Friday, 16 September 2011

HEALTH SCRUTINY BOARD

A meeting of **Health Scrutiny Board** will be held on

Thursday, 22 September 2011

commencing at **2.30 pm**

The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus, Torquay, TQ1 3DR

Members of the Committee

Councillor Barnby (Chairman)

Councillor Bent
Councillor Davies
Councillor Doggett
Councillor James
Councillor McPhail
Councillor Morey
Councillor Thomas (J)

Co-opted Members of the Board

Our vision is for a cleaner, safer, prosperous Bay

For information relating to this meeting or to request a copy in another format or language please contact:
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01803 207035
Email: scrutiny@torbay.gov.uk

HEALTH SCRUTINY BOARD
AGENDA

1. Apologies
To receive apologies for absence, including notifications of any changes to the committee membership.

2. Minutes (Pages 1 - 6)
To confirm as a correct record the minutes of the meeting of the Board held on 7 July 2011.

3. Declarations of interests

(a) To receive declarations of personal interests in respect of items on this agenda.

For reference: Having declared their personal interest members and officers may remain in the meeting and speak (and, in the case of Members, vote on the matter in question). If the Member's interest only arises because they have been appointed to an outside body by the Council (or if the interest is as a member of another public body) then the interest need only be declared if the Member wishes to speak and/or vote on the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(b) To receive declarations of personal prejudicial interests in respect of items on this agenda.

For reference: A Member with a personal interest also has a prejudicial interest in that matter if a member of the public (with knowledge of the relevant facts) would reasonably regard the interest as so significant that it is likely to influence their judgement of the public interest. Where a Member has a personal prejudicial interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Democratic Services or Legal Services prior to the meeting.)

4. Urgent items
To consider any other items that the Chairman decides are urgent.

5. Establishment of Regional Networks of Trauma Care (Pages 7 - 18)
To consider proposals to establish Regional Networks of Trauma Care.

6. Brixham Hospital Site development scheme - progress report (Pages 19 - 22)
To consider the latest developments concerning the proposed

developments at the Brixham Hospital site.

7.	**Update on Occombe House** To consider an update report on the Occombe House service proposals.	(Pages 23 - 54)
8.	**Exclusion of press and public** To consider passing a resolution to exclude the press and public from the meeting prior to consideration of the following items on the agenda on the grounds that exempt information (as defined in Part 1 of Schedule 12A of the Local Government Act 1972) is likely to be disclosed and that the public interest in maintaining the exemption outweighs the public interest in disclosing the information concerned.	
9.	**Adult Social Care Commissioning Budget reduction proposals and impact assessments** To consider a report on the above matter. **Please note this report does not contain exempt information.**	(Pages 55 - 88)

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Minutes of the Health Scrutiny Board

7 July 2011

-: Present :-

Councillors Barnby, Davies, Doggett, James, McPhail, Morey and Thomas (J)

(Also in attendance: Councillor Julien Parrott)

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127. Election of Chairman

Councillor Barnby was elected Chair of the Health Scrutiny Board for the 2011/2012 Municipal Year.

Councillor Barnby in the Chair

128. Apologies

An apology for absence was received from Councillor Brooksbank.

129. Appointment of Vice-chairman

Councillor Davies was elected Vice-Chairman of the Health Scrutiny Board for the 2011/2012 Municipal Year.

130. Minutes

The Minutes of the meeting of the Health Scrutiny Board held on 10 March 2011 were confirmed as a correct record and signed by the Chair.

131. Update on Occombe House

The Board considered a report summarising the activities undertaken in relation to Occombe House services. The report outlined recent involvement activities with the families of the Occombe House residents, the involvement of Vocal Advocacy, the appointment and role of an independent facilitator, Person Centred Plans, the Mental Capacity Act and best interest assessments, and the exploration of alternative provision.

The Chief Executive Officer, Torbay Care Trust, advised the Board that a feasibility report by Torbay Development Agency indicated that clearance and re-development of the Occombe House site would be possible. The Board was informed that Mental Capacity Act best interest assessments and meetings in connection with the Occombe House residents were being progressed. The Board

was advised that the families of the residents had indicated their agreement with this progression. The Board was advised that in relation to Occombe House services the Care Trust did not wish to continue in its provider role but would continue to provide the service until future plans for the service were settled.

Families of the Occombe House residents attended the meeting and made representations, including the suggestion that the Council consider gifting the site to a social enterprise. Relatives questioned the possibility of adaptations to the current Occombe House building, including the option of refurbishment. The Board was advised by the Chief Executive Officer, Torbay Care Trust, that refurbishment was an option and that outcomes would be determined by the best interest assessments process.

Members questioned the future of Fairwinds Special Development Centre and were advised that there were not specific proposals. The Board were informed that restrictions in Budget would lead to changes in public services, that reductions in day care services were possible, and that discussions between the Council and the Care Trust were ongoing.

In response to questions from the Board, the meeting was advised by the Head of Commissioning (Mental Health, Physical and Learning Disabilities), Torbay Care Trust, that commissioning a review of the best interests process was a helpful suggestion.

In reply to questions, the Board was advised that individual Person Centred Plans for residents of Occombe House had been developed over a period of time. The Board was informed that the best interest assessments process would be thorough and that there would not be any time pressure. The Board was advised that the best interest assessments process was underway and was expected to take about two months.

Members suggested the value in the Care Trust clarifying the proposals and then returning to the Health Scrutiny Board.

132. Progress of the personalisation of health and social care in Torbay

The Board considered a report outlining the progress achieved on the personalisation of health and social care in Torbay. The Head of Business Support, Torbay Care Trust, informed the Board that the transformation period of the national programme had concluded officially on 31 March 2011 but would continue in Torbay. The Board was advised that against the thirty per cent target set for April 2011, 24.4% of clients in Torbay had a personal budget. The Board was advised that excluding Devon Partnership Trust clients, the figure for Torbay Care Trust was 27.6%.

The Board was advised there was a government milestone or target of 100% of clients to have a personal budget by 2013. In reply to questions, the Board was

advised that there was a local target for 2011 of forty per cent of clients new to the process to have a personal budget.

The Board was informed of assisted technologies and that service provision would move away from standard domiciliary care. In response to questions, the Board was advised that it was hoped to take forward the Barton Surgery telehealth pilot to other areas of health such as diabetes. The Board was advised that this work was led by Malcolm Dicken, Head of New Ways of Working for Torbay and Southern Devon Care Trust.

In response to questions about the reduction in the local government budget and the protection of the social care budget, the Chief Executive Officer, Torbay Care Trust, indicated that protection of the most vulnerable was most important.

Members questioned the safeguarding and financial risks of personal budgets and were advised that audit, quality assurance, and contract monitoring measures were employed. In response to questions concerning the Adult Social Care Grant, the Board was informed that there were recurrent financial commitments from the transformation element of the personalisation programme which were being absorbed by the Care Trust.

> **Resolved:** that the Health Scrutiny Board continue to monitor the personalisation of care in Torbay.

133. Fairer Contributions Policy Implementation in Torbay

The Board considered a report concerning the implementation of a Fairer Contributions Policy for non-residential social care for adults in Torbay. The Board was advised that to support the development of personalisation changes were required to the charges to adults in receipt of non-residential services. The report advised the Board that a contributions system would be introduced that was linked to an individual's personal budget and their ability to pay rather than the cost of services provided.

The Board was advised that transitional protection would be applied for clients affected financially by the proposals.

In reply to questions, the Chief Executive Officer indicated that the proposals constituted a variation to the Annual Strategic Agreement between the Council and the Care Trust and that agreement would be sought with the Council in September.

134. Next Steps in implementing the strategy to improve the quality, accessibility and range of short breaks for children and young people with complex needs arising from disability

The Board considered a report providing information on proposals for commissioning short breaks for children and young people with physical and learning disabilities and seeking a decision from the Health Scrutiny Board as to

whether the changes proposed constituted a substantial variation to the provision of services or a substantial development of services. The report outlined user involvement in the planning of the proposed service change, advised the Board of the Any Willing Provider procurement process followed, and advised that three providers had been identified as capable of delivering the service specification.

The Assistant Director of Commissioning, Torbay Care Trust, outlined the rationale for the proposals, including the reviews and policies that informed their development. The Board was advised that the John Parkes Unit at Torbay Hospital did not meet the new service specification and would be decommissioned as no longer fit for purpose. The meeting was informed that three providers had been identified through a procurement process but could not be disclosed due to commercial sensitivity.

With reference to the procurement timescale and a possible consultation with Overview and Scrutiny, members questioned whether the proposals were a fait accompli.

A parent of a child currently accessing the respite care provided at the John Parkes Unit was invited to address the Board. She advised the Board of concerns with the review of the short breaks provision for children with complex health needs, including the decision to re-specify the service. The parent informed the Board that parents of children accessing the John Parkes Unit had received assurances during the involvement process that the unit would not close. The Board was reminded of a specific assurance offered to the Health Scrutiny Board by the Care Trust concerning the location of service provision for existing users of the John Parkes Unit within the Bay [Minute 171, Health Scrutiny Board, 15 July 2010, refers].

Note: at this juncture the Board considered whether the transaction of business was likely to involve disclosure of exempt information and the possible need to exclude the public. After resolving to exclude the press and public the Board considered matters including potential new providers, the question of whether the proposals constituted a substantial variation to service, and the consultation required by Overview and Scrutiny.

> **Resolved**: (i) that the press and public be formally excluded from the meeting on the grounds that the item involved the likely disclosure of exempt information as defined in paragraph 3 of Part 1 of Schedule 12A of the Local Government Act 1972 and that the public interest in maintaining the exemption outweighed the public interest in disclosing the information concerned; and
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> (ii) that Torbay NHS Care Trust be advised the change proposed for the short breaks service for children and young people with complex health needs constitutes a substantial variation to the provision of service and that Overview and Scrutiny require consultation on the change proposals.

135. Health Scrutiny Board Annual Work Programme 2011/12

The meeting was re-opened to members of the public and the Board considered a report containing a draft Health Overview and Scrutiny work programme for 2011/12.

In response to a question from a member of the public, the meeting was advised that a review of the supply and sustainability of residential care in the Bay was one of several potential review topics under consideration by the main Overview and Scrutiny Board for inclusion in its work programme.

Resolved: that the work programme within the Health Overview and Scrutiny Work Programme 2011/12 report be approved.

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NHS South West

South West Strategic Health Authority

Briefing for Overview and Scrutiny Committees: Establishment of Networks of Trauma Care

1. Purpose of the report

1.1 The aim of this paper is to provide Overview and Scrutiny Committees with information about plans to establish Regional Networks of Trauma Care in line with international clinical practice and clinical recommendations which have informed national policy. Specifically, the paper sets out the proposed model of trauma networks in the geographical area covered by NHS South West and outlines the process for designating Major Trauma Centres. This will augment standards of quality and enhance the level of trauma care already provided.

1.2 The proposals presented here will:

- improve the quality of trauma services across the region;
- improve the coordination of trauma care across the Networks and ensure patients are treated in the hospital best equipped to deal with their injuries;
- reduce the length of stay in hospital and help to ensure patients receive appropriate rehabilitation in a setting close to home;
- increase survival rates and improve clinical outcomes over time.

1.3 These proposals have been endorsed by the steering group who advised NHS South West on how trauma networks should be configured, by the clinicians who provide trauma services and the managers who commission them, and by Professor Keith Willett, National Clinical Director of Trauma Care at the Department of Health.

1.4 Chairs of Overview and Scrutiny Committees and Local Involvement Networks have previously received a verbal briefing on these proposals from the Deputy Director, Policy and Business Projects at the South West Strategic Health Authority.

2. Decisions/actions requested

2.1 Overview and Scrutiny Committees are asked to:

- receive and review the information concerning the establishment of Trauma Networks and designation of Major Trauma Centres;
- note the improved quality in service and care that patients will receive;
- note the involvement of clinicians and service managers in the development of proposals thus far and the intention to involve patients and the public in the plans for service improvement;

- comment on the proposals and plans for patient and public engagement.

3. Background

3.1 Major trauma describes serious and often multiple injuries that could cause death or serious disability. It is the leading cause of death in people aged between one and forty and is a significant Public Health issue.

3.2 In England, the most common cause of major trauma is a road accident. This is of particular significance in the South West where the level of car ownership is high due to large areas of rural geography and where accidents are one of three big killers alongside circulatory disease and cancer.

3.3 Despite all of this, major trauma represents a small percentage of the work of most hospital accident and emergency departments which will see less than one case of major trauma each week. Because of this, not all hospitals have the equipment and specialist doctors required to treat major trauma effectively. This means that patients will sometimes need to be transferred to a Major Trauma Centre where they can be operated on immediately if necessary and where there is a full range of specialist skills available. This requires coordination and effective communication between hospitals that provide trauma care to ensure that patients get to the right place at the right time for the right care. This involves:

- identifying the severity of the injury as soon as possible, ideally at the scene of the incident;
- if this is not possible, then investigations such as scanning should take place immediately on arrival at the first hospital to which the patient is taken;
- if the injuries require specialist care, then the patient should be transferred to a Major Trauma Centre as quickly as possible;
- patients should receive appropriate rehabilitation to assist their recovery.

3.4 All of this requires better organisation of trauma services and it is for this reason that Strategic Health Authorities have been asked by the Department of Health to set up Regional Networks of Trauma Care. This will ensure that patients with life-threatening injuries are taken to a specialist hospital where expert staff are available around the clock. It is estimated that 450 to 600 lives could be saved in NHS hospitals every year by doing this.

4. Current service arrangements – what happens now?

4.1 Trauma services are currently provided by a wide range of hospitals within NHS South West. Specialist care is provided at larger acute hospitals, with high-end complex care provided in Bristol and Plymouth.

4.2 Although there are arrangements in place between hospitals for the transfer of patients to more specialist services, these arrangements are not formally coordinated across the region.

4.3 Establishing trauma networks will mean that major trauma centres and hospitals will work together with ambulance services to ensure that patients are taken to the hospital that is best equipped to deal with their injuries.

5. Proposed service development – what will change?

5.1 The need to make trauma care a priority was highlighted by Lord Darzi in his Next Stage Review of the NHS in 2008. This was reinforced in a report into *Major Trauma Care in England*[1] published by the National Audit Office in February 2010 which was highly critical of how trauma care is currently provided and concluded that the NHS is not providing value for money in relation to trauma services.

5.2 The report highlighted the need for well-established systems and processes to deal with the low incidence but high complexity of major trauma and recommended the development of regional trauma networks. A commitment has been given to Parliament that Trauma Networks will be operational by 1 April 2012.

5.3 The role of a Trauma Network, led by a Major Trauma Centre at the heart of it, is to take responsibility for all major trauma patients injured within its area by working to co-ordinate and improve the care that patients receive. Strategic Health Authorities have been charged with determining how many Trauma Networks and how many Major Trauma Centres should be established to serve their populations in line with the geography of the region and the number of cases of major trauma hospitals treat each year.

5.4 The Government's response to the NHS Futures Forum published in June 2011 stresses the importance of clinical networks in supporting the commissioning and provision of healthcare.

5.5 An analysis of a range of data from different sources carried out by the South West Public Health Observatory concluded that there should be either one Major Trauma Centre or two to deal with around 1,000 cases of major trauma in the region each year. Both of these options were considered by a group of expert clinicians (the Clinical Advisory Group) involved in the care of trauma patients in the South West, alongside guidance published by the Royal College of Surgeons which sets out national standards for trauma services[2].

5.6 The guidance states that a Major Trauma Centre needs to be able to provide all the major specialist services relevant to the care of major trauma, i.e. general, vascular, orthopaedic, plastic, spinal, maxillofacial and cardiothoracic surgery, neurosurgery and interventional radiology, along with appropriate supporting services, such as critical care. Only two hospitals in the south west can do this without significant changes to their infrastructure – they are Frenchay Hospital (which will be superseded as a Major Trauma Centre by the newly developed Southmead Hospital when it opens in 2014) in Bristol and Derriford Hospital in Plymouth.

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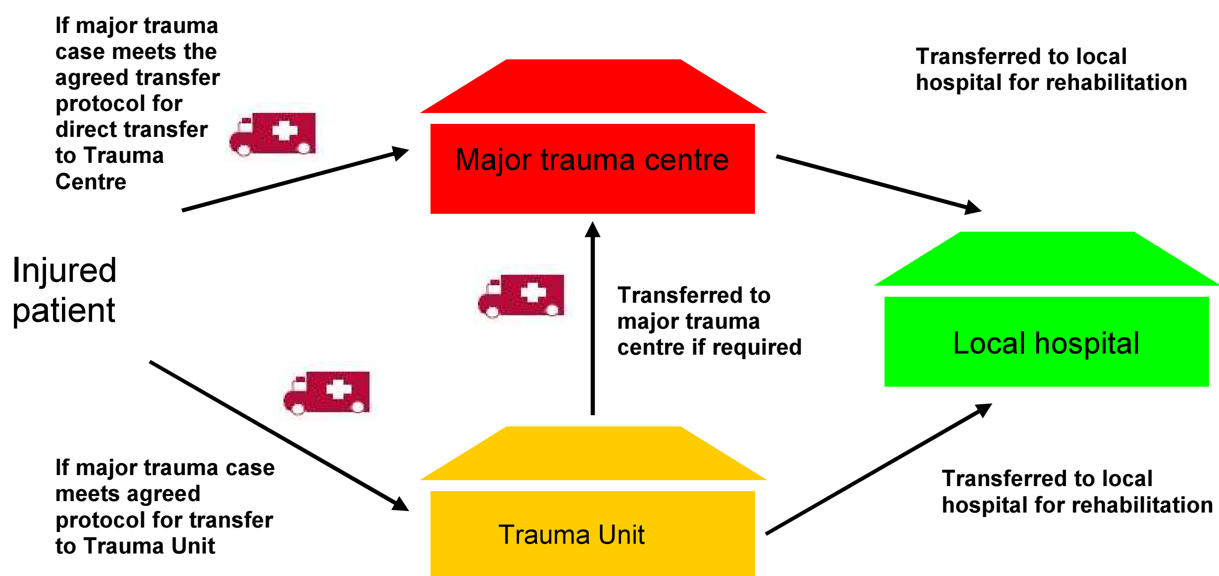
[1] National Audit Office (February 2010). Major Trauma Care in England. http://www.nao.org.uk/publications/0910/major_trauma_care.aspx

[2] The Intercollegiate Group on Trauma Standards (December 2009). Regional Trauma Systems: Interim guidance for commissioners

5.7 Having only one Major Trauma Centre in the South West was discounted because of the long journey times involved for the many people who would live too far away from the specialist service to benefit from being taken there. Instead, the Clinical Advisory Group recommended that there should be two Major Trauma Centres in the south west and that these should be established at Bristol and Plymouth where complex trauma care is already managed. It was also agreed that a Trauma Network should be formed around each of the two Major Trauma Centres.

5.8 The diagram below shows the pathway that trauma patients would follow within each Network and where they would be treated dependent on the severity of their injuries:



5.9 Using Hospital Episode Statistics data, it is estimated that there are between 1110 and 2764 cases of major trauma in the South West each year. For a typical acute hospital, this equates to between one and five patients per week, dependent on the size of the hospital. The only change in patient flows as a result of these proposals is that a small number of severely injured patients will be taken directly to a Major Trauma Centre. Evidence shows that any increase in travel time would be more than outweighed by the reduction in mortality and morbidity achieved by treating these patients at a hospital where specialist care is available around the clock. Since approximately 44% of trauma cases occur over one hour's travel time away from Bristol or Plymouth, more than half of trauma patients will continue to be taken to their local hospital for treatment. Overall, it is estimated that any changes in patient flows will be less than two patients per hospital per week. It is estimated that 30-40 lives could be saved in the South West each year as a result of the improvements in the coordination of care that will be achieved via the establishment of Trauma Networks.

5.10 NHS South West will work with potential trauma units, that is, those hospitals whose A&E departments receive trauma patients, to ensure they meet the highest clinical standards to provide life saving services to patients. Some Trauma Units will continue to provide specialist services such as those for the treatment of burns, plastics and spinal injuries. In such cases these hospitals (Salisbury and the Royal Devon and Exeter respectively) will take responsibility for making their services available to patients in the Network who need them. It is important to note that accident and emergency services will remain unchanged.

5.11 All hospitals wishing to provide trauma services within the Networks will be reviewed against national standards. They will be asked to submit evidence for how each standard can be met and how any gaps in service specification will be addressed over time.

5.12 Prospective Major Trauma Centres will be reviewed by a panel that will include clinicians, managers, the ambulance service and lay representatives. The panel will review the evidence submitted and carry out a visit to the hospital to evaluate trauma services and ensure plans are in place to meet national standards prior to their official designation.

5.13 Those hospitals wishing to become Trauma Units will also be assessed against national standards and will be asked to develop business plans in conjunction with their local commissioners to demonstrate that they can meet the standards required for designation. It will be the responsibility of the Trauma Networks and commissioners of trauma services to agree an appropriate number of Trauma Units to ensure an appropriate range of trauma services is provided in line with the needs of the local population in each Primary Care Trust area.

5.14 A series of "confirm and challenge" events will be held before the end of the calendar year to facilitate the process of Trauma Unit designation. At these events, a review panel comprising clinicians, business managers, commissioners and a patient representative will test the plans of prospective Trauma Units to ensure that they can deliver quality trauma services that are sustainable. The review panel will make a series of recommendations to the trusts and highlight any gaps that will need to be addressed before achieving Trauma Unit status. Primary Care Trusts will seek to engage Overview and Scrutiny Committees following these confirm and challenge events when they will be provided with a briefing on the outcomes and proposed configuration of trauma services in each Network. Designation will need to take place before 1 April 2012 when the Networks will become operational.

6. Expected benefits from the proposed service development

6.1 Establishing Major Trauma Centres in Bristol and Plymouth means that trauma services in NHS South West will remain largely unchanged. Accident and emergency services in hospitals will be unaffected. Patients will continue to be taken to their local hospital for treatment and, if they require specialist care, they will be transferred to a Major Trauma Centre in Bristol or Plymouth as is current practice. Trauma patients from Dorset will continue to go to Southampton General Hospital for their care and patients in parts of Wiltshire will continue to go to the John Radcliffe Hospital in Oxford. Both of these hospitals are aiming to become Major Trauma Centres in the South Central Strategic Health Authority which borders the South West.

6.2 What will change as a result of the Trauma Networks being established is that patients whose injuries are severe enough to warrant them being taken directly to the nearest Major Trauma Centre will be taken there without delay so that they receive the specialist care they need as quickly as possible from experts who will be available around the clock.

6.3 All hospitals wishing to become Major Trauma Centres and Trauma Units will need to meet national standards for the provision of trauma services. This will result in quality improvements. **The proposals for establishing two Trauma Networks in NHS South West will therefore serve to enhance the levels of trauma care that already exist in the region and improve the quality of services for patients**.

6.4 As a result of establishing Networks of Trauma Care, patients will also benefit from:

- reduced delays in receiving definitive care and treatment;
- reduced lengths of stay in hospital and ongoing care in settings closer to home where clinically appropriate;
- reduced variation in outcomes depending on where and when a person receives treatment;
- appropriate rehabilitation in a setting close to home
- increased exchange of skills and best practice between hospitals in the Networks and improved education and training of staff to ensure that high quality standards of trauma care are maintained.

7. The engagement process

7.1 In line with the principle of “no decision about me without me” patients and the public will be closely involved in the establishment of Trauma Networks. Their views will be sought in relation to proposals at stakeholder events and there will be patient involvement in the designation of Major Trauma Centres and Trauma Units.

7.2 In terms of seeking the views of patients and the public, two events are planned to which all relevant stakeholders will be invited. The first will be held in Bodmin, Cornwall on 20 September 2011. The second will be held in Bath, Avon on 22 September 2011. Specifically, people's views will be sought in relation to existing standards of trauma and rehabilitation services, the care pathway for patients, and the support that is available and/or required for patients and their families or carers. Overview and Scrutiny Committees will be invited to attend along with members of Local Involvement Networks and relevant voluntary organisations.

7.3 In relation to their future role in commissioning of services for patients, the views of general practitioners will also be sought. NHS South West will write to the leads of emerging Consortia to inform general practitioners about the establishment of trauma networks and engage them in the work programme. General practitioners will also be invited to attend the stakeholder events.

7.4 There will be a named Primary Care Trust cluster engagement contact that will work with NHS South West and offer a local point of contact and co-ordination during this process. This will assist the local impact assessment process.

8. Current timescales

8.1 The evaluation visits to prospective Major Trauma Centres are due to be held in early October, with designation by the end of the calendar year (2011) to allow for Trauma Networks becoming operational by 1 April 2012.

9. Conclusion and Recommendations

9.1 Overview and Scrutiny Committees are asked to:

- receive and review the information concerning the establishment of Trauma Networks and designation of Major Trauma Centres;
- note the improved quality and safety of service that patients will receive;
- note the involvement of clinicians and service managers in the development of proposals thus far and the intention to involve patients and the public in the plans for service improvement;
- comment on the proposals and plans for patient and public engagement.

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South West Strategic Health Authority

Glossary for Trauma Network Briefing

Term	Definition
Accident & Emergency department	Accident and Emergency (A&E) departments assess and treat patients who have serious injuries or illnesses without the need for a prior appointment
Cardiothoracic surgery	Cardiothoracic surgery is a surgical specialty, which deals with the diagnosis and management of surgical conditions of the heart, lungs and oesophagus (the tube from mouth to stomach)
Care pathway	A care pathway is the process of diagnosis, treatment and care that a patient goes through on a step by step basis from first contact with health services.
Clinical Advisory Group	A group of “expert” clinicians established at the outset of the review of major trauma care in the South West to provide advice to the Strategic Health Authority
Commissioner	Person or organisation responsible for commissioning a service
Commissioning	Term used to describe the overall process of planning, funding, procuring, and monitoring healthcare services.
Designation	Designation is a new way of commissioning that involves commissioners working closely with local clinicians, patients, carers and members of the public to ensure designated providers meet recommended safety and quality standards. Designation also prevents unsafe or wasteful duplication of specialised services, by formally designating an appropriate number of service providers to serve a population, that are best placed to provide high quality and best value services.
Interventional radiology	Defined by the British Society for Interventional Radiology (IR) it refers to a range of techniques which rely on the use radiological image guidance (X-ray fluoroscopy, ultrasound, computed tomography [CT] or magnetic resonance imaging [MRI]) to precisely target therapy. Most IR treatments are minimally invasive alternatives to open and laparoscopic (keyhole) surgery.
Local Hospital	A Local Hospital is a hospital in a trauma network that does not routinely receive acute trauma patients (excepting minor injuries that may be seen in a Minor

	Injuries Unit). It has processes in place to ensure that should this occur, patients are appropriately transferred to a Major Trauma Centre or Trauma Unit. It may have a role in the rehabilitation of trauma patients and the care of those with minor injuries.
Major Trauma	NHS Choice defines 'Major Trauma' as multiple, serious injuries that could result in disability or death. These might include serious head injuries, severe gunshot wounds or road traffic accidents. Major Trauma is defined in the scientific literature using the Injury Severity Score (ISS), which assigns a value to injuries in different parts of the body and totals them to give a figure representing the severity of injury. An ISS greater than 15 is defined as Major Trauma. This would include serious injuries such as bleeding in the brain or a fracture of the pelvis and cases of multiple injuries.
Major Trauma Centre	A Major Trauma Centre (MTC) is a hospital on a single site that acts as the focus of a trauma network. It manages all injuries, providing consultant-delivered care. It is optimised for the definitive care of injured patients. In particular it has an active, effective trauma quality improvement programme. It also provides a managed transition to rehabilitation. It takes responsibility for the care of all patients with major trauma in the area covered by the network. It also supports the quality improvement programmes of other hospitals in its network. It provides all the major specialist services relevant to the care of major trauma, i.e. general, vascular, orthopaedic, plastic, spinal, maxillofacial, cardiothoracic and neurological surgery and interventional radiology, along with appropriate supporting services, such as critical care.
Maxillofacial surgery	Oral and maxillofacial surgery is the surgical specialty concerned with the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck.
NHS South West	NHS South West is the name of the Strategic Health Authority that is accountable for the performance of the NHS in the South West of England. Its role is to ensure the NHS in the South West is run effectively and that NHS services, staff and organisations are developed to meet the needs of the future.
Neurological surgery	The branch of surgery concerned with the diagnosis and treatment, usually surgical, of disorders involving the brain and nervous system

Orthopaedic surgery	The branch of surgery concerned with conditions involving the musculoskeletal system, i.e. the muscles, bones, joints, ligaments, tendons, cartilage of the human body
Peninsula	The Peninsula refers to the geographical area served by Devon, Cornwall and the Isles of Scilly, Torbay and Plymouth Primary Care Trusts
Primary Care Trust	A Primary Care Trust (PCT) is a type of NHS trust that is responsible for promoting health and securing health care for a local population either by commissioning services from a health care provider or directly providing services. Many PCTs are now calling themselves NHS and then the name of their geographical area to make it easier for local people to understand how the NHS is managed locally. Under proposals for restructuring the NHS, PCTs have recently come together to form clusters in readiness to hand over the responsibility for commissioning services to general practitioners.
Plastic surgery	Plastic surgery is concerned with the restoration of form or function. Although the best known type of plastic surgery is cosmetic, most is not carried out for cosmetic reasons and can include many types of reconstructive surgery and hand surgery, microsurgery and the treatment of burns.
Providers	Organisations responsible for providing services to patients
Rehabilitation	Rehabilitation is defined as “optimising function”. It is the process of re-establishment of skills by a person who has had an illness or injury so as to regain maximum self-sufficiency and function in a normal or as near normal manner as possible
South West Public Health Observatory (PHO)	One of nine regional organisations in England responsible for providing local agencies, populations, and networks with public health data and information to inform and shape health services
Strategic Health Authority (SHA)	Strategic Health Authorities were created by the government in 2002. Their role is to manage the local NHS on behalf of the Secretary of State for Health
Spinal surgery	Spinal surgery is a branch of orthopaedic surgery which concentrates on treatment of the back and spine

Stakeholders	A stakeholder is any person who has a stake and/or interest in the services that are planned, designated and procured. Stakeholders can be professionals, patients, carers, members of the public, volunteers.
Trauma Network	A Trauma Network is a collaboration between the providers of trauma care in an area. It includes all hospitals involved in the care of the injured, along with ambulance and rehabilitation services. At its heart is a Major Trauma Centre. It has appropriate links to social and voluntary care. The Network takes responsibility for all injured patients in its area, working to co-ordinate and improve the care they receive.
Trauma Unit	A Trauma Unit (TU) is a hospital in a Trauma Network that provides care for most injured patients. It is optimised for the definitive care of injured patients. In particular it has an active, effective trauma quality improvement programme. It also provides a managed transition to rehabilitation. It has systems in place to rapidly move the most severely injured to hospitals that can manage their injuries. Some trauma units may provide some specialist services for patients who do not have multiple injuries (e.g. burns or spinal injury). The Unit then takes responsibility for making these services available to patients in the network who need them. Other Trauma Units may have only limited facilities, being able to stabilise and transfer serious cases but only to admit and manage less severe injuries.
Vascular surgery	The branch of surgery specialising in treating the blood vessels, i.e. the arteries and veins of the body.

Torbay NHS Care Trust

Title:	**Brixham Hospital Site development scheme – progress report**		
Report to:	Torbay Health Scrutiny Board & Brixham Town Council		
Prepared By:	Steve Honeywill, Head of Estates	Contributors:	
Directorate/Department:	Corporate Services		
Date Prepared:	Late August 2011	Date of Meeting:	22nd September 2011

The purpose of this report is to brief Torbay Health Scrutiny Board with respect to the latest developments concerning the proposed enhancements at the Brixham Hospital site. An additional verbal update will also be provided at the meeting on 22nd September as work in on going on this project.

1. Background

Previously the Health Scrutiny Committee has received reports covering both capital investments made at the Brixham Hospital site and the strategy and framework for Health and Social Care in the town of Brixham. In March 2011 the "Brixham Health and Social Care Strategic Framework" was presented to Health Scrutiny which was well received by Members. This was a very early briefing with respect to the Trust's plans to share a simple outline of the scheme and gauge community support for the proposal.

By way of a recap the position with respect to the Hospital site was stated as follows: (Source March 2011 Health Scrutiny report)

"By the end of 10/11, the Trust will have completed its programme of planned capital investments at the Brixham Hospital site. This will result in the wards accommodation and services for MIU, Outpatient Clinic Services, Physiotherapy, consulting and community space all being fit for purpose. The Trust is in discussion with potential stakeholders regarding the next phase of developments on site. Clearly, the financial environment has become significantly more challenging, since the Trust embarked upon its strategy of investing in the Greenswood Road site in 2006.

However, the Trust is still committed to the opportunity to undertake further enhancements to provide an additional range of services in a patient focussed environment to meet the needs of the local community. These additional developments could possibly propose the opportunity for local GP practice relocation on site, an opportunity to house a successor service for St Kilda Residential Care

Home and possibly the establishment of permanent accommodation for the health and social care team for Brixham. Any agreed proposals will need to be fully evaluated in terms of best value for money and procurement processes. Torbay Care Trust will ensure that local public engagement and consultation has been undertaken to assure local support for any proposed developments on site"

Additionally on 22nd March 2011 the Council's Cabinet agreed to make the capital value of the existing St Kilda building/site (owned by Torbay Council and leased to Torbay Care Trust and Sandwell Community Caring Trust) available to the NHS to help progress the re-provision of St Kilda on the Brixham Hospital site. The Council minute is quoted below for information. It should be noted this would only occur after the new St Kilda building is operational.

Council Cabinet Recommendation for decision: St Kilda

> **"**That the Head of Legal Services, in consultation with the Chief Executive of the Torbay Development Agency, be authorised to accept a surrender of the lease from the Torbay Care Trust and then transfer the freehold of the St Kilda site the Torbay Care Trust or its chosen service provider on acceptable terms for no capital receipt under the Local Government Act 1972: General Disposal Consent 2003"

During March in addition to Health Scrutiny and the Cabinet, the Trust and Sandwell also consulted with the Brixham Town Council and Ward Partnership meetings to outline our proposal for the Hospital site including the re-provision of St Kilda. All these forums supported the Trust's way forward for the site.

2. Progress Since March 2011

Following the above activity over the summer the Trust has embarked on a detailed phase of technical feasibility work to see what is achievable and affordable at the Brixham Hospital site. The Trust's Management Team approved a Project Initiation Document and scope to look at the feasibility of re-providing the St Kilda facility on land at the Brixham Hospital site. This work also included examining the possibility/feasibility of relocating GP's onto site and providing permanent accommodation for the Brixham Health and Social Care Team.

As part of the original contract Torbay Care Trust entered into with Sandwell Community Caring Trust following a full procurement process it was envisaged that the St Kilda community care unit would be re-placed by a new facility eventually as the current building has significant limitations. The Trust has been working closely with Sandwell to look at the possibility of re-providing beds (Rehabilitation Beds, Intermediate Care beds & long stay St Kilda resident's beds & Winter Pressures beds) on spare land at the Hospital site.

Early design/site layout work has been developed with respect to undertaking an Options Appraisal to establish the optimum layout on the land, taking into account site conditions and affordability.

A project steering group chaired by the Head of Estates has met to get the mechanisms of the project up and running. The Head of Estates role in the scheme is to co-ordinate all the planning, affordability and value for money assessments that need to be undertaken. It is envisaged in due course this will feed into the Full Business Case (FBC) for the overall site proposal.

The Project is now at the key stage of establishing the overall site and financial viability of the scheme. The Options Appraisal suggests that the most viable location for St Kilda is at the top of the site, this conclusion has been reached due to the limitations of highways capacity and traffic flow at the top of the site. The new St Kilda will also require the best location for residents who will live in the building in terms of quiet and environmental quality factors. Finally in terms of the proposed size of the building and best design/location to compliment the local environment, the top of the site is also viewed by the Trust and Sandwell as the preferred location. Local mains drainage also dissects the site from top to the bottom into Greenswood Road. This has been a limiting factor in utilising the site as the building footprints need to avoid the drainage zone or a significant sum would be required to divert the existing drainage.

3. Position as at late August 2011

Once we reach a position where we have an affordable scheme acceptable to all the parties this will be presented for consideration within the Trust and with the community in Brixham.

Before the scheme can proceed a number of other key tasks will need to be completed. These include agreement/support from the Council's Health Scrutiny function, settling on legal form and ownership models, agreement on a revised revenue contract for the new St Kilda beds and Procurement arrangements for the build project. These will all form part of a FBC submission in due course.

It should be noted that agreement with the Local Planning Authority (LPA) will also be vital to ensuring that a sympathetic scheme is passed. Early discussions have occurred with the LPA about the broad outline of the scheme and feedback on this has been incorporated into the site options appraisals thus far. Further discussion will take place before we have a settled design and ahead of any formal planning application. Also at this stage we would undertake further public consultation with the Brixham Community in terms of the Council forums alluded to above and set up a public event/meeting to share our proposal and seek further feedback.

It should also be noted that Brixham Hospital League of Friends has generously decided to make a financial contribution towards the project and have been very supportive of scheme throughout. The Trust views the Friends as stakeholders who

we are in regular dialogue with. It is envisaged that the new St Kilda will be partially owned by the Sandwell and the League of Friends with the NHS contributing the land. A legal form will be put in place to reflect this and protect the Council's contribution from the existing St Kilda site. As alluded to above Torbay Council have agreed to make available the value of existing St Kilda site as a contribution towards the scheme.

The Trust has been keen to explore if it will prove feasible to locate a local GP Surgery and Pharmacy on site. It is envisaged this building will include accommodation for the Health & Social Care team. This is proving challenging to find the right location that is both suitable and affordable. This proposal is being actively perused to find a way forwards. If the GP surgery component of the scheme does proceed consultation would take place with the relevant patients at the appropriate juncture in addition to the general consultation alluded to above.

4. Next Stages

The next task is to settle the agreed position of the buildings on site and the exact shape of the project. This will be followed by definitive and detailed analysis with respect to build and fit-out costs, if successful it is hoped that a Full Business Case could be ready for approval and that a planning application could be made shortly after that. The Trust will keep Health Scrutiny informed of developments at future meetings.

Steve Honeywill,
Head of Estates,
August 2011

Title	**Update on Occombe House**		
Wards Affected:	**Preston**		
To:	**Health Scrutiny Board**	On:	**22 September 2011**
Contact Officer	**Helen Toker-Lester**		
☏ Telephone:	**01803 210500/210421**		
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1. Key points and Summary

1.1 This is a summary of activities undertaken in relation to Occombe House since our last briefing to the overview and scrutiny committee on 7th July 2011.

The key areas covered in this report are,

- Meetings and involvement with families.
- The involvement of Vocal advocacy.
- Best interest decisions.
- Update regarding providers
- Visits
- TDA report
- Summary of next steps.

2. Introduction

2.1 Background.

Occombe is owned by Torbay Council on a site that also houses Fairwinds Special Resource centre. This site sits within the South Hams boundary. The house is the home of seven people who have a learning disability.

Work is underway at the moment to explore alternative provision for the long term residents of Occombe.

This report provides an update to OSC of the activities undertaken since the last meeting.

A large folder of information was given to the then chair, and new members are encouraged to look at this information in relation to policy background and previous papers that were instrumental in the decision making process. Family members at Occombe have also submitted information to the Overview and Scrutiny committee

previously.

Meetings and involvement with families.

The last meeting with families regarding Occombe House took place on 1st July 2011 at Occombe farm. The meeting was attended by six out of the seven family representatives, and draft minutes are attached.

The Group agreed not to meet again until all the best interest meetings had been concluded so that we were clear about preferences of individuals decided through the meetings, it was felt at this point in the future we would have a clear understanding of how to proceed.-However this position may change.

The involvement of Vocal advocacy.

Vocal were instructed to review the work of the Care Trust in developing its person centred plans and ensure that the correct processes have been undertaken in relation to developing the information.

They have been involved at Occombe following the agreement of family members and have reviewed the person centred plans and associated information.

Vocal were due to compile their report, however this has been delayed due to staff sickness problems in Vocal creating some capacity problems. Catherine Mundy of Vocal writes "I do apologise for the delay in this work. It is beyond our control.
I do realise that this work is taking longer than thought , this is due primarily to the delay in being able to commence the work and the staff who originally signed up to the work no longer being available, Holiday time - Easter, Bank holidays and now summer has compounded this."

Best interest decisions

The Mental Capacity Act is utilised to support effective decision making when individuals have been assessed as having no mental capacity to make a particular decision. It is often used to support large life decisions, financial decisions or health related decisions.

Families have had information about the process, and understand how they might appeal if they are dissatisfied with the decision making process. Some families are concerned about the knowledge care managers have regarding individuals as they may not have had long standing involvement due to natural staffing turnover. Care managers are gathering all the information regarding individuals prior to the best Interest meetings.

Some of the best interest meetings have been arranged, and the rest are being planned, -progress on these will be included in future reports.

One resident has alternative accommodation and support identified and she will be looking to move on following some introductory planning and financial arrangements, this follows involvement of her Independent Mental Capacity Advocate as determined by the Mental Capacity act.

Update regarding providers

The third stage of our any willing provider process is almost complete and additional providers are now on our list. Some late submissions are being interviewed, and we due to conclude by mid September for those.

Some family members observed interviews where providers gave presentations. However, given the large number and time consuming nature of the programme not all families saw all providers. If at a later date families wish to engage in a choice of provider for a particular service Commissioning staff at the Care Trust will be happy to provide the current "long list" and facilitate interviews from a shortlist chosen with family involvement.

Visits.

Visits to other services have been requested so people can see how different services are provided to people who have a learning disability in the community.

Visits have been arranged and some have been undertaken, - although it has been difficult to both make and keep appointments by involved individuals due to leave and other personal commitments. However we will still be arranging these into September and October so that everyone will have the opportunities to visit places that have an interest in.

TDA Report.

This was circulated to families and discussed at the 1st July meeting. A copy is attached for the Overview and Scrutiny Committee.

Summary of Next Steps.

In summary the next key activities are as follows,-

- Best interest decision making meetings.
- Visits to alternative providers.
- Receiving the Vocal report.

Name of Head of Business Unit- Helen Toker-Lester.

Title of Head of Business Unit- Head of Commissioning.

Appendices*
Appendix TDA report.

Documents available in members' rooms*
A folder of information is available in the member's room.

Background Papers:
See above*

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Torbay Development Agency

OCCOMBE HOUSE

ADDENDUM REPORT JUNE 2011

Version: 1
Date: 22 Jun 2011

Author: Richard Sutton MRICS
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Client: Torbay Care Trust
Torbay Council

Torbay Development Agency

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Date: Wednesday 22nd June 2011

Occombe House Report on Development

Addendum Report June 2011

1. Terms of Reference

The following provides an update to the report produced by the Torbay Development Agency (TDA) The desktop report was requested prior to the May local election by Councillor Bent. The report related to the provision of two bungalows to accommodate 5 current residents of Occombe House (with carers) on the site.

In April 2011 the Torbay Care Trust indicated the intention that the report should be completed / enhanced and addresses the restrictions outlined in point eleven of the desktop report.

A meeting was held on the 5th May at the Torbay Care Trust where it was agreed that the TDA would update the report to comment on the following three areas;

1. Planning Update
2. Commentary on Value
3. Plans

2. Meeting - 5th May

The meeting of the 5th May clarified the issue of the restrictions identified in point eleven of the desktop report.. These were as follows;

a) The short period to undertake this report and the sensitivity of this matter has restricted the ability to undertake a site investigation or surveys

It was stated that consideration had been given to the Centre Line Survey dated October 2008 and that this did not require updating.

It was agreed that any site investigation survey would be costly and intrusive and that it would not be possible to investigate appropriately under the structures and the existing buildings. A site investigation would be of significant benefit when it related to a scheme layout. This would be needed to check the ground conditions and to check that any development was practically viable. Therefore the risks in this regard would need to be considered in the assumptions and deferred to the time of construction.

A type 2 asbestos survey dated September 2008 was also in existence and had been considered by the Robinson White Partnership in relation to the demolition budget.

In addition the TDA's Property Services team have a substantial knowledge of the building in relation to planned and reactive maintenance and have been consulted in respect of this report.

b) It has not been possible to appoint an experienced architect and engineer to comment on a proposed scheme of development.

Due to concerns over resources and funding it was agreed that the TDA would approach an appropriately experienced Registered Social Landlord and member of the Torbay Housing Partnership to see if they would comment on the assumptions made in the original report and provide plans at no cost.

c) Plans have only been scaled to establish the viability of the site.

This related to the nature of the plans provided by the Torbay Care Trust. It had not been possible to accurately measure the plans which were examples of typical assisted living accommodation.

It was agreed that an experienced Registered Social Landlord would be appointed to comment upon the assumptions made in the original report in relation to the room sizes.

3. Summary

In summary the findings of the addendum report are as follows;

- South Hams District (SHDC) has confirmed that the minutes of the planning meeting that was held on the 25th June 2010 reflect an accurate and relevant assessment of the planning background for the Occombe House site.

- The SHDC Affordable Housing team have advised that the level of Affordable Housing contribution for this site would be classed as 'rural' under their adopted policy. Further it has been stated that the highest level of Affordable Housing contribution would be required. (This is either an on site contribution or payment that has to be made when qualifying housing schemes are developed. It is usually paid to support the development of associated community developments required by the people who will use the affordable housing). This contribution is significant when considering both the value of the site and enabling development for the proposed bungalows.

- SHDC policy AH5 (Rural Exception Sites) has a set of criteria for the granting of permission for schemes in rural communities. Although not fully compliant it is considered that the policy provides an opportunity to deliver the bungalows if integrated within a solely Affordable Housing scheme.

- Although scheme specific detail would require scrutiny from the SHDC planning team the SHDC Affordable Housing Manager has indicated support for delivering Affordable Housing on the site. This matter is ongoing and the indicative plans in Appendix A could be used in any future consultation.

- It is estimated that the opportunity cost to Torbay Council in releasing the site for this form of development is in the region of £100,000 to £250,000.

- The Registered Social Landlord have not provided specific plans in relation to the proposed bungalows due to the need to have further clarification on enabling development from SHDC.

- The Registered Social Landlord has confirmed that the sizes outlined in the original report are reasonable for development analysis. It is accepted that the plans are generic and further information would be required specific to the individual needs of the proposed occupants.

- The Registered Social landlord has estimated that the provision of the two bungalows alone is unviable and that there would be a significant funding gap.

4. Planning

- SHDC have confirmed that the June 2010 minutes reflect an accurate and relevant assessment of the planning background.

- The feedback from the Registered Social Landlord has indicated that the provision of the bungalows in isolation is unviable and there is a funding gap. The planning context would indicate that the opportunity to cross subsidise the bungalows with any form of open market residential development would be restricted and limited.

- It is therefore anticipated that a scheme of substantial affordable housing provides the best opportunity to cross subsidise.

4.1. Affordable Housing

Although located in the planning district of SHDC the features and issues of the housing market relating to the Occombe site are arguably more associated with Torbay. The Planning and Housing Manager of the TDA has been consulted with regard to this report and concluded that the housing need in Torbay is so severe that a scheme of affordable housing on the site should be considered in more detail.

Some of the challenges over the location of the site which have compromised the effectiveness as a residential home would again apply in the suitability for affordable housing. These include edge of urban fringe, rural / countryside and detached from facilities. However it should be noted that there are large residences along Preston Down Road, toward Paignton and high quality small barn conversion units to the rear of the site.

The South Hams has one of the worst affordable housing problems in the UK and have implemented a stringent policy. SHDC have confirmed that any open market residential development on the Occombe site would attract a 60% contribution. This is significant when considering both the value of the site and the ability to ‘cross subsidise’ the development of the bungalows.

The SHDC adopted Affordable Housing Development Plan Document (DPD) sets out the affordable housing policy for the Authority. The section on ‘Rural Exception Sites’ outlines the criteria for delivering housing where development is strictly controlled and new-build housing would not normally be permitted. Policy AH5: Rural Exception Sites states as follows;

1. Permission will be granted for exception sites in rural communities where the development will:

a. solely comprise affordable homes and no open market housing;

b. meet a clearly identified need for affordable housing in the local community;

c. be in scale and keeping with the form and character of the settlement;

d. be well related to community services and facilities.

2. In all cases planning permission will be subject to a planning condition or obligation to ensure that the affordable housing will remain available in perpetuity to meet local housing needs.

It has not been possible to clarify the detail of this opportunity, notably with regard to the planning issues of density and type of affordable housing. Delivery of this opportunity would require the collaboration of the SHDC and Torbay Council affordable housing teams to provide a background to the housing need in this location across the two authorities. In addition it would require the partnership of the Torbay Care Trust to outline the social demand for the bungalows.

A potential scheme has been outlined by the Registered Social Landlord in Appendix A.

4.2. Torbay Council Planning

In 2008 the opinion of the Torbay Council Spatial Planning department was sought and it was considered that due to the property's position within the Countryside Zone and beyond the urban fringe, an intensification of development on the site would not be encouraged. The opinion of the planning officer have again been sought and this view is still maintained

5. Commentary on Value

It was agreed that the TDA would provide the Trust with a commentary on value.

The Torbay Care Trust is currently tenants of the property and therefore the value would be relevant when considering a scheme to deliver the bungalows, probably through a third party organisation. In addition the commentary would provide the basis for any consideration by the landlord (Torbay Council) when considering the 'opportunity cost' of permanently transferring the property for this activity.

In June 2008 an independent valuation was commissioned by Torbay Council on behalf of the Torbay Care Trust as part of its overall Learning Disability Review which incorporated several locations. It is considered that the contents and findings of the report are broadly sound and still relevant. The authors calculated a residual value in the sum of £700,000.

It is now considered that the market value would be in the region of £100,000 to £250,000, which assumes vacant possession. A range of value has been provided as the fundamental issue of development density remains uncertain.

In assessing the value of the property the following main issues have been considered;

- Significant decline in the residential property market, the primary market to generate value in this location. Funding opportunities for both private house builders and Registered Social Landlord has significantly been restricted in recent years.

- It is anticipated that the active residential markets (e.g retirement) would have limited interest due to the poor access to facilities.

- The heavily restrictive planning background would limit the market for the property.

- Alternative uses have been considered for the property including boutique hotel and private care homes.

- The private care home market is currently in a period of turmoil which has been widely publicised. In addition there is a substantial over provision of residential care in Torbay to such an extent that the Torbay Care Trust might object to such a proposal on the grounds that it might 'jeopardise the ongoing operation of homes and could lead to business failure for existing owners in Torbay'.

- An analysis of similar available opportunities has been made. In addition the opinion of agents, the TDA Asset Management and Housing have been sought together with an appropriately experienced residential land buyer.

- If offered to the open market it is considered that the site would generate interest from potential purchasers with access to funding. However it is estimated that offers at the upper end of the range would incorporate conditions relating to planning, density and the level of s106 contributions.

6. Plans

The TDA informally appointed a Registered Social Landlord from the Torbay Housing Partnership to provide advice on this matter. There advice is as follows;

- From their experience of providing this form of accommodation the Registered Social Landlord has confirmed that the assumptions on room sizes was reasonable for this form of analysis. It is accepted that further information would be required specific to the individual needs of the proposed occupants.

- The Registered Social Landlord calculated that providing the new bungalows in isolation would be unviable and create a funding gap. A form of enabling development would be required on the site and it has not been possible to further clarify this in detail with SHDC. In addition the Registered Social Landlord has suggested attached bungalow units with shared carer accommodation.

- The Registered Social landlord has also highlighted concerns over the suitability of the site for this form of residential accommodation in this location and cited issues of isolation and access to facilities.

- A potential scheme of enabling development is set out in Appendix A. The two options indicate schemes to provide 2 and 3 bedroom accommodation adjacent to the two bungalows as described in the original desktop report.

The two options indicate 9 and 10 units with a range of footprints of 35 – 45 sq m. It is therefore anticipated that the total footprint would not exceed the current footprint of accommodation on the site (approximately 973 sq m) as per the indication by SHDC in June 2010.

NB. The Registered Social Landlord has not been asked at this time to indicate their preferred option of attached bungalows within the plans.

Appendices.

Appendix A. Indicative Plans.

Appendix B. TDA Occombe House Report on Development Jan 2011.

Appendix C. Minutes. SHDC Planning Meeting 25th June 2010

Appendix A
Indicative Plans - Existing Site

Existing Entrance

Fairwinds Day Centre
(466 sq m)

Occombe House
(496 sq m)

Approx Position of
neighbouring buildings

PC 602 Occombe House
Sketch Scheme

mitchell
architects

Torbay
Development
Agency

Existing Entrance

1
2
3
4
5
6
7
8
9
10

Bungalow A
3 Bed (119sq m)

Bungalow B
4 Bed (243sq m)

Approx Position of
neighbouring buildings

PC 602 Occombe House
Sketch Scheme

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architects

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Existing Entrance
1
2
3
4
5
6
7
8
9
Bungalow B
4 Bed (243sq m)
Bungalow A
3 Bed (119sq m)
Approx Position of
neighbouring buildings
PC 602 Occombe House
Sketch Scheme
mitchell

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Appendix B

Occombe House Report on Development January 2011

1. Key points and Conclusions

- Development would have to conform to the existing footprint which is estimated to be 973 sq m
- The footprint of the two bungalows to accommodate a total of 5 residents and carers would be 262 sq m leaving a large surplus site.
- It is estimated that the cost to demolish the existing buildings and provide the two bungalows is £519,700 (excluding costs of finance, professional fees and VAT)
- Onsite build programme including demolition 5 months.

2. Background

The Torbay Development Agency (TDA) has been instructed to provide a desktop review of the potential to provide residential accommodation on the Occombe House site at Preston Down Road, Paignton.

The site is currently run by the Torbay Care Trust and is the location of the Occombe House residential home. This Victorian house has previously accommodated 24 residents although is currently only home to 7.

The site also incorporates the Fairwinds Special Development Centre which provides a day service for approximately 20 people. The building is a younger extension to Occombe House and is also joined to a rear building that incorporates an unused swimming pool.

3. Terms of Reference

The request followed a meeting on 19th of January with Councillor Bent (Deputy Mayor Torbay Council and chair of Torbay Learning Disability Partnership Board) and representatives of the TDA and the Torbay Care Trust. The information is to be considered by the Mayor and deputy Mayor by Monday 31st January.

Specifically the TDA have been asked to comment on the development potential of the Occombe House site to provide residential (bungalow style) accommodation on the site for 5 residents with carers. It was specifically requested that one of the units was to accommodate two residents.

Due to the time scale to deliver the report and the sensitivity of the current situation the TDA have been specifically instructed not to undertake an inspection of the property nor to raise enquiries with external agencies (e.g the planning authority, South Hams District Council). The TDA have appointed a suitably experienced quantity surveyor from the South West Consultancy Framework to provide advice in relation to demolition and construction costs.

The TDA have been able to consult with the Torbay Council Property Services team who have a history of undertaking maintenance at the site.

At the meeting the TDA had been asked to consider the costs of refurbishing and restoring the current residential home to a modern and fully accessible standard. It has subsequently been agreed with the Care Trust that without a full inspection this assessment could not be made within the timescale. Also some provisional information was contained within a document produced by the Care Trust in 2010 entitled ‘Options appraisal relating to the future of Occombe House’.

4. Development Options

4.1. Principal Option:

Full demolition of the Occombe House and Fairwinds buildings with the construction of two bungalow units to accommodate 5 residents with carers.

Unit A	3 bedrooms	2 residents and 1 carer
Unit B	4 bedrooms	3 residents and 1 carer

Therefore in summary the site would accommodate 7 beds in two units.

NB. An analysis would indicate that the site can comfortably accommodate this scale of development and therefore a further option has been considered.

4.2. Additional Option:

A further option has been outlined which indicates the demolition of Occombe House and the retention of Fairwinds. Construction of three bungalow units to accommodate 8 residents with carers. This again assumes units A and B together unit C which is a replica of unit B.

The TDA were not requested to comment on this option and accepts that the Care Trust has outlined the philosophy that does not support these combined uses on the site, in the long term . It is outlined due to the following reasons;

- The site can comfortably accommodate some form of construction in excess of units A and B.
- If the two units were to be accommodated on the site then consideration would have to be given to the balance of the site.
- The Fairwinds site could be separated from Occombe House in a short period of time. It is considered that with the retention of the main car park construction could take place on the balance of the site whilst Fairwinds remained open.
- If Fairwinds was to be later demolished and replaced it is estimated that this could occur with minimal and managed disruption to the residents of the new bungalows.
- Unit C and the Fairwinds building are good indicators as to the scale of other forms of future development that could be accommodated alongside the bungalows, subject to operational requirements. As an example this would provide a total development footprint of 862 sq m.
- Although not inspected the style and layout of the Fairwinds building would appear to lend itself to a potential assisted living conversion.

5. Planning

The property is located within the administrative boundary of South Hams District Council (SHDC). As well as the SHDC Local Plan the authority would have to consider local and national planning policy and significantly the Devon Structure Plan in relation to any planning determination.

In June 2010 the Torbay Care Trust met with representatives of the SHDC planning department to discuss a selection of planning issues about the property as informal pre application advice. Given the recent timing of this meeting and the sensitivity of this report no further approach has been made to SHDC.

The notes from the meeting are contained within the minutes (Occombe House Meeting, 25th June 2010, Torbay NHS Care Trust) and these outline the opportunities and restrictions relating to development on the site. The principal policy in the Local Plan concerning the site is SHDC 3: Development in the Countryside. The effect on the Occombe House site and the comments from the planners are summarised as follows;

- Policy SHDC 3 outlines criteria (e.g agricultural need) for development in the countryside and restrictions to development.

- The planners stated that as buildings already exist on the site then a restricted form of development might be acceptable although it would need to conform within the current footprint.
- New build general housing would be contrary to policy.
- Subsequent analysis indicates that development providing a local housing need should be investigated further.
- The planners confirmed that ‘if the proposal was to rebuild on a similar footprint but to make the building more fit for the type of residential care Torbay Care trust wants to provide, this would probably be given an amber or green light from an officer “without prejudice” perspective’.

Further investigations have been made through the SHDC website and adopted policies. It can be concluded that in addition to policy SHDC 3 there are other considerations that could be used to object to a scheme, including;

- CS1 Location of Development. (LDF – adopted Core Strategy 2006)
- Policy CO4 Areas of Great Landscape Value (Devon Structure Plan 2004)

Due to SHDC’s comments on the footprint of development it is anticipated that typical site densities would not apply to the Occombe House site. E.g SHDC outlines 30 – 40 dwellings per hectare (15 @ Occombe) and central government advice stipulates a minimum of 30 per hectare.

6. Development Assessment

The TDA have been advised that the site extends to approximately 0.4 hectares (.95 acres). The site is relatively flat although falls away steeply to the rear of the main house.

The two main buildings are accessed from Preston Down Road via a level asphalt car park. The asphalt extends through a gap in a stone wall and down to the rear of Occombe House to access two wings.

The site accommodates a contained garden. Primarily a gently sloping lawned area incorporating modest flower beds, vegetable patch and greenhouse.

The two buildings occupy the site on a footprint of approximately 973 sq metres as follows;

Occombe House	516 sq m
Fairwinds	326 sq m
Pool building & link	131 sq m

As would be expected in this location the site perimeter incorporates mature groups of trees. Within the interior there are approximately four mature trees. It has not been established whether or not any of the trees are subject to preservation orders (TPO). However with consideration to the planning criteria outlined below it is assumed that a scheme should and could avoid the substantial removal of the trees and notably the tree in the car park.

It has been noted that the existing buildings have foul drainage pumped from the site to the adopted system. The system has required ongoing maintenance and therefore it has been assumed that a new development would require a replacement system.

7. Layout

It is considered that the scheme could substantially retain the position of the asphalt car park which would be required for the turning and parking of care and visitor vehicles.

For the purpose of this exercise it is assumed that Unit A would be located to the east of the car park fronting the garden. Unit B would be situated in the vicinity of the entrance to Occombe House. The primary reason for this layout is that it would enable the current garden to remain substantially unchanged and as an ongoing amenity to the residents of the bungalows.

With regard to the 'Additional Option' unit C is assumed to be located against the southern boundary and accessed via the sloping asphalt road. Again this unit would enable sight and access to the shared garden. It is estimated that existing underground structures and a slope would retain the area between units C and B.

The Care Trust has provided the TDA with floor plans relating to Forward Living accommodation so that an assessment can be made of a typical layout. The plans are of schemes in Totnes and Torquay and it was noted that these related to converted and not purpose built accommodation. Therefore additional consideration has been given to other assisted living schemes which include schemes in Exmouth and Frome. An assessment of these schemes has enabled assumptions to be made into the size and layout of the bungalows. The details are contained in the attached budget estimate.

The TDA has been advised that although residents of Occombe House are not necessarily physically disabled the accommodation should incorporate disabled assistance.

It has been estimated that the units would have the following gross footprints

- Unit A, 3 bed 119 sq m
- Unit B, 4 bed 143 sq m

This provides a total footprint of 262 sq m

8. Specification

A brief assessment has been made of neighbouring residential schemes which might influence the specification. Although conversions of existing agricultural buildings there was a current theme of natural slate roofing and timber framed windows. With regard to the restrictive planning background (outlined below) it is anticipated that the planning authority would require a strong architectural style to justify the replacement of the existing Victorian building.

The attached budget estimate outlines the specification which includes;

- Substantially timber frame with blockwork.
- Natural slate tiles to roof
- Rendered and stone features to elevations
- Double glazed windows with stained timber frames

All bedrooms (including staff) would be ensuite. Each type of bungalow would include lounge, kitchen / dining room, separate bathroom, store and utility room.

9. Demolition

The attached cost plan indicates that demolition (and removal) of Occombe House and Fairwinds is estimated to cost £75,000. It should be noted that a saving could be made if part of the foundations of Fairwinds remain together with some material being placed and covered in the swimming pool (subject to operational and future layout requirements).

The implications of the 'additional option' in relation to the reduced demolition are also indicated in the cost plan.

A Type 2 asbestos survey report dated September 2009 has been considered in relation to the demolition.

10. Cost Assessment

The details outlined above have influenced the budget estimate, attached.

10.1. Principal Option:

The estimated cost to provide the two bungalows including demolition is £519,700. This includes the full demolition of the existing buildings at £75,000.

10.2. Additional Option:

The estimated cost to provide the three bungalows is £729,200. This includes the demolition of Occombe House and works to retain the Fairwinds facility as an independent building.

10.3 All figures exclude;

Costs of finance:	In the case of principal option is expected to be in the region of 4 %, due to the 5 month programme.
Professional fees:	Design fees and surveys. In the case of the principal option this would be in the region of 14% e.g £63,000.
VAT:	At 20%

11. Restrictions

- The short period to undertake this report and the sensitivity of this matter has restricted the ability to undertake a site investigation or surveys
- It has not been possible to appoint an experienced architect and engineer to comment on a proposed scheme of development.

- Plans have only been scaled

Appendix C

Title:	Occombe House Meeting – Technical Minutes	**Date of Meeting:**	25th June 2010
Minute Taker:	Lisa O'Brien	**Date Prepared:**	30th June 2010

1. In Attendance:

Dave Kenyon	Major Projects Lead
Graham Swiss	Forward Planning Manager
Liam Reading	Forward Housing
Matt Tucker	Planning Assistant
Helen Toker Lester	Head of Commissioning LD & MH
David Horsburgh	LD Provider Services Development Manager
Mr A	Family/ Carer
Mrs B	Family/ Carer
MsC	Family/ Carer

Apologies:
Steve Honeywill - Head of Estates; Tim Bacon - Torbay Development Agency; Ross Kennerley - Landscaping and Recreation; David Watson – Family/ Carer Support

Action Number	**Comment/Decision/Action Description**	Action Assigned To	Deadline
2.	**Purpose of the meeting**		
	A briefing note regarding the purpose of this meeting and to give a background on the Occombe site was distributed beforehand.		

	The main purpose is to gather information and to discuss the constraints and possibilities regarding the Occombe site. HTL explained the importance of confidentiality around the information discussed at today's meeting, DK would like to contact Cllr Pennington, who is the Councillor for Marldon, and share some of the information with him, this was agreed and the need for confidentiality would be reiterated to Cllr Pennington. Torbay Councillor Neil Bent also has an interest in this project; he is the chair of Torbay Learning Disability Partnership Board and has a special interest in Learning Disability Services in Torbay so information would also be shared with him.	**Agreed**	
3.	**Planning Department Information Sharing**		
	Torbay Care Trust Torbay Care Trust are currently reviewing Learning Disability services in Torbay, they have an overarching strategy to look into reducing institutional care and are reviewing all aspects of the services Torbay Care Trust have to decide whether these are fit for purpose. HTL gave an overview of what is currently on the Occombe site. Occombe House is a residential home which has 7 permanent residents, there is a short break flat for up to 4 people and Fairwind's a day service for approximately 20 people with complex needs. Occombe is a large house which at one time housed approximately 24 residents for residential care, after various changes the upstairs is now used for a meeting room, offices and storage. All the		

	residents' individual rooms, shared lounge and the kitchen are located on the ground floor. Fairwind's is used for day care by people with complex needs, although it is a separate building it is joined to Occombe by a corridor and uses the kitchen facilities within Occombe House. Dave Watson has emailed South Hams a map of the site, Helen explained the layout of the site, as well as the Occombe House and Fairwind's buildings there is an unused swimming pool, also shown are Porta cabins which are used by Devon County Council as offices for Mayfield School. South Hams GS explained how the planning department have a development boundary around settlements, outside of boundaries there are very tight control over any developments which is referred to as the countryside policy. The Occombe site is situated outside of the settlement boundary so would be covered by the countryside policy, although it is covered by this policy it does already have buildings on it so there could be scope to do something, if the piece of land did not have any buildings on it and was just green land, planning for anything would be unlikely to be granted.		
4.	**Questions and clarification**		
	In regards to the Occombe site any changes wanting to be made would be classed as a policy objection. If the proposal was to rebuild on a similar footprint but to make the building more fit for the type of residential care Torbay Care Trust wants to provide this would probably be given an amber or green light, but if the request was to rebuild and change it into residential housing to sell, this would not be		

	allowed. If it didn't work out viable to re build and a conversion to the current building was looked into, there may be scope to change the use of the building, although there are things that would need to be taken into consideration like the affordable housing policy. To make any project affordable Torbay Care Trust would look into getting a Housing agency involved, as people's support would be made more individualised, people would have their own homes and their own package of support, currently Torbay Care Trust fund "hotel costs" as well as support, if people have their own homes they would receive various benefits, like housing benefits, which would cover these hotel costs, and provide affordable housing. Torbay Care Trust have just de registered 11 Care Homes across Torbay, they have worked with an agency called Progress Care who work specifically with Learning Disability Services, Progress are redeveloping in the footprints of the current buildings but as the reconfigured housing does not house so many people Progress have purchased additional housing for others. HTL explained that a long term feasibility of all Learning Disability services is being done, all the Learning Disability properties cost a lot to maintain, half of Occombe is not used and we are now looking after people with more complex needs, there is also a new government policy, Valuing People now and the Care Trust need to use this guidance when looking at how they provide services. The Family/ Carers would like Occombe to stay as it is but understand that it costs the Care Trust a lot of money to try and maintain the building as it is, the future needs of people coming up in the services also needs to be taken into consideration as there are a lot more people with more complex needs, so are willing to work with the Care Trust and discuss this.		

5.	**Any other business**		
	This meeting initial meeting is free but there would be a cost for further meetings, the cost would vary depending on the amount of meetings held, to keep these costs down Torbay Care Trust need to bring as many options as possible to future meetings. Mr A believes a legal agreement was drawn up between South Hams and Torbay Council when the boundaries changed in 1974, he would like to know who would hold this document as it may have some bearing on this project. HTL will ask Steve Honeywill to contact Lester Francis regarding this legal document.	**Helen**	
6.	**Next steps**		
	It was agreed that Torbay Care Trust would need to: • get a few examples together and bring back some ideas and options for the site, a survey and floor plans of the building will also be sent to South Hams • the footprint of the building will be looked at to see what is used and what is not, they will also look into any way the building could be used better as it is, they will also look at the design of the buildings whether there is any way the building would work with part demolishing and part rebuild • to look at the social side of this project, they would need to demonstrate there is a real need to make changes to this building, also to explain if this client group could be moved else where or if there is a need for them to stay in this area • to check with highways to see whether any changes would mean more or less transport to the site • to be clear about Torbay Councils position and to find out what they would allow from this project • to look into how this project would be funded, they need to be clear about the revenue support of	**HTL**	

Torbay Development Agency

	this scheme and what would happen if it didn't have the support • to prove why South Hams should go against existing policies to allow changes to be made to conclude the principal of converting the existing building would be easier then rebuilding, if the building was to be knocked down it would mean a lot more things would need to be taken into consideration; a contaminated land survey as well an ecological survey would need to be done in case there are any protected species in the area. If the plan was to change the use of the site into new housing there are potentially different issues, if providing housing of 2 units there is a need to make an environmental contribution for open space but if it was providing over 5 units as well as that contribution money would also need to be contributed towards things like schooling and leisure. It was also suggested that it would be a good idea to approach people who live in the surrounding areas, Marldon parish could be consulted and they could be asked for feedback on any ideas, getting local feedback and keeping them well informed is important and can improve the chances of getting decisions approved. In regards to timescale once information is sent in it would take approximately 3 ½ weeks for South Hams to look and informally agree or decline a request, if a request is agreed it would need to be submitted to Committee and it would be approximately 13 weeks before a decision is made.		
Date of next meeting: Lisa will send a date out for the next Occombe house meeting. It was agreed that minutes would be send to South Hams so they are kept informed of what is happening.		**Lisa**	

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Title:	**2011/12 Adult Social Care Savings**		
Wards Affected:	**All Wards**		
To:	**Overview & Scrutiny**	On:	**22 September 2011**

Contact Officer: **Anthony Farnsworth**
☏ Telephone: **01803 210500**
E.mail: **anthony.farnsworth@nhs.net**

Summary of Report

As part of the negotiation of the Annual Strategic Agreement (ASA), the Operations Directorate provided a summary table to Torbay Council in an attempt to convey the difficulty in achieving the required £2.159m budget reduction from the Commissioning budget. This sits in the context whereby the 11/12 savings plans in total are £1.323m against in-house services plus £2.159m against commissioned services, giving £3.4m against a budget of £41.4m. With the budget set at this level, the Care Trust assumes the financial risk against the provider budgets whilst the Council absorbs the risk on commissioning budgets.

In recent months the initial scoping work has been further refined and shared with Council Members, Officers and Overview and Scrutiny Committee (O&SC) Members. The work recognises TCT could achieve in year savings of £685k with a full year effect of £1,565k. As Appendix 1 shows, the majority of the schemes will be difficult to implement, they are not quick wins and will require considerable effort and cultural change on behalf of both staff and the organisations we contract with.

This report provides:

- An overview of the process followed to date
- Details behind the proposed schemes
- Current actions and outstanding decisions

1. Overview of Actions Taken To Date

To work within the 2011/12 Council settlement figure, TCT acknowledged it would need to generate in the region of just under £2.2m of savings in year from the ASC commissioning budget. This figure took account of inflation, the natural pressure on services owing to demographic growth and an increasingly elderly population, as well as a central government contribution covering NHS – Social Care funding.

The initial proposals developed recognised our limited ability to change the pricing structure or care for clients already living in a care home. They also took account of recent judicial reviews and legal challenges, i.e., services must be deemed fair and equitable and should not discriminate against individual client groups. As such, a considerable proportion of the required savings would need to be released from domiciliary care services provided in a client's home, a reduction in services to clients with a learning disability to create equity with services provided to our other residents, changes to support services such as the Community Equipment and Alarm services, and tighter internal control, e.g., contract management, optimising utilisation levels and staff adherence to agreed policies.

A series of meetings commenced in July to help Councillors, particularly those newly elected in May, appreciate the implications of the financial challenge for adult social care (ASC) services. A detailed presentation was given to members of the ASC Policy Development Group (PDG) covering the proposed schemes for 11/12 as well as those needed to secure even greater savings during 12/13. The same information was subsequently provided on an informal basis to O&SC members, another PDG meeting with membership extended to O&SC members, as well as an ASC Budget meeting.

As reductions are expected across all Council services a single public consultation process is planned and will commence in October. In respect of ASC this will include a number of decisions necessary to support the implementation of some decisions in 11/12 that must generate a full year effect in 12/13. In addition further schemes that will be required in 12/13 will be presented in the same process. To assist this process we have submitted impact assessments for each of the proposed areas. No in year savings have been assumed against those areas which we internally consider may be deemed a substantial variation and we therefore welcome the planned joint consultation approach which, if successful, will enable service changes to commence by 1 April 2012. Irrespective of whether formal consultation is required, TCT will seek to involve and engage the local community to generate awareness and understanding.

2. Schemes being Proposed

Appendix 1 outlines the proposed schemes along with their in year (and full year effect) savings plus the potential impact and risks associated with each. The Care Trust is already progressing a number of the other schemes such as renegotiating hourly rates with domiciliary care providers, reducing reliance on day services maximising the use of block contract arrangements, etc.

Appendix 2 provides the initial impact assessments and, for ease, groups the proposals into five themes:

a) Reduction in care home placements (residential and nursing homes)
b) Reduce expenditure on domiciliary care and day service clients
c) Back office efficiencies, stricter contract management and employed frontline staff and in-house units
d) Policy adherence
e) Reduce expenditure on clients with a learning disability

The key points to highlight from each of the five areas are:

a) Reduction in care home placements

We have traditionally reduced care home placements by approximately 40 per annum. We already have an over-supply of residential care within the Bay and so the natural reduction caused by providing an expanded range of service that enable clients to maintain their independence and remain within their own home is contributing to a greater fragility in the care home market. As with elsewhere in the country, homes are closing or going into administration. Counteracting some of this reduction is a greater use of temporary placements made by our Intermediate Care teams which, once again, shifts the focus of care to one of regaining independence for clients.

b) Reduced expenditure on domiciliary and day care services

Potentially the domiciliary and day care budget may need to reduce by almost 30% during the next three years based on the application of estimated savings requested by Torbay Council. We will endeavour to achieve this by intensive re-ablement of clients which should reduce the reliance on long-term packages of care. All local authorities appear to be pursuing a similar aim. The proposal also relies on the strict adherence of Fair Access to Care Services (FACS) criteria which have, quite rightly, in the past included an element of preventative services. We will need to become more proficient at evaluating the cost effectiveness of such services if they are to continue in the future.

The introduction of personalisation and support planning which focuses on each individual's desired outcomes should also help us to review clients and reduce packages of care when we can demonstrate those outcomes have been met. The Resource Allocation System (RAS) which supports this process provides an indicative budget which frontline teams and domiciliary care agencies will be expected to work within. It also provides greater assurance of consistency of across individual zone teams and client groups for weekly package of care costs up to approximately £700 (clients above this figure often have very complex, individual needs and so developing an indicative budget requires greater personal knowledge of the availability and costs associated with very specialist services).

At present we contract with four main domiciliary care providers and 6 preferred/spot providers for our elderly population. There are a further 20 providers offering care for our learning disability clients. We are currently using the Any Willing/Preferred Provider tendering process to re-contract for these services to (1) improve quality, (2) provide more client focused care and (3) reduce costs. A balance is needed with the appropriate number of providers to secure:

- Sufficient capacity within the market to manage demand
- Competition between providers which drives up quality and creates innovation and more person centred care
- A sensible contract monitoring workload which allows us to effectively monitor the quality of care provided

- Offering economies of scale whilst not providing guarantees of service volume.

c) **Back office efficiencies, stricter contract management and Ops frontline staff and in-house units**

Realising back office efficiencies relies on greater integration and cross-working across organisational boundaries, the improved use of technology and the potential re-deployment of staff.

Stricter contract management could reduce the variety of "choice" available to clients as we seek to optimise block contracts and negotiate lower rates with providers. Clients may find themselves charged for care they either fail to cancel or cancel at short notice. There is also the potential for deteriorating relationships with providers though this is to be avoided, wherever possible. We recognise the interdependency in many of our relationships and if goodwill is lost, instituting changes requiring their support becomes far harder and will take longer.

The Operations Directorate appreciates the overlap between its own in-house services and that provided by external organisations. Consequently, savings associated with changes to learning disability services proposed in (e) below will require reduced capacity within our own in-house services if they are to be achieved in full (in addition, as in previous years, a 4% savings target will be levied on frontline staff and the in-house units).

d) **Policy adherence**

Stricter compliance with existing policies will reduce spending levels and curtail care package values. The Choice, Cost and Risk Policy provides TCT with the opportunity to limit the funding given should a client prefer to remain in their own home rather than being admitted to a care home. Theoretically, if the cost of the care home placement is £350 p/week we could offer the client up to around £420 p/week. The difference recognises the individual's preference but also takes account of our responsibility to other clients and our need to provide equitable services within a given envelope of funding. The policy presently contains support for costs up to 20% in excess of care home placements. Enforcing this policy strictly is beginning now in 11/12. Consideration of reducing this excess from 20% to a lower figure or zero for 12/13 onwards is a policy decision facing the Council.

e) **Reduce expenditure on clients with a learning disability**

The plans for securing savings within learning disability services have been discussed in detail in other forums. The proposals contained within this documentation simply re-state those proposals and ideas. Some schemes will be subject to formal consultation and so in-year savings are not expected. Other schemes will seek the involvement and engagement of the clients, families and carers. Most are "red" risk rated owing to the associated difficulties in implementing.

We particularly welcome the attention which this area of the plan has received from SPOT (Speaking Out in Torbay) and their correspondence with the Trust, which declares their intention to play a strong, critical role in the development of these plans.

3. Current Actions and Outstanding Decisions

The 11/12 savings plans are identifiable at zone level and being regularly monitored and reported internally and to Torbay Council.

Recommendations

That the OSC notes the achievement of the £1.323m savings achieved this year on in-house services.

That the OSC considers whether or not the proposals are deemed as substantial variations bearing in mind that the decision making process is still to be undertaken by the Council.

That the OSC notes that a reasonable degree of confidence that £685k of the expected £2.159m savings from commissioned services will be achieved.

That the OSC notes the savings areas that it has suggested to the Council in respect of schemes in 11/12 and 12/13.

That the OSC notes that discussions are ongoing about the management of the position in 11/12 and what steps would be necessary to improve the forecast outturn.

That the OSC notes the service areas concerned and the volumes and values of service reduction necessary to secure the savings of £3.483 over 11/12 and 12/13.

Anthony Farnsworth
Chief Executive
Torbay Care Trust

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Potential Social Care Commissioned Service Reductions

2011/12 Financial Year

	Revised In Year Savings	FYE of Savings	Risks/Impact of Proposals
(1) Residential & Nursing Home Placements	**100**	**150**	
Attrition of Preserved Rights Clients	0		Occurs naturally - but savings for 11/12 already built into forecast overspend.
Reduction in residential placements	50	50	This is part of the way care is now delivered but increases fragility of care home market which is currently under huge pressure. Need to consider impact of demographics in these figures.
Opening of Dunboyne (Relocate current care home clients/determine feasibility of transferring LD clients)	50	100	This will have a positive impact on those clients who are assessed as suitable for placements & packages of care should reduce on transfer.
(2) Domiciliary Care	**235**	**685**	
Renegotiation of contracts and hourly rates for Tier 1 - four main providers	60	120	Allows Trust to negotiate a better rate which is in line with neighbouring local authorities. Clients may prefer to accept a direct payment should their current provider not achieve AWP status. Looking to work with providers to lower their unit costs so as not to compromise the quality of care. (Excludes LD as those reductions captured elsewhere.)
Any Willing Provider (AWP) process for Tier 2 - lower hourly rates	25	65	
Actively review and intensively reable clients - equates to potentially a 10% reduction in client numbers with average size packages of care (i.e. 7.5 hrs)	150	500	Dom care providers experiencing financial pressures - risk of destabilising the market. (Review of clients through resource allocation system (RAS). Need to take into accounts an individual's carer/family support mechanisms and work with providers to review care packages more frequently to reduce services once outcomes achieved.)
(3) Other Reductions in Volume/Service Levels	**350**	**730**	
Respite/Short Term Placements - reduce frequency of respite care and/or tighten threshold for when give	30	75	Likely to be resisted by existing clients/carers/families.
Robust Adherence to Cost, Risk & Choice Policy - policy enables people to remain in their own homes. (Currently allows a 20% 'top up' over and above the cost of a care home placement.)	50	100	May impact on the number of clients admitted to a care home if this policy is strictly adhered to. Impact more likely to be felt on long standing clients. (Transitional arrangements required for those clients affected the most?) Currently 132 clients fall into this category with the exception of LD clients. Need to liaise with each client on a case by case basis. Must ensure we fulfil our statutory obligations. Need to understand impact of families and carers. (Not all of the 132 will be affected.)
Contract management: * stricter contract management * maximise use of block beds at St Kilda * on-hold packages of care	75	150	Need to ensure transitional arrangements in place for clients whose RAS assessment varies greatly from the level of funding currently received.
Fairer Charging Policy	15	50	Some clients will be required to contribute more. Follows national charging mechanisms.
LD high cost clients (In 2011/12 mainly concentrates on reduction in high cost packages of care, i.e. adherence to RAS and Choice, Cost and Risk Policy which are not	75	250	Risk that safeguarding issues may not be picked up as easily. Impact on individual's quality of life. May lead to closure of in-house services and rationalisation of private sector.
Reduced day services for older people	105	105	Seeking to offer clients alternatives which hopefully reduce their social isolation and increase their independence at the same time. It's therefore about market development and allowing clients to use their personal budget in different ways which better meet their outcomes.
TOTAL	**685**	**1,565**	

2012/13 Financial Year

	Revised In Year Savings	FYE of Savings	Risks/Impact of Proposals
(1) Residential & Nursing Home Placements	**0**	**380**	
Attrition of Preserved Rights Clients		200	Occurs naturally
Reduction in residential placements		150	The reality of achieving these numbers will be challenging. Also impacts on the fragility of the care home market.
Reduction in nursing placements		30	
(2) Reduce Domiciliary Care	**0**	**600**	
Actively review and intensively reable clients - equates to potentially a 10% reduction in client numbers with average size packages of care (i.e. 7.5 hrs)		500	Over and above 11/12 savings - basically working towards 1/3rd less dom care from strict adherence to FACS/RAS etc.

Reduce further the average hourly rate we pay providers		100	In view of difficulties to reduce prices this year further price drops unlikely.
(3) Other Reductions in Volume/Service Levels	**0**	**1,438**	
Reduced reliance on day services for older people		50	Through market development find cheaper alternatives which meet outcomes for clients.
Reduce Choice, Cost & Risk Policy threshold to 10% or zero.		100	Greater financial benefits is uplift is zero. Transition arrangements for current clients may be required. Further work required to fully understand extent of savings.
LD clients with multiple services		110	Risk that safeguarding issues may not be picked up as easily. Impact on individuals quality of life. May lead to closure of in-house services and/or rationalisation of private sector. (Assumes half of savings would require reinvestment into residential care in order for them to staff daytimes accordingly.)
Reduce services to LD clients at risk of offending where contribution not related to social care, due to their high risk behaviour (estimated)			Impact on other partner agencies. LD clients more vulnerable to offending thus leaving people in the community at greater risk. Savings dependent upon implementation date.
Changes to community alarms		50	Restrict alarms to 3 months paid for by TCT.
Implementation of CES Retail Model		60	Relies on use of prescriptions for issuing equipment rather than staff/PLUSS collecting and delivering.
TCT to no longer provide community meals - allow 3rd sector organisation to manage this contract			May not result in financial savings but could reduce frontline staff time required.
Ops Staff & In-House Services **Risk Share Savings**			
In-House Services & Staffing Savings @ 4%		368	Year on year 4% savings become increasingly difficult with the potential inpmact on safety and quality.
Back office efficiencies		500	Fewer stff in post to manage change process. Lack of knowledge in remaining staff.
Close some in-house LD units (Current cost approx. £3m p/a - Estimated savings value only)		200	Suggestion is to close 1 of the 3 day centres.
TOTAL	**0**	**2,418**	

Budget Proposals 2012/13: Combined Impact Assessment: Initial Review (Part 1)

Business Unit	Adult Social Care Services	Proposal:	Policy Adherence

The council and its partners are facing a significant challenge in the savings it needs to make over the next couple of years. This Impact Assessment Initial Review has been developed as a tool to enable business units to:

- Fully consider the impact of proposed changes on the community
- Be the basis for engagement with those potentially affected
- Ensure clarity on the extent of saving that can be made during 2011/12 commencing for 1 April
- Justify the Council's decision making process if challenged

This initial review will allow Councillors and members of the public to understand proposed changes so that they are best placed to provide their feedback.

Following this initial review and any consultation / engagement activity you have undertaken you must complete a Part 2 Review which is the second part to this Combined Impact Assessment. Together the whole impact assessment will evidence that you have fully considered the impact of your proposed changes and carried out appropriate consultation on those changes with the key stakeholders.

Name:	Trudy Corsellis	Position:	AD – Planning & Performance
Business Unit:	Operations Directorate - TCT	Department:	Business Planning & Performance
Date	2nd September '11		

Summary from Overall Proposal (Updated as required)

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 If earlier or later state date	Risks / impact of proposals • Potential risks • Impact on community • Knock on impact to other agencies/partners/departments	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
Adherence to: • Choice, Cost & Risk Policy • Resource Allocation System (RAS) • Fairer Charging and Contribution Policies		100 50 100	Consultation process costs for reducing the Choice, Cost and Risk threshold	11/11	• Likely to reduce packages of care available to new clients • Many current clients will experience a reduction in care packages offered when they are reviewed	√ √ √		
Reduce Choice, Cost and Risk Threshold to 10% or lower				04/12?	• May require more admissions to care homes as costs are prohibitive for clients to remain in their own homes • Some clients will be required to contribute more to the price of their care, in accordance with national guidance • Transition arrangements required where current costs have been in place for a number of years?			√
Savings/Costs	0	250						

Overall Saving 2011/12	£150k which is already incorporated into the above figure

Stage 1: Impact Assessment

No	Question	Details
1.	Additional details of proposed change – If required	Recognition that the above policies are already agreed and in place. Agreement to what new threshold the Choice, Cost and Risk policy threshold should be set at. 10% and zero has been discussed informally. The £100k identified above assumes a 10% threshold is agreed. Further work is required to determine the impact and financial savings stemming from a 0% threshold.
2.	Who will this affect?	Theoretically all clients though impact likely to be minimal for many.
3.	How will it affect them?	Potential for reduction in packages of care
4.	Which vulnerable groups, if any, will be specifically affected?	Potentially clients with high cost packages of care living at home.
5.	Will the proposed change make people vulnerable who might not be considered as such now?	We will need to work with clients to understand how we can reduce the costs of their care but still achieve the outcomes which are most important to them.
6.	What, if any, alternative provision available to those affected?	We will seek to develop new services and work with Council colleagues to understand how voluntary organisations and communities can provide additional support to meet client's needs.
7.	How many people do you think will be affected?	Those affected are unlikely to be addition to the clients affected by other cost reduction schemes.
8.	Knock on impact to any other agency / voluntary sector group?	Greater reliance on voluntary sector organisations will help reduce costs and help minimise service reductions.
9.	Any implementation / set up costs?	May need to contemplate transition arrangements which manage the impact of service reductions for clients across 12 – 24 months. Doing so has cost implications.

Stage 2: Engagement

No	Question	Details
10.	Who do you need to	Providers, clients, families and the public in general so they too understand the size of the challenges

No	Question	Details
	consult / engage with?	ahead.
11.	Are there any specific groups / agencies that will need to be consulted?	
12.	Initial proposals for consultation / engagement?	Awareness raising on: • Size of challenge and managing expectations • Support planning and outcome focused care, i.e. the 3 most important things to achieve for the client • How to maximise the involvement and effectiveness of community organisations and voluntary groups
13.	Consultation already started?	
14.	Resources available	Assistance sought with the involvement of community groups and voluntary sector organisations.

Stage 3 Agreed Next Steps

No	Action	Next Step	Decision
15.	Proceed with consultation / engagement?		
16.	Modify proposals for change.		
17.	Not to proceed with proposed changes?		

Budget Proposals 2012/13: Internal Decision: Combined Impact Assessment: Initial Review (Part 1)

Business Unit	**Adult Social Care Services**	**Proposal:**	**Reduction in care home placements (Residential and Nursing Homes)**

The council and its partners are facing a significant challenge in the savings it needs to make over the next couple of years. This Impact Assessment Initial Review has been developed as a tool to enable business units to:

- Fully consider the impact of proposed changes on the community
- Be the basis for engagement with those potentially affected
- Ensure clarity on the extent of saving that can be made during 2011/12 commencing for 1 April
- Justify the Council's decision making process if challenged

This initial review will allow Councillors and members of the public to understand proposed changes so that they are best placed to provide their feedback.

Following this initial review and any consultation / engagement activity you have undertaken you must complete a Part 2 Review which is the second part to this Combined Impact Assessment. Together the whole impact assessment will evidence that you have fully considered the impact of your proposed changes and carried out appropriate consultation on those changes with the key stakeholders.

Name:	**Trudy Corsellis**	**Position:**	**AD – Planning & Performance**
Business Unit:	**Operations Directorate - TCT**	**Department:**	**Business Planning & Performance**
Date	**2nd September '11**		

Summary from Overall Proposal (Updated as required)

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 If earlier or later state date	Risks / impact of proposals • Potential risks • Impact on community • Knock on impact to other agencies/partners/departments	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
Reduction in number of clients placed in care homes: • Residential • Nursing • Death of preserved rights clients		300 30 200		On-going from 2010/11	Impact upon care home market with many homes already holding vacancies. Traditionally care homes placement numbers have fallen by approx.40 p/a during the last 4 – 5 years. (Preserved rights clients are those who have a right to continue living in a care home although they would not meet today's Fair Access to Care criteria. The right dates back, and is a consequence of, the 2003 Care in the Community Act.	√		
Savings/Costs	0	530						

Overall Saving 2011/12	Above figure incorporates £150k from 11/12

Stage 1: Impact Assessment

No	Question	Details
1.	Additional details of proposed change – If required	This is a continuation of the Care Trust's work to enable more people to remain in their own homes by providing an expanded range of alternatives to residential placements. This includes increasing the availability of personal budgets to provide clients with greater control over how and where they receive their care, and developing a network of community and home-based care which is able to better meet clients' needs.
2.	Who will this affect?	• Older clients requiring long-term packages of care • Residential and nursing homes
3.	How will it affect them?	• Enables more older clients to remain in their own homes with appropriate care packages developed around their needs • For providers, reduced numbers of funded clients means reduced income from this revenue stream. Some care home provides may be required to diversify to remain profitable. Potentially, there may be the possibility of additional short-term placements as new models of care are created which reduce the length of stay in local hospitals.
4.	Which vulnerable groups, if any, will be specifically affected?	Older population (65+) with accommodation and with care needs which can be appropriately met within own home through domiciliary support.
5.	Will the proposed change make people vulnerable who might not be considered as such now?	No. Those who require more intensive, round the clock care will continue to receive this within a residential care setting, where this is the most appropriate for their needs.
6.	What, if any, alternative provision available to those affected?	Alternative provision to residential care already exists within Torbay, and is assisted by the work of the intermediate care and domiciliary care teams. Ultimately clients will always be given choice – to remain in their own home with care or move into a care home.

No	Question	Details
7.	How many people do you think will be affected?	Approx. 40 – 50 p/a
8.	Knock on impact to any other agency / voluntary sector group?	*As already outlined, reduced reliance upon residential care beds may reduce income for existing providers. The Care Trust is working with providers to support them in diversifying their provision to meet developing needs and aspirations of clients and ensure their continued viability.*
9.	Any implementation / set up costs?	*N/A – please note though, as numbers decrease, vacancy levels are likely to increase unless home closures ensue. Higher vacancy levels may create further pressure on the Care Trust to increase weekly prices which are currently amongst the lowest in the country. Any price increase agreed has not been factored in to on-going budget requirements and will, as such, create further cost pressures.*

Stage 2: Engagement

No	Question	Details
10.	Who do you need to consult / engage with?	*The Care Trust does not believe consultation is necessary as this is a continuation of business. Clients for whom residential care is the most appropriate solution to meet their needs will continue to receive residential care.*
11.	Are there any specific groups / agencies that will need to be consulted?	*We are continuing to work directly with the residential care home sector to develop the most effective network of older people's care for Torbay*
12.	Initial proposals for consultation / engagement?	*N/A*
13.	Consultation already started?	*Work already underway with providers*
14.	Resources available	*Work led by Care Trust Commissioning staff*

Stage 3 Agreed Next Steps

No	Action	Next Step	Decision
15.	Proceed with consultation / engagement?	*Outline support required from Business Services.* *Should the 20% threshold set out in the Choice, Cost & Risk Policy reduce as suggested, it is feasible our ability to enable clients to remain in their own homes decreases. This is because the cost of doing so becomes prohibitive as it exceeds the cost of a care home placement. (To remain at home at present, clients are allowed the cost of the care home placement plus up to a further 20% on top.)*	
16.	Modify proposals for change.	Not relevant since this shift in working practice has been on-going for the last 4 years.	
17.	Not to proceed with proposed changes?	***??***	

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Budget Proposals 2012/13: Internal & Major Decisions: Combined Impact Assessment: Initial Review (Part 1)

Business Unit	**Adult Social Care Services**	**Proposal:**	**Back Office Efficiencies, Stricter Contract Management, and, Ops Frontline Staff & In-House Units**

The council and its partners are facing a significant challenge in the savings it needs to make over the next couple of years. This Impact Assessment Initial Review has been developed as a tool to enable business units to:

- Fully consider the impact of proposed changes on the community
- Be the basis for engagement with those potentially affected
- Ensure clarity on the extent of saving that can be made during 2011/12 commencing for 1 April
- Justify the Council's decision making process if challenged

This initial review will allow Councillors and members of the public to understand proposed changes so that they are best placed to provide their feedback.

Following this initial review and any consultation / engagement activity you have undertaken you must complete a Part 2 Review which is the second part to this Combined Impact Assessment. Together the whole impact assessment will evidence that you have fully considered the impact of your proposed changes and carried out appropriate consultation on those changes with the key stakeholders.

Name:	**Trudy Corsellis**	**Position:**	**AD – Planning & Performance**
Business Unit:	**Operations Directorate - TCT**	**Department:**	**Business Planning & Performance**
Date	**2nd September '11**		

Summary from Overall Proposal (Updated as required)

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 If earlier or later state date	Risks / impact of proposals • Potential risks • Impact on community • Knock on impact to other agencies/partners/departments	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
• Generate back office efficiencies -		500	Potential redundancy costs if staff cannot be redeployed elsewhere	01/12	Back office efficiencies • Fewer staff in post to manage change process • Potential to impact on the quality and assurance processes in place • Lack of knowledge and experience in remaining staff • Greater collaborative working and reduced duplication of activity with SP team and DCC may mitigate the impact of staff reductions	√		
• Implement stricter contract management through: ▪ Greater use of St Kilda's ▪ Management of on-hold packages of care ▪ Rigidity of applying contract terms and conditions		150		10/11				
• Frontline staff & in-house units 4% CRES		368			Stricter contract management: • Less "choice" for clients as St Kilda's becomes the default option for respite and crisis care • Additional fragility in the care home market as care is directed towards St Kilda's	√		
• Closure on in-house LD unit		200						

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 If earlier or later state date	Risks / impact of proposals • Potential risks • Impact on community • Knock on impact to other agencies/partners/departme nts	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
					• Clients may find themselves charged for care they either fail to cancel or cancel at very short notice • Pressure on frontline staff to actively manage packages of care for those clients requiring respite care or admitted to hospital • Client faces lack of continuity of carer following admission to hospital (or respite care) as care packages will be "closed" if length of stay exceeds 7 days (or 14 days if agreement sought with Zone Manager). New package of care will be instituted on discharge. • Potential for relationships to deteriorate with private providers as T&Cs enforced. If goodwill lost, instituting changes requiring their support			

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 If earlier or later state date	Risks / impact of proposals • Potential risks • Impact on community • Knock on impact to other agencies/partners/departments	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
					becomes far more difficult and could fail. Requires careful balance and on-going dialogue.			
					4% efficiency savings • Traditionally each department has been expected to achieve a 4% target – each year this becomes increasingly hard but has, to date, not required formal redundancies.	√		
					Closure of in-house LD unit • Impact on service reduction in LD have been discussed in greater detail in the LD saving schemes document.			√
Savings/Costs	0	1,218						

Overall Saving 2011/12	£275k which is already incorporated into the above figure.

	(Please note a significant proportion of savings identified above arise from the Operational Staff and In-House Services budget which is currently outside of the commissioned spend risk share arrangement, e.g. back office efficiencies, 4% efficiency savings and closure of an in-house LD unit.)

Stage 1: Impact Assessment

No	Question	Details
1.	Additional details of proposed change – If required	Consultation for these areas will be covered by the schemes identified elsewhere.
2.	Who will this affect?	All client groups – though hopefully not large numbers.
3.	How will it affect them?	Greater use of St Kilda's and closure of an in-house LD unit which will necessitate the transfer of clients to alternative venues which represents a change in current practice. Clients asked to pay for care cancelled at short notice is also a change in practice. Plans to achieve the 12/13 4% CRES target have yet to be discussed and so the impact is, at present, unknown.
4.	Which vulnerable groups, if any, will be specifically affected?	LD and older people
5.	Will the proposed change make people vulnerable who might not be considered as such now?	Potentially
6.	What, if any, alternative provision available to those affected?	
7.	How many people do you think will be affected?	Probability is the clients affected by these proposals are already being affected by the other schemes, • Reduce expenditure on domiciliary care and day service clients • Reduction in care home placements • Reduce expenditure on clients with a learning disability • Policy adherence

No	Question	Details
8.	Knock on impact to any other agency / voluntary sector group?	Potentially voluntary organisations who are not meeting expected outcomes may see a reduction in their funding. Greater collaboration and reduced duplication between partner agencies is also expected.
9.	Any implementation / set up costs?	

Stage 2: Engagement

No	Question	Details
10.	Who do you need to consult / engage with?	Providers, clients, families and the public in general so they too understand the size of the challenges ahead.
11.	Are there any specific groups / agencies that will need to be consulted?	Voluntary organisations to ensure they provide value for money and are maximising the independence of clients wherever possible.
12.	Initial proposals for consultation / engagement?	Awareness raising on: • Size of challenge and managing expectations • Proposed schemes to meet the 4% CRES target in 12/13 • How to maximise the involvement and effectiveness of community organisations and voluntary groups
13.	Consultation already started?	No
14.	Resources available	Assistance sought with the involvement of community groups and voluntary sector organisations.

Stage 3 Agreed Next Steps

No	Action	Next Step	Decision
15.	Proceed with consultation / engagement?		
16.	Modify proposals for change.		
17.	Not to proceed with proposed changes?		

Budget Proposals 2012/13: Internal/Minor Decision: Combined Impact Assessment: Initial Review (Part 1)

Business Unit	Adult Social Care Services	Proposal:	Reduce Expenditure on Domiciliary Care and Day Service Clients

The council and its partners are facing a significant challenge in the savings it needs to make over the next couple of years. This Impact Assessment Initial Review has been developed as a tool to enable business units to:

- Fully consider the impact of proposed changes on the community
- Be the basis for engagement with those potentially affected
- Ensure clarity on the extent of saving that can be made during 2011/12 commencing for 1 April
- Justify the Council's decision making process if challenged

This initial review will allow Councillors and members of the public to understand proposed changes so that they are best placed to provide their feedback.

Following this initial review and any consultation / engagement activity you have undertaken you must complete a Part 2 Review which is the second part to this Combined Impact Assessment. Together the whole impact assessment will evidence that you have fully considered the impact of your proposed changes and carried out appropriate consultation on those changes with the key stakeholders.

Name:	Trudy Corsellis	Position:	AD – Planning & Performance
Business Unit:	Operations Directorate - TCT	Department:	Business Planning & Performance
Date	2nd September '11		

Summary from Overall Proposal (Updated as required)

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 If earlier or later state date	Risks / impact of proposals • Potential risks • Impact on community • Knock on impact to other agencies/partners/departments	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
• Actively review and intensively re-able dom care clients • Reduce hourly rates paid to providers • Reduce short-term placements for respite care • Reduce reliance on traditional day services	0	1,000 285 75 105	Main implementation costs contained within in-house staffing levels. However, may require a certain level of pump priming to engage dom care providers and secure different ways of working	01/12 12/11 12/11	• Substantial service reductions expected which will impact on financial viability of some providers and/or staff employment • Cultural shift and change in mind-set of staff and clients needed; must promote independency and reduced reliance on social care services • Must work closely with providers to help reduce their cost base so as not to impact on the quality of care as hourly rates for providers decrease • Reducing short-term placements will impact on the care home market will is already experiencing high vacancy levels	√		
Savings/Costs	0	1,465						

Overall Saving 2011/12	£865k which is already incorporated into the above figure

Stage 1: Impact Assessment

No	Question	Details
1.	Additional details of proposed change – If required	Size of savings required in domiciliary care is likely to amount to approx. 30% of the current budget. The size of the challenge is therefore immense and achievement against the proposed savings is consequently classed as "red" rated.
2.	Who will this affect?	The majority of domiciliary care clients who are classed as having "substantial" (as opposed to "critical") needs. (Please note: reduced reliance on day services already being experienced and seen as clients are opting for alternative services.)
3.	How will it affect them?	Packages of care are likely to be provided on a temporary basis with a greater focus on intensive re-ablement which should reduce the reliance on long-term packages. The Care Trust will actively promote independence and help clients to seek support from the wider community. We are also working with dom care providers to identify different ways of supporting care needs that help reduce costs at the same time, e.g. reducing isolation - one carer organising a trip out and looking after multiple clients at the same time.
4.	Which vulnerable groups, if any, will be specifically affected?	Mainly elderly. (LD clients affected are covered in the LD client savings scheme.)
5.	Will the proposed change make people vulnerable who might not be considered as such now?	Yes – reduced level of care provided to current clients. Preventative services unlikely to given to new clients (and existing clients) with lower level needs that do not meet Fair Access to Care substantial/critical criteria.
6.	What, if any, alternative provision available to those affected?	Moving away from traditional care and focussing on each individual's outcomes should hopefully mitigate the costs of any unnecessary care being provided e.g. how we help them achieve the 3 most important things for them. With more frequent reviews taking place, packages of care will reduce in a timely fashion rather than await the annual review process.
7.	How many people do you think will be affected?	Potentially 80% of domiciliary care clients, i.e. over 1000
8.	Knock on impact to any other agency / voluntary sector group?	Reduction in the number of staff employed by dom care agencies and a very slight reduction in the number of care homes beds used as short-term placements decrease

No	Question	Details
9.	Any implementation / set up costs?	May be required to incentivise dom care providers to work differently

Stage 2: Engagement

No	Question	Details
10.	Who do you need to consult / engage with?	Dom care providers and the public in general so they too understand the size of the challenges ahead.
11.	Are there any specific groups / agencies that will need to be consulted?	Dom care providers, GPs, voluntary organisations, clients and their families/carers
12.	Initial proposals for consultation / engagement?	Awareness raising on: • Size of challenge • How intensive re-ablement can assist independence • Support planning and outcome focused care, i.e. the 3 most important things to achieve for the client • Skill mix and differing roles of frontline teams and dom care staff
13.	Consultation already started?	Yes - with TCT staff and dom care agencies
14.	Resources available	Required to support considerable cultural change and the 4 pilots which have recently been agreed with our 4 main domiciliary care providers.

Stage 3 Agreed Next Steps

No	Action	Next Step	Decision
15.	Proceed with consultation / engagement?		
16.	Modify proposals for change.		
17.	Not to proceed with proposed changes?		

Budget Proposals 2012/13: Major Decision: Combined Impact Assessment: Initial Review (Part 1)

Business Unit	Adult Social Care Services	Proposal:	Reduce Expenditure on Clients with a Learning Disability

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- Fully consider the impact of proposed changes on the community
- Be the basis for engagement with those potentially affected
- Ensure clarity on the extent of saving that can be made during 2011/12 commencing for 1 April
- Justify the Council's decision making process if challenged

This initial review will allow Councillors and members of the public to understand proposed changes so that they are best placed to provide their feedback.

Following this initial review and any consultation / engagement activity you have undertaken you must complete a Part 2 Review which is the second part to this Combined Impact Assessment. Together the whole impact assessment will evidence that you have fully considered the impact of your proposed changes and carried out appropriate consultation on those changes with the key stakeholders.

Name:	Trudy Corsellis	Position:	AD – Planning & Performance
Business Unit:	Operations Directorate - TCT	Department:	Business Planning & Performance
Date	2nd September '11		

Summary from Overall Proposal (Updated as required)

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 If earlier or later state date	Risks / impact of proposals • Potential risks • Impact on community • Knock on impact to other agencies/partners/departments	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
• Reduce services for LD clients with multiple services • Reduce LD high cost packages of care • Reduce packages of care with clients at risk of offending • Rationalise in-house services (or reduce use of independent sector usage) • Manage use of respite care	0	110 250	Implementation costs mainly covered by in-house staffing costs. Some additional external facilitation support costs may be incurred as this is a contentious area.	10/11 09/11 04/12 04/12	• Due to level of contention expected these schemes are being classed as major as they will need careful management and implementation • Due to risk involved and potential for cost shunting, no further action is being taken at this point in time for cost savings associated with clients at risk of offending – but TCT is working closely with partner agencies to see if costs can be reduced • Services will be withdrawn from clients which will provide equity in service provision with other groups • To release funding, the excess capacity generated will necessitate the closure of at least one in-house unit			√

Proposals – Outline	Savings 2012/13		Implementation Cost Include brief outline + year incurred	Delivery In place 01/04/12 If earlier or later state date	Risks / impact of proposals • Potential risks • Impact on community • Knock on impact to other agencies/partners/departments	Type of decision*		
	Income £ 000's	Budget reduction £ 000's				Internal	Minor	Major
Savings/Costs	0	360						

Overall Saving 2011/12	£250k which is already incorporated into the above figure

Stage 1: Impact Assessment

No	Question	Details
1.	Additional details of proposed change – If required	Ideally the savings generated for LD clients should be in the region of £1m and so further work is required to understand how the additional funding can be realised. In addition, extra costs arising from changes to Ordinary Residency Rules are being experienced. Care Homes de-registering and moving to a "supported living" status compounds this problem.
2.	Who will this affect?	The majority of LD clients – especially as many have multiple services.
3.	How will it affect them?	Packages of care will reduce in line other client groups. E.g. residential clients will no longer be able to receive day services at a different venue – their care home will be expected to provide the variety of day care required. Calculation of care package costs will be subject to the Resource Allocation System (RAS) and a fee banding structure which focus clearly on personal outcomes. Costs shall also be subject to the Choice, Cost and Risk Policy which could mean a greater number of clients being placed in residential care as costs to care for them within their own homes are deemed prohibitive and exceed the 20% threshold. (Please note this threshold is likely to reduce to 10% or lower in future years and will be subject to OSC consultation. It is deemed a substantial variation.)
4.	Which vulnerable groups, if any, will be specifically affected?	LD clients and their families.

No	Question	Details
5.	Will the proposed change make people vulnerable who might not be considered as such now?	Yes – reduced level of care provided to current clients. Preventative services unlikely to given to new clients (and existing clients) with lower level needs that do not meet Fair Access to Care substantial/critical criteria.
6.	What, if any, alternative provision available to those affected?	Moving away from traditional care and focussing on each individual's outcomes should hopefully mitigate the costs of any unnecessary care being provided e.g. how we help them achieve the 3 most important things for them.
7.	How many people do you think will be affected?	The majority of the 450 LD clients.
8.	Knock on impact to any other agency / voluntary sector group?	Reduction in the number of staff employed by dom care agencies. Closure of at least one in-house day service to rationalise resources and maximise occupancy levels. (Other option is to maintain the number of in-house services and reduce reliance on independent sector. This potentially restricts choice and is not the preferred option.)
9.	Any implementation / set up costs?	May be required to provide external facilitation, i.e. similar to that offered to Occombe residents and their families.

Stage 2: Engagement

No	Question	Details
10.	Who do you need to consult / engage with?	Providers, clients, families and the public in general so they too understand the size of the challenges ahead.
11.	Are there any specific groups / agencies that will need to be consulted?	SPOT and Mencap – these two organisations are currently organising events to raise awareness in an attempt to limit service reductions for this client group.
12.	Initial proposals for consultation / engagement?	Awareness raising on: • Size of challenge and managing expectations • Support planning and outcome focused care, i.e. the 3 most important things to achieve for the client • Skill mix and differing roles of frontline teams and care staff – especially if in-house service closures expected • Housing requirements for this client group (& physical disability clients) as many younger clients no longer wish to live with their parents, preferring greater independence
13.	Consultation already started?	TCT staff are fully aware and the difficulties with closing Occombe has raised the profile of LD clients is general.

No	Question	Details
14.	Resources available	Considerable resources required to manage this change process.

Stage 3 Agreed Next Steps

No	Action	Next Step	Decision
15.	Proceed with consultation / engagement?		
16.	Modify proposals for change.		
17.	Not to proceed with proposed changes?		

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