out a Site Options Appraisal via which collectively we arrived at the best location on site for the St Kilda building and Zone team space.

4.7.4. Trust staff from clinical disciplines also contributed to the specification process and the outcome of this work was also made available to SCCT and its advisors. This including Infection Control, Nursing Care and Mental Health colleagues all contributing to the process in terms of things they would like to see in the new building and issues to be mindful in design the space for their own professional perspectives. Specifications for Intermediate Nursing and Dementia Care space have been passed onto SSCT to aid their design work,

4.7.5. The Trust will be working closely with SSCT and the Zone team to produce a similar approach for the office accommodation space.

4.7.6. The proposed development has been borne out of an evolving process and through a due diligence process that has identified facts of material relevance to optimising a workable, efficient and affordable sustainable development. Please see appendix for a sample of site

layouts and schematics. We have also given due consideration to the proposed buildings relationship with the existing building usages, neighbouring buildings and its contribution to the streetscape as a whole.

4.7.7. Design Philosophy**:** Placement of the scheme on site to create a feeling of occupied space and improve the overall security of the site. Respect for the layout and natural contours of the site to rule out concerns of over-development and massing in appearance. To ensure that adequate parking is maintained on the site without detriment to its visual impact. To provide a scheme that reflects both the functions of the building and the period of its construction. Finally to make sure that future-proofing and flexibility of the development is not compromised.

4.7.8. Other factors: Head Projects (scheme architects) have led work with regard to an optimum layout for the site, taking into account site conditions and affordability with the use of a “townscape analysis” as assistance in underpinning the appraisal process. The proposed location for St Kilda is the best position for the residents taking into account the importance of a quite environment and quality factors. The changes to the GP scheme (assuming it proceeds at a later date) enabled sufficient land space for adequate parking to be accommodated on site. The possibility of re-location of the ambulance station off site to create more space was explored but this was not favoured as the position is ideal for reaching locations within Brixham in seven minutes. Overall site parking has increased from approximately 50 to 100 spaces, although this work is still under review. We aiming to make the site the master plan the optimal, with the new building for St Kilda steeping down the site utilising the land contours and slope.

5. Financial Case

5.1. Introduction

This part of the case sets out the financial implications of the proposal and demonstrates the extent to which it is affordable within the expected resources of Torbay and Southern Devon Health and Care Trust and its partners in the proposed developments. It also describes the financial impact of any conditions set by the support of the partners for the proposal. It should be noted that from the NHS perspective the capital scheme is Sandwell's domain and our main financial focus is the robustness of the revenue contractual arrangements with Sandwell and that these are virtuous, productive and efficient. The financial focus in thus about the existing Sandwell contract and the way forward with regard to that.

5.2. Current financial position of the Care Trust and principal partner organisation

5.2.1. **Torbay and Southern Devon Health and Care NHS Trust:** The Trust has a record of delivering balanced budgets over and number of years.

5.2.2. **Sandwell Community Caring Trust:** The Trust has a long standing contractual relationship with Sandwell and has undertaken financial checks are various points to confirm that the organisations financial position is secure.

5.3. Commissioner affordability criteria for this case

As per previous discussions with the GP Commissioners, the St Kilda and Zone are provider business funded via with the Adult Social Care and commissioning arrangements the Trust has in partnership with Torbay Council.

5.4. Capital requirement

From the NHS perspective no material capital requirement is envisaged, the relevant land will be leased to SCCT on a long peppercorn lease. It is possible that some monies will be required for minor furniture and office equipment for the zone team space. Secondly any changes to and landscaping of the existing car parking space that falls outside the footprint of the St Kilda/Zone team build may need to be funded. This will only occur if required by the Local Planning Authority and we will work to mitigate this possibility As a contingency it is proposed that £50,000 is allocated to this end from the Trust's Operational Capital funds.

5.5. Revenue requirement

The current residential care contract with SCCT is a block contract and includes inflationary uplifts based on the consumer price index. This arrangement has been renegotiated for the new build St Kilda, but is still cost neutral and affordable with the current contract envelope. The beds mix being commissioned better reflects current and future demands with regard to the nursing and dementia care requirements.

The new contract is 85% block and 15% spot purchase for the beds- the exact thresholds of this arrangement to be determined in due course. The payments to SSCT for the beds will mirror the fees rates established for care homes within the Torbay area in terms of the weekly costs and inflationary uplifts.

5.6. Partner commitment and conditions

5.6.1. **Sandwell Community Caring Trust:** As well as being the service provider SCCT will provide the remaining funding required in the form of a loan to deliver all the monies funding required to build the new St Kilda. When the loan balance is repaid the ownership of the building will return to the NHS and the League of Friends.

5.6.2. **Torbay Council:** The Council will contribute the value of the existing St Kilda site towards the capital build scheme and have its interest and contribution towards the new accommodation protected in the legal agreements.

5.6.3. **Brixham Hospital League of Friends:** Brixham Hospital League of Friends is a registered charity that has supported services at the Brixham Hospital site since the 1960's. In addition to providing equipment and other important items for the Hospital the Friends have partnered the Trust is developing and refurbishing building on site over the past five years. It has been agreed that the League will generously provide £1million towards the St Kilda build and will thus hold a proportionate ownership of the new accommodation. The percentage value of this ownership stake will be established in due course when the total build cost is settled and part of the legal agreement process.

5.6.4 **Torbay and Southern Devon Health and Care NHS Trust:** The NHS as well as commissioning the new facility will make the land available to SCCT to build St Kilda via a long-lease on a peppercorn basis.

6. Management Case

6.1. Introduction

6.1.1. This part of the Business Case collates all the managerial aspects of the proposed project to ensure that it is delivered successfully. It includes project management, arrangements for managing service change, the delivery of benefits and management of risks.

6.2. Project management arrangements

6.2.1. **Project structure/ framework:** As owners of the site, the leadership of the project will be vested in TSDHC. The lead (Steve Honeywill) will therefore be accountable to the Trust Executive Management Team and Board. However as Trust does not employ its own technical advisors internally or externally and the Capital Scheme is in the domain of SCCT as the developer, once this becomes a live scheme and contractors are appointed Sandwell must lead the Capital scheme with the Trust's lead on the project board, representing the NHS and reporting back to the Trust.

The project steering group will comprise the following

Name	**Role/ representation**
Steve Honeywill	Client side Project lead (Head of Community redesign)
Geoff Walker	Sandwell Community Caring Trust
David Harborne	Sandwell Community Caring Trust
Julie Foster	Zone Manager, Brixham (Zone team space only)

6.2.2. **Special advisors:**

Name	**Role/ representation**
Peter Day	League of Friends
QS/Build project management	Technical group of Sandwell
Steve Birch	Architects, Head Projects
Tony Birkett	Architects, Head Projects
Liam Montgomery	Torbay Council
Phillipa Ellis	Matron Brixham Hospital

6.3. Project programme (provisional and subject to change)

Activity	**Deadline**
Memorandum of Understanding (All Partners)	November 2012
Torbay Council Commissioning Sign-off	December 2012
League of Friends sign off	December 2012 Committee meeting
TSDHC, sign off on beds case and affordability	October 2012
Design Review Panel feedback	November 2012
Sandwell borrowing requirement established and secured	By end of 2012
Full Business Case TSDHC Board	Board 28th November
Consultation on Business Case & settled site plans and follow up's	December 2012 and January 2013
Planning Application	December 2012/January 2013 to February 2013/March 2013

Activity	Deadline
Procurement / OJEU build contract	From March/April 2013
Lease agreement for land to Sandwell	"
Sandwell lease to Zone team offices	"
Appoint and Mobilise Contractors	Summer 2013
Construction Phase Commences	Late Summer 2013
Completion and move in	Early 2014

6.4. Local Authority Planning approvals

As outlined in section 4.7 (Design) above our proposals for the St Kilda building alongside with our master site development plan and approach were presented to the Local Planning Authorities Design Review Panel (DRP) on 9th November. DRP process is a method of improving the quality of new development by offering expert advice. These forums allow clients, developers and design teams to present schemes at the pre- planning stage to a panel from the built environment sector. At the time of writing we are awaiting written feedback from this session. Broadly the view of the DRP was that further improvement could be made to our proposals to improve the shape and form of the proposed St Kilda facility and with regard to parking arrangement on site. This briefing appendix contains a sample our layouts and schematics presented to the DRP and an additional site layout that takes into account the verbal feedback from the DRP (to be confirmed by writing by the LPA) The Trust and Sandwell will take into account the feedback from the DRP and revise our provisional site master plan to improve our proposals. When this work is completed we would aim to make a planning application in late 2012 or early 2013. The planning application will occur at the same time as a further round of public engagement activity

6.5. Contract management arrangements

The Trusts contract management staff will continue to work with Sandwell through this period of transition between the revenue contract arrangements serving the current building and the proposed new building.

6.6. Risk management arrangements

6.6.1. The Project arrangements will maintain a risk register and issues log in which recorded risks will be assigned a severity and appropriate remedial or mitigating action identified. The Risk Register and Issues Log will form part of the Project Directors regular report to the Steering Group and TCT Management Team. To ensure linkage with the TCT wider corporate risk arrangements, the Trusts project lead will ensure that any risks that are pertinent to the TCT corporate risk register are notified to the Company Secreatry.

6.7. Contingency plans and key Risk

The key risks that could stop the scheme proceeding are:

6.7.1 Unsuccessful Planning Allocation. Mitigation: Detailed consultation and communication with the local community and stakeholders (including the Local Planning Authority) to ensure as far as possible this risk is managed.

6.7.2 Funding shortfalls: Either Sandwell cannot secure the requisite level of borrowing to complete the funding to deliver the scheme or that the build costs escalated. Mitigation: SSCT discussions with the lenders have been positive and it has been indicated by them the anticipated level of borrowing can be delivered. Secondly the build cost estimates thus far demonstrated the broad estimates are correct. Given the current condition of the economy we

should be able to deliver a very competitive tender price in 2013 from contractors given the current scarcity of work and little sign of material change in this regard.

6.7.3 If the St Kilda scheme did not progress this would create serious operational issues given the current sustainability and suitability of the current accommodation. A review would need to take place with respect to the viability of the current building given the challenges we face. This would also create significant difficulties in terms of relationship management and reputation with the local community as the delivery of the scheme is an outstanding promise that the Trust is expected to deliver on. Thus the St Kilda scheme and its state of play have been closely monitored by the community in Brixham.

7. Summary and Recommendations

7.1. Conclusions

With regard to the SHA Service readiness template, and the so called four "Nicholson"/"Lansley" tests.

- Is there support from GP commissioners? Yes, the position in outlined in this business case.
- Has there been strong public and patient engagement? Yes, the community is supportive of the proposal.
- Is there a clear clinical evidence base underpinning the proposals? Yes, see section of use of beds in St Kilda.
  Do the proposals take into account the need to develop and support patient choice, Yes, the reconfigured St Kilda and adjacency on site with other NHS functions meets this objective.

7.2. Recommendations

7.3.1 That this business case recommends that the Executive Team and Trust Board supports the proposal to build the re-provided St Kilda (36 beds) on the Brixham Hospital sites to be outlined fully in this paper.

7.3.2 That NHS owned land on site is made available for build the new St Kilda and leased for SCCT for a fixed term period. The ownership of the building will return to the NHS once any outstanding loans are met in full. This is the key decision for the Board that will allow the St Kilda build to proceed.

7.3.3 That the proposal to replace the Brixham Health and Social Care team temporary accommodation with permanent leased accommodation in the new St Kilda is approved.

7.3.4 That the proposal to progress the feasibility of providing space for the St Luke's GP practice on site in the old Hospital building is approved.

7.3.5 That further briefing comes to the Board when the outstanding site master plan and building design issues are settled for the Planning Application. As the project hopefully proceeds the board will receive progress reports with regard to finances, legal's and the build process.

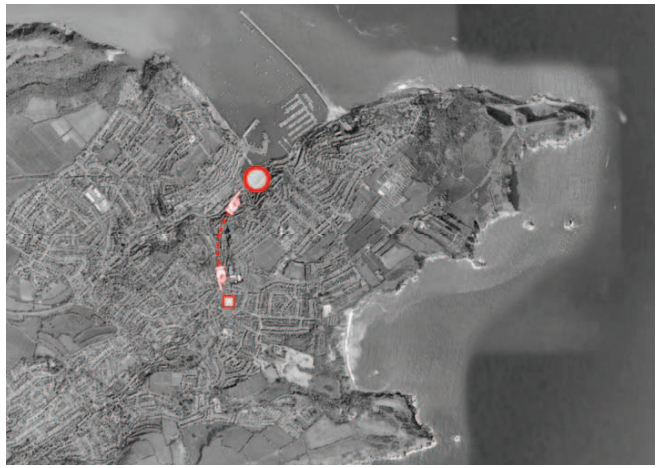
Torbay Design Review Panel – Briefing Document

Head Projects Building Consultancy

Key Questions:

1. Does the Care Home development integrate with its surroundings and demonstrate a sustainable approach in design?
2. Is the extent and scale of the proposed built form along the boundaries of Penn Lane and Penn Meadows appropriate in this location and how would this scale of development impact on the character of the area?
3. Is the architectural approach sympathetic to the character of the area?
4. Does the proposed development promote an attractive environment for the residents and is its landscape setting and site orientation utilized to best affect?

Above: Site-wide context **Below:** Wider context



SITE BACKGROUND

Located about 0.7 of a mile from Brixham's centre and 0.8 of a mile west of St Mary's Bay.

Brixham is a local hospital that provides high quality treatment, and comprises:

- 20-bed inpatient facility
- Minor Injuries Unit (MIU)
- Outpatient clinics
- Physiotherapy
- Family health services

The original and current hospital was built in 1928. The accommodation has since been extended and incorporates the Briseham Unit for inpatients, built in 1985.

The hospital site occupies an area of 1.45 hectares (3.58 acres); it slopes steadily downwards from Penn Meadows on the east side, to Greenswood Road on the west end of the site.

On the west face of the site is the main entrance and car park, accessible off Greenswood Road. There is another access off Penn Meadows that provides staff parking as well as direct route to the main entrance of the Briseham Unit. This access also serves the adjacent ambulance station.

The site is not located within a designated conservation area but does abut a conservation area at its north boundary, in accordance with the adopted Torbay Local Plan.

Above: Panoramic View of main Greenswood Road Entrance

Below: Panoramic View of top part of site off Penn Meadows

STRATEGIC APPROACH

The proposed development, illustrated opposite, has been borne out of an evolving and thorough due diligence process that has identified facts of material relevance to optimizing a workable, efficient and affordable sustainable development, whilst at the same time giving due consideration of its relationship with existing building usages, neighbouring buildings and its contribution to streetscape as a whole.

Philosophy:

- Placement of the scheme on the site creates a feeling of "occupied space" and improved overall security of the site;
- Respects the layout and natural contours of the site to rule out concerns of over-development and massing in appearance;
- Ensures that adequate parking is maintained on the site without detriment to its visual impact and improving its ecological merit;
- Provides a scheme that reflects both the functions of the building and the period of its construction;
- Makes sure that future-proofing and flexibility of the development are not compromised

Proposed St Kilda, Brixham Hospital: November 2012

Torbay Design Review Panel – Briefing Document

Head Projects
Building Consultancy

Below: Looking north-west down Penn Lane with development plot on right-hand side of road

Above: Northerly view from development plot towards Greenswood Road

Below: Proposed Site Plan

MASTER PLAN PROPOSALS

Residential Care Accommodation

Provision of 3 x 12no bedroom wings of high quality care for people with dementia, the elderly and intermediate rehabilitation to facilitate earlier discharge from the adjacent hospital.

Particular considerations have been made to promoting independence, physical health and well-being for the residents whilst corresponding to the surrounding landscape. Achieved by maximizing use of natural daylight and sunlight, as well as providing south-facing secure external areas that can be warmer for longer, and are screened off in a non-oppressive way that encourages residents to use, and engage in, the outdoors.

Day Centres

Single-storey block to create two day centre areas; one for the elderly and one for people with dementia. Setting at the higher end of the site with own main entrance, its height has been restricted in order to minimize the impact of this part of the development on the adjacent residential houses and bungalows.

Relocation of TCT Zone Team and Domiciliary Care Offices

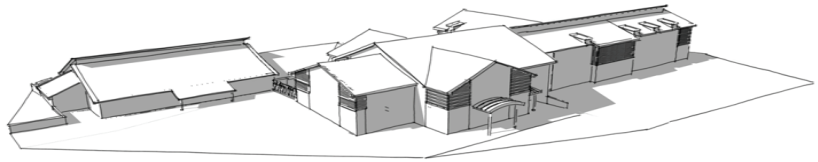
Who currently are housed in a modular semi-permanent unit. To relocate and occupy the top floor of the central part of the scheme, away from care home operations and with own separate main entrance.

External Areas

The development enables rationalization of the external spaces for car parking, and takes into account the need for staff and visitor parking associated with the development, but also improving on existing provision by about 25%. Integration of carefully located planting and "green spaces" to reduce the impact of the additional parking and accessible and logical pedestrian circulation routes around the site.

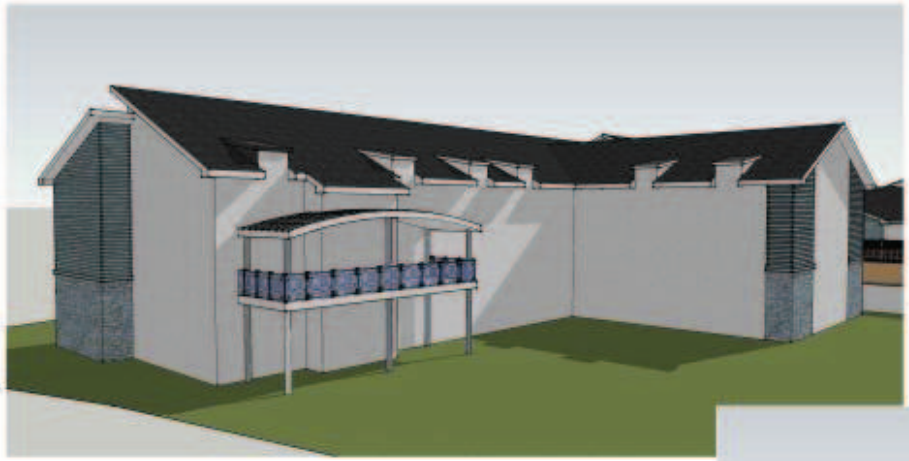
To reduce potential light pollution into neighbouring properties, low level directional lighting to be provided.

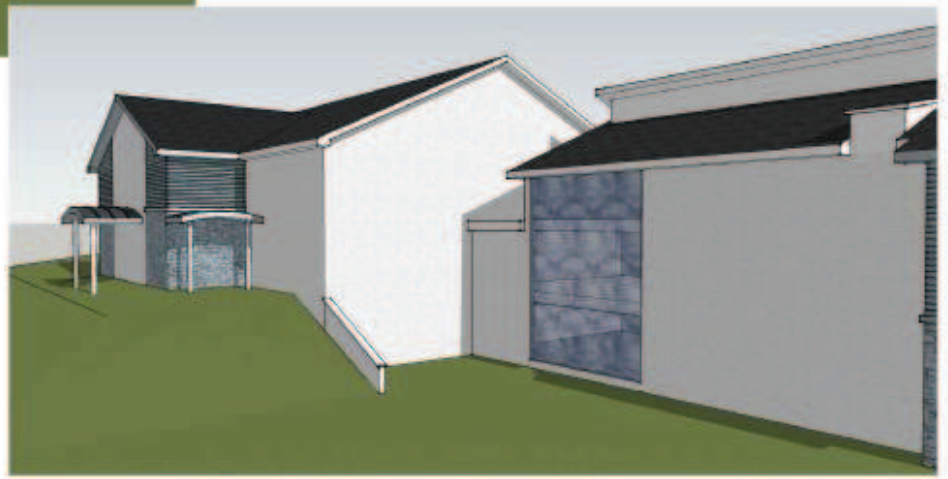
Below: Site Section *(south-east to north-west)*, and 3D Perspective *(with north-east elevations in foreground)*



Materials & Inspirations

- Contemporary Design - Built for Today
- Modern Material Style & Application
- Retained Residential Feel, Scale & Form
- Local Architectural Influences
- Sustainable Design for the Future
- A Building for the People of Brixham





Slate Roof Finish

Barreled Standing Seamed Entrance Canopies

Blue / Grey Stone Cladding

Crisp Smooth White Rendering

Blue / Grey Timber Cl

Durl Rock Heights, Sharkham Village, Brixham

St Marys Hill & Cricket Club, Brixham

Parking Zones:

- St Kilda Care Home Parking - Incl. Day Centres
- Hospital Parking - Out Patients, MIU and Wards
- Zone Team Offices - Incl. Domiciliary
- Future GP Surgery Provision (20No.
- Existing Hospital Areas - Unaffected
- Existing Trees
- Proposed Trees
- Trees Removed

Agenda Item 6
Appendix 5

REV	DATE	DESCRIPTION	INITIAL	CHECKED

Pre-Application

Preliminary

Head 4 Projects Building Consultancy
The Stables
Coombe Lodge
Bourne Lane
Blagdon
BS40 7RG
01761 463860

CLIENT: Torbay Care Trust & Sandwell CCT Partnership

PROJECT: Brixham Hospital, Brixham, TQ5 9HN

TITLE: Proposed Site Plan

SCALE	DATE	PAPER SIZE
NTS @ A1	20-09-2011	A1
DRAWN: SJB	CHECKED: TB	AUTHORISED FOR ISSUE: TB
DRAWING REFERENCE: 2128 004		CURRENT REVISION: *