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Tuesday, 17 February 2015

## Meeting of the Council – Revised Agenda

Dear Member

I am pleased to invite you to attend a meeting of Torbay Council which will be held in **Rosetor Room, Riviera International Conference Centre, Chestnut Avenue, Torquay, TQ2 5LZ** on **Thursday, 26 February 2015** commencing at **2.00 pm**

The items to be discussed at this meeting are attached.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Steve Parrock'.

Steve Parrock  
Executive Director of Finance and Operations

(All members are summoned to attend the meeting of the Council in accordance with the requirements of the Local Government Act 1972 and Standing Orders A5.)

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**Working for a healthy, prosperous and happy Bay**

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For information relating to this meeting or to request a copy in another format or language please contact:

**Teresa Buckley, Town Hall, Castle Circus, Torquay, TQ1 3DR**  
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[www.torbay.gov.uk](http://www.torbay.gov.uk)

# Meeting of the Council

## Revised Agenda

1. **Opening of meeting**

2. **Apologies for absence**

3. **Minutes**

To confirm as a correct record the Minutes of the meetings of the Council held on 5 February and the adjourned meeting held on 12 February 2015.

(Pages 1 - 32)

4. **Declarations of interests**

- (a) To receive declarations of non pecuniary interests in respect of items on this agenda

**For reference:** Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

- (b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

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

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

5. **Communications**

To receive any communications or announcements from the Chairman, the Mayor, the Overview and Scrutiny Co-ordinator or the Executive Director of Operations and Finance.

6. **Members' questions**

To respond to the submitted questions asked under Standing Order A13:

(Pages 33 - 34)

7. **Notice of motions**

To consider the attached motions, notice of which has been given in accordance with Standing Order A14 by the members indicated:

- (a) Notice of Motion - Constitution Amendment - Civic and Ceremonial Precedence (Council Decision) (Pages 35 - 36)
- (b) Notice of Motion - Children and Young People on Fluoxetine (Prozac) (Mayoral Decision) (Page 37)
- (c) Notice of Motion - Elected Members IT Offer 2015 (Council Decision) (Page 38)
- (d) Notice of Motion - Change to the Constitution - Disposals (Council/Mayoral Decision) (Page 39)
8. **Revenue Budget Monitoring 2014/15 Quarter 3** (Pages 40 - 52)  
To note the attached Revenue Budget monitoring report and consider any recommendations from the Overview and Scrutiny Board.
9. **Capital Investment Plan Update - 2014/15 Quarter 3** (Pages 53 - 76)  
To consider the submitted report on the Capital Investment Plan and any recommendations from the Overview and Scrutiny Board.
10. **Council Tax 2015/2016** (Pages 77 - 82)  
To consider a report on the setting of the Council Tax for 2015/2016.
11. **Provisional Calendar of Meetings for 2015/2016** (Pages 83 - 86)  
To consider the submitted report setting out the provisional calendar of meetings for the 2015/2016 Municipal Year.
12. **Statutory Officer Appointments - Deputy Electoral Registration Officer**  
To confirm the following statutory officer appointments:  
  
Deputy Electoral Registration Officer – Anne-Marie Bond  
  
Deputy Electoral Registration Officer – June Gurry  
  
Deputy Electoral Registration Officer – Catherine Hayden
13. **Adjournment**  
To consider adjourning the meeting until 5.30 p.m.
14. **Petitions**  
To receive petitions and any oral representations from the public in accordance with Standing Order A12 as set out below:-
- (a) Petition for Debate - Covenant for Cary Green (Mayoral Decision) (Page 87)

Approximately 1336 valid written signatures and 90 valid e-signatures from residents and people who work or study in Torbay. In accordance with Standing Orders the petition will be considered at this meeting.

- 15. Public Question Time - The Pavilion** (Page 88)  
To hear and respond to any written questions or statements from members of the public which have been submitted in accordance with Standing Order A24.
- 16. Windmill Hill Covenant (Mayoral Decision)** (Pages 89 - 101)  
To consider the attached report on a request from the community for a covenant on Windmill Hill to restrict the use of the area.
- 17. Registration of Land within Maidencombe as a Village Green** (Pages 102 - 111)  
To consider the submitted report on the proposed registration of land within Maidencombe as a village green
- 18. Strategic Agreement between Torbay and Southern Devon Health and Care NHS Trust and Torbay Council/Torbay and South Devon Clinical Commissioning Group** (Pages 112 - 260)  
To consider the submitted report on the above.  
  
(Policy Framework document)
- 19. Torbay Youth Services - The Way Forward** (Pages 261 - 301)  
To consider the submitted report on the proposed creation of a Torbay Youth Trust.
- 20. Children's Social Care - The Way Forward** (Pages 302 - 316)  
To consider the attached report on changes to the delivery of Children's Social Care.
- 21. School Improvement - The Way Forward** (Pages 317 - 327)  
To consider the submitted report on the proposed transfer of the existing school improvement service to the Torbay Teaching School Alliance.
- 22. Review of School Places in Torbay** (Pages 328 - 346)  
To consider the attached report on the above.
- 23. Senior Management Team Restructure**  
To consider the submitted report on a review of the Council's Senior Management Team.
- 24. Principles of Overview and Scrutiny**  
To consider the submitted report on the above.

**Note**

An audio recording of this meeting will normally be available at [www.torbay.gov.uk](http://www.torbay.gov.uk) within 48 hours.





## Minutes of the Council

5 February 2015

-: Present :-

**Chairwoman of the Council (Councillor Barnby) (In the Chair)**  
**Vice-Chairman of the Council (Councillor Hill)**

The Mayor of Torbay (Mayor Oliver)

Councillors Addis, Amil, Baldrey, Brooksbank, Cowell, Davies, Darling, Doggett, Ellery, Excell, Faulkner (A), Faulkner (J), Hytche, James, Kingscote, Lewis, McPhail, Mills, Morey, Parrott, Pentney, Pountney, Pritchard, Scouler, Stockman, Stocks, Thomas (J) and Tyerman

### 124 Opening of meeting

Members observed a minute's silence as a mark of respect in memory of the late former Mayor and Councillor Aubrey Sawyer who passed away recently and will be greatly missed. The Chairwoman gave apologies from her Chaplain and then opened the meeting with a further minute's silence for personal reflection.

### 125 Apologies for absence

Apologies for absence were received from Councillors Bent, Butt, Hernandez, Stringer and Thomas (D). Councillor Faulkner (A) also gave his apologies as he had to leave the meeting early.

### 126 Minutes

The Minutes of the meeting of the Council held on 4 December 2014 were confirmed as a correct record and signed by the Chairwoman.

### 127 Declarations of interests

The following non-pecuniary and pecuniary interests were declared:

Councillor	Minute Number	Nature of interest
Doggett	132	Non-pecuniary interest as Member of Torbay Rail Line Users Group
Mayor Oliver	134	Pecuniary interest as he owns property in Torre

Excell	134	Pecuniary interest as he owns property in Torre
Parrott	136	Non-Pecuniary interest as his business has an interest in Torquay United
Pountney	136	Non-Pecuniary interest as a Member of Torbay Sports Council and Chairman of Torquay United Football in the Community Trust
James	139	Non-Pecuniary interest as member of Anti-Bullying Group

## 128 Communications

The Mayor advised that Torbay had been awarded nearly £4.6m of funding to deliver a number of regeneration projects. This included £1.575m from the Coastal Communities Fund - £1.1m towards the Electronics and Photonics Innovation Centre at White Rock, and a further £475,000 to deliver a retail business support project and events programme. An additional £3m from the Heart of the South West Local Enterprise Partnership local Growth Deal had also been secured for the Innovation Centre which meant this project can now move into the delivery phase. This investment confirms the importance of the Hi Tech sector in Torbay, and the opportunities it offers to create high value jobs for the future.

The Overview and Scrutiny Co-ordinator thanked everyone involved in the Priorities and Resources Panel meetings and commended the Priorities and Resources Report to the Mayor.

## 129 Order of Business

In accordance with Standing Order A7.2 in relation to Council meetings, the order of business was varied to enable agenda Item 7 (Members Questions) to be considered after Item 15 (Chairman/woman and Vice-Chairman/woman Select).

## 130 Public Question - Torquay Harbourside

In accordance with Standing Order A24, the Council heard from Mr Griffey who had submitted a statement and question in relation to the Torquay Harbourside. The Mayor responded to the statement and question that had been put forward, plus a supplementary question asked by Mr Griffey.

## 131 Public Question - McCarthy and Stone Site on Torre Marine

In accordance with Standing Order A24, the Council heard from Mr Long who had submitted a statement and question in relation to the McCarthy and Stone site on Torre Marine. The Executive Lead for Safer Communities, Highways, Environment and Sport responded to the statement and question that had been put forward, plus a supplementary question asked by Mr Long.

**132 Notice of Motion - Great Western Trains (Mayoral Decision)**

Members considered a motion in relation to Great Western Trains, notice of which was given in accordance with Standing Order A14.

It was proposed by Councillor Doggett and seconded by Councillor Darling:

This Council notes:

- the proposals for changes to the Great Western Rail Services, with the introduction of the new Intercity Express Programme (IEP) Trains;
- Torbay is the biggest tourist destination west of Bristol;
- a quality transport infrastructure is essential for the development of better paid jobs in Torbay; and
- that passenger safety and services could be jeopardised if the new Rolling Stock is used as cover for de-staffing stations, especially train dispatch staff. Threats to skilled maintenance workers' jobs in these proposals would further impact on passenger safety and services and cause problems with regard to the Rail Industry and Regions Skills Crisis and Driver Only operation would downgrade the Train Guard's Safety Operational Role and increase risks to passengers by restricting responsibility for safe operation of the train to the driver;
- that under current proposals the new rolling stock being introduced from 2018 could have the buffet car removed, meaning that hot food and meals will only be available in First Class while other passengers will be forced to rely on a trolley-only service for long, often crowded, journeys, so more seats can be crammed onto inter-city services.

That the Mayor be recommended to instruct the Executive Director of Operations and Finance to make representations to the Government and rail Franchise Operators of the Great Western Rail Services to protect the interests of passengers and the communities who rely on these railway services, by ensuring all contracts are set up to deliver properly funded, properly staffed and affordable Railways.

In accordance with Standing Order A14.3(a), the motion stood referred to the Mayor. The Mayor advised that he would accept the motion and the record of his decision is attached to these Minutes.

(Note: During consideration of Minute 132, Councillor Doggett declared his non-pecuniary interest.)

**133 Notice of Motion - Parking Review (Mayoral Decision)**

Members considered a motion in relation to a parking review, notice of which was given in accordance with Standing Order A14.

It was proposed by Councillor Cowell and seconded by Councillor Stockman:

As a result of the promise by the Director for Place at a recent Priorities and Resources Panel meeting, this Council notes the commitment to undertake a review of parking in Torbay.

That the Mayor be recommended to ensure that the review of parking should be thorough and not restricted to issues such as tariffs.

The process should include (but not be limited to):

- review all car parking tariffs – to include seasonal rates and special promotions;
- improved promotion of seasonal and annual permits and investigate how to make permits easier to pay for on a monthly basis;
- an economic impact assessment of parking policy and strategy;
- understand the impact on residential parking on the edges of the three towns;
- review demand for Controlled Parking Zones (CPZ);
- identify alternative options to CPZ;
- work with communities to manage parking issues such as on verges;
- an 'invest to save' strategy for use of technology and to consider the merits of increased pay on exit car parks;
- establish an 'easy pay' method of buying tourist parking permits with the hotel industry and Town Centre Company (hopefully to become the Torbay Retail and Tourism Business Improvement District)
- combine all existing strategies in to one strategic document (including 'Parking Strategy (2008)', 'Parking Policy 2012-15', 'Parking Enforcement Policy' (2013));
- representatives from business and community groups as well as other stakeholders such as the English Riviera Tourism Company and Torbay Community Development Trust should be included on the Panel; and
- analyse the effectiveness of a mobile enforcement vehicle and its' likely benefit to road safety.

The review should be undertaken in partnership with those included in the Priorities and Resources Review Panel with the Council acting as a facilitator.

The purpose of the review will be to ensure that there is a collective understanding and consensus for the fair delivery of parking in Torbay.

In accordance with Standing Order A14.3(a), the motion stood referred to the Mayor. The Mayor advised that as he had already taken the decision to review parking in response to the recommendation of the Priorities and Resources Panel, as set out in his Revenue Budget proposals for 2015/2016, he rejected the motion.

#### **134 Notice of Motion - Torre Traffic Reversal (Mayoral Decision)**

Members considered a motion in relation to Torre traffic reversal, notice of which was given in accordance with Standing Order A14.

It was proposed by Councillor Cowell and seconded by Councillor Faulkner (J):

Torbay Council is required to submit a business case to secure £400k funding from the Local Enterprise Partnership to open up access to Torquay Town Centre. This is a significant opportunity to provide direct access to the town and encourage inward investment.

This Council notes the preferred choice of the Transport Working Party to reverse the flow of traffic in Union Street through Torre from Brunswick Square and enters the town via Trematon Avenue past the Library and into Castle Circus.

Council further notes:

- That the purpose behind the reversal is to ensure a direct route in to Torquay Town centre to encourage economic recovery.
- That the Torquay Town Centre Masterplan states “it is proposed that the one-way system between Torre and Castle Circus should be reconfigured so that people heading into the town centre by car from Torre follow the most direct and attractive route via (Union Street) and do not have to follow the ‘scenic route’ via Upton Park” and there was no reference to this in the report presented to the Working Party.
- The report also failed to mention that the Town Hall Car Park is a recognised development opportunity.
- The report stated that any of the options were deliverable.

That the Mayor be recommended that Option 3 - the introduction of a signalised junction at the top of Trematon Avenue and the provision of two way traffic on the section of Union Street between Trematon Avenue and Tor Hill Road should be submitted as the business case for the reversal of traffic at Torre to the Local Enterprise Partnership.

In accordance with Standing Order A14.3(a), the motion stood referred to the Deputy Mayor in the absence of the Mayor. The Deputy Mayor rejected the motion as he supported the recommendation of the Transport Working Party for Option 1.

(Note: Prior to consideration of Minute 134, Mayor Oliver and Councillor Excell declared their pecuniary interests and withdrew from the meeting).

### 135 Notice of Motion - Better Rented Homes (Mayoral Decision)

Members considered a motion in relation to better rented homes, notice of which was given in accordance with Standing Order A14.

It was proposed by Councillor Stocks and seconded by Councillor Darling:

This Council notes that Torbay has:

- 8.1% of Social rented housing compared to England and Wales at 18.5%;
- significantly higher numbers of Private rented housing at 23.2% compared to England and Wales at 17.4%; and
- no current housing Strategy.

This Council welcomes the Shelter report 'Safe and Decent Homes' and its findings and recommendations such as proposing bold solutions to drive up standards and ensure everyone can access a decent, secure private rented home. Over the past year we have worked with renters, local authorities, landlords and housing and health experts to identify common-sense reforms that will strengthen the existing legislation. The report argues that we need to:

- Improve knowledge and understanding in the sector
- Improve renters' consumer bargaining power
- Increase the power of local authorities

It also suggests a range of proposals that national Government should consider, including changes to the tax regime and the role of Lenders.

That the Mayor be recommended to instruct the Interim Director of Public Health to:

- review the findings of the Shelter report 'Safe and Decent Homes' and report back to members of the Overview and Scrutiny Board in June 2015 with an action plan;
- develop a know your rights campaign for Tenants in Torbay; and
- consider what additional effective actions could be taken to tackle rogue landlords and letting agents.

In accordance with Standing Order A14.3(a), the motion stood referred to the Mayor. The Mayor rejected the motion as the Council was already working with partners to improve housing standards across Torbay and therefore a review was not required. The Mayor will continue to support the work the Council is doing to tackle rogue landlords.

**136 Torbay Sports Facility and Playing Pitch Strategies (Mayoral Decision)**

A revised Officer recommendation was circulated at the meeting. The Council made the following recommendations to the Mayor:

It was proposed by Councillor Excell and seconded by Councillor Lewis:

That the Mayor be recommended:

- (i) that, subject to the Torbay Playing Pitch Action Plan being amended to read 'Browns Bridge will remain a potential site for Sports provision as stated in the Local Plan. A feasibility study will be carried out to ascertain what future sports and pitches are possible on this site when funds are available.' the Sports Facilities and Playing Pitch Strategies set out in Appendices 1 and 2 to the submitted report be approved; and
- (ii) that the Executive Head of Residents and Visitor Services, in consultation with the Executive Lead for Safer Communities, Highways, Environment and Sport be delegated authority to engage with clubs, organisations and agencies across the sports sector and develop funding options for the implementation of the aims and objectives on a regular basis.

On being put to the vote, the motion was declared carried.

The Mayor considered the recommendation of the Council set out above at the meeting and the record of his decision, together with further information is attached to these Minutes.

(Note: During consideration of Minute 136, Councillors Parrott and Pountney declared their non-pecuniary interests and Councillor Faulkner (A) left the meeting.)

**137 Western Corridor Improvement, Paignton - Spruce Way to Churscombe Cross - Acquisition of Land - Compulsory Purchase Order (Mayoral Decision)**

The Council made the following recommendations to the Mayor:

It was proposed by Councillor Excell and seconded by Councillor Mills:

That the Mayor be recommended:

- (i) that the Head of Estates use his delegated authority to continue negotiations with the landowners for acquisition of the land required for the Western Corridor scheme to completion and to acquisition by agreement when possible;
- (ii) that authority be delegated to the Executive Head of Commercial Services to make a Compulsory Purchase Order for the land required

for the Western Corridor Highway Improvement Scheme affecting land adjacent to the A380 Kings Ash Road in accordance with the following:-

That Torbay Council makes a Compulsory Purchase Order under sections 239, 240, 249, 250 and 260 of the Highways Act 1980 for the acquisition of all interests in the land (except those already owned by the Council) and new rights within areas shown (shaded pink for areas of land in respect of which all interests are to be acquired and shaded blue for the areas over which new rights are to be acquired) on plan number 8/9/14\_06 attached as Appendix 1 for the purpose of highway improvement.

- (iii) that the Executive Head of Commercial Services be authorised to:-
  - (a) take all necessary steps to secure the making, confirmation and implementation of the Compulsory Purchase Order including the publication and service of all notices and the presentation of the Council's case at any Public Inquiry;
  - (b) acquire interests in land and new rights within the Compulsory Purchase Order either by agreement or compulsorily; and
  - (c) approve agreements with land owners setting out terms for the withdrawal of objections to the Order, including where appropriate seeking exclusion of land or new rights from the Order; and
- (iv) that detailed design and preparation of proposals continue for the highway improvement scheme in order that a scheme can be implemented following acquisition of all required sections of land.

On being put to the vote, the motion was declared carried.

The Mayor considered the recommendation of the Council set out above at the meeting and the record of his decision, together with further information is attached to these Minutes.

### **138 Torbay Council Local Flood Risk Management Strategy (Mayoral Decision)**

The Council made the following recommendation to the Mayor:

It was proposed by Councillor Excell and seconded by Councillor Mills:

That the Local Flood Risk Management Strategy for Torbay set out in Appendix 1 to the submitted report be approved.

On being put to the vote, the motion was declared carried unanimous.



The Mayor considered the recommendation of the Council set out above at the meeting and the record of his decision, together with further information is attached to these Minutes.

**139 Torbay Community Anti-Bullying Strategy (Mayoral Decision)**

The Council made the following recommendation to the Mayor:

It was proposed by Councillor Pritchard and seconded by Councillor James:

That the Mayor be recommended to support and endorse the Torbay Community Anti-Bullying Strategy 2015 set out at Appendix 1 to the submitted report on behalf of Torbay Council.

On being put to the vote, the motion was declared carried unanimous.

The Mayor considered the recommendation of the Council set out above at the meeting and the record of his decision, together with further information is attached to these Minutes.

(Note: During consideration of Minute 139, Councillor James declared his non-pecuniary interest.)

**140 Treasury Management Strategy 2015/16 (incorporating the Annual Investment Strategy 2015/16 and the Minimum Revenue Provision Policy 2015/16)**

The Council considered the submitted report setting of the Treasury Management Strategy 2015/16 which incorporated the Annual Investment Strategy 2015/16 and Minimum Revenue Provision Policy 2015/16.

It was proposed by the Mayor and seconded by Councillor Mills:

- (i) that the Treasury Management Strategy for 2015/16 (incorporating the Annual Investment Strategy 2015/16) set out at Appendix 1 to the submitted report be approved;
- (ii) that the Prudential and Treasury Indicators 2015/16 set out in Annex 1 of the submitted report be approved;
- (iii) that in line with the Council's Constitution and Financial Regulations:
  - (a) the Chief Finance Officer be authorised to take any decisions on borrowing and investments. (Delegations to the Section 151 Officer, paragraph 3.1(a));
  - (b) that the Chief Finance Officer be authorised to invest temporarily or utilise surplus monies of the Council; (Financial Regulations, paragraph 14.5); and

- (c) that the provisions outlined above exclude decisions to make loans to external organisations and that these require approval by Council. However loans of less than £50,000 to be approved by the Chief Finance Officer; and
- (iv) that the Annual Minimum Revenue Provision Policy Statement for 2015/16 as shown in Annex 2 to the submitted report be approved.

On being put to the vote, the motion was declared carried unanimous.

#### **141 Revenue Budget 2015/2016**

At the invitation of the Chairwoman, the Mayor outlined his budget proposals for 2015/16.

A copy of the record of decision setting out the recommendations of the Mayor in respect of the revenue budget proposals is attached to these Minutes.

The Chairwoman advised that in accordance with Standing Orders F2.13 and F3.12 in relation to the Budget and Policy Framework this item was referred to an adjourned meeting of Council to be held on 12 February 2015 to enable full consideration to be given to the implications of the proposals set out in the report circulated on 5 February 2015.

#### **142 Chairman/woman and Vice-Chairman/woman Select**

In accordance with the Council's Standing Orders (A9.1), the Council was required to consider selecting, by elimination ballot, the Chairman/woman-Elect and Vice-Chairman/woman-Elect for the next Municipal Year 2015/16.

It was proposed by Councillor Mills and seconded by Councillor Darling:

That no action be taken to select a Chairman/woman Elect or Vice-Chairman/woman Elect until the start of the 2015/16 Municipal Year.

On being put to the vote, the motion was declared carried unanimous.

#### **143 Members' questions**

Members received a paper detailing the questions, as set out at Appendix 1 to these Minutes, notice of which had been given in accordance with Standing Order A13.

Verbal responses were provided at the meeting. Supplementary questions were then asked and answered in respect of the questions.

**144 Standing Order D11 (in relation to Overview and Scrutiny) - Call-in and Urgency**

Members noted the submitted report setting out the executive decisions taken by the Mayor to which the call-in procedure did not apply.

**145 Urgent Decision taken by the Chief Operating Officer under the Officer Scheme of Delegation**

Members noted the submitted report setting out details of an urgent decision taken by the Chief Operating Officer/Executive Director of Operations and Finance in accordance with the Council's Officer Scheme of Delegation.

**146 Adjournment**

At this juncture, the Chairwoman adjourned the meeting to 5.30 p.m. on Thursday, 12 February 2015.

Chairwoman

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Record of Decisions

**Notice of Motion - Great Western Trains (Mayoral Decision)**

**Decision Taker**

Mayor on 05 February 2015

**Decision**

That the motion be supported.

**Reason for the Decision**

To respond to the motion.

**Implementation**

This decision will come into force and may be implemented on Wednesday, 18 February 2015 unless the call-in procedure is triggered (as set out in the Standing Orders in relation to Overview and Scrutiny).

**Information**

At the Council meeting held on 5 February 2015, Members received a motion, as set out below, notice of which had been given in accordance with Standing Order A14 by Councillors Doggett and Darling.

This Council notes:

- the proposals for changes to the Great Western Rail Services, with the introduction of the new Intercity Express Programme (IEP) Trains;
- Torbay is the biggest tourist destination west of Bristol;
- a quality transport infrastructure is essential for the development of better paid jobs in Torbay; and
- that passenger safety and services could be jeopardised if the new Rolling Stock is used as cover for de-staffing stations, especially train dispatch staff. Threats to skilled maintenance workers' jobs in these proposals would further impact on passenger safety and services and cause problems with regard to the Rail Industry and Regions Skills Crisis and Driver Only operation would downgrade the Train Guard's Safety Operational Role and increase risks to passengers by restricting responsibility for safe operation of the train to the driver;
- that under current proposals the new rolling stock being introduced from 2018 could have the buffet car removed, meaning that hot food and meals will only be available in First Class while other passengers will be forced to rely on a trolley-only service for long, often crowded, journeys, so more seats can be crammed onto inter-city services.

That the Mayor be recommended to instruct the Executive Director of Operations and Finance to make representations to the Government and rail Franchise Operators of the Great Western

Rail Services to protect the interests of passengers and the communities who rely on these railway services, by ensuring all contracts are set up to deliver properly funded, properly staffed and affordable Railways.

**Alternative Options considered and rejected at the time of the decision**

None

**Is this a Key Decision?**

No

**Does the call-in procedure apply?**

Yes

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

None

**Published**

10 February 2015

Signed: \_\_\_\_\_  
Mayor of Torbay

Date: 10 February 2015

Record of Decisions

**Torbay Sports Facility and Playing Pitch Strategies (Mayoral Decision)**

**Decision Taker**

Mayor on 05 February 2015

**Decision**

- (i) that, subject to the Torbay Playing Pitch Action Plan being amended to read 'Browns Bridge will remain a potential site for Sports provision as stated in the Local Plan. A feasibility study will be carried out to ascertain what future sports and pitches are possible on this site when funds are available.' the Sports Facilities and Playing Pitch Strategies set out in Appendices 1 and 2 to the submitted report be approved; and
- (ii) that the Executive Head of Residents and Visitor Services, in consultation with the Executive Lead for Safer Communities, Highways, Environment and Sport be delegated authority to engage with clubs, organisations and agencies across the sports sector and develop funding options for the implementation of the aims and objectives on a regular basis.

**Reason for the Decision**

To provide updated Sports Facilities and Playing Pitch Strategies which sets out an overall vision for sport in Torbay and gives a clear sense of direction with planned and prioritised actions based upon established need and informed by analysis of appropriate data and evidence.

**Implementation**

This decision will come into force and may be implemented on Wednesday, 18 February 2015 unless the call-in procedure is triggered (as set out in the Standing Orders in relation to Overview and Scrutiny).

**Information**

The submitted report sets out the Torbay Sports Facilities and Playing Pitch Strategies which have been developed with support from Sport England which set out the strategic direction and site specific priorities for the future delivery of sport facilities across Torbay until 2021. A revised Officer recommendation was circulated at the meeting.

The Mayor considered the recommendations of the Council made on 5 February 2015 and his decision is set out above.

**Alternative Options considered and rejected at the time of the decision**

Alternative options are set out in the submitted report.

**Is this a Key Decision?**

Yes – Reference Number: I017749

**Does the call-in procedure apply?**

Yes

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

Councillor Parrott declared a non-pecuniary interest as his business as an interest in Torquay United.

Councillor Pountney declared a non-pecuniary interest as a member of Torbay Sports Council and Chairman of Torquay United Football in the Community Trust.

**Published**

10 February 2015

Signed: \_\_\_\_\_  
Mayor of Torbay

Date: 10 February 2015



Record of Decisions

**Western Corridor Improvement, Paignton - Spruce Way to Churscombe Cross -  
Acquisition of Land - Compulsory Purchase Order (Mayoral Decision)**

**Decision Taker**

Mayor on 05 February 2015

**Decision**

- (i) that that Head of Estates use his delegated authority to continue negotiations with the landowners for acquisition of the land required for the Western Corridor scheme to completion and to acquisition by agreement when possible;
- (ii) that authority be delegated to the Executive Head of Commercial Services to make a Compulsory Purchase Order for the land required for the Western Corridor Highway Improvement Scheme affecting land adjacent to the A380 Kings Ash Road in accordance with the following:-

That Torbay Council makes a Compulsory Purchase Order under sections 239, 240, 249, 250 and 260 of the Highways Act 1980 for the acquisition of all interests in the land (except those already owned by the Council) and new rights within areas shown (shaded pink for areas of land in respect of which all interests are to be acquired and shaded blue for the areas over which new rights are to be acquired) on plan number 8/9/14\_06 attached as Appendix 1 for the purpose of highway improvement.

- (iii) that the Executive Head of Commercial Services be authorised to:-
  - (a) take all necessary steps to secure the making, confirmation and implementation of the Compulsory Purchase Order including the publication and service of all notices and the presentation of the Council's case at any Public Inquiry;
  - (b) acquire interests in land and new rights within the Compulsory Purchase Order either by agreement or compulsorily; and
  - (c) approve agreements with land owners setting out terms for the withdrawal of objections to the Order, including where appropriate seeking exclusion of land or new rights from the Order; and
- (iv) that detailed design and preparation of proposals continue for the highway improvement scheme in order that a scheme can be implemented following acquisition of all required sections of land.

**Reason for the Decision**

To enable the Council to acquire land between Spruce Way and Churscombe Cross for use as part of the Western Corridor Improvement, Paignton.

**Implementation**

This decision will come into force and may be implemented on Wednesday, 18 February 2015 unless the call-in procedure is triggered (as set out in the Standing Orders in relation to

Overview and Scrutiny).

## **Information**

The submitted report seeks to ensure that the major highway improvement scheme for the Western Corridor, Paignton is delivered by requesting Members' approval to make a Compulsory Purchase Order for land required for the Scheme between Spruce Way and Churscombe Cross if agreement cannot be made with the land owners.

The Mayor considered the recommendations of the Council made on 5 February 2015 and his decision is set out above.

## **Alternative Options considered and rejected at the time of the decision**

Alternative options are set out in the submitted report.

## **Is this a Key Decision?**

Yes – Reference Number: I018222

## **Does the call-in procedure apply?**

Yes

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

None

## **Published**

10 February 2015

Signed: \_\_\_\_\_  
Mayor of Torbay

Date: 10 February 2015

Record of Decisions

**Torbay Council Local Flood Risk Management Strategy (Mayoral Decision)**

**Decision Taker**

Mayor on 05 February 2015

**Decision**

That the Local Flood Risk Management Strategy for Torbay set out in Appendix 1 to the submitted report be approved.

**Reason for the Decision**

Torbay Council as a Unitary Authority has been designated as the Lead Local Flood Authority (LLFA) for Torbay and under Section 10 of the Flood and Water Management Act 2010 (FWMA) and is required to develop, maintain, apply and monitor a Local Flood Risk Management Strategy (LFRMS) for Torbay.

**Implementation**

This decision will come into force and may be implemented on Wednesday, 18 February 2015 unless the call-in procedure is triggered (as set out in the Standing Orders in relation to Overview and Scrutiny).

**Information**

The submitted report sets out the Torbay Council Local Flood Risk Management Strategy, a high level strategy for addressing flood risk from local sources including surface water, groundwater and ordinary watercourses.

In order to comply with the local outcome measures contained within the Torbay Council Local Flood Risk Management Strategy, in conjunction with the Environment Agency, the Mayor had approved a study into Torbay's coastal defence structures. This study will identify works that are required to maintain these defences for the next 100 years allowing for the effects of climate change. Following completion of the study any works that are required will be carried out at each coastal defence structure between 2016 and 2020 subject to funding. Funding for these works is identified within the Environment Agency's medium term financial plan and Torbay Council's financial contribution is identified within our capital investment plan reserve list.

The Mayor considered the recommendation of the Council made on 5 February 2015 and his decision is set out above.

**Alternative Options considered and rejected at the time of the decision**

Alternative options are set out in the submitted report.

**Is this a Key Decision?**

Yes – Reference Number: I018099

**Does the call-in procedure apply?**

Yes

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

None

**Published**

10 February 2015

Signed: \_\_\_\_\_  
Mayor of Torbay

Date: 10 February 2015

Record of Decisions

**Torbay Community Anti-Bullying Strategy (Mayoral Decision)**

**Decision Taker**

Mayor on 05 February 2015

**Decision**

That the Mayor supports and endorses the Torbay Community Anti-Bullying Strategy 2015 set out at Appendix 1 to the submitted report on behalf of Torbay Council.

**Reason for the Decision**

This is a community wide strategy and endorsement by the Council will help the community in applying for funding and securing support of organisations across Torbay.

**Implementation**

This decision will come into force and may be implemented on Wednesday, 18 February 2015 unless the call-in procedure is triggered (as set out in the Standing Orders in relation to Overview and Scrutiny).

**Information**

Bullying is an issue that affects many young people in Torbay, especially those in more vulnerable groups. Its affects can be devastating and long lasting with evidence suggesting a wide range of impacts both on the individual and society as a whole when it is not adequately dealt with. The issue is repeatedly raised by young people as their number one concern and therefore it is the duty of elected members to consider their concerns and seek to address them. The submitted report sets out a strategy to tackle bullying which has been created by the community and requests that the Council endorses the strategy.

The Mayor considered the recommendation of the Council made on 5 February 2015 and his decision is set out above.

**Alternative Options considered and rejected at the time of the decision**

Alternative options are set out in the submitted report.

**Is this a Key Decision?**

No – Reference Number: I019332

**Does the call-in procedure apply?**

Yes

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

Councillor James declared a non-pecuniary interest as a member of the Anti-Bullying Group.

**Published**

10 February 2015

Signed: \_\_\_\_\_  
Mayor of Torbay

Date: 10 February 2015

**Record of Decisions**

**Revenue Budget 2015/2016**

**Decision Taker**

Mayor on 05 February 2015

**Decision**

- (a) That it be recommended to Council:
- (i) that the revenue budget for 2015/16 (paragraph 4.15 to the submitted report) and the associated fees and charges be approved;
  - (ii) that a contingency of £1.4m be created to mitigate against any unforeseen or emerging budget pressures that may arise within Social Care and other services;
  - (iii) that due to the timing of and deliverability of savings within Adult Social Care, the £1.566m saving for joint working, shared commissioning, new income and efficiencies is deferred for one year and delivered in 2016/17;
  - (iv) in response to the government announcement as to the amount they expect local authorities to receive for Welfare Assistance (Crisis Support Fund) the Council makes budget provision of £0.4m for the continuation of this scheme in 2015/16 and future years;
  - (v) that the final notified Dedicated Schools Grant be used in accordance with the nationally laid down Schools Financial Regulations (paragraph 6.5 to the submitted report) and that the Chief Finance Officer be authorised to make amendments as required when the final figures are confirmed;
  - (vi) that the Members' Allowances Scheme be implemented in 2015/2016 in accordance with the decision of the Council at its meeting on 1 February 2012 in line with the announced annual local government pay percentage increase (paragraph 6.1 (b) to the submitted report);
  - (vii) that the Chief Finance Officer in consultation with the Mayor and Executive Lead Member for Finance be authorised to approve or earmark expenditure from the Comprehensive Spending Review Reserve;
  - (viii) that in accordance with the requirement of the Local Government Act 2003, to consider and note the advice given by the Chief Finance Officer with respect to the robustness of the budget estimates and the adequacy of the Council's reserves (sections 7 to 9 to the submitted report);
  - (ix) that the Chief Finance Officer, in consultation with the Mayor and Executive Lead Member for Finance, be authorised to make adjustments to and introduce new fees and charges within the budget during 2015/16 if it is in the best interest for the Council;
  - (x) that the Chief Finance Officer, in consultation with the Mayor, Executive Lead Member for Finance and appropriate officers, be authorised to determine the

allocation and expenditure of any new grant monies, unallocated grants, underspends or other additional income that may be received during the year 2015/16;

- (xi) that the Chief Finance Officer be authorised to make adjustments to the budgets for any technical changes;
  - (xii) that the Chief Finance Officer prepare the appropriate documentation for the Council to approve the setting of Council Tax at the meeting on 26 February 2015 and all other returns to be made by the appropriate date;
  - (xiii) that Capital Strategy and Asset Management Plan be approved and endorsed as set out at <http://www.torbay.gov.uk/draft-amp.doc> and <http://www.torbay.gov.uk/summarycapitalstrategy.doc>;
  - (xiv) that the latest updated Medium Term Resource Plan be noted, as set out at <http://www.torbay.gov.uk/mtrp-v5.doc>;
  - (xv) that it be noted that Torbay has continued to be part of the Devonwide Pool as part of the Business Rates Retention scheme;
  - (xvi) that the completed NNDR1 form be noted which forms part of the Council's overall income to fund the 2015/16 budget (as set out at <http://www.torbay.gov.uk/signedcopyofnndr1-201516.pdf>);
  - (xvii) the collection fund surplus as set out in section 4 of the submitted report which forms part of the Council's overall income to fund the 2015/16 budget be noted.
  - (xviii) that the additional £0.261m Revenue Support grant announced on 4 February 2015 be allocated to a contingency for social care.
- (b) that due to the size of the reductions required to deliver a balanced budget and their impact, Council accept all the risks in preparing this budget both in terms of the impact upon service delivery and the potential for budget pressures which may require remedial action during the year. These risks have been identified in detail in this report and associated budget proposals prepared by officers for their respective Business Units.

### **Reason for the Decision**

The Council has a statutory obligation to set a budget each year. The approval of the 2015/16 budget will assist the Council in delivering its key objectives and meet its statutory obligations.

For the Mayor to respond to the recommendations of the Overview and Scrutiny Board.

### **Implementation**

The recommendations of the Mayor will be considered at the adjourned meeting of Council to be held on 12 February 2015.

### **Information**

The Mayor's provisional budget proposals were published on 4 December 2014. The process



was different to previous years due to the fact Council had already approved Budget Savings proposals at its meetings in February 2014 and October 2014.

The Council has been through a detailed consultation on the budget savings proposals. Members of the Overview and Scrutiny Board examined the proposals in detail and stakeholders and residents have had the opportunity to make representations on the proposals. The Mayor considered all of the responses received and the final saving proposals were drawn up after consideration of the various reports presented to Members.

The approved budget savings proposals from October (and February 2014) form the basis of the 2015/16 budget and will support the Council in delivering its key aims and objectives.

The prospective budget for 2015/16 has been developed on key principles that reflect the priorities of the Council of securing a cleaner Torbay and more prosperous economy, whilst, as far as possible, protecting Children's and Adult Services.

In addition to the Revenue Budget proposals for 2015/16, the report encompasses the Capital Strategy and Asset Management Plan.

At the Council meeting on 5 February 2015, the Mayor made a statement on the budget for 2015/16 and responded to the Priorities and Resources Panel, as outlined in paragraph 5 of the submitted report.

### **Alternative Options considered and rejected at the time of the decision**

Alternative options were set out in the report and not discussed at the meeting.

### **Is this a Key Decision?**

Yes – Reference Number: I018005

### **Does the call-in procedure apply?**

No

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

None

### **Published**

10 February 2015

Signed: \_\_\_\_\_  
Mayor of Torbay

Date: 10 February 2015





## Minutes of the Council

12 February 2015

-: Present :-

**Chairwoman of the Council (Councillor Barnby) (In the Chair)**  
**Vice-Chairman of the Council (Councillor Hill)**

The Mayor of Torbay (Mayor Oliver)

Councillors Addis, Amil, Baldrey, Bent, Brooksbank, Cowell, Darling, Davies, Doggett, Ellery, Excell, Faulkner (A), Faulkner (J), Hytche, James, Kingscote, Lewis, McPhail, Mills, Morey, Parrott, Pentney, Pountney, Pritchard, Scouler, Stockman, Stocks, Stringer, Thomas (D) and Tyerman

### 147 Apologies for absence

Apologies for absence were received from Councillors Butt, Hernandez and Thomas (J).

### 148 Declarations of interests

At the invitation of the Chairwoman, the Monitoring Officer reminded members of the dispensation granted in respect of members' interests in relation to the setting of the Council Tax and matters relating to Council controlled companies where members were appointed as unpaid directors by the Council.

The following non-pecuniary interests were declared:

Councillor	Minute Number	Nature of interest
Parrott	149	Chairman of the Strategic Advisory Board for Torbay Children's Centres
Tyerman	149	Trustee of Torbay Coast and Countryside Trust

### 149 Revenue Budget 2015/2016

Further to the meeting of the Council held on 5 February 2015, Members considered the recommendations of the Mayor in relation to the Revenue Budget 2015/16, the Capital Strategy and Asset Management Plan, as set out in the submitted report.

In accordance with legislation, the Chairwoman advised recorded votes would be taken on the motion and amendments.

It was proposed by the Mayor and seconded by Councillor Mills:

- (a) That it be recommended to Council:
  - (i) that the revenue budget for 2015/16 (paragraph 4.15 to the submitted report) and the associated fees and charges be approved;
  - (ii) that a contingency of £1.4m be created to mitigate against any unforeseen or emerging budget pressures that may arise within Social Care and other services;
  - (iii) that due to the timing of and deliverability of savings within Adult Social Care, the £1.566m saving for joint working, shared commissioning, new income and efficiencies is deferred for one year and delivered in 2016/17;
  - (iv) in response to the government announcement as to the amount they expect local authorities to receive for Welfare Assistance (Crisis Support Fund) the Council makes budget provision of £0.4m for the continuation of this scheme in 2015/16 and future years;
  - (v) that the final notified Dedicated Schools Grant be used in accordance with the nationally laid down Schools Financial Regulations (paragraph 6.5 to the submitted report) and that the Chief Finance Officer be authorised to make amendments as required when the final figures are confirmed;
  - (vi) that the Members' Allowances Scheme be implemented in 2015/2016 in accordance with the decision of the Council at its meeting on 1 February 2012 in line with the announced annual local government pay percentage increase (paragraph 6.1 (b) to the submitted report);
  - (vii) that the Chief Finance Officer in consultation with the Mayor and Executive Lead Member for Finance be authorised to approve or earmark expenditure from the Comprehensive Spending Review Reserve;
  - (viii) that in accordance with the requirement of the Local Government Act 2003, to consider and note the advice given by the Chief Finance Officer with respect to the robustness of the budget estimates and the adequacy of the Council's reserves (sections 7 to 9 to the submitted report);

- (ix) that the Chief Finance Officer, in consultation with the Mayor and Executive Lead Member for Finance, be authorised to make adjustments to and introduce new fees and charges within the budget during 2015/16 if it is in the best interest for the Council;
  - (x) that the Chief Finance Officer, in consultation with the Mayor, Executive Lead Member for Finance and appropriate officers, be authorised to determine the allocation and expenditure of any new grant monies, unallocated grants, underspends or other additional income that may be received during the year 2015/16;
  - (xi) that the Chief Finance Officer be authorised to make adjustments to the budgets for any technical changes;
  - (xii) that the Chief Finance Officer prepare the appropriate documentation for the Council to approve the setting of Council Tax at the meeting on 26 February 2015 and all other returns to be made by the appropriate date;
  - (xiii) that Capital Strategy and Asset Management Plan be approved and endorsed as set out at <http://www.torbay.gov.uk/draft-amp.doc> and <http://www.torbay.gov.uk/summarycapitalstrategy.doc>;
  - (xiv) that the latest updated Medium Term Resource Plan be noted, as set out at <http://www.torbay.gov.uk/mtrp-v5.doc>;
  - (xv) that it be noted that Torbay has continued to be part of the Devonwide Pool as part of the Business Rates Retention scheme;
  - (xvi) that the completed NNDR1 form be noted which forms part of the Council's overall income to fund the 2015/16 budget (as set out at <http://www.torbay.gov.uk/signedcopyofnndr1-201516.pdf>);
  - (xvii) the collection fund surplus as set out in section 4 of the submitted report which forms part of the Council's overall income to fund the 2015/16 budget be noted.
  - (xviii) that the additional £0.261m Revenue Support grant announced on 4 February 2015 be allocated to a contingency for social care.
- (b) that due to the size of the reductions required to deliver a balanced budget and their impact, Council accept all the risks in preparing this budget both in terms of the impact upon service delivery and the potential for budget pressures which may require remedial action

during the year. These risks have been identified in detail in this report and associated budget proposals prepared by officers for their respective Business Units.

Members noted that the submitted motion on Grants had been withdrawn.

In accordance with Standing Order A14.4, an amendment was proposed by Councillor Excell and seconded by Councillor Stocks:

(xviii) that due to the lateness of the announcement of the Local Government Finance Settlement, £19,700 of the additional £0.261m Revenue Support grant announced on 4 February 2015 be allocated back into the Revenue Budget for road safety and the remaining £241,300 be allocated to a contingency for social care.

A recorded vote was taken on the amendment. The voting was taken by roll call as follows: For: Councillors Addis, Amil, Baldrey, Barnby, Bent, Brooksbank, Cowell, Darling, Davies, Doggett, Ellery, Excell, Faulkner (A), Faulkner (J), Hill, Hytche, James, Kingscote, Lewis, McPhail, Mills, Morey, Parrott, Pentney, Pountney, Pritchard, Scouler, Stockman, Stocks, Stringer, Thomas (D) and Tyerman and the Mayor (33); and Absent: Councillors Butt, Hernandez and Thomas (J) (3). Therefore the amendment was declared carried unanimous.

At the invitation of the Chairwoman, the Mayor informed the Council that he would accept the amendment (as above). Therefore, as the Mayor accepted the amendment the matter could be dealt with at this Council meeting.

In accordance with Standing Order A14.4, an amendment was proposed by Councillor Darling and seconded by Councillor Stockman:

The supporting people budget saw massive cuts to support given to the elderly, learning disabled, homeless and substance dependent. At this time last year partners from both the health service and Police shared grave concerns about the impact of these cuts. We are concerned that there is a lack of a contingency fund if their predictions come true.

The Council therefore proposes the following amendment:

(xviii) that due to the lateness of the announcement of the Local Government Finance Settlement, £100,000 of the additional £0.261m Revenue Support grant announced on 4 February 2015 be allocated to a contingency fund to be used for impacts arising from the reduction in funding to the supporting people budget and the remaining £161,000 be allocated to a contingency for social care.

A recorded vote was taken on the amendment. The voting was taken by roll call as follows: For: Councillors Baldrey, Cowell, Darling, Davies, Doggett, Ellery, Faulkner (A), Faulkner (J), James, Morey, Parrott, Pentney, Pountney, Stockman, Stocks, Stringer (16); Against: Councillors Addis, Amil, Barnby, Bent, Brooksbank,

Excell, Hill, Hytche, Kingscote, Lewis, McPhail, Mills, Pritchard, Scouler, Thomas (D) and Tyerman and the Mayor (17); and Absent: Councillors Butt, Hernandez and Thomas (J) (3). Therefore the amendment was declared lost.

At this juncture Councillor Faulkner (A) left the meeting.

In accordance with Standing Order A14.4, an amendment was proposed by Councillor Morey and seconded by Councillor Doggett:

This Council objects to the Mayor's budget and is concerned that:

- (i) the Chief Finance Officer has had to issue a statement where he can only give a qualified opinion that the 2015/16 budget is robust and that;
- (ii) little or no progress has been made in respect of developing options for the Library Service, Connections Service and CCTV resulting in a sustainable financial future for these services; and
- (iii) to ensure the future sustainability of Torbay Council a Commission be established, led by Overview and Scrutiny, to include key partners and ensuring cross party representation. Such a Commission to consider, amongst other things:
  - Opportunities for local government reorganisation;
  - Merger with other public sector services;
  - Reduction in the number of Councillors to 24; and
  - Changing the current mayoral system of governance.

A recorded vote was taken on the amendment. The voting was taken by roll call as follows: For: Councillors Baldrey, Cowell, Darling, Davies, Doggett, Ellery, Faulkner (J), James, Morey, Pentney, Pountney, Stockman, Stocks, Stringer (14); Against: Councillors Addis, Amil, Barnby, Bent, Brooksbank, Excell, Hill, Hytche, Kingscote, Lewis, McPhail, Mills, Pritchard, Scouler, Thomas (D) and Tyerman and the Mayor (17); Abstain: Councillor Parrott (1); and Absent: Councillors Butt, Faulkner (A), Hernandez and Thomas (J) (4). Therefore the amendment was declared lost.

In accordance with Standing Order A14.4, an amendment was proposed by Councillor Cowell and seconded by Councillor Morey:

This Council objects to the continued high level of grants to the Riviera International Conference Centre (RICC).

Council recognises the work of the unpaid board of Directors in stemming costs and notes that the required subsidy has fallen.

However, the Council now recognises that the ongoing high subsidies in excess of £500,000 are not sustainable in view of even further cuts to come

in the next financial year (£13.8m forecast by the Executive Director in 2016/17 alone).

Therefore the Council urges the Mayor to request that the Chief Executive of the Torbay Development Agency (TDA), in conjunction with the RICC Board and whoever the Chief Executive of the TDA feels appropriate, undertake a thorough appraisal of options for the future of the facility and present the findings by September 2015 to inform the next budget cycle.

A recorded vote was taken on the amendment. The voting was taken by roll call as follows: For: Councillors Baldrey, Cowell, Darling, Davies, Doggett, Ellery, Faulkner (J), James, Morey, Pentney, Pountney, Stockman, Stocks, Stringer (14); Against: Councillors Addis, Amil, Barnby, Bent, Brooksbank, Excell, Hill, Hytche, Kingscote, Lewis, McPhail, Mills, Pritchard, Scouler, Thomas (D) and Tyerman and the Mayor (17); Abstain: Councillor Parrott (1); and Absent: Councillors Butt, Faulkner (A), Hernandez and Thomas (J) (4). Therefore the amendment was declared lost.

The substantive motion (the original motion with the accepted change to (xviii) in respect of road safety) was then before Members for consideration and then put to the vote. The voting was taken by roll call as follows: For: Councillors Addis, Amil, Barnby, Bent, Brooksbank, Excell, Hill, Hytche, Kingscote, Lewis, McPhail, Mills, Pritchard, Scouler, Thomas (D) and Tyerman and the Mayor (17); Against: Councillors Baldrey, Cowell, Darling, Davies, Doggett, Ellery, Faulkner (J), James, Morey, Parrott, Pentney, Pountney, Stockman, Stocks, Stringer (15); and Absent: Councillors Butt, Faulkner (A), Hernandez and Thomas (J) (4). Therefore the substantive motion was declared carried.

(Note: prior to consideration of Minute 149, Councillors Parrott and Tyerman declared their non-pecuniary interests.)

Chairwoman

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# Agenda Item 6

## Meeting of the Council

Thursday, 26 February 2015

### Questions Under Standing Order A13

<b>Question (1) by Councillor Darling to the Executive Lead for Business Planning and Governance (Councillor McPhail)</b>	I understand that Torbay Council have issued contract mobile phones to a number of elected members and Council officers, and that £7,000 has been spent on phones that have never been used. Many would see this as a waste of public money. What plans does the Council have to claw back the £7,000 from those involved who have clearly wasted public money?
<b>Question (2) by Councillor Parrott to the Council's Representative on the English Riviera Tourism Company (Councillor Mills)</b>	Is it the intention of the English Riviera Tourism Company to move the Tourist Information Centre in Torquay from its current location at Torquay Harbourside, to the site of the Toll House on Torquay seafront?
<b>Question (3) by Councillor Darling to the Executive Lead for Adult Social Care and Older People (Councillor Scouler)</b>	Torbay's contracts with 21 unit, Stone Court is set to end in the next few weeks. I understand that Devon & Cornwall Housing Association are negotiating with Torbay to try to fund the much valued facility through housing benefit. Can you please advise on the outcome of these negotiations and whether these facilities will remain open to Torbay families in housing need?
<b>Question (4) by Councillor Stocks to the Executive Lead for Adult Social Care and Older People (Councillor Scouler)</b>	<p>The current revenue budget monitoring report indicates that the NRS Healthcare delivery of the Torbay Community Equipment Service is over budgeted at the end of quarter 3 by £300,000 (Torbay's share). This will obviously increase by the end of quarter 4 if the council continues to supply equipment to clients.</p> <p>The Director of Adult Social Care responded in writing to a previous question put by Councillor Darling in December by explaining that the new contract awarded to NRS Healthcare was based on a delivery charge per item rather than per activity which would imply that a charge per activity was common practice in the past.</p> <p>In light of this excessive over spend to date can you assure the council that each bid for this contract was evaluated around cost per delivery and cost per item and that each bidder was aware that they should submit both figures. Additionally, were the historical figures of items delivered in previous years made available to and used by the panel who assessed the bids.</p>

<p><b>Question (5) by Councillor Darling to the Executive Lead for Children, Schools and Families (Councillor Pritchard)</b></p>	<p>As part of my Corporate Parenting responsibility, in September 2014, I asked officers for the opportunity to experience some appropriate front line social work to reassure myself of the culture of our organisation. In the past this had been facilitated within a few weeks. Six months on, despite further requests to three senior officers I am still waiting. Can you please explain why?</p>
<p><b>Question (6) by Councillor Doggett to the Mayor (Mayor Oliver)</b></p>	<p>Can you provide me with a breakdown of the maintenance repairs carried out at the Oldway Mansion Estate since contracts were entered into with Akkeron, and what is the residual balance of money from the sale of the former Fernham Residential Care Home site sold to McCarthy and Stone.</p>
<p><b>Question (7) by Councillor Doggett to the Mayor (Mayor Oliver)</b></p>	<p>At the full Council meeting on December 4<sup>th</sup> 2014, Mayor Oliver answered a question from a member of the Public regarding Oldway Mansion. It was stated that “surveys were being done on the outbuildings, which should be completed soon.” He also stated that “work on Oldway itself should start in the New Year”, can you confirm whether these works were to be undertaken by Akkeron or by Torbay Council?</p>
<p><b>Question (8) by Councillor Cowell to the Mayor (Mayor Oliver)</b></p>	<p>Can the Mayor confirm what the position is with Princess Pier and has he confirmed a date for its closure as he threatened at the meeting of full council on 4<sup>th</sup> December 2014?</p>
<p><b>Question (9) by Councillor Cowell to the Mayor</b></p>	<p>Would the Mayor agree with me that the idea of a Growth Fund is a positive one that received support from the whole council?</p> <p>Can he explain why the original 2013 criteria for awarding grants was never agreed by the then Chief Operating Officer (as required by resolution of the Council), nor were amendments agreed in January 2014 as highlighted in the Monitoring Officer’s report submitted to Overview and Scrutiny this month.</p>
<p><b>Question (10) by Councillor Cowell to the Executive Lead for Business Planning and Governance (Councillor McPhail)</b></p>	<p>Can the Executive Lead for Business Planning and Governance please tell us what is proposed to be done with the report and recommendations contained within the Scrutiny Development Area – Principles of Overview and Scrutiny? Has she had any discussions with the Mayor in regard to its’ content?</p>

## **Notice of Motion Constitution Amendment – Civic and Ceremonial Precedence (Council Decision)**

Under the Council's current governance arrangements, the Mayor is the First Citizen of the Borough and takes precedence as he/she deems appropriate to undertake such civic and ceremonial duties. The Chairwoman of the Council acts as the Council's second citizen (after the Mayor) and will undertake (or arrange for the Vice-Chairman to undertake) such civic and ceremonial functions as requested by the Mayor. In practice this has caused confusion as to which events the Mayor and/or Chairwoman will attend and the public/organisers of events as they expect to see the Council's 'civic mayor' at events.

In respect of civic and ceremonial functions it is for the Council to choose whether to apply the role of First Citizen of the Borough to the Mayor or Chairwoman and who takes precedence at civic and ceremonial functions.

To clarify the role of the Chairman/woman of the Council as First Citizen of the Borough and the role of the Mayor to promote business and economic regeneration of Torbay in respect of civic and ceremonial events. It is proposed:

That the Council's Constitution be amended as follows:

### **Article 4 – The Council**

#### **4.06 Role and function of the Chairman/woman of the Council**

**The Chairman/woman shall have precedence in the Borough as first citizen (but not so as to prejudicially affect Her Majesty's royal prerogative) and Section 3(4A) of the Local Government Act 1972 (as amended) shall apply. As first citizen of the borough, the Chairman/woman will perform the majority of civic and ceremonial duties for the borough. The Mayor will perform those functions as the Council's representative where they relate to the promotion of the business of the Council or Torbay. Any future change to these arrangements will be a matter for the Council to determine.**

The Chairman/woman of the Council will be elected by the Council annually. The Mayor is not permitted to be the Chairman/woman of the Council.

The Chairman/woman of the Council shall not be a member of any committee, sub-committee or working party or attend any meeting as a substitute.

The Chairman/woman of the Council will carry out the roles laid down in the Chairman/woman's Job Description as set out in Part 6 of this Constitution.

### **Article 6 – The Mayor and Executive**

**Paragraph 6.03 (d) The Mayor and Civic/Ceremonial Precedence**

**Paragraph 4.06 of Article 4 sets out the Council's arrangements for first citizen and civic and ceremonial precedence. ~~The Mayor shall have precedence in the Borough (but not so as to prejudicially affect Her Majesty's royal prerogative) and Section 3(4A) of the Local Government Act 1972 (as amended) shall apply.~~**

## **Members Job Descriptions**

### **The Mayor:**

8. **To represent the Council at events which relate to the promotion of the business of the Council or Torbay.** ~~To be the first citizen of the Borough and to take precedence as he/she deems appropriate and undertake such civic and ceremonial duties as he/she considers appropriate. (Note: the Chairman/woman of the Council or an appropriate ward or other Member shall act as the Mayor's deputy in relation to civic and ceremonial functions at the Mayor's request.)~~

### **The Chairman/woman of the Council:**

#### **5. Civic Role**

**To be the first citizen of the Borough and to take precedence as he/she deems appropriate and undertake such civic and ceremonial duties as he/she considers appropriate. (Note: the Vice-Chairman/woman of the Council or an appropriate ward or other Member shall act as the Chairman/woman's deputy in relation to civic and ceremonial functions at the Chairman/woman's request. The Mayor (where invited by the event organiser) will also attend those civic and ceremonial events which promote the business of the Council and the Bay.)**

~~The Chairman/woman of the Council will act as the Council's second citizen (after the Mayor) and will undertake (or arrange for the Vice-Chairman to undertake) such civic and ceremonial functions as requested by the Mayor.~~

Proposed by Councillor Darling  
Seconded by Councillor Morey

## **Notice of Motion – Council 26 February 2015 - Children and young people on Fluoxetine (Prozac) (Mayoral Decision)**

That this Council asks the mayor to make use of the new close ties between the partners of the Health and Wellbeing Board, and the Director of Public Health and her access to both the CCG and GPs, to find out how many Bay children and young people (under the age of 18) are or have been prescribed the strong anti-depressant Fluoxetine (Prozac) and the quantities of the drug involved, and report back to Council on the following basis:

Total numbers of prescriptions (scripts) and or quantities of the drug, for each of the past three years (2011, 2012, 2013);

Numbers of children/young people prescribed Prozac by age groups (5-11 years, 12-16 years, 17-18 years);

Numbers of treatments by duration ie up to six months, up to two years, indefinitely; and

Numbers of diagnoses for each main category ie Obsessive Compulsive Disorders, Generalised Anxiety Disorder, Post Traumatic Stress Disorders.

And that the mayor calls for this information as a matter of urgency in view of the serious side effects of taking Prozac which can include:

- Suicidal thoughts
- Confusion
- Agitation
- Excessive sweating
- Seizures
- Arrhythmia
- Palpitations
- Insomnia
- Headaches
- Anxiety
- Stunted growth
- Crying

**Proposed by: Councillor Julien Parrott**  
**Seconded by: Councillor Jackie Stockman**

# Agenda Item 7c

## **Notice of Motion – Council 26 February 2015 - Elected Members IT offer 2015 (Council Decision)**

This Council notes:

- All local Authorities face very difficult financial decisions in the next few years. In 2016-17 Torbay will Face a £13.5M cut in government grant.
- That officers have developed new members IT offer, post local elections will be iPads. At a cost to the Council of £16.000.
- Elected Members being in receipt of iPads post elections will send a negative message to the public.

This Council instructs officers to:

- Develop a scheme where members would buy their iPads over the term of the Council by deductions from their allowances. Which result in a saving for the public purse.

Proposer Councillor Darling  
Secunder Councillor Doggett.

## Notice of Motion – Change to the Constitution – Disposals – Council Meeting 26 February 2015 (Council and Mayoral Decision)

That Schedule 6 - Officer Scheme of Delegation of the Constitution be amended as follows:

- 2.9 Property acquisitions and disposals may not be authorised where in the reasonable opinion of a fellow or member of the Royal Institute of Charter Surveyors (RICS) the estimated value of the land or property being acquired or disposed of exceeds £50,000 or (if a transaction is linked to another transaction) where the aggregate estimated value exceeds that amount **and such acquisitions and disposals between £50,000 and £250,000 shall be approved by the Mayor. Any disposals below 90% of the market value or over £250,000 shall be approved by the Council.** But this paragraph shall not prevent the Chief Operating Officer and Directors authorising land/property acquisitions and freehold disposals where they are in accordance with the Council's Capital Programme or an express Council decision.

Proposed by Councillor Pountney

Seconded by Councillor Darling

# Agenda Item 8



Title: **Revenue Budget Monitoring 2014/15 – Quarter 3**

Wards Affected: **All Wards in Torbay**

To: **Overview and Scrutiny Board**      On: **18 February 2015**  
**Council**      On: **26 February 2015**

Contact Officer: **Paul Looby**

☎ Telephone: **01803 207283**

✉ E.mail: **paul.looby@torbay.gov.uk**

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## 1. **Key Points and Summary**

- 1.1 At the end of December 2014 the latest projected forecast for council services is an overspend of £1.5m. This compares to a £1.6m projected overspend at the end of quarter 2 and £1.2m at the same time last year.
- 1.2 There are a number of variations to the approved budget across services with Children's - Safeguarding and Wellbeing facing the largest forecast overspend at year end.
- 1.3 Members were advised of the challenging financial climate it faced when the 2014/15 budget was set in February 2014. The inherent risks faced by the Council when the budget proposals were approved were set out in the report and these risks were accepted by Members. They arise from the ongoing austerity measures from the coalition government and demand pressures across a number of services.
- 1.4 Due to the size of the projected overspend and the minimal amount of time to make further savings there is a risk that there will be a call made upon Council reserves to ensure a balanced budget is declared at year end.
- 1.5 The Senior Leadership Team and Executive Lead Members have taken corrective action where appropriate and, as previously reported, identified savings proposals that were due to be implemented from April 2015 which have been implemented in the current year amounting to £0.6m. This amount has been included within the forecast outturn position.



1.6 The key variations within services are summarised below:

- Children's Services: The Director of Children's Services forecast a projected overspend of £1.4m at the end of the first quarter. Based upon existing client numbers and associated staffing costs (including the continued use of agency staff) the forecast overspend at the end of the second quarter has increased to £2.8m. This is after the application of the earmarked contingency for Safeguarding and Wellbeing, one off support from earmarked reserves and savings derived to date from the recovery plan.
- Adult Social Care: £0.455m projected overspend. The forecast overspend for Adults services (provided by the Torbay and Southern Devon Care and Health NHS Trust) continues to fall and is now £0.253m. There are budget pressures amounting to £0.300m (Torbay's share) within the Torbay Community Equipment Service for adaptations and equipment for clients. This service is commissioned jointly with the Clinical Commissioning Group (CCG). These overspends have been partly offset by savings within Other Adult Care Services.
- Residents and Visitors: projected overspend of £0.102m. There continues to be an improving position compared to the previous quarter due to the actions taken by the Executive Head for Residents and Visitors.

1.7 In response to the projected outturn position within Children's Services, a 5 year Cost Reduction Plan has been developed and was approved by Council in October 2014. The plan is designed to manage existing and future pressures and has identified work packages as part of a cost reduction programme. This work was supported by Social Finance.

1.8 With respect to Adult Social Care a recovery plan has been circulated to Members at the end of quarter 2 which set out the actions taken to reduce spend and there is a recovery plan to address the pressures within the Torbay Community Equipment Service.

1.9 Members will be aware that the Council must achieve a balanced budget at year end. This will be achieved by either:

- a) those services overspending producing in-year recovery plans which reduces or removes the projected overspend;
- b) all other services deliver in year savings resulting in an underspend at year end;
- c) if insufficient savings can be made there is a risk that, as a last resort, uncommitted reserves or uncommitted budgets will be required to ensure a balanced budget can be achieved at the end of the year.

1.10 Members will be aware the Council does hold reserves. These should only be used for one off purposes or for invest to save initiatives and is not a solution to supporting ongoing financial commitments. Members should note that due to the size of the projected overspend and limited time available to take action to reduce spend there is a risk that the council will have to draw down monies from the Comprehensive Spending Review Reserve in 2014/15 to ensure a balanced position is achieved. This will have significant implications for future years as this reserve was created to fund the costs for restructuring services and invest to save projects.

### **Strategy for in Year Budget Management**

1.11 The Council will continue with its adopted ongoing Strategy in response to the coalition government's austerity programme and to address its own financial challenges. Fundamentally the Senior Leadership Team and Executive Lead Members must maintain strict financial management and control over all services areas. The Senior Leadership have agreed on all of the following measures:

- a moratorium on all non essential expenditure and a reduction in all other expenditure with an assessment of the services consequences.
- a freeze on all non essential recruitment.
- a review of budgeted expenditure that could be ceased and an assessment of the service consequences including reshaping of services where possible.
- where possible identification of any further savings proposals for 2015/16 agreed at Council in October 2014 and implementing these to derive in-year savings.
- Redeployment of staff directly affected by any restructuring proposals where vacancies exist.
- identification of any invest to save schemes that will have immediate cost savings in 2014/15 and beyond.

**Paul Looby**  
**Executive Head of Finance and Chief Finance Officer**

### **Appendices**

Appendix 1

Summary of Main Variations

**A.1 Report Overview**

- A1.1 The purpose of this report is to provide Members with a summary of the projections of income and expenditure for all Business Units within the Council and to set out how the Council will maintain expenditure within its approved budget of £115.8m.
- A1.2 The revenue monitoring statement shows the expenditure and projected outturn position based upon the latest information available to finance officers in consultation with service departments. Where possible, the implications or consequences arising from the variations are reflected in the key performance indicators for that service.
- A1.3. Ongoing financial monitoring will be provided to Members quarterly.

## A.2 Financial Performance

A2.1 Table 1 below provides a summary of the projected outturn position for Council services. The 2014/15 budget has been revised to reflect changes to services within individual Business Units.

**Table 1: Projected Outturn Position – Quarter 3**

<b>Business Unit/Service</b>	<b>2014/15 Budget</b>	<b>Net Spend to Date</b>	<b>Projected Out-turn</b>	<b>Variation at Out-turn</b>
	£'000	£'000	£'000	£'000
<b>Director of Adults</b>				
Adult Social Care	41,733	32,553	42,286	553
Other Adult Care Services	1,878	1,041	1,780	(98)
	<b>43,611</b>	<b>33,594</b>	<b>44,066</b>	<b>455</b>
<b>Director of Children's Services</b>	<b>25,333</b>	<b>20,737</b>	<b>28,120</b>	<b>2,787</b>
<b>Director of Operations and Finance</b>				
Commercial Services	4,601	3,750	4,611	10
Finance	8,565	(53)	6,789	(1,776)
Information Services	3,273	2,141	3,209	(64)
	<b>16,439</b>	<b>5,838</b>	<b>14,609</b>	<b>(1,830)</b>
<b>Director of Place</b>				
Residents & Visitors	7,293	3,943	7,395	102
Spatial Planning	5,521	4,502	5,586	65
TDA - Clientside	2,206	1,393	2,206	0
TDA – TEDC	1,557	2,774	1,465	(92)
Torbay Harbour Authority	26	(73)	42	16
Waste & Cleaning	11,499	10,839	11,499	0
	<b>28,102</b>	<b>23,378</b>	<b>28,193</b>	<b>91</b>
<b>Director of Public Health</b>				
Community Safety	2,271	1,956	2,220	(51)
Public Health	0	1,305	0	0
	<b>2,271</b>	<b>3,261</b>	<b>2,220</b>	<b>(51)</b>
<b>Total</b>	<b>115,756</b>	<b>86,808</b>	<b>117,208</b>	<b>1,452</b>

## **Main Variations**

A2.2 A summary of the main variances and the principal reasons for any underspends or overspends and any emerging issues within each directorate are explained below.

### **Adults**

A2.3 This portfolio covers Adult Social Care, Joint Equipment Store and Other Adult Care Services and is projecting to overspend by £0.455m.

#### **Adult Social Care**

The provision of Adult Social Care is a commissioned service provided by the Torbay and Southern Devon Health and Care NHS Trust. The Trust are forecasting a £0.253m overspend for the year at the end of quarter 3 – a £0.240m reduction compared to quarter 2.

The Torbay Community Equipment Service is forecasting a projected overspend of £0.3m at the end of the third quarter. This is a jointly Commissioned Service with the CCG providing adaptations and equipment to clients. Unless the profile of spend reduces over the coming months there is a risk the outturn position could be an overspend of £0.4m.

Based upon latest projections from the Trust the budget pressures are within the Independent Sector where there is a forecast overspend of £0.196m and in – house Learning Disability of £0.057m.

The main pressures in the independent sector are within mental health services specifically related to expenditure pressures. For the under 65s client group the direct payments budget was set on approximately 15 clients per week receiving a direct payment. This figure has consistently been exceeded by an average of 13 clients.

When direct payment numbers increase normally you would anticipate a drop in clients elsewhere: preferably in long stay residential care. This has not been the case this financial year.

For the over 65s client group long stay residential care is overspending due to approximately 13 clients more in the system than budgeted for and long stay nursing care has 7 clients more in the system than budgeted for.

Domiciliary care is the final area experiencing budget pressures within this client group. Based on current commitments there are 6 additional clients in the system compounded by an increase in the average weekly cost.

Members will be aware there has been an extensive Cost Improvement Programme (CIP) managed by the Trust for Adult Social Care. The total CIP target was £2.888m of which £2.582m of estimated savings have been delivered to date. Key areas to note include.

1. under delivery against CIP Plan to date on Packages of Care (POC) under £70.
2. non-residential POC £70.01 to £606 is estimated to deliver 42% of its CIP target.
3. good progress has been made on the other main schemes including Residential Based under £606 and POC over £606 where the CIP has been exceeded.

The Trust has advised that as the latest forecast is based on 9 months data the overall financial challenges are becoming clearer. The forecast is based on the current client base and there could be further changes to the forecast outturn position due to the nature of the service, demands placed upon it as there are a number of volatile factors that could influence the forecast.

The Torbay Community Equipment Service is projecting an overspend of £0.300m due to increased demand for adaptations and equipment in the first half of the year. However pressures remain in the system and there is risk the forecast outturn position will increase.

**Other Adults Social Care** is projecting to underspend by £0.098m due to a combination of contractual and vacancy management savings.

#### A2.4 Children, Schools & Families

At the end of quarter one the Director of Children's Services was forecasting a projected overspend of £1.4m after the application of the £2m contingency for Children's Social Care and £1.5m from earmarked reserves which was agreed as part of the budget proposals in February 2014. The forecast position at the end of quarter 3 is a £2.787m overspend which is after the delivery of anticipated savings from their recovery plan. The forecast overspend has increased by £0.533m compared to the quarter 2 position.

A summary of the budget pressures within Children's Services are shown below:

	£'m
Children's Services Projected Overspend	6.287
Less:	
Use of Contingency	2.000
Use of one off PFI sinking reserve (approved by Council Feb 14)	1.500
<b>Forecast Outturn Position</b>	<b>2.787</b>

The projected overspend is primarily due to budget pressures within Safeguarding and Wellbeing due to the number, length of placements and cost of independent sector placements (ISP) and residential placements and increased staffing costs due to the ongoing use of agency social workers within the Safeguarding and Wellbeing service.

The headline position for Safeguarding and Wellbeing after the application of the contingency, reserves and the recovery plan is a forecast overspend of £3.0m. The overall forecast position for Children's Services is partly offset by a projected underspend within Schools Services of £0.2m and a small projected underspend within the Commissioning and Performance service.

The number of looked after children at the end of December 2014 is 302, an increase of 8 since the end of quarter 2 but a decrease of 12 since the end of March 2014. The number of children on Child Protection Plans at the end of December is 170, an increase of 33 since the end of quarter 2 and a decrease of 3 since the end of March 2014.

Members approved a 5 year cost reduction plan to address the budget pressures within Children's Services in October 2014. This report set out the work undertaken by Social Finance who have been supporting Children's Services in the delivery of new operational working practices to ensure the costs for the service are brought in line with the average cost when compared to other local authorities.

The plan requires investment over the next three years which will be funded from earmarked reserves as set out in the Review of Reserves report which Council approved in October 2014. These reserves will have to be replenished from the forecast savings achieved within the service. If these savings are not delivered this will impact upon all other services within the council as the reserves are earmarked for specific purposes in the future.

As previously mentioned the programme of activities currently in place and being developed will continue to remodel the service and are required to reduce the number of Looked After Children and the amount of time they spend in care. The programme will include embedding a more robust and assertive Fostering Strategy, which will have to increase the number of in-house foster carers and move Children from Independent Sector Placements without affecting outcomes if savings are to be delivered. The implementation of a residential migration project must be achieved if it is to be a cost effective alternative to residential care.

Council approved that the Director of Children's Services bring separate monitoring reports on progress of the programme of activities which will deliver the Cost Reduction Plan. The Director of Children's Services provided an update to the Overview and Scrutiny Board on progress against the plan in December 2014. Members of the Board will continue to receive regular quarterly reports from the Director of Children's Services to review and assess the costs reductions required for this service.

## Place

A2.5 There is a projected overspend of £0.091m a fall of £0.119m compared to quarter 2. A summary of the main variations are identified below:

**Residents and Visitor Services** is projecting an overspend of £0.102m at the end of the third quarter, a fall of £0.108m compared to quarter 2.

This is due primarily to:

- spending pressures within Parking Services where there is a projected budget pressure of £0.2m. This is a combination of on and off street parking and a reduction in enforcement income.
- Torre Abbey is reporting a projected overspend of £0.075m due to lower than anticipated visitor numbers and operational pressures.
- Sports Services are projected a shortfall in income of £0.110m.
- Corporate security costs (CCTV) are projected to overspend by £0.03m due to a shortfall in forecast income partly offset by vacancy management savings.
- These overspend have been partly offset by administrative savings and vacancy management across Residents and Visitors service, strict financial control across all services and a moratorium on spending to maintain spend within the approved budget and receipt of additional income e.g. engineering team.

**Waste and Cleaning** is projecting to spend within its approved budget. The impact of waste tonnages and recycling is a volatile area and will continue to be monitored closely in the last quarter of the financial year.

**Spatial Planning** – is projected to overspend by £0.065m. This is primarily due to lower than budgeted building control income.

**Economic Development Company** is projecting a £0.092m underspend due to a return of unspent funds for regeneration projects.

**Torbay Harbour Authority** – includes the management of beach services is projecting an overspend of £0.016m due to budget pressures within the beaches service.

## A2.6 Public Health

Services within Public Health and Community Safety are projecting an underspend of £0.051m. This relates to Community Safety where budget pressures within the Housing Options service, due to increased costs for temporary accommodation, have been offset by savings within Environmental Health and other services due to vacancy management.



## A2.7 Operations and Finance

Operations and Finance is projected to underspend by £1.830m.

**Commercial Services** is projecting a small overspend of £0.01m due to a delay in realising savings from the new combined Coroner area.

**Finance** is projected to underspend by £1.776m. The main variations are summarised below.

Financial Services is projecting to underspend by £0.2m due to vacancy management savings within Financial Services and lower external audit inspection fees.

A number of corporate budgets are “accounted for” within the Finance budget. Due to the council projected overspend where possible any potential underspend from these have been identified and will be used to offset the overspend and include a council contingency (£0.5m).

In addition savings have been identified with, reduced pensions costs (£0.3m) and the forecast surplus for Torbay’s share of the Devon Wide Business Rates Pool (£0.4m) and higher than budgeted for NNDR section 31 grant income (£0.2m).

Information Services is projecting an underspend of £0.064m due to vacancy management.

## A3 Reserves

- A3.1 The Comprehensive Spending Review (CSR) reserve is the Council’s uncommitted reserve which was set up to meet the financial challenges it faces over the next few years. Its main purpose is to fund the costs for restructuring and for invest to save initiatives. As a last resort it may be called upon to fund unforeseen events and any overspend to ensure a balanced budget can be delivered at year end.
- A3.2 The Chief Finance Officer has advised that where possible reserves should only be used to support one off initiatives as it is not sustainable to use reserves to support ongoing commitments. As identified within the 2013/14 outturn report the balance for the CSR reserve was £3.8m as at April 2014.
- A3.3 Council approved budget savings proposals at its meeting on 30 October 2014. These will form the basis of the 2015/16 budget. It is too early to confirm the final costs for restructuring arising from these proposals but based upon previous years costs it was prudent to assume these could be approximately £1m – for comparative purposes redundancy and associated costs for the 2014/15 budget round was £0.8m. As any decisions with respect to the 2015/16 savings proposals will be made in the current financial year all associated restructuring costs will be a charge in 2014/15. To date restructure costs of £0.1m have been incurred but this is expected to rise in the last quarter of the financial year.

- A3.4 As part of the approved budget savings proposals, transitional funding was approved to support services in 2015/16 which will be funded from the CSR reserve.
- A3.5 The Council must declare a balanced budget at year. If after the application of uncommitted budgets and savings the current forecast overspend cannot be resolved any overspend will have to be funded from reserves. This will reduce the Council's uncommitted reserves and impact upon how the Council manages further reductions in government grant in future years.
- A3.6 Members will note there has been a small fall in the forecast overspend in the current financial year. However due to increasing demands upon services and increased costs (in particular within Children's Safeguarding and Wellbeing), the use of earmarked reserves for invest to save initiatives within Children's Safeguarding and Wellbeing and the affect of reduced budgets for all Business Units, there is a risk that the CSR reserve may be required to balance the budget in 2014/15.
- A3.7 Members will be aware that the council lost a Judicial Review (JR) on Care Home Fees. Due to the complexity of the case and at the time of writing this report the council was considering its approach and response. Members will be aware that the JR is effective from April 2014 and therefore any costs associated with the final outcome for the JR will be a call upon the CSR reserve.
- A3.8 Due to the issues outlined above there is a significant risk the CSR will be reduced at the end of March 2015 by a larger amount than previously forecast and there is a risk the balance could be zero from April 2015.
- A3.8 A summary of the Council's uncommitted reserve is shown below in table 2.

**Table 2 - Uncommitted Reserves**

Comprehensive Spending Review Reserve	Working Balance £'m
<b>Balance as at 1 April</b>	<b>3.8</b>
Transitional Funding (14/15 and 15/16)	<b>0.4</b>
	<b>3.4</b>
Potential Calls on CSR Reserve	
Estimated Redundancy Costs arising from 2015/16 budget	1.0
2014/15 Budget Pressures (current overspend £1.5m)	tbc
Judicial Review	tbc
Estimated Balance	tbc

A3.8 The Council also has its General Fund balance. Since Torbay became a Unitary authority in 1998 there has not been a call on the general fund balances. The current balance is £4.4m and represents 3.8% of the Council's net budget.

A3.9 Members will be aware that that the general fund balance is uncommitted (unlike other earmarked reserves) and provides funds that would only be used for any unforeseen or unexpected expenditure that could not be managed within service budgets or earmarked reserves. With this in mind and in light of the difficult financial climate faced by the Council and reduction to the Council's net budget, the Chief Finance Officer believes that a cash balance of £4.4m is the minimum level required to protect the Council from the increased risks it faces with respect to the ongoing grant reductions from Government and increased demand for some services. This will be monitored closely over the remaining months of the financial year taking into account the forecast overspend and the delivery of recovery plans within Children's and Adult Services. Members should note the Council's external auditors will have a view as to the level of the Council's General Fund Balance and the implications upon the council's short term financial position.

#### **A.4 Dedicated Schools Grant (DSG)**

A.4.1 DSG funded activities is currently reporting an underspend of £0.185m. The DSG is a ring fenced grant and can only be used to fund schools and education related activities.

#### **A.5 Debtors**

A5.1 This section of the report provides Members with an update for the third quarter in 2014/15 in respect of council tax and business rate collection.

##### Council Tax

A5.2 The targets for the collection of Council Tax in 2014/15 are:

- (i) collect 96.5% of the Council Tax due within the 12 months of the financial year (i.e. April to March); and
- (ii) collect 50% of the arrears brought forward from previous years.

A5.3 The Council is due to collect £66.0m after the granting of statutory exemptions and reductions and Local Council Tax Support in the period April 2014 to March 2015. To date the Council has collected £52.4m which is 79.4% of the Council Tax due in year. The collection level is lower than last year when 81.96 was collected.

A5.4 The total arrears outstanding at 31 March 2014 were £4.89m and this has been reduced by £1.57m which is about 32.2% of the total arrears due. At the equivalent time last year the Council had collected £1.3m of arrears of £3.67m, which equates to around 35.5%.

A5.5 The Council has written off in this quarter 298 accounts with a value of £0.077m. There are no Council Tax write off's over £5,000 to report

#### Non-Domestic Rates

A5.6 The targets for the collection of NNDR (business rates) re:

- (i) collect 97% of the business rates due within the 12 months of the financial year (i.e. April to March); and
- (ii) collect 50% of the arrears brought forward from previous years.

A5.7 The Council is due to collect £36.1m after the granting of mandatory relief in the period April 2014 to March 2015. To date the Council has collected £28.5m which is 83.1% of the business rates due in year. In the equivalent period last year the Council had collected £32.0m which equates to 88.6%.

A5.8 The total arrears outstanding at 31 March 2014 were £1.53m and this has been reduced by £0.7m which is about 45.6% of the total arrears due. Last year the Council had collected £0.6m off arrears of £1.55m which equates to around 38.7%

A5.9 The Council has written off with a value of £0.195m and there are nine write offs above £5,000.

#### Housing Benefit Overpayments

A5.11 There are five write off's over £5,000 which have been written off on the Benefits Debtors System.

A5.12 The total debt written off in quarter 3 on the Benefits Debtors system is £31,815.82 relating to 71 records.



Meeting: Overview & Scrutiny Board  
Council

Date: 18<sup>th</sup> February 2015  
26<sup>th</sup> February 2015

Wards Affected: All

Report Title: Capital Investment Plan Update - 2014/15 Quarter 3

Executive Lead Contact Details: mayor@torbay.gov.uk

Supporting Officer Contact Details: martin.phillips@torbay.gov.uk

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## 1 Purpose

- 1.1 The Council's capital investment plan with its investment in new and existing assets is a key part of delivering the Council's outcomes. This is the third Capital Monitoring report for 2014/15 under the Council's budget monitoring procedures. It provides high-level information on capital expenditure and funding for the year compared with the latest budget position as reported to Council in December 2014.

## 2 Proposed Decision

### Overview & Scrutiny Board

- 2.1 That Members note the latest position for the Council's Capital expenditure and income for 2014/15 and consider any recommendations to Council.

### Council

- 2.2 That the latest position for the Council's Capital expenditure and funding for 2014/15 be noted.
- 2.3 That prudential borrowing of £0.134 million for works to reinstate and enhance Beach Chalets at Oddicombe Beach to be funded from future rental income and the resort services budget be approved.
- 2.4 That additional prudential borrowing of £0.6 million for works on the Meadfoot Beach Chalets replacements to be funded from future rental income and the resort services budget be approved.
- 2.5 That a loan for a capital purpose to the Torbay Development Agency (TDA) for £1.4 million to enable the TDA's acquisition and related works on sites at Kings Ash House be approved.
- 2.6 That prudential borrowing of £2.0 million and £0.350m from New Growth Points Grant towards the £6.5m Electronics and Photonics Innovation

**Centre at White Rock to be funded from future rental income be approved.**

- 2.7 That Department of Transport Structural Maintenance and Integrated Transport grant allocations announced for future years (2015/16 to 2020/21) be earmarked for Highways.**
- 2.8 That £0.254m from New Growth Points Grant be allocated for the replacement of decking and joists on Princess Pier.**
- 2.9 That £0.100m from New Growth Points Grant be allocated for remedial works to the Cliff face at Oddicombe and Goodrington beaches.**
- 2.10 That a loan of £50,000 to Torbay Coast and Countryside Trust to support the Green Heart appeal be approved.**

### **3 Reasons for Decision**

- 3.1 Quarterly reporting to both the Overview and Scrutiny Board and to Council is part of the Council's financial management process and the Capital Investment Plan forms part of that process.
- 3.2 There are a number of Council schemes where Council approval is required for the allocation of funds to a scheme or a service including the approval of prudential borrowing.

### **4 Summary**

- 4.1 Members of the Overview and Scrutiny Board and Council receive regular budget monitoring reports on the Council's Capital Investment Plan throughout the year. The Council's four year Capital Investment Plan is updated each quarter through the year. This report is the monitoring report for the third quarter 2014/15 and includes variations arising in this quarter to the end December 2014.
- 4.2 The overall funding position of the 4-year Capital Investment Plan Budget of £85.2 million, covering the period 2014/15 – 2017/18, is in balance but still relies upon the generation of £4.1 million of Capital income from capital receipts and capital contributions over the life of the Capital Investment Plan.
- 4.3 Of this £4.1m, £3.6 million was required from capital receipts before the end of the current Plan period. Of this sum £1.6 million has been received by the end of December, leaving a balance of £2.0 million still to be realised. It is only after this target has been reached that any capital receipts should be applied to new schemes.
- 4.4 The Plan also requires a total of £0.5m from capital contributions including community infrastructure levy which is expected to be approved during 2015. In addition £2.1m is due to be generated from S106 contributions to part fund the South Devon Link Road.
- 4.5 As the target income for capital receipts and capital contributions are required to meet existing Council commitments, it is important that any capital income raised is allocated to existing commitments and not used to support additional expenditure on new schemes.

## **5 Supporting Information**

- 5.1 The original capital budget approved by Council in February 2014 was £26.4 million. That has been subsequently revised for re profiling of expenditure from 2013/14, new schemes and re profiling expenditure to future years. All changes with reasons have either been included in previous monitoring reports, or are detailed in this report.
- 5.2 Capital budgets of £5.1m were brought forward to 2014/15 to enable schemes not completed or progressed in 2013/14 to be continued in the current year along with the funding sources for the scheme. It should also be noted that re profiling budgets often result from valid project management reasons such as scheme re engineering, further consultations and clarification with users or detailed tendering.
- 5.3 Of the total £85.2 million of the 4 year programme, £23.2 million is currently scheduled to be spent in 2014/15, including £3m on the South Devon Link Road.
- 5.4 The appendix has been re presented with schemes now grouped by Directorate areas, with schemes fully or in part funded by prudential borrowing flagged.

## **6 Movements in 2014/15 Estimated expenditure**

- 6.1 The movements in the estimate of expenditure in 2014/15 on the Capital Investment Plan between the last monitoring report at September 2014 of £30.3m and the current approved budget for 2014/15 of £23.2m, are shown below. Please note the format of this table has been changed so that schemes are now ordered by their service Directorate, as is Annex 1.

Scheme	Variation in 2014/15	Change £m	Reason
<b>Estimate as at Q2 2014/15</b>		<b>30.3</b>	Capital Investment Plan Update – 2014/15 Quarter 2 (Report 4 <sup>th</sup> Dec 2014)
<b>Budget changes since Q2 2014/15</b>			
<b>Adult Services</b>			
Autism Innovation	New 14/15 grant allocation	0	Small £19k grant to improve facilities for people with autism.
		<b>0</b>	
<b>Childrens Services</b>			
2 year old Provision	Budget moved to 15/16	(0.1)	Schemes under review so budget moved
Capital Repairs and Maintenance 12/13	Budget not required	(0.1)	Saving moved to Education Review budget in 15/16
Childrens Centres	Saving on scheme	(0.1)	Saving moved to Education Review budget in 15/16
Cockington Primary expansion	Rephase budget to 15/16	(0.5)	Review expenditure profile
Education Review Projects	Budget moved to 15/16	(0.1)	Part budget moved to 2015/16
St Margaret Clitherow expansion	Rephase budget to 2015/16	(0.3)	Delays in scheme require budget adjustment
Warberry CoE Primary expansion	Saving on scheme	(0.3)	Saving moved to Education Review budget in 15/16
Whiterock Primary expansion	Rephase budget	(0.3)	Part budget moved to 2015/16
Youth Modular Projects	Rephase budget	(0.1)	Schemes under review so budget moved
		<b>(1.9)</b>	
<b>Place</b>			
Beach Hut Acquisition and Renewal	Additional budget requirement	0.6 (0.2)	Increased costs of scheme Part rephased to 2015/16
Haldon Pier	Move budget to next year	(0.4)	Reschedule works
NGP – Innovation Centre Ph3	Budget moved to reflect expected spend pattern	(0.1)	Work unlikely until 2015/16
Oddicombe Beach Chalets	New scheme	0.2	Replacement Beach Chalets (requires Prudential Borrowing)
Paignton Picture House	New scheme	0.1	Facilitate purchase of Heritage property
Princess Pier	New scheme	0.2	Urgent work to Pier boardwalk
South Devon Link Road	Budget re-phased	(6.0)	Contractor review of expenditure profile, this will not affect the scheme completion date
TDA Loans	New budget	0.6	Includes loans (£2m) to support TDA capital expenditure
TOR2 grant Refuse transfer vehicles	Additional budget	0.1	Increased cost to give improved specification to vehicles to maximise capacity.
Torre Valley North Enhancements	Budget transfer to 15/16	(0.1)	Unlikely to spend this year
Flood Defence/Cliff works	Additional budget for works at Goodrington and Oddicombe	0.1	Remedial works required
		<b>(4.9)</b>	
<b>Public Health</b>			
NGP Land acquisition	Reduced budget	(0.3)	Part budget allocated to Princess Pier and Cliff works
		<b>(0.3)</b>	
<b>All Services including Contingency</b>			
General Contingency		0	
<b>Estimate – Quarter Three 2014/15</b>		<b>23.2</b>	



## 7 **Expenditure**

- 7.1 The Capital Investment Plan Budget has been subsequently updated for any further revision to both projects and timing, resulting in the latest revision attached to Annex 1. The Plan now totals £85.2 million over the 4 year period of which £23.2 million relates to 2014/15 and £29.5 million relates to 2015/16
- 7.2 The purpose of this report and the Monitoring statement attached is to highlight any existing or potential issues which may affect the delivery of the major projects included in the Plan and to consider any potential effect on corporate resources.
- 7.3 Expenditure to the end of this third quarter was £10 million with a further £14 million of commitments on the Council's finance system. The expenditure of £10 million is only 43% of the latest budget for 2014/15. This compares with £11 million (or 64% of outturn) for the third quarter last year. It is recognised that for a number of schemes, notably the South Devon Link Road (14/15 budget £3m), the Council will not incur expenditure until later in the year.

	2009/10 £m (%)	2010/11 £m (%)	2011/12 £m (%)	2012/13 £m (%)	2013/14 £m (%)	2014/15 £m (%)
Quarter One	8 (16%)	10 (23%)	3 (14%)	2 (11%)	4 (23%)	2 (9%)
Quarter Two	11 (22%)	13 (30%)	7 (32%)	4 (21%)	4 (23%)	4 (17%)
Quarter Three	13 (27%)	9 (21%)	5 (22%)	5 (26%)	3 (18%)	4 (17%)
Quarter Four	17 (35%)	11 (26%)	7 (32%)	8 (42%)	6 (35%)	-
<b>Total In Year</b>	<b>49</b>	<b>43</b>	<b>22</b>	<b>19</b>	<b>17</b>	<b>23</b>

## 8 **Main Variations & Management Action**

- 8.1 An estimate of funds was identified in the Capital Investment Plan (February 2012) for the four years of the Plan, which was provisionally allocated to a number of "priority" areas.
- 8.2 The Capital Investment Plan as at 2014/15 Quarter Three shows the approved schemes to the extent that funding has been received or confirmed. Where the value of the approved schemes exceeds the known funding, temporary prudential borrowing has been used pending the future receipt of funds, at which point the funding will be swapped. However if funding is not realised, such as lower than anticipated grant funding, then the Capital Investment Plan will have to be reduced accordingly or alternative sources of funding allocated such as prudential borrowing.

## 9 **Adult Services:**

- 9.1 Autism Innovation Grant – As reported in the previous monitoring report, the Council has been allocated a small grant of £0.019m to support people with autism. At present the funding is likely to be used to provide specialist IT equipment to benefit those with autism.

## 10 **Childrens Services:**

- 10.1 There are a number of variations to budgets on various schemes as detailed below. Members will note that a further report on Childrens Services proposals

is due to be presented to Council on 26<sup>th</sup> February to seek approval on use of both previously allocated funding and future funding with respect to pupil places.

- 10.2 Childrens Centres – £0.110 m of the budget earmarked for this project is no longer required so has been moved to Education Review Projects.
- 10.3 School Basic Need projects: Further adjustments to the phasing of budgets between years at various sites but these changes have no impact on the overall budget position. This includes projects at Cockington Primary, Whiterock and St Margaret Clitherow where budget has been moved from 2014/15 to 2015/16. The scheme at Warberry C of E Primary has come in under budget and consequently the £0.350m saving has been transferred to Education Review Projects awaiting reallocation.
- 10.4 Similarly, some other budgets have been transferred from the current year to next year to reflect the latest estimates of expenditure patterns. These schemes are 2 Year Old Provision (£0.08m), Youth Modular Projects (£0.05m) and Education Review Projects ((£0.08m).
- 10.5 Schools Capital Repairs and Maintenance 2012/13: Not all of this budget is required at present so £0.1 m has been transferred to the Education Review Projects budget in 2015/16 for future allocation to specific schemes.

## 11 Place

- 11.1 Beach Hut Acquisition and Redevelopment – Council previously approved the programme to upgrade Beach Hut facilities at Broadsands and Meadfoot. There are indications that the costs associated with the Meadfoot scheme are escalating due to the weather last winter and could result in additional expenditure. Officers are monitoring the situation carefully and are considering options on how this can be managed. The additional costs are estimated to be a maximum of £0.6million which will be funded from additional Prudential Borrowing. The costs of this additional borrowing will have to be funded from the service.

The key information from the revised business case is summarised below

Capital Cost – demolition, construction and interior fit out of 137 lower and roof chalets	£2,156,000
Prudential Borrowing	£2,156,000
Repayment Terms	4.5% over 35 years
Additional costs per annum including repayment	£159,000
Additional Income per annum	(£162,000)
Forecast Surplus	(£3,000)

The business case has been revised with the repayment term extended to 35 years linked to the expected life of the huts based on their construction and a reduced anticipated surplus per annum.

- 11.2 Flood Defence Schemes – This budget covers works at a number of cliff and sea wall locations, There is currently an expectation that some schemes may overspend but officers are continuing to monitor closely and savings on other projects may help offset some of the additional costs.

- 11.3 Oddicombe Beach Chalets - following fire damage at this location work is proposed to replace and enhance the chalets, to be similar to those currently under construction at Meadfoot Beach. The expenditure of £0.193m will partially be funded from an insurance reclaim but will also require Prudential Borrowing of £0.134 million. The loan repayments will be funded from hire fees.

The key information from the business case is summarised below

Capital Cost – demolition, construction and interior fit out of 18 roof chalets	£193,000
Less Insurance	(£59,000)
Prudential Borrowing	£134,000
Repayment Terms	4.5% over 25 years
Additional costs per annum including repayment	£11,000
Additional Income per annum – 18 huts @ £1,100 per annum	(£7,000)
Shortfall to be met from resort services	£4,000

The business case shows a shortfall compared to the current budget position, however since the fire damage the Council would not have achieved any of the budgeted £11,000 income from the beach huts.

- 11.4 Electronics & Photonics Innovation Centre – proposals for this project (formerly known as Innovation Centre Phase three and approved in principle by Council in May 2012), continue to be investigated by TDA with additional funding bids being made. Grants of £1.025m have been confirmed from the Government’s Coastal Communities Fund towards the capital cost of the scheme and of £3.0m from the Local Enterprise Partnership however a grant from ERDF for £1.5m is still to be confirmed. In addition TDA will be allocating £0.150m of funds towards the project. The Council is now requested to confirm its support of the project with £2m prudential borrowing in addition to the remaining New Growth Points grant shown in the existing Plan of £0.346m. The scheme has been introduced as a £6.5m project, however if the ERDF grant is confirmed the project can be expanded to a £8.0m scheme.
- 11.5 Paignton Picture House – In accordance with a Mayoral Decision dated 16 December 2014, it was agreed to support the acquisition of this historic property (£0.050m) using English Heritage grant (£0.040m) and Council Reserves (£0.010m). The building will then be transferred to Paignton Picture House Trust at nil value.
- 11.6 South Devon Link Road: the contractor continues to provide regular updates on progress and based on latest projections most of Torbay’s contribution will not be required until next year, so £6 million of the 2014/15 budget has been rephased to 2015/16 accordingly. The project is still expected to be completed in December 2015. There is a potential shortfall in Section 106 funding for the scheme (see para. 14.9 below). If these funds are not achieved it is likely the Council will need to increase its Prudential Borrowing on the scheme with a impact on the revenue budget, unless resources are diverted from other projects.
- 11.7 St Michael’s Chapel, Torquay – following notification of grant awarded by English Heritage the Council is to carry out restoration work to St Michael’s Chapel, near Torre Station. This work will compliment woodland management activity in the area to regain historic views of the Chapel from Torre Railway Station and

beyond. A contribution from revenue will be added to the £0.05m grant to finance the scheme.

- 11.8 TDA Loans – Support to TDA to enable them to acquire sites at Kings Ash House, Paignton (for a new Enterprise Centre) and Cockington Village Car Park (for improved visitor facilities).

In February 2012 the Chief Executive approved a maximum £0.6m loan as an emergency Council decision in respect of Cockington Car Park, however the loan was not needed at that time as the site was acquired for £0.575m in 2012 using TDA cash flow. The drawdown of the loan is now required as TDA anticipates expenditure on other project proposals therefore this loan is now reported within the Plan.

The Kings Ash project requires funds of up to £1.9m for acquisition and refurbishment. The funding is to be a loan from the Council of £1.4m, which will be drawdown in tranches, and a contribution of £0.5m from the Council's EDC reserve which will now be accounted for as a capital grant. As the loan for Kings Ash House is "a loan for a capital purpose", under legislation this counts as capital expenditure for the Council and has to be funded from capital resources, in this case prudential borrowing, which requires Council approval.

Both loans will be repaid on an annuity basis with interest over a period of 25 years to be funded from TDA income receipts from both sites.

As these are loans from the Council (as owner) to its 100% owned subsidiary (TDA), and the loans are to support regeneration aims rather than investment returns these are outside the Treasury Management Strategy and are therefore are considered not to be ultra vires.

- 11.9 TOR2 grant – Refuse transfer vehicles – the cost of acquiring the required vehicles to transport to the Energy from Waste plant has increased by £0.054 m to enable improved specification of the plant to maximise payload and achieve delivery schedules. The additional costs to be funded from the Waste Strategy Reserve.
- 11.10 Torre Abbey Phase 2 – whilst all major works on this project have been completed there is ongoing expenditure which will continue into next financial year. Consequently a small part (£0.028m) of the budget has been moved to reflect this.
- 11.11 Torre Valley North Enhancements – Works are not now expected to progress until 2015/16 so budget has been moved accordingly.
- 11.12 Transport Integrated Transport and Structural Maintenance – The Department for Transport have now announced future year grant allocations, details of which are shown in paragraph 14.3 below. The allocations are linked to the value of the planned maintenance backlog of over £10m on the road network, therefore to enable service asset planning and to honour match funding commitments to the Local Transport Board, it is proposed to add these resources to the Highways/Transport budgets in line with Government intentions, although the grants are not ring fenced.

11.13 TCCT Loan – Council are recommended to approve an interest free loan of £50,000, to be repaid over four years, to the Torbay and Coast and Countryside Trust to support the match funding requirement to the recent Lottery Grant awarded to improve the Cockington area, which will underwrite the bulk of the outstanding £62,000 shortfall in the Green Heart Appeal. The Trust remains committed to continuing to fund-raise and aims to have covered the full amount of the shortfall by October 2015. The financing provided by the loan will allow the Trust to provide the necessary assurances to Heritage Lottery Fund that the bulk of the funding for the project is in place now. In turn, this will enable HLF to issue formal 'Permission to Start', Stage II of the project can commence in February 2015 thus maintaining momentum and reducing the risk of costs increasing beyond the inflation allowances within the project.'

11.14 Princess Pier and Strand Improvements - At the Council meeting on 4 December 2014 members deferred a decision on the expenditure of £350,000 for improvements to the Strand, Torquay and £240,000 for the replacement decking and associated works on the Princess Pier, and requested further reports.

The structural report on Princess Pier has now been provided indicating a need to undertake necessary work. Consequently this element of the proposals is now recommended for approval by Council. The report on the Strand improvements will be presented in due course.

11.15 Other Regeneration Schemes: - Members are advised the TDA are currently progressing a number of potential regeneration schemes. These are listed below:

Oxen Cove; There are two potential inward investment proposals which could create 40-50 jobs.

Fish Processing Plant; Torbay is home to 10% of the fish processing sector by employment. This project could result in 100-150 new jobs and EU fisheries grants could be available for a scheme.

Claylands; Potential development of business units at the site to be funded from future rental streams.

11.16 Cliff Works: Council are recommended to allocate £0.100m from New Growth Points Grant for remedial works to the Cliff face at Oddicombe and Goodrington beaches.

There has been a report on the unstable section of cliff at Oddicombe where the professional advice is that remedial works should commence as soon as possible. The cost of the works at present are estimated to be £60,000.

At Goodrington promenade, cliff stabilisation work is required to the east end. A rock fall at Roundham Head required a section of the promenade to be closed off, this resulted in a number of beach huts not being let and others to be repositioned. The works, estimated to be £40,000 would include concrete dentition and rock netting.

## 12 Public Health

- 12.1 Empty Homes Scheme – this scheme was originally approved to be funded from Prudential Borrowing with annual contributions from revenue linked to additional New Homes Bonus Grant. However as it is four years since the annual contributions commenced it is now effectively funded from revenue contributions.

## 13 All Services

- 13.1 General Contingency - The Council has approved a capital contingency of £0.6 million. This contingency is still in place to provide for unforeseen emergencies or shortfall in projected income over the 4-year Plan period but represents less than 1% of the total Capital Investment Plan budget. Currently it is not anticipated that the contingency will be required in this financial year.

## 14 Receipts & Funding

- 14.1 The funding identified for the latest Capital Investment Plan budget is shown in Annex 1. This is based on the latest prediction of capital resources available to fund the budgeted expenditure over the next 4 years. A summary of the funding of the Capital Investment Plan is shown in the Table below:

	2014/15	2015/16	2016/17	2017/18	Total @ Q3 14/15
	A	B	C	D	E
Funding	£m	£m	£m	£m	£m
Supported Borrowing	0	1	0	0	1
Unsupported Borrowing	6	15	3	3	27
Grants	14	11	17	7	49
Contributions	1	0	0	0	1
Reserves	1	1	0	1	3
Revenue	0	1	1	0	2
Capital Receipts	1	1	0	0	2
<b>Total</b>	<b>23</b>	<b>30</b>	<b>21</b>	<b>11</b>	<b>85</b>

Notes to Table:

Column E – reflects the Capital Investment Plan as at Quarter Three 2014/15 and shows the approved schemes to the extent that funding has been received or confirmed. Where the value of the approved schemes exceeds the known funding, temporary prudential borrowing has been used pending the future receipt of funds, at which point the funding will be swapped.

### **Grants**

- 14.2 Capital Grants continue to be the major funding stream (over 60% in 12/13 and 13/14) for the Council to progress its investment plans. An element of these grants result from “bid” processes from other public sector bodies. The Council used £10.6 million of grants in 2013/14 and is currently estimating to use £14m of grants in 2014/15.

14.3 Since the last Capital update (Quarter 2 2014/15) reported to Council in December 2014, the Council has been notified of the following capital grant allocations:

Department for Transport – Structural Maintenance. Allocations have been announced for the next six years although figures for 2018/19 onwards are only indicative: As reported in Quarter 1 the DfT have previously announced allocations for Integrated Transport schemes which are also set out below for information:

	<u>Structural Maintenance</u>	<u>Integrated Transport</u>
2015/16	£1.458 million	1.063 million
2016/17	£1.337 million	1.063 million
2017/18	£1.297 million	1.063 million
2018/19 – 2020/21	£1.174 million each year *	1.063 million each year *

. \* Indicative allocations only

These grants are not ringfenced so could be used for any capital purpose although it is recommended that the allocations are used on Highways/Transport services. (para 11.12)

Department of Health – Social Care allocation for 2015/16 of £0.461 million. It was expected that, as part of the Government’s Better Care Fund this grant would not be allocated direct to Local Authorities from 2015/16 but the grant has been allocated directly to Councils. The Department has stated that “Relevant conditions will be attached to the grant so that they are used in pooled budgets for the purposes of the fund”. As yet these conditions have not been issued by the Department of Health.

Members are reminded that the usual annual allocation for Disabled Facilities Grants (DFGs) is also, from 2015/16, now expected to form part of the Better Care Fund however no announcement on allocations has yet been made for 2015/16.

DCLG – Coastal Communities Fund – £1.025 million ring fenced grant support for a high technology innovation centre in Paignton. (para 11.4)

English Heritage – grant of £46k to enable restoration work at St Michaels Chapel, Torre. (para 11.7).

### **Capital Receipts –**

14.4 The approved Plan relies upon the generation of a total of £3.6 million capital receipts from asset sales by the end of 2016/17 of which £1.6m has now been received by the end of December, leaving a target of £2.0m to be achieved. This target is expected to be achieved provided that -

- approved disposals currently “in the pipeline” are completed
- the Council continues with its disposal policy for surplus and underused assets and,
- no more new (or amended) schemes are brought forward that rely on the use of capital receipts for funding.

14.5 Assets proposed for disposal are reported to Council for approval, with the latest report at Council in October 2014.

### **Capital Contributions – S106 & Community Infrastructure Levy**

14.6 The general target for securing capital contributions to fund the 4-year Capital Investment Plan, following review of the Budget in February 2013 was £0.5 million (required by March 2016). In addition the South Devon Link Road business case estimated external contributions including s106 payments of £2.1m to help fund the scheme (£0.102m, received to date).

14.7 The intention is that capital contributions are applied to support schemes already approved as part of Capital Investment Plan and not allocated to new schemes unless the agreement with the developer is specific to a particular scheme outside the Capital Investment Plan.

14.8 Income from Section 106 capital contributions so far in 2014/15 only amount to £0.2 million.

14.9 A recent announcement from Government has removed the ability of Councils to charge Section 106 payments on smaller developments of less than 10 units, and no more than 1,000m<sup>2</sup>. This policy is aimed at boosting the small housebuilding sector, but will impact on the Council's ability to generate capital resources for capital schemes, including the South Devon Link Road, where £2.1 million of S106 funding is required.

14.10 It is expected that, linked to the adoption of the Local Plan later in 2015, a Community Infrastructure Levy scheme will also be approved.



## 15 **Borrowing and Prudential Indicators**

- 15.1 The Council set its Prudential Indicators and monitoring arrangements for affordable borrowing in February 2014. The Authorised Limit for External Debt including long term liabilities (the maximum borrowing the Council can legally undertake) and the Operational Boundary (the day-to-day limit for cash management purpose) are monitored on a daily basis by the Executive Head of Finance and reported to Members quarterly.

The limits are as follows

- **Authorised Limit**                      £231 million
- **Operational Boundary**                      £161 million

External Debt, and long term liabilities, such as the PFI liability, as at end of December 2014 was £146.8 million. The current level of debt is within the Operational Boundary and the Authorised Limit set for the year. No management action has been required during the quarter.

- 15.2 The only anticipated change to the level of Council's liabilities in 2014/15 is the PFI scheme for the Energy from Waste facility plant in Plymouth. The scheme is judged to be an asset to be recognised on the Council's balance sheet then a corresponding liability to the Council's 17% share of approx £33m will also need to be recognised from the date the plant starts to receive waste. The recognition of this liability will not exceed the Council's Authorised Limit.
- 15.3 The Council's capital expenditure has an overall positive impact on the Council's Balance Sheet. Expenditure in the Capital Investment Plan on the Council's own assets will increase the value attached to the Council's fixed assets. As at 31 March 2014 the Council's "Non Current Assets" were valued at £265 million.

## 16 **Possibilities and Options**

- 16.1 Council could consider reducing the Capital Investment Plan to reflect any potential reduction in capital receipts or other capital resources.

## 17 **Consultation**

- 17.1 Where appropriate individual capital schemes have public consultation and negotiation with stakeholders.

## 18 **Risks**

- 18.1 That capital receipts, other capital contributions such as S106 and Community Infrastructure Levy and future year grant allocations will be not be received to support the plan. This risk is increased with the recent Government announcement reducing the Council's ability to make Section 106 charges on smaller developments (see para.14.9).
- 18.2 The contingency is approximately 0.7% of total planned expenditure on a total programme of £85 million. There could be inflationary cost pressures on the programme thus increasing expenditure.

18.3 If additional prudential borrowing is approved this could result in a budget pressure for the relevant service in the expected rental income is not achieved to cover the repayment costs.

#### Appendices

Appendix 1 - Capital Investment Plan Budget 2014/15 – 2017/18 (as at January 2015).




CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- EXPENDITURE

Annex 1

					Revised 4-year Plan Jan 2015				
	Actuals & Commitments 2014/15 Qtr 3	Previous 2014/15 (@ Q2 14/15)	2014/15 Q3 Adjustments	New Schemes 2014/15	Total 2014/15 Revised	2015/16	2016/17	2017/18	Total for Plan Period
<b>PB</b> = Approved Prudential Borrowing schemes	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>ADULT SERVICES</b>									
Mental Health Care Initiatives		7			7				7
Autism Innovation - IT Enhancements			19		19				19
	0	7	19	0	26	0	0	0	26
<b>CHILDRENS SERVICES</b>									
2 Year Olds Provision		193	(80)		113	80	0	0	193
Asbestos Removal		7			7				7
Barton Primary Cap Project	394	573			573	0			573
Capital Repairs & Maintenance 2011/12		6			6				6
Capital Repairs & Maintenance 2012/13	90	255	(100)		155	100			255
Capital Repairs & Maintenance 2013/14	155	155			155				155
Capital Repairs & Maintenance 2014/15	5	10			10	620			630
Childrens Centres	11	123	(110)		13				13
Cockington Primary expansion	1,893	2,757	(550)		2,207	620			2,827
Coombe Pafford Council contribution	100	100			100				100
Devolved Formula Capital	94	274			274	0	0	0	274
Education Review Projects	1	95	(84)		11	1,040			1,051
Ellacombe Primary expansion	19	50			50	100	350		500
EOTAS Halswell House		1			1				1
Key Stage 1 Free School Meals	91	122			122				122

CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- EXPENDITURE

Annex 1

					Revised 4-year Plan Jan 2015				
	Actuals & Commitments 2014/15 Qtr 3	Previous 2014/15 (@ Q2 14/15)	2014/15 Q3 Adjustments	New Schemes 2014/15	Total 2014/15 Revised	2015/16	2016/17	2017/18	Total for Plan Period
Mayfield expansion	16	18			18				18
Preston Primary - ASD Unit	5	1	4		5				5
Roselands Primary expansion	451	516			516	10	500	500	1,526
Short Breaks for Disabled Children		0			0				0
St Margaret Clitherow Primary expansion	6	485	(300)		185	300			485
St Margarets Academy expansion	2	5			5	495	1,000	500	2,000
Torbay School Hillside	54	120			120				120
Torre CoE Primary expansion	521	562			562	0			562
Warberry CoE Primary expansion	119	646	(350)		296				296
Whiterock Primary expansion	2,839	603	(250)		353	1,750	1,300		3,403
Youth Modular Projects		51	(51)		0	51			51
	<b>6,866</b>	<b>7,728</b>	<b>(1,871)</b>	<b>0</b>	<b>5,857</b>	<b>5,166</b>	<b>3,150</b>	<b>1,000</b>	<b>15,173</b>
<b>PLACE</b>									
Babbacombe Beach Road		0			0	70			70
Barton Infrastructure	36	43			43				43
 Beach Hut Acquisition/Renewal (Broadsands, Meadfoot)	676	1,390	400		1,790	200			1,990
Brixham Harbour - Victoria Breakwater	(6)	4			4	0	0	0	4
 Council Fleet Vehicles	34	132			132	103			235
DfT Better Bus Areas	131	400			400	0	0	0	400
DfT Local Sustainable Transport Fund (Ferry/Cycle)	174	164			164		0	0	164
Env Agency - Winter 2013/14 Storms damage	402	408			408				408
Flood Defence schemes (with Env Agency)	173	157		100	257	155			412
Haldon Pier - Structural repair Phase I/2	206	861	(361)		500	361			861
Livermead Sea Wall structural repair	37	69			69				69
Local Transport Board schemes	30	125			125	2,900	6,900	5,425	15,350
Meadfoot Sea Wall structural repair	27	43			43				43
NGP - Strategic Cycleway	(45)	0			0				0
 NGP - Torbay Innovation Centre Ph 3 (EPIC)		100	(100)		0	0	6,521		6,521
NGP - Windy Corner Junction		1			1				1
Oddicombe Beach Chalets				193	193				193

CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- EXPENDITURE


Annex 1

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					Revised 4-year Plan Jan 2015				
	Actuals & Commitments 2014/15 Qtr 3	Previous 2014/15 (@ Q2 14/15)	2014/15 Q3 Adjustments	New Schemes 2014/15	Total 2014/15 Revised	2015/16	2016/17	2017/18	Total for Plan Period
	7	150	(140)		10	140			150
<b>PB</b> Old Toll House, Torquay									
<b>PB</b> On Street Parking meters	52	53			53				53
Paignton Picture House				50	50				50
<b>PB</b> Paignton Velopark	332	323			323				323
Princess Pier - Structural repair (with Env Agency)		200			200	1,650			1,850
Princess Pier Decking				254	254				254
<b>PB</b> Princess Promenade ( Western Section) Repairs	(46)	0			0				0
Princess Promenade Phase 3	6	0			0				0
Public Toilets - Utilities saving measures	27	38			38	0	0	0	38
Riviera Renaissance (Coastal Communities Fund)	170	170			170		0	0	170
Sea Change - Cockington Court	14	9			9				9
Small Ports Recovery Fund - Winter 13/14	90	295			295				295
<b>PB</b> South Devon Link Road - Council contribution	9,001	9,000	(6,000)		3,000	11,507	1,500	2,907	18,914
St Michael's Chapel, Torre				66	66				66
<b>PB</b> Street Lighting - Energy reduction	430	515			515				515
SWIM Torquay - improve facilities	58	9			9				9
TCCT - Grant re Green Heart Project	100	100	50		150				150
<b>PB</b> TEDC Capital Loans			(1,900)	2,475	575	1,900			2,475
<b>PB</b> TOR2 grant - Refuse transfer vehicles		378	54		432				432
Torbay Leisure Centre - structural repairs	26	26			26	0	0	0	26
Torquay Harbourside Public Realm		0			0				0
<b>PB</b> Torquay Inner Harbour Pontoons	786	765			765				765
<b>PB</b> Torre Abbey Pathway	1	3			3				3
Torre Abbey Renovation - Phase 2	99	128	(28)		100	28			128
Torre Valley North Enhancements		62	(62)		0	124			124
Transport - Edginswell Station	66	159			159				159
Transport Gateway Enhancement	9	14			14				14
Transport Integrated Transport Schemes	182	1,487			1,487	1,063	931	535	4,016
Transport Structural Maintenance	829	1,358			1,358	1,458	1,337	1,297	5,450
Transport Western Corridor	43	240			240	300			540
	<b>14,157</b>	<b>19,379</b>	<b>(8,087)</b>	<b>3,138</b>	<b>14,430</b>	<b>21,959</b>	<b>17,189</b>	<b>10,164</b>	<b>63,742</b>

CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- EXPENDITURE

Annex 1

					Revised 4-year Plan Jan 2015				
	Actuals & Commitments 2014/15 Qtr 3	Previous 2014/15 (@ Q2 14/15)	2014/15 Q3 Adjustments	New Schemes 2014/15	Total 2014/15 Revised	2015/16	2016/17	2017/18	Total for Plan Period
<b>PUBLIC HEALTH</b>									
<b>Community Safety</b>									
Disabled Facilities Grants	299	427			427	519	0	0	946
Private Sector Renewal		58			58	0	0	0	58
<b>Housing</b>									
Affordable Housing		0			0	760	761		1,521
Empty Homes Scheme		50			50	225	225		500
Hele's Angels scheme	5	0			0				0
NGP - HCA Match Land Acquisitions		590		(354)	236				236
Sanctuary HA - Hayes Road		250			250				250
Sanctuary HA - Langridge Road , Pgn (4 units adapt)		2			2				2
Sovereign HA - Beechfield (102 units + adapt 3 units)		8			8				8
Torbay Enterprise Project	160	160			160	90			250
	<b>464</b>	<b>1,545</b>	<b>0</b>	<b>(354)</b>	<b>1,191</b>	<b>1,594</b>	<b>986</b>	<b>0</b>	<b>3,771</b>
<b>ALL SERVICE PROJECTS (incl General Contingency)</b>									
Enhancement of Development sites	24	30			30	146			176
 Office Rationalisation Project Ph 2 - Project Remainder	328	607			607				607
Oldway Estate works		400			400				400
Payroll Project	326	370			370				370
Riviera Centre renewal	217	246			246	11			257
Various ICT Improvements	16	15			15				15
General Capital Contingency		0			0	631	0	0	631
	<b>911</b>	<b>1,668</b>	<b>0</b>	<b>0</b>	<b>1,668</b>	<b>788</b>	<b>0</b>	<b>0</b>	<b>2,456</b>
<b>TOTALS</b>	<b>22,398</b>	<b>30,327</b>	<b>(9,939)</b>	<b>2,784</b>	<b>23,172</b>	<b>29,507</b>	<b>21,325</b>	<b>11,164</b>	<b>85,168</b>

**CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- EXPENDITURE**

**Annex 1**

					Revised 4-year Plan Jan 2015				
	Actuals & Commitments 2014/15 Qtr 3	Previous 2014/15 (@ Q2 14/15)	2014/15 Q3 Adjustments	New Schemes 2014/15	Total 2014/15 Revised	2015/16	2016/17	2017/18	Total for Plan Period
<b>CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- FUNDING</b>									
Supported Borrowing		437	(281)		156	348			504
Unsupported Borrowing		13,856	(9,666)	2,109	6,299	15,218	3,220	2,907	27,644
Grants		13,505	371	86	13,962	10,798	16,697	7,872	49,329
Contributions		529	(55)		474	330	103		907
Reserves		860	282	69	1,211	771	100	385	2,467
Revenue		389	(450)	520	459	800	655		1,914
Capital Receipts		751	(140)		611	1,242	550		2,403
<b>Total</b>		<b>30,327</b>	<b>(9,939)</b>	<b>2,784</b>	<b>23,172</b>	<b>29,507</b>	<b>21,325</b>	<b>11,164</b>	<b>85,168</b>

CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- EXPENDITURE

Annex 1

	Expend in Prev Years (active schemes only)	Actuals & Commitments 2014/15 Qtr 2	Previous 2014/15 (@ Q2 14/15)	2014/15 Q3 Adjustments	New Schemes 2014/15	Revised 4-year Plan Jan 2015				
						Total 2014/15 Revised	2015/16	2016/17	2017/18	Total for Plan Period
						£'000	£'000	£'000	£'000	£'000
<b>Old Funding Regime (pre 12/13)</b>										
<b>Adults &amp; Resources</b>										
Mental Health Care Initiatives	-		7			7				7
Various ICT Improvements	-		15			15				15
	0	0	22	0	0	22	0	0	0	22
<b>Childrens, Schools &amp; Families</b>										
Asbestos Removal	-		7			7				7
Barton Primary Cap Project	3,927	392	573			573	0			573
Capital Repairs & Maintenance 2011/12	-		6			6				6
Childrens Centres	219	8	123			123				123
Education Review Projects	-	1	95			95	400			495
EOTAS Halswell House	48		1			1				1
Preston Primary - ASD Unit	1,515	1	1			1				1
Short Breaks for Disabled Children	-		0			0				0
Torbay School Hillside	-	68	120			120				120
Youth Modular Projects	-		51			51				51
	5,709	470	977	0	0	977	400	0	0	1,377
<b>Place &amp; Resources</b>										
Babbacombe Beach Road	-		0			0	70			70
Barton Infrastructure	95	29	43			43				43
Enhancement of Development sites	39	20	30			30	146			176
Haldon Pier - Structural repair Phase I/2	2,212	1	861	(361)		500	361			861
NGP - HCA Match Land Acquisitions	714		590			590				590
NGP - Strategic Cycleway	477	(45)	0			0				0
NGP - Torbay Innovation Centre Ph 3	69		100	(100)		0	346			346
NGP - Windy Corner Junction	10		1			1				1
Sanctuary HA - Hayes Road	250		250			250				250
Sanctuary HA - Langridge Road , Pgn (4 units adapt)	44		2			2				2
Hele's Angels scheme	-	5	0			0				0



CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- EXPENDITURE

Annex 1

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	Expend in Prev Years (active schemes only)	Actuals & Commitments 2014/15 Qtr 2	Previous 2014/15 (@ Q2 14/15)	2014/15 Q3 Adjustments	New Schemes 2014/15	Revised 4-year Plan Jan 2015				
						Total 2014/15 Revised	2015/16	2016/17	2017/18	Total for Plan Period
Sea Change - Cockington Court	3,267	14	9			9				9
Sovereign HA - Beechfield (102 units + adapt 3 units)	300		8			8				8
Torbay Enterprise Project	500	160	160			160	90			250
<b>Public Health</b>	7,977	184	2,054	(461)	0	1,593	1,013	0	0	2,606
Private Sector Renewal	-		58			58	0	0	0	58
	0	0	58	0	0	58	0	0	0	58
	<b>13,686</b>	<b>654</b>	<b>3,111</b>	<b>(461)</b>	<b>0</b>	<b>2,650</b>	<b>1,413</b>	<b>0</b>	<b>0</b>	<b>4,063</b>
<b>New Funding Regime (12/13 onwards)</b>										
<b>Childrens, Schools &amp; Families</b>										
Capital Repairs & Maintenance 2014/15			10			10	620			630
Capital Repairs & Maintenance 2013/14		149	155			155				155
Capital Repairs & Maintenance 2012/13	-	86	255			255	100			355
Cockington Primary expansion	546	1,236	2,757			2,757	70			2,827
Coombe Pafford Council contribution		100	100			100				100
Ellacombe Primary expansion	2	15	50			50	100	350		500
Mayfield expansion	1,311	9	18			18				18
Roselands Primary expansion	174	259	516			516	10	500	500	1,526
St Margarets Academy expansion		2	5			5	495	1,000	500	2,000
St Margaret Clitherow Primary expansion	23	6	485			485				485
Torre CoE Primary expansion	638	520	562			562	0			562
Warberry CoE Primary expansion	1,054	99	646			646				646
Whiterock Primary expansion	97	315	603			603	1,500	1,300		3,403
	3,845	2,796	6,162	0	0	6,162	2,895	3,150	1,000	13,207
<b>Place &amp; Resources</b>										
Affordable Housing	-		0			0	760	761		1,521
Empty Homes Scheme	0		50			50	225	225		500
Flood Defence schemes (with Env Agency)	7	173	157			157	155			312
Livermead Sea Wall structural repair	611	36	69			69				69

CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- EXPENDITURE

Annex 1

	Expend in Prev Years (active schemes only)	Actuals & Commitments 2014/15 Qtr 2	Previous 2014/15 (@ Q2 14/15)	2014/15 Q3 Adjustments	New Schemes 2014/15	Revised 4-year Plan Jan 2015				
						Total 2014/15 Revised	2015/16	2016/17	2017/18	Total for Plan Period
Meadfoot Sea Wall structural repair	223	25	43			43				43
Oldway Estate works			400			400				400
Old Toll House, Torquay			150			150				150
Princess Pier - Structural repair (with Env Agency)	-		200			200	1,650			1,850
Princess Promenade Phase 3	169	6	0			0				0
Riviera Centre renewal	883	217	246			246	11			257
SWIM Torquay - improve facilities	571	58	9			9				9
TCCT - Grant re Green Heart Project			100			100				100
Torre Abbey Renovation - Phase 2	4,941	90	128	(28)		100	28			128
Torre Valley North Enhancements	3		62	(62)		0	124			124
Transport - Edginswell Station	1	32	159			159				159
Transport Gateway Enhancement	86	6	14			14				14
Transport Integrated Transport Schemes	-	98	1,487			1,487	590	(132)	(528)	1,417
Transport Structural Maintenance	-	327	1,358			1,358	840			2,198
Transport Western Corridor	65	4	240			240	300			540
	7,560	1,072	4,872	(90)	0	4,782	4,683	854	(528)	9,791
<b>Public Health</b>										
Disabled Facilities Grants	-	172	427			427	519	0	0	946
	0	172	427	0	0	427	519	0	0	946
	11,405	4,040	11,461	(90)	0	11,371	8,097	4,004	472	23,944
<b>New Ring Fenced or Specific Funding (12/13)</b>										
<b>Adults &amp; Resources</b>										
Payroll Project	0	220	370			370				370
Corp Bldgs - Autism Enhancements				19		19				19
	0	220	370	19	0	389	0	0	0	389
<b>Childrens, Schools &amp; Families</b>										
2 Year Olds Provision	60		193			193	0	0	0	193
Devolved Formula Capital		79	274			274	0	0	0	274

CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- EXPENDITURE

Annex 1

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	Expend in Prev Years (active schemes only)	Actuals & Commitments 2014/15 Qtr 2	Previous 2014/15 (@ Q2 14/15)	2014/15 Q3 Adjustments	New Schemes 2014/15	Revised 4-year Plan Jan 2015				
						Total 2014/15 Revised	2015/16	2016/17	2017/18	Total for Plan Period
Key Stage 1 Free School Meals		55	122			122				122
<b>Place &amp; Resources</b>	60	134	589	0	0	589	0	0	0	589
Brixham Harbour - Victoria Breakwater	46	(6)	4			4	0	0	0	4
DfT Better Bus Areas	62	149	400			400	0	0	0	400
DfT Local Sustainable Transport Fund (Ferry/Cycle)	1,344	136	164			164		0	0	164
Env Agency - Winter 2013/14 Storms damage		382	408			408				408
Local Transport Board schemes		19	125			125	2,900	6,900	5,425	15,350
Public Toilets - Utilities saving measures	61	27	38			38	0	0	0	38
Riviera Renaissance (Coastal Communities Fund)	479	170	170			170		0	0	170
Small Ports Recovery Fund - Winter 13/14		90	295			295				295
Torbay Leisure Centre - structural repairs	519	26	26			26	0	0	0	26
Paignton Picture House					50	50				50
	2,511	993	1,630	0	50	1,680	2,900	6,900	5,425	16,905
	2,571	1,347	2,589	19	50	2,658	2,900	6,900	5,425	17,883
<b>Prudential Borrowing Schemes</b>										
<b>Place &amp; Resources</b>										
Beach Hut Acquisition/Renewal (Broadsands, Meadfoot)	601	517	1,390	(200)		1,190	200			1,390
Council Fleet Vehicles	227	34	132			132	103			235
Office Rationalisation Project Ph 2 - Project Remainder	8,079	132	607			607				607
On Street Parking meters	804	51	53			53				53
Paignton Velodrome Cyclopark	477	412	323			323				323
Princess Promenade ( Western Section) Repairs	3,834	(47)	0			0				0
South Devon Link Road - Council contribution	1,310	9,001	9,000	(1,500)		7,500	7,007	1,500	2,907	18,914
Street Lighting - Energy reduction		430	515			515				515
TEDC Capital Loans					2,475	2,475				2,475
TOR2 grant - Refuse transfer vehicles			378	54		432				432
Torquay Harbourside Public Realm			0			0				0

CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- EXPENDITURE

Annex 1

	Expend in Prev Years (active schemes only)	Actuals & Commitments 2014/15 Qtr 2	Previous 2014/15 (@ Q2 14/15)	2014/15 Q3 Adjustments	New Schemes 2014/15	Revised 4-year Plan Jan 2015				
						Total 2014/15 Revised	2015/16	2016/17	2017/18	Total for Plan Period
Torre Abbey Pathway	47		3			3				3
Torquay Inner Harbour Pontoons	135	774	765			765				765
	15,514	11,304	13,166	(1,646)	2,475	13,995	7,310	1,500	2,907	25,712
	15,514	11,304	13,166	(1,646)	2,475	13,995	7,310	1,500	2,907	25,712
<b>Contingency</b>										
General Capital Contingency	0		0			0	631	0	0	631
	0	0	0	0	0	0	631	0	0	631
<b>TOTALS</b>	<b>43,176</b>	<b>17,345</b>	<b>30,327</b>	<b>(2,178)</b>	<b>2,525</b>	<b>30,674</b>	<b>20,351</b>	<b>12,404</b>	<b>8,804</b>	<b>72,233</b>
<b>CAPITAL INVESTMENT PLAN - QUARTER 3 2014/15- FUNDING</b>										
Supported Borrowing			437			437	67			504
Unsupported Borrowing			13,856	(1,928)	1,975	13,903	8,682	2,720	3,907	29,212
Grants			13,505	(477)	40	13,068	9,044	8,481	4,512	35,105
Contributions			529	(55)		474	385	48		907
Reserves			860	228	10	1,098	771	100	385	2,354
Revenue			389		500	889	300	505		1,694
Capital Receipts			751			751	1,102	550		2,403
<b>Total</b>			<b>30,327</b>	<b>(2,232)</b>	<b>2,525</b>	<b>30,620</b>	<b>20,351</b>	<b>12,404</b>	<b>8,804</b>	<b>72,179</b>



**Meeting: Council**

**Date: 26 February 2015**

**Wards Affected: All Wards in Torbay**

**Report Title: Council Tax 2015/2016**

**Executive Lead Contact Details: Gordon Oliver, Mayor and Executive Lead for Finance and Audit, 01803 207001, mayor@torbay.gov.uk**

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## 1. Purpose

- 1.1 The purpose of this report is to enable the Council to calculate and set the Council Tax for 2015/16.

## 2. Proposed Decisions

### **That the Council notes:**

- 2.1 that in December 2014 the Council calculated the Council Tax Base for 2015/16:-
- a) For the whole Council area as 42,370.75, [Item T in the formula in Section 31B of the Local Government Finance Act 1992, as amended (the "Act")]; and
  - b) For dwellings in the Brixham Town Council area as 5,719.39 to which a Parish precept relates;
- 2.2 that the Police and Crime Commissioner for Devon and Cornwall and the Devon and Somerset Fire and Rescue Authority have issued precepts to the Council in accordance with Section 40 of the Local Government Finance Act 1992 for each category of dwellings in the Council's area as indicated in the table in paragraph 2.5 below;

### **That the Council approves:**

- 2.3 the Council Tax requirement for the Council's own purposes for 2015/16 (excluding Brixham Town Council) of £53,436,718;
- 2.4 that the following amounts be calculated for the year 2015/16 in accordance with Chapter Three of the Act:

- a) £273,945,955 being the aggregate of the amounts which the Council estimates for the items set out in Section 31A(2) of the Act taking into account the precept issued to it by Brixham Town Council;
- b) (£220,286,209) being the aggregate of the amounts which the Council estimates for the items set out in Section 31A(3) of the Act;
- c) £53,659,746 being the amount by which the aggregate at 2.4(a) above exceeds the aggregate at 2.4(b) above, calculated by the Council in accordance with Section 31A(4) of the Act as its Council Tax Requirement for the year (item R in the formula in Section 31B of the Act);
- d) £1266.43 being the amount at 2.4(c) above (Item R), all divided by Item T (2.1(a) above), calculated by the Council, in accordance with Section 31B of the Act, as the basic amount of its Council Tax for the year (including Parish precepts);
- e) £223,028 being the aggregate amount of all special items (Brixham Town Council) referred to in Section 34(1) of the Act;
- f) £1,261.17 being the amount at 2.4(d) above less the result given by dividing the amount at 2.4(e) above by Item T (2.1(a) above), calculated by the Council, in accordance with Section 34(2) of the Act, as the basic amount of its Council Tax for the year for dwellings in those parts of its area to which no Parish precept relates;

2.5 that the Council, in accordance with Chapter Three of the Local Government Finance Act 1992, hereby sets the aggregate amounts shown in the tables below as the amounts of Council Tax for 2015/16 for each part of its area and for each of the categories of dwellings:

	Valuation Band							
	A	B	C	D	E	F	G	H
Ratio of each band to Band D	6/9	7/9	8/9	9/9	11/9	13/9	15/9	18/9
	£	£	£	£	£	£	£	£
Torbay Council	840.78	980.91	1,121.04	<u>1,261.17</u>	1,541.43	1,821.69	2,101.95	2,522.34
Police and Crime Commissioner	112.98	131.81	150.64	169.47	207.13	244.79	282.45	338.94
Devon and Somerset Fire and Rescue Authority	52.28	60.99	69.71	78.42	95.85	113.27	130.70	156.84
Aggregate of Council Tax	<b>1,006.04</b>	<b>1,173.71</b>	<b>1,341.39</b>	<b>1,509.06</b>	<b>1,844.41</b>	<b>2,179.75</b>	<b>2,515.10</b>	<b>3,018.12</b>

Requirements ex. Town Council								
Brixham Town Council	26.00	30.33	34.67	39.00	47.67	56.33	65.00	78.00
Aggregate of Council Tax Requirements including Brixham Town Council	<b>1,032.04</b>	<b>1,204.04</b>	<b>1,376.06</b>	<b><u>1,548.06</u></b>	<b>1,892.08</b>	<b>2,236.08</b>	<b>2,580.10</b>	<b>3,096.12</b>

2.6 That the Council's basic amount of Council Tax for 2015/16 is not excessive in accordance with principles approved under Section 52ZB Local Government Finance Act 1992. (see paragraph 5.3)

### 3 Action Needed

3.1 The Council has a statutory obligation to set a Council Tax Requirement and a Council Tax for the Torbay area, including the demands of the precepting bodies, for 2015/16 before 11<sup>th</sup> March in the preceding financial year. By approving proposed decisions the Council will meet that requirement.

### 4 Summary

4.1 Members should note that due to the complexity of setting the council tax level in accordance with statute it is not possible to simplify this report.

4.2 The Council is required, in accordance with the Local Government Finance Act 1992, as amended by the Localism Act 2011, to set an amount of Council Tax for each of the eight Valuation Bands for the coming financial year before 11<sup>th</sup> March. This is a matter of calculation only but in accordance with Section 67 of the Act has to be set by the Council.

4.3 The Council approved the statutory Tax Base for Torbay at its meeting in December 2014 as 42,370.75 for the year 2015/16, and approved the 2015/16 Tax Base for Brixham Town Council as 5,719.39. When the "Council Tax Requirements" of the Police and Crime Commissioner for Devon and Cornwall, the Devon and Somerset Fire and Rescue Authority and Torbay Council (including Brixham Town Council) are determined, it remains only to make the statutory "basic tax" calculations in accordance with the Local Government Finance Act 1992, as amended by the Localism Act 2011, and "set" the tax for the eight Valuation Bands A to H ranging from 6/9ths to 18/9ths of the basic amount – "Band D".

4.4 The precept levels of other precepting bodies have been received. These are detailed below:

4.5 Brixham Town Council

Brixham Town Council met on 15th January 2015 and set their precept at £223,028. This results in a Band D Council Tax for 2015/16 of £39.00, (£34.49 14/15), which is an increase of 13.08%.

4.6 Police and Crime Commissioner (PCC) for Devon & Cornwall

The Police and Crime Commissioner for Devon and Cornwall met on 6<sup>th</sup> February 2015 and set a precept at £7,180,571, adjusted by a Collection Fund contribution of £131,240 to result in an amount due from the Council as billing authority of £7,311,811. This results in a Band D Council Tax for 2015/16 of £169.47, (£166.16 14/15), an increase of 1.99%.

4.7 Devon and Somerset Fire and Rescue Authority

Devon and Somerset Fire and Rescue Authority met on 20th February 2015 and set their precept at £3,322,714, adjusted by a (Council tax) Collection Fund contribution of £60,792 to result in an amount due from the Council as billing authority of £3,383,506. This results in a Band D Council Tax for 2015/16 of £78.42, (£76.89 14/15), an increase of 1.99%.

4.8 If the formal Council Tax Resolutions within 2.5 above are approved, the total basic amount "Band D" of Council Tax will be as follows:

	2014/15 £	2015/16 £	2015/16 % Change
Torbay Council	1,261.17	1,261.17	0%
Police and Crime Commissioner	166.16	169.47	1.99%
Devon and Somerset Fire and Rescue Authority	76.89	78.42	1.99%
<b>Sub-Total</b>	<b>1,504.22</b>	<b>1,509.06</b>	<b>0.32%</b>
Brixham Town Council (only payable by Brixham residents)	34.49	39.00	13.08%
<b>Total</b>	<b>1,538.71</b>	<b>1,548.06</b>	<b>0.61%</b>



## Supporting Information

### 5 Position

- 5.1 The Mayor presented the 2015/16 revenue budget proposal to Council on 5<sup>th</sup> February which was adjourned to the 12<sup>th</sup> February 2015. The Council approved the budget on the 12<sup>th</sup> February and set a net budget for 2015/6 for Torbay Council at £110.042 million. This is net expenditure before the Council's general income and funding, which includes a 49% share of business rates retention, NNDR top up grant, revenue support grant, other general grants and any collection fund surplus or deficit.
- 5.2 This results in a Council Tax requirement for the Torbay Council element of £53.437 million. Including the Brixham Town Council precept the Council Tax requirement is £53.660 million.
- 5.3 Expenditure at that level for Torbay Council will result in a Band D Council Tax for 2015/16 of £1,261.17, a 0% increase in the Torbay Council element of the Council tax.
- 5.4 Under section 52ZB(1) of the Local Government Finance Act 1992 ("the 1992 Act") as inserted by Schedule 5 to the Localism Act 2011, each billing authority and precepting authority must determine whether its relevant basic amount of council tax for a financial year ("the year under consideration") is excessive. If an authority's relevant basic amount of council tax is excessive a referendum must be held in relation to that amount.
- 5.5 The question whether an authority's relevant basic amount of council tax for a financial year ("the year under consideration") is excessive must be decided in accordance with a set of principles determined by the Secretary of State for the year.
- 5.6 The "Referendums Relating to Council Tax Increases (Principles) Report 2015/16 said:-  
"For 2015-16, the relevant basic amount of council tax of an authority..... is excessive if the authority's relevant basic amount of council tax for 2015-16 is 2%, or more than 2%, greater than its relevant basic amount of council tax for 2014-15".
- 5.7 For Torbay Council if the formal Council Tax Resolutions within 2.4 above are approved the change in the "relevant basic amount" (i.e. the Band D Council tax) is 0%.
- 5.8 The gross expenditure and income figures included at 2.4 (a) and 2.4 (b) are based on the budget digest information presented to Council in February, adjusted for any inter service allocations and for Academy schools funding recoupment.

### 6 Possibilities and Options

- 6.1 Statutory requirement, there are no alternative options.

## **7 Preferred Solution/Option**

7.1 Statutory requirement, there are no alternative options.

## **8 Consultation**

8.1 There has been extensive consultation on the budget proposals with all Members and through the Overview and Scrutiny Board meetings held in 2014 and in January 2015 and consultation with stakeholders and residents through a series of Community Partnership meetings and Council staff.

## **9 Risks**

9.1 The Council must set the Council Tax before 11<sup>th</sup> March each year. The Collection of Council Tax income is essential to ensure the services provided by the Council and the other precepting bodies are adequately funded.

9.2 If the Council fails to set a Council Tax before 11<sup>th</sup> March, it will be in breach of its statutory obligation and subject to legal challenge.



**Meeting:** Council

**Date:** 26 February 2015

**Wards Affected:** All Wards in Torbay

**Report Title:** Provisional Calendar of Meetings for 2015/2016

**Executive Lead Contact Details:** Councillor Beryl McPhail, Executive Lead for Business Planning and Governance, Telephone 207828, Email [beryl.mcphail@torbay.gov.uk](mailto:beryl.mcphail@torbay.gov.uk)

**Supporting Officer Contact Details:** Kay Heywood, Telephone 207026, Email [kay.heywood@torbay.gov.uk](mailto:kay.heywood@torbay.gov.uk)

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## 1. Purpose

- 1.1 To seek approval for the provisional calendar of meetings for the 2015/2016 Municipal Year.

## 2. Proposed Decision

- 2.1 That the provisional calendar of meetings for 2015/2016, set out in Appendix 1 to the submitted report, be approved for final ratification at the Annual Council Meeting.
- 2.2 That meetings of the Employment Committee and Civic Committee be held on an ad-hoc basis, to be determined by the Governance Support Manager in consultation with the relevant Chairman/woman.
- 2.3 That the Priorities and Resources meetings be determined by the Governance Support Manager in consultation with the relevant Chairman/woman, after the Elections in May 2015.

## 3. Summary

- 3.1 The provisional calendar of meetings for 2015/2016 (attached at Appendix 1) has been prepared based on the Council's decision-making structure and in accordance with the Council's Standing Orders.

## Supporting Information

### 4. Position

- 4.1 Before the end of each Municipal Year the Council considers the provisional calendar of meetings for the following Municipal Year, which is then ratified at the Annual Council Meeting.

The following meetings have been scheduled in the calendar for 2015/2016.

- Council;
  - Development Management Committee;
  - Licensing Committee;
  - Licensing Sub-Committee;
  - Harbour Committee;
  - Health and Wellbeing Board
  - Standards Committee;
  - Audit Committee;
  - Appeals Committee (Transport);
  - Overview and Scrutiny Board;
  - Health Scrutiny Board;
- 4.2 The meetings of the Council have been programmed to allow sufficient reporting time between the meetings for the plans and strategies which are required to be approved through the Council's Policy Framework process and for the budget setting process.
- 4.3 The Annual Council meeting which was scheduled to take place on 26 May 2015 has been changed to 11.00 a.m. on 1 June 2015 to avoid the school half term holiday with the adjourned Annual Council meeting being held at 1.00 p.m. on 1 June 2015 with the civic dinner being held in the evening.
- 4.4 The draft calendar has also been structured to allow, wherever possible, for each type of meeting to be allocated a certain day e.g. Development Management Committee to meet on Mondays, Licensing Sub-Committees on Thursdays and Council on Thursdays.
- 4.5 Meetings of the Employment Committee and Civic Committee are proposed to be held on an ad hoc basis, to be determined by the Governance Support Manager in consultation with the relevant Chairman/woman.
- 4.6 It is proposed that the Priorities and Resources meetings will be determined by the Governance Support Manager in consultation with the relevant Chairman, after the Elections in May 2015 to enable the Mayor and Administration to determine how they wish the budget meetings to be run.
- 4.7 The Health Scrutiny Board will be undertaking its work using Review Panel methodology with visits and informal meetings forming the basis of its work. The Health Scrutiny Liaison Group will continue to meet with the NHS Trusts during the course of the Year. Meetings of the Health Scrutiny Board will be arranged on an ad hoc basis, normally to discuss proposed changes in services. Due to the nature of service change, programmed meetings invariably do not meet the timetables required for such discussions and it is therefore more efficient for meetings to be arranged as required.

## 5. Possibilities and Options

- 5.1 Wherever possible the timings of meetings have been set in accordance with the needs of the Committee Members and the Public, for example the Licensing Sub-Committees convene at 9:30 a.m. which is suitable for those making representations. Timings are kept under constant review by the Governance Support Manager. There is a small risk that some people will still not be able to attend these meetings, however, in most cases where public participation is permitted, the Council will accept written representations to enable people to put their points of view across.

## 6. Preferred Solution/Option

- 6.1 Members may wish to set alternative dates for meetings. However, the meetings have been timetabled to allow sufficient time for the reporting of the plans and strategies which make up the Council's Policy Framework and the Council's budget setting process. A calendar of meetings is required under Standing Orders and facilitates the organisation of the Municipal Year.

## 7. Consultation

- 7.1 The Mayor, Group Leaders and the Executive Director have been consulted on the draft provisional calendar of meetings for 2015/2016.

## 8. Risks

- 8.1 Each Business Unit will be involved in preparing reports and officers will be required to present reports at meetings where appropriate.

## Appendices

Appendix 1 Provisional Calendar of Meetings 2015/2016

### Documents available in members' rooms

None

### Additional Information

#### Background Papers:

The following documents/files were used to compile this report:

Constitution of Torbay Council -

<http://www.torbay.gov.uk/DemocraticServices/ieListMeetings.aspx?CId=458&info=1>

**SCHEDULE OF COUNCIL AND COMMITTEE MEETINGS  
1 May 2015 - 31 May 2016**

		MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Appeals Committee (Transport)	9.30 am Wednesday					16	14	11	16	13	10	16	13	
Audit Committee	2.00 pm Wednesday			29		23				20		23		
Council	5.30 pm Thursday		Annual Council 1 11 am (Mon) Adjourned Annual Council 1 1pm (Mon)	23		24	29		10		4 11 25			Annual Council 10 (Tue) Ajoined Annual Council 11 (Wed)
Development Management Committee	2.00 pm Monday	18	8	13	10	14	12	9	14	11	8	14	11	9
Employment Committee	Ad Hoc		23											
Harbour Committee	5.30 pm Monday		15			21			21			21		
Health and Wellbeing Board	3.00 pm Thursday		18	22 (Wed)			8		3		23 (Tue)	24		
Licensing Committee	9.30 am Thursday	28						12						
Licensing Sub-Committee	9.30 am Thursday		4 11 18 25	2 9 16 23 30	6 13 20 27	3 10 17 24	1 8 15 22 29	5 19 26	3 10 17 24 31	7 14 21 28	4 11 18 25	3 10 17 24 31	7 14 21 28	5 12 19
Overview and Scrutiny Board	5.30 pm Wednesday			8		9	14	25		27	3 17		27	
Standards Committee	2.30 pm Wednesday		24					18			24			

## **Petition for Debate – Covenant for Cary Green (Mayoral Decision) – Council 26 February 2015**

**1336 paper signatures  
90 e-petition signatures**

As freehold land owner, Torbay Council is asked to covenant with the residents of Torquay not to allow any development of Cary Green without first obtaining the agreement of the majority of the residents of Torquay at a referendum.

In 2012, Torbay Council made a covenant with the residents of Paignton promising not to allow any development of Paignton Green without the agreement of the residents of the Paignton Ward. In July 2014, the Council then made a covenant with the residents of St Marychurch & Babbacombe promising not to allow any development of Babbacombe downs without the agreement of the majority of residents. In September 2014, the Mayor agreed to make a covenant with the residents of Churston and Galmpton not to allow any development of Churston Golf Course.

The residents of Torquay ask to be treated equally.

For the residents of Torbay, Cary Green is a highly valued 'open green space' at the centre of Torquay town. It provides an oasis of green between the Torquay town and the harbour area. Its unique environment is greatly enjoyed as a community space where families can gather and play, and is visited throughout the year by the local and wider communities of Torbay and visitors alike.

**Submitted by Patricia Bishop**

# Agenda Item 15

## **Public Question – The Pavilion (Mayoral Decision) – Council 26 February 2015**

Over the last two summers the Pavilion has remained closed with no clear re-development in the near future.

What consideration has the Council given to force MDL to open the Pavilion for either retail or hospitality use?

**Submitted by Amanda Darling**





**Meeting:** Council

**Date:** 26 February 2015

**Wards Affected:** Tormohun

**Report Title:** Windmill Hill Covenant (Mayoral Decision)

**Is the decision a key decision?** Yes

**When does the decision need to be implemented?**

**Executive Lead Contact Details:** Councillor R Excell, Executive Lead for Safer Communities, Highways, Environment and Sport, 207579, [Robert.Excell@torbay.gov.uk](mailto:Robert.Excell@torbay.gov.uk)

**Supporting Officer Contact Details:** Patrick Carney, Group Service Manager – Streetscene and Place – 207710, [Patrick.Carney@torbay.gov.uk](mailto:Patrick.Carney@torbay.gov.uk)

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## 1. Purpose and Introduction

- 1.1 The purpose of the report is to consider options to protect the area of Windmill Hill shown edged red on the attached plan and to allow the present uses of Windmill Hill to continue as well as new uses, provided that they are supported by the community.

## 2. Proposed Decision

- 2.1 That the Council considers entering into a deed covenanting with the residents around the Windmill Hill playing fields as follows:-

“Torbay Council covenants with all inhabitants of the ward of Tormohun that for a period of 40 years beginning on the date of this deed it will not on the land shown edged red on the plan attached erect or permit the erection of any permanent structure or permit the sale and/or consumption of alcohol without any such proposal first obtaining the majority of votes in a referendum of the persons who at the day of the referendum would be entitled to vote as electors at an election of councillors for Tormohun Ward and are registered as local government electors at an address within this Ward. For the purpose of this covenant ‘permanent structure’ shall mean any structure intended to remain on the land for a period greater than 3 months. This covenant shall not apply to the installation, construction or renewal (whether by statutory undertakers or otherwise) of any media for the supply or removal, electricity, gas, water, sewage, energy, telecommunications, data and all other services and utilities and all structures, machinery and equipment ancillary to those media/or to the installation of street furniture and sports equipment. Nothing contained or implied in this deed shall prejudice or affect the exercise by the Council of its regulatory functions under the Town and Country Planning Act 1990 or any other statute or statutory instrument.”

### 3. Reason for Decision

- 3.1 An application was made in 2014 by representatives of the community for a covenant on Windmill Hill.
- 3.2 By entering into the deed of covenant with the residents around the Windmill Hill Playing Field the Council will be unable to carry out substantial development of the open space without first obtaining consent of the majority of those residents taking part on a referendum on the proposals. The Covenant would also prevent the consumption of alcohol on the land as well as any change of use
- 3.3 The land affected by the covenant shall be that shown edged red on the plan attached to this report.
- 3.4 The Council cannot dispose of its land (disposal means selling, granting interests in land such as covenants and leases) unless it can achieve best value for it. It would therefore be incumbent on the Council to seek the best consideration reasonably obtainable for the covenant, unless the Council has the specific consent of the Secretary of State or it can rely on a General Consent Order.

This covenant would be granted for no consideration. The Council may be able to rely on a General Consent Order whereby deemed consent is given to an undervalue disposal of land if;

‘the difference between the unrestricted value of the land to be disposed of and the consideration for the disposal does not exceed £2m’.

Determining the value of the covenant is not easy. It will be enjoyed by and confined to those with an interest in land capable of being benefited by the covenant. That value (the enhanced value of their land with the covenant in place) will need to be assessed by a valuer.

Depending upon the outcome of the valuation exercise, it may be possible to rely on the General Consent Order. If, however, the enhanced value of the properties exceeds £2m, an application for the Secretary of State’s specific consent would be required.

Another procedure that will need to take place beforehand is that a notice of the Council’s intention to grant the covenant will need to be advertised in the Herald Express for two consecutive weeks and any objections to the proposed covenant will need to be duly considered.

For more detailed information on this proposal please refer to the supporting information attached.

## **Supporting Information**

### **4. Position**

- 4.1 An application has been made by a representative of the community to place a covenant on Windmill Hill.
- 4.2 There is currently no intention to develop any of the land edged red on the plan. However the Council may wish to make changes to the site in relation to providing new changing facilities.
- 4.3 If a covenant is placed, should the Council wish to build a structure, permit the consumption of alcohol or allow a change of use on any part of the land edged red on the plan in the future it will be required to hold a referendum of the residents of the ward specified in the covenant with the majority of those voting, voting in favour of such structure or structures.

### **5. Possibilities and Options**

- 5.1 To take no action as use of the land is controlled through the political and planning process.
- 5.2 To enter into the deed of covenant.
- 5.3 To add exemptions (in addition to temporary structures) allowing certain types of development to take place on the Covenant Land.

### **6. Fair Decision Making**

- 6.1 Public consultation has been carried out and a survey is included in Appendix 2. The results show that the local residents support the implementation of a covenant or some type of protection for the site.
- 6.2 Internal consultation with Legal Services and Senior Managers resulted in the officer recommendation that the land is adequately protected.

### **7. Public Services (Social Value) Act 2012**

- 7.1 These proposals do not require the procurement of any services.

### **8. Risks**

- 8.1 Should any permanent development of the Covenant Land be proposed then it would be necessary to carry out a referendum which is likely to cost the Council in the region of £5,000. Any referendum would also create work pressures on Democratic Services. If a referendum could be held to coincide with local or national elections the costs and work pressures would however be reduced.

- 8.2 The Council is under a general duty to obtain best value when making decisions; it is difficult to argue that the Council is obtaining best value if no financial consideration is being obtained; by entering into a restrictive covenant the Council's land is worth less to a prospective purchaser of the same. Any environmental or social benefits gained from preventing development of this land could be achieved through other means (such as an assurance by Members that they wouldn't countenance development during their time in office). Possibly another solution would be to dispose of this land to a community group (for value) but make it subject to a covenant enforceable by the Council that the purchaser wouldn't develop and that the land would remain open to the public to use.
- 8.3 The Council's decisions may be open to challenge if it fails to act in a consistent manner, if a decision to enter into a restrictive covenant is made in this location then this may open the floodgates to similar applications and mean that the Council's ability to develop and/or sell its property may be compromised. Previous comments for Paignton Green could be viewed as a special case given that the potential for development has always been very limited and that the Council's decision to enter into a covenant was in some way a compromise with those attempting to argue that it should be awarded the status of a village green. However, the more sites that are voluntarily made subject to covenants, the more difficult it will be to resist future applications.

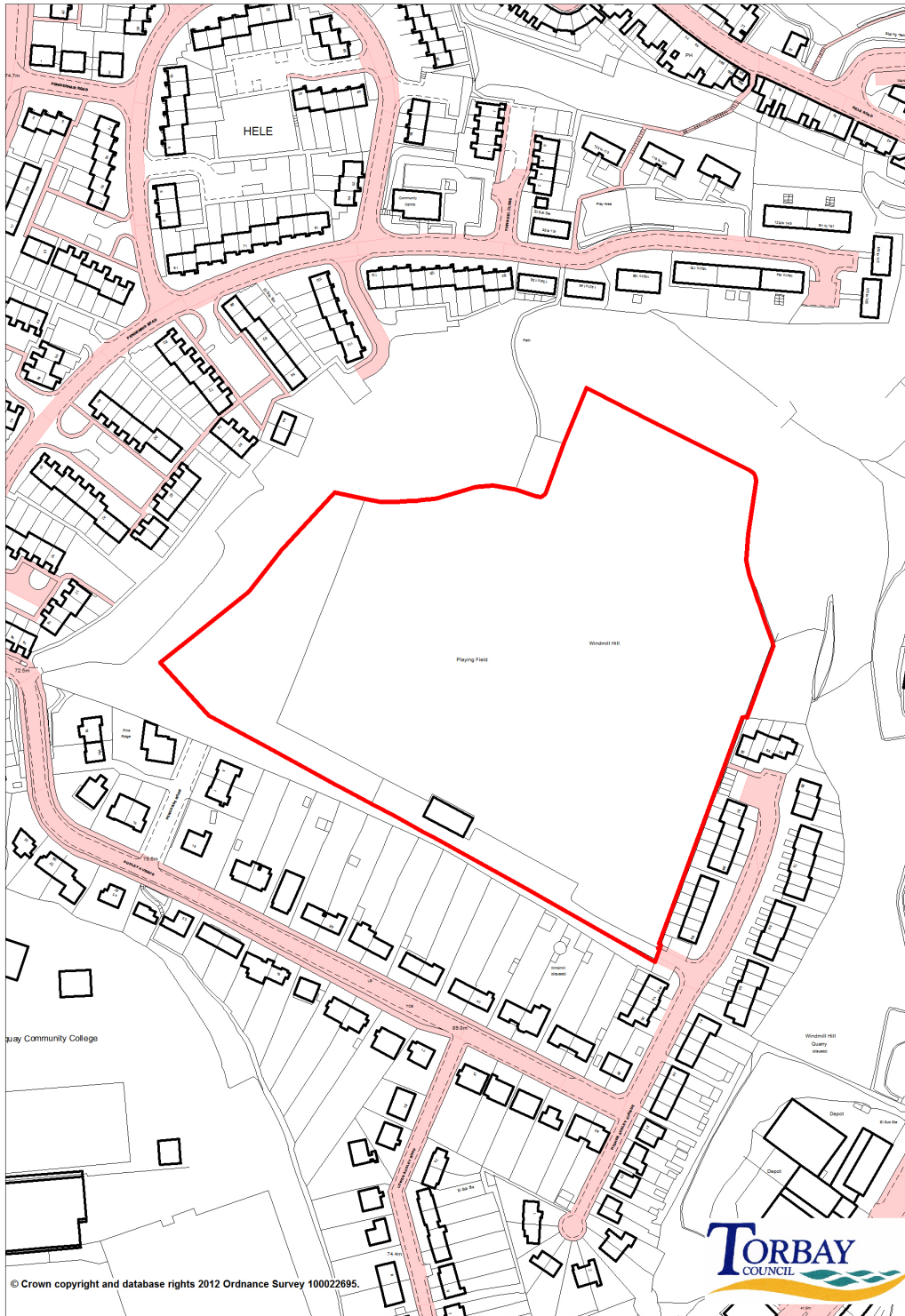
## **Appendices**

Appendix 1 – Plan of Windmill Hill Playing Fields

Appendix 2 – Results of public consultation

## **Additional Information**

None.





# Windmill Hill Covenant Consultation Report

January 2015

Method	Number of questionnaires returned	Percent of questionnaires returned
Paper	311	99.0%
Online	3	1.0%
<b>Total</b>	<b>314</b>	<b>100%</b>

This survey was open between 15 December 2014 and 23 January 2015



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## **1. Executive Summary**

Windmill Hill playing fields are currently used as a public open space with a number of football pitches and a skate park. Over the past few years there have been various discussions about how the area should be managed in the future, although its future use has always been intended to remain as public open space for the enjoyment of local residents.

During discussions between Torbay Council staff, Councillors and local stakeholders it has been suggested that a covenant should be placed on the Windmill Hill playing fields area. A covenant, in this instance, is a legal agreement which would prevent certain changes to the site from taking place without the agreement of the local community. Changes would have to be established through a referendum of the residents of the roads being consulted (Audley Avenue, Higher Audley Avenue, Lower Audley Avenue, Pendennis Road, Pencourse Road).

Covenants can protect land for a period which could vary from 25 years to 100 years. Covenants usually restrict building on a piece of land or substantial change of use from its current status. In this instance, it is proposed a covenant will prevent additional development beyond the existing building's footprint (square feet) and height, and the sale and consumption of alcohol on the site. However, covenants can be restrictive and prevent future generations from making changes to them, unless a referendum is carried out with the residents of roads being consulted at this time. A consultation was undertaken to measure the amount of community support for implementing a covenant on the Windmill Hill site.

Consultation started on 15 December 2014 and closed on the 23 January 2015. A paper questionnaire was distributed to houses surrounding the Windmill Hill site by local residents and an on line version of that survey was published on the Torbay Council website.

Once the results have been reviewed, consideration will be given to drafting a covenant to reflect the community's view.

## **2. Quality Assurance**

To ensure the quality of data provided, all information received through both the on line and paper surveys was verified and moderated. This provides assurance that the results presented overleaf are an accurate representation of respondents' views.



### 3. Summary of results

Q1) Please give your postcode and road name to verify that you are a resident of the area being surveyed.

Postcode	Number	Percent
TQ2 7PD	64	20.4%
TQ2 7PG	49	15.6%
TQ2 7PB	44	14.0%
TQ2 7QS	40	12.7%
TQ2 7QS	40	12.7%
TQ2 7QR	27	8.6%
TQ2 7PQ	26	8.3%
TQ2 7PF	21	6.7%
TQ2 7QB	14	4.5%
TQ2 7QZ	13	4.1%
TQ2 7PE	7	2.2%
TQ2 7QA	6	1.9%
No answer	3	1.0%
	<b>314</b>	<b>100%</b>

Road name	Number	Percent
Audley Avenue	111	35.4%
Pendennis Road	98	31.2%
Higher Audley Avenue	69	22.0%
Lower Audley Avenue	26	8.3%
Pencourse Road	7	2.2%
No answer	3	1.0%
<b>Total</b>	<b>314</b>	<b>100%</b>

**Q2) Do you think there should be a covenant protecting Windmill Hill playing fields as a public open space?**

	Number	Percent
Yes	313	99.7%
No	1	0.3%
Don't know	0	0.0%
No answer	0	0.0%
<b>Total</b>	<b>314</b>	<b>100%</b>

**Q3) If a covenant is put in place, do you think it should prevent the existing changing rooms from increasing beyond its current footprint (square feet) and height?**

	Number	Percent
Yes	294	93.6%
No	12	3.8%
Don't know	7	2.2%
No answer	1	0.3%
<b>Total</b>	<b>314</b>	<b>100%</b>

**Q4) Should any covenant prevent the sale and consumption of alcohol at the site?**

	Number	Percent
Yes	307	97.8%
No	3	1.0%
Don't know	3	1.0%
No answer	1	0.3%
<b>Total</b>	<b>314</b>	<b>100%</b>

**Q5) How many years do you think any covenant at Windmill Hill should last?**

	Number	Percent
25 years	27	8.6%
40 years	9	2.9%
60 years	22	7.0%
100 years	254	80.9%
No answer	2	0.6%

Total	314	100%
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**Q6) Other comments:**

This question was for free text allowing respondents to make written comments. These comments have been categorised into popular themes. The numbers in brackets indicate the number of responses in that theme. Individual comments may be classified under more than one theme.

Please note: Not all respondents may have answered this question

Category	Comments made by respondents
<b>Alcohol (17)</b>	<p><i>"If its unacceptable for spectators at Torquay UTD, a professional football club, to be allowed to watch football being played whilst drinking alcohol, why should it be allowed to be served in a public open space which is unpoliced or stewarded. It makes no sense there is no need for alcohol."</i></p> <p><i>"Windmill hill is an amenity in the heart of a housing area. It is a safe area for people to live and children to play. This would change the whole area if the field was privatised wholly or partly and alcohol was permitted to be sold at any time day or night. These fields must be kept for the use of the public and general sport."</i></p> <p><i>"We don't need another pub/club near our house"</i></p>
<b>Protect the space (17)</b>	<p><i>"It is important to keep Windmill Hill an open green space to be enjoyed by local residents for future generations."</i></p> <p><i>"This space should be a green space and protected for the future generations for my children and grandchildren and their children....."</i></p> <p><i>"I think this space should be available for everyone to use at any time".</i></p>
<b>Other (15)</b>	<p><i>"CCTV and lighting please up at windmill"</i></p> <p><i>"Even though the residents might have a say in the use of the area, at no stage should any maintenance cost be borne by the residents. The council should also ensure their planned maintenance schedules and budgets do not neglect the area like what has happened to Stoodley Knowle field"</i></p> <p><i>"I'm new to the area and enjoy the lovely green area and peace and quiet and very much appreciate what the residents are trying to achieve".</i></p>

<b>Parking / Traffic (10)</b>	<p><i>“Area for car parking should be considered”</i></p> <p><i>“My son was knocked over outside my house when there was a football game on and everyone that couldn't park in the spaces at the ground parked both sides of our road, could this happen again?”</i></p>
<b>Community Facility (9)</b>	<p><i>“I have no objection to the football club developing the site if the community is involved and development is controlled and the space remain public access.”</i></p> <p><i>“It should be used as a facility for the whole community to enjoy a variety of sporting activities etc”.</i></p>
<b>Development (9)</b>	<p><i>“As a resident in this area for eight years i know most of the neighbours in lower Audley Avenue and none of them are in support of any major developments in this public space”</i></p> <p><i>“Keep up improvements to existing building”.</i></p>

## Respondent Profile

Q7) Are you?

	Number	Percent
Male	129	41.1%
Female	154	49.0%
No answer	31	9.9%
<b>Total</b>	<b>314</b>	<b>100%</b>

Q8) Which of the following age groups applies to you?

	Number	Percent
0 – 15	1	0.3%
16 – 24	31	9.9%
25 – 34	28	8.9%
35 – 44	35	11.1%
45 – 54	55	17.5%
55 – 64	53	16.9%
65 –74	58	18.5%
75+	24	7.6%
No answer	29	9.2%

<b>Total</b>	<b>314</b>	<b>100%</b>
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**Q9) Do you consider yourself to be disabled in any way?**

	<b>Number</b>	<b>Percent</b>
Yes	43	13.7%
No	217	69.1%
No answer	54	17.2%
<b>Total</b>	<b>314</b>	<b>100%</b>

For further information please contact the Policy Performance and Review team on 01803 207227 or email [consultation@torbay.gov.uk](mailto:consultation@torbay.gov.uk)

The information used to collate this report has been collected and processed in accordance with the Data Protection Act, 1998.

# Agenda Item 17



**Meeting: Torbay Council**

**Date: 26 February 2015**

**Wards Affected: St Marychurch**

**Report Title: Registration of Land within Maidencombe as a Village Green**

**Executive Lead Contact Details: The Mayor, 01803 207001, [Mayor@torbay.gov.uk](mailto:Mayor@torbay.gov.uk)**

**Supporting Officer Contact Details: Chris Bouchard, Head Valuer, Torbay Development Agency. 01803 207920, [Chris.Bouchard@tedcltd.com](mailto:Chris.Bouchard@tedcltd.com)**

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## **1. Purpose and Introduction**

- 1.1 On 26 September 2013 this matter went before Council and a decision was made to register the land as a Village Green but that registration only to take effect upon the transfer of the land (for no consideration) to a company set up by the residents of Maidencombe.
- 1.2 Discussions have been held with resident groups within the village and it is not felt that the transfer of land is an option for the community at the current time.
- 1.3 This matter is therefore resubmitted for consideration to amend the previous decision made on 26 September 2013, removing the requirement for the land to be transferred before registration takes place.

## **2. Proposed Decision**

- 2.1 That Torbay Council, as Common Registration Authority, register the land shown edged red on Plan EM2295 set out at Appendix 2 to the submitted report and the land be entered in the Council's Register of Town or Village Greens by the Council's Land Charges Manager.

## **3. Reason for Decision**

- 3.1 The reason for the decision being required is that the Council has received an application from local residents to register the land as Village Green. Whilst it does not oppose such an application, it is simpler for a voluntary application as landowner to be made and that to be accepted by the Council as Commons Registration Authority.

## Supporting Information

### 4. Position

- 4.1 A report was taken to Full Council on 26 September 2013 about the registration of the land as a Village Green and a copy of the report is contained as Appendix 1 to this report.
- 4.2 The land is shown edged red on plan EM2295 (Appendix 2 to this report). It is managed by the Torbay Coast & Countryside Trust (TCCT) notwithstanding the fact that the 60-year lease for the larger area around Maidencombe has not yet been completed. It is currently used as an open space and as an occasional overflow car park by the TCCT.
- 4.3 The decision taken by the Mayor on 26 September 2013 was as follows:
- (i) That the land shown edged red on plan EM2295, be transferred for no consideration to a company set up by the residents of Maidencombe or a properly constituted trust set up for the benefit of the residents of Maidencombe; and
  - (ii) That an application be made to Torbay Council in its separate capacity as Common Registration Authority for Torbay for the land to be registered as Town or Village Green (TVG).
- 4.4 The Maidencombe residents have since indicated that they are not willing to take on the legal liabilities associated with the formation of either a company or trust and therefore another mechanism is required to obtain Town or Village Green status on the land.
- 4.5 The TCCT have confirmed that they support the proposal for the Council to register the land as a Town or Village Green.
- 4.6 The following is mentioned in the 2013 report but before agreeing to the land being registered as a town or village green Members must bear in mind the following considerations:-
- 4.6.1 Once registered the land will likely remain registered in perpetuity unless an alternative site can be identified and that site is accepted by the Secretary of State taking into account consideration laid down in the Commons Act 2006. It is not considered likely that such an application would be successful as there is no suitable alternative site. Members must note that the deregistration of a town or village green is not a decision in the gift of the Council.
  - 4.6.2 There are relatively few activities that can be carried out on land registered as town or village green. Essentially, should the land be registered, its future use shall be limited to the type of recreational activities that have been listed in paragraph 4.2 to the 2013 report. No development of the land would be able to

take place and other proposed uses may be unlawful (including the parking of cars). Whether an activity is unlawful is always a matter of fact and degree. However, if a significant proportion of a town or village green is fenced off or otherwise enclosed, so that the public cannot access that part freely, it is likely to be unlawful and therefore susceptible to legal challenge. Due to the nature of the land and the limited uses that the land has been put to date, it is not envisaged its registration as a town or village green will have a significant impact however there is always the chance that objections will be received, particularly if access to the land, or part of it, is obstructed for any reason. When considering objections the court is not entitled to consider any benefits that the activity objected to is bring to the area, however significant those benefits may be.

- 4.7 As mentioned above the TCCT currently maintain the land and it is understood that the TCCT is willing to do so after registration.

## **5. Possibilities and Options**

- 5.1 If the recommendation is not approved and the Council, as landlord, does nothing then the alternative options are as follows:
- 5.1.1 The Council, as Commons Registration Authority, considers any application from local residents to register the land as a Village Green.
- 5.1.2 The Council excludes the land from the lease to the TCCT, declares it surplus and seek to sell it on the open market. The Council will need to follow its Community Asset Transfer policy with the likelihood that the Residents Association will put in an application.
- 5.1.3 The Council (as with Paignton Green) provides a unilateral covenant not to allow any permanent structure to be erected on the site for a period of 100 years from the date of the covenant being made.

## **6. Equal Opportunities**

- 6.1 An Equalities Impact Assessment is not required in relation to this decision.

## **7. Public Services (Social Value) Act 2012**

- 7.1 The proposals do not require the procurement of services etc or the carrying out of works.



## **8. Consultation**

- 8.1 Since September 2013 further consultation has been held with the Maidencombe Residents Association (MRA) and the Maidencombe Community Group. Both are in support of the registration of the land as a Village Green.
- 8.2 The Local Access Forum was contacted by the Council prior to the submission of the 2013 report with the one comment being in support of the proposal.
- 8.3 It should also be noted that the person with the benefit of the covenant between William Coysh and Torbay Council in the conveyance dated 13 September 1934 (details in para 4.3 of the September 2013 report) have written to confirm her support to register the land as a Village Green.

## **9. Risks**

- 9.1 The risks for offering the land for registration and accepting such offer is that a future use that the Council seek to use the land for may not be possible. Any monetary value that the land may presently have will be lost.

## **Appendices**

Appendix 1 'Voluntary Registration of Land in Maidencombe as a Village Green' report submitted to the Council meeting on 26 September 2013

Appendix 2 Plan EM2295

## **Additional Information**

None



**Meeting:** Council

**Date:** 26 September 2013

**Wards Affected:** St Marychurch

**Report Title:** Voluntary Registration of Land in Maidencombe as a Village Green

**Executive Lead Contact Details:** The Mayor, 01803 207001, Mayor@torbay.gov.uk

**Supporting Officer Contact Details:** Chris Bouchard, Head of Asset Management, Torbay Development Agency. 01803 207920. Chris.Bouchard@tedcltd.com

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## 1. Purpose and Introduction

- 1.1 Residents from Maidencombe have asked for the land shown edged red on the plan numbered EM2295 ('the Land') and attached to this report to be registered as a Town or Village Green ('TVG'). The land is situated in Maidencombe village.
- 1.2 It is intended that immediately prior to the registration of the land as a TVG the land will be transferred to the residents, either by transferring the land to company set up by the residents or to a properly constituted trust with two or more residents acting as trustees
- 1.3 As landowner the Council is able to apply to itself as Commons Registration Authority for Torbay to register land as a TVG. The decisions to transfer the land and to make the application to register the land are both executive decisions and therefore decisions for the Mayor. The decision as to whether to register the land as a TVG is a Council decision.
- 1.4 As separate decisions are required (two from the Mayor and one from full Council acting as Commons Registration Authority) the recommendation is split into two parts with the second part being subject to the Mayor first agreeing to the application to register the land as Town or Village Green.

## 2. Proposed Decision

### Decision of the Mayor

- 2.1 That subject to the Council agreeing to the application to register the Land as Town or Village Green the land be transferred for no consideration to a company set up by the residents of Maidencombe or a properly constituted trust set up for the benefit of the residents of Maidencombe
- 2.2 That an application be made to Torbay Council in its separate capacity as Common Registration Authority for Torbay for the Land to be registered as

**Town or Village Green subject to the Council agreeing that registration will only be completed simultaneously with the completion of the transfer of the Land, proposed at paragraph 2.1**

### **Decision of Full Council**

**2.3 That the application to register the Land be accepted and the Land be entered in the Council's Register of Town or Village Greens by the Council's Land Charges Manager such registration to be completed simultaneously with the completion of the transfer of the Land proposed at paragraph 2.1 and not before**

### **3. Reason for Decision**

- 3.1 If the residents were to make an application to register the Land as TVG under the Commons Act 2006 then, if it so wished, there are sufficient grounds for the Council (acting as landowner) to successfully object to the application.
- 3.2 Landowners have the ability under s15(8) of the Commons Act 2006 to voluntarily apply to the relevant Commons Registration authority for their land to be registered as a TVG. It is considered that, due to the nature of the land and the fact that the majority of local residents are in support, it is appropriate for an application to be made for land to be registered as TVG and for that application to be accepted.
- 3.3 The registration is to be subject to the completion of the transfer so that if the transfer to the residents is not agreed the land is not registered as TVG and left in the Council's ownership.
- 3.3 There is a covenant preventing any buildings being erected on the land without the consent of the adjacent landowner. As such (and particularly in light of the planning considerations outlined below) it is considered to be very unlikely that the site could be developed and therefore were the land to be sold it the capital receipt would be very small.
- 3.4 In order to avoid the Council being burdened with the responsibility of maintaining the Land once it has been registered as TVG it is intended that the Land be transferred to the residents who will be responsible for the upkeep of the Land. The Land is presently maintained by TCCT and is used by TCCT use the Land for overflow parking. Once registered as TVG such use would be subject to legal challenge therefore the benefits TCCT currently derive from the Land would be lost. The transfer of the land to the residents will also mean that they control the future use of the Land so far as it is consistent with its status as TVG.

### **Supporting Information**

#### **4. Position**

- 4.1 The land is shown edged red on plan EM2295. It is managed by the Torbay Coast & Countryside Trust (TCCT) notwithstanding the fact that the 60-year lease for the larger

area around Maidencombe has not yet been completed. It is currently used as an open space and as an occasional overflow car park by the TCCT.

4.2 The Maidencombe Residents Association have indicated that the land has for many years been used for purposes consistent with those of a Village Green including sports such as recreational football & cricket; picnics, bird-watching, berry picking and other recreational pastimes - there have been village sports such as throwing the wellie, archery, sack races etc. There have been stalls for flowers and produce from villagers and for the past two years the green has been used for the 'Barn Dance on the Green', supported by villagers and other nearby residents.

4.3 The land is included within the Council title DN516755. A conveyance of the land (and other land) dated 13 September 1934 made between (1) William Coysh and (2) The Council of the Borough of Torbay contained the following covenant:

"For the benefit of the house at present occupied by the Vendor on the opposite side of the road the Corporation hereby covenant with the Vendor and his successors in title that the Corporation and their successors in title will not erect or permit to be erected on the land forming Ordnance Number 618 any building without the consent of the Vendor or his successors in title".

Note – The land forming Ordnance Number 618 includes the land edged red on plan EM2295.

4.4 The Planning Department have indicated that, given the constraints on this site, there is unlikely to be a development that they would find acceptable in planning terms. The only likely exceptions would be community backed projects that delivered community benefits (e.g. a small development on this site to pay for a community development elsewhere). However, it is considered that even this seems unlikely given the clear feeling of the community here and the constraints in the existing Local Plan. Other than that a development would have to be so exceptional in terms of design that it is worth making an exception for (rural exceptions policy) but again this would be difficult to achieve here.

4.3 The TCCT have confirmed that they support the MRA's proposal for the Council to voluntarily apply for the land to be registered as a Village Green.

4.4 Before agreeing to the land being registered as a town or village green members must bear in mind the following considerations:-

4.6.1 Once registered the land will likely remain registered in perpetuity unless an alternative site can be identified and that site is accepted by the Secretary of State taking into account consideration laid down in the Commons Act 2006. It is not considered likely that such an application would be successful as there is no suitable alternative site. Members must note that the deregistration of a town or village green is not a decision in the gift of the Council.

4.6.2 There are relatively few activities that can be carried out on land registered as town or village green. Essentially, should the land be registered, its future use shall be limited to the type of recreational activities that have been listed in paragraph 4.2

above. No development of the land would be able to take place and other proposed uses may be unlawful (including the parking of cars). Whether an activity is unlawful is always a matter of fact and degree. However, if a significant proportion of a town or village green is fenced off or otherwise enclosed, so that the public cannot access that part freely, it is likely to be unlawful and therefore susceptible to legal challenge. Due to the nature of the land and the limited uses that the land has been put to to date, it is not envisaged its registration as a town or village green will have a significant impact however there is always the chance that objections will be received, particularly if access to the land, or part of it, is obstructed for any reason. When considering objections the court is not entitled to consider any benefits that the activity objected to is bring to the area, however significant those benefits may be.

- 4.7 Consideration will need to be given as to who maintains the land in the future. As mentioned above the TCCT currently maintain the land. If the Council does agree to voluntarily register it as a Village Green then the Council could request that the Villagers maintain it. The Residents Association's understanding is that the TCCT will continue to be responsible for its maintenance.
- 4.8 Due to the existing restrictions on the use of the Land the value of the land is small (although no formal valuation has been carried out). The Land's registration as TVG reduces any value further. The Council is obliged to obtain the best consideration reasonable obtainable in respect of any disposal that it enters into. However, where the disposal is considered to be for the improvement of the economic, social or environmental wellbeing of all or any parts of its area or all or any persons presents in its area a Council is entitled to dispose of the Land for an undervalue of up to £2million. Clearly the disposal does not amount to a disposal at an undervalue greater than £2million and it is considered that the disposal is for the social and environmental wellbeing of Maidencombe, its residents and all persons visiting the area.

## **5. Possibilities and Options**

- 5.1 If the recommendation is not approved and the Council, as land owner, does nothing then the alternative options are as follows:

5.1.1 The Council, as Commons Registration Authority, considers any application from local residents to register the land as a Village Green. As stated above officers believe there are sufficient grounds for the Council acting as landowner to successfully object to any such application.

5.1.2 The Council excludes the land from the lease to the TCCT, declares it surplus and seek to sell it on the open market. The Council will need to follow its Community Asset Transfer policy with the likelihood that the Residents Association will put in an application.

5.1.3 The Council (as with Paignton Green) provides a unilateral covenant not to allow any permanent structure to be erected on the site for a period of 100 years from the date of the covenant being made.

## **6. Equal Opportunities**

6.1 An Equalities Impact Assessment has been carried out and is attached to this report as Appendix 2.

## **7. Public Services (Social Value) Act 2012**

7.1 The proposals do not require the procurement of services etc or the carrying out of works.

## **8. Consultation**

8.1 The Maidencombe Residents Association (MRA) has carried out consultation with the village. All residents were invited to a meeting on 15 May 2013 to discuss this matter, which was apparently well attended. The MRA have informed the Council that there was a unanimous show of hands in support of the proposal and no hands were raised in objection.

8.2 The Local Access Forum was contacted by the Council with the one comment being in support of the proposal.

## **9. Risks**

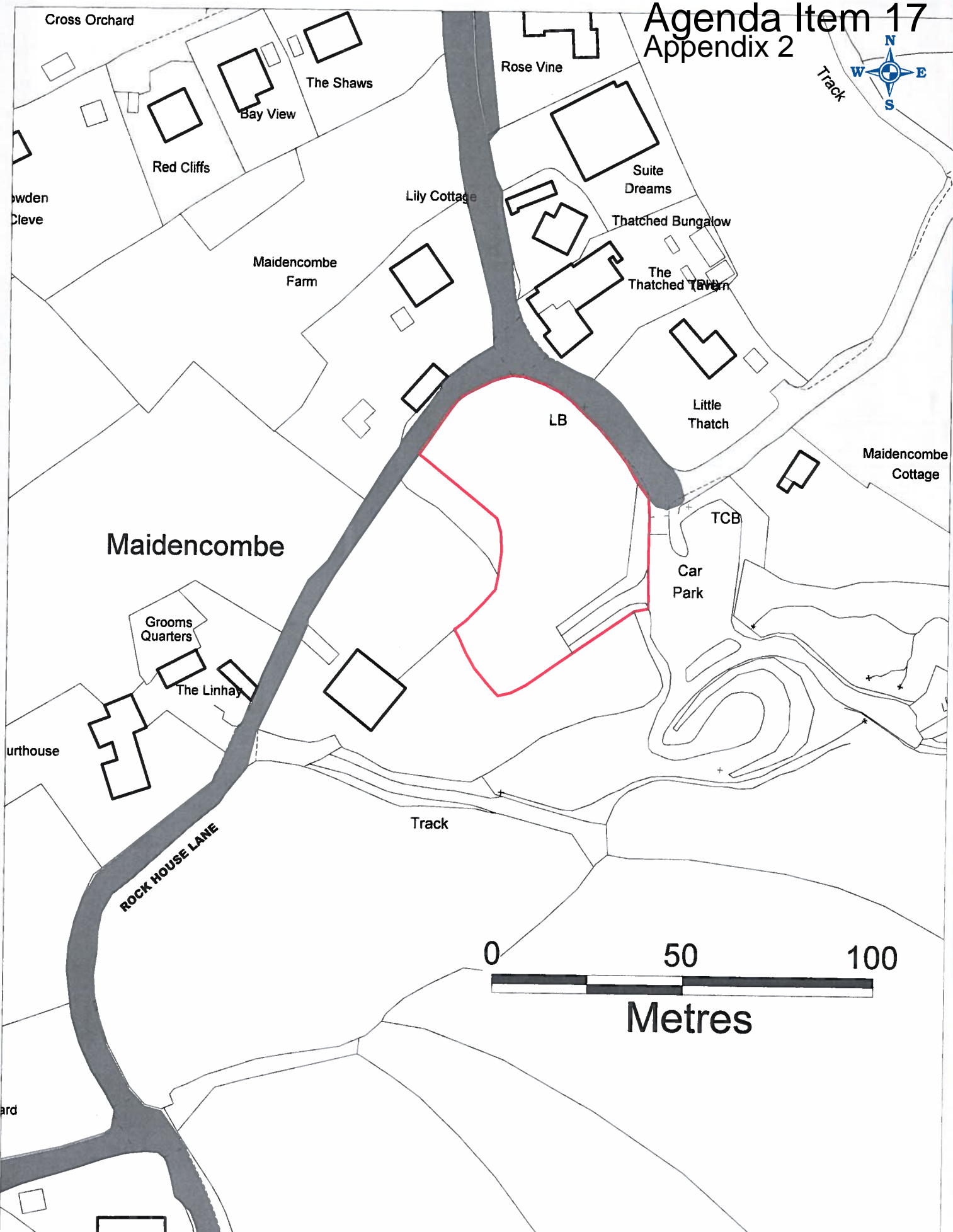
9.1 The risks for offering the land for registration and accepting such offer is that a future use that the Council seek to use the land for may not be possible. Any monetary value that the land may presently have will be lost.

## **Appendices**

Appendix 1	EM2295
Appendix 2	Equalities Impact Assessment

## **Additional Information**

None



Title: Land at Maidencombe, Torquay.

EM Plan No: EM2295  
Asset No: T0023ZZ  
Date: 25th January 2013  
Scale: 1:1250



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# Agenda Item 18



**Meeting:** Council

**Date:** 26 February 2015

**Wards Affected:** All

**Report Title:** Annual Strategic Agreement between Torbay Council, South Devon and Torbay Clinical Commissioning Group and Torbay and Southern Health and Care NHS Trust

**Executive Lead Contact Details:** Councillor Scouler, Executive Lead for Adult Social Care and Older People, 01803 553236, [christine.scouler@torbay.gov.uk](mailto:christine.scouler@torbay.gov.uk)

**Supporting Officer Contact Details:** Caroline Taylor, Director of Adult Social Care, 01803 207116 [caroline.taylor@torbay.gov.uk](mailto:caroline.taylor@torbay.gov.uk)

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## 1. Purpose and Introduction

- 1.1 This is the Annual Agreement which sets out the way in which Torbay Council and South Devon and Torbay Clinical Commissioning Group (the CCG) will commission services from Torbay and Southern Devon Health and Care NHS Trust and South Devon Healthcare NHS Foundation Trust on the basis that in 2015 both Trusts will be in the form of an integrated care organisation (referred to as the Trust).
- 1.2 It sets out within the budget target the performance for Adult Care in the forthcoming financial year. It also refers to the broader context in which the agreement is framed and sets out roles and responsibilities for the forthcoming year. The Council is trying to achieve continuing good service in Adult Care for local citizens within the context of tight financial constraints, and preserving the principle of integrated health and social care at the frontline.

## 2. Proposed Decision

- 2.1 That the Annual Strategic Agreement between Torbay Council, South Devon and Torbay Clinical Commissioning Group and Torbay and Southern Health and Care NHS Trust set out at Appendix 1 to the submitted report be approved.
- 2.2 That the Policy for the Provision Short Breaks set out at Appendix 10 to the submitted report be approved.

## 3. Reason for Decision

- 3.1 The Annual Strategic Agreement sets out the strategic direction which is designed to maximise choice and independence for those requiring adult social care and support.



- 3.2 One of the savings proposals for adult social care is the review of existing arrangements for respite care and to introduce a single policy to ensure the equitable availability of respite care services according to need.

## **Supporting Information**

### **4. Position**

4.1 The Annual Strategic Agreement has been prepared within the overall context of:

- The implementation of the Care Act 2014 – the most significant reform of care and support in more than 60 years and locally is one of the significant elements of delivery in 2015 across our local system
- The expectation of the Integrated Care Organisation – as well as the success of being a national Pioneer for further integration and innovation
- The funding arrangements for the NHS and Adult Social Care – whilst there is welcome reform through the Care Act with an expectation of Government funding to support these costs and winter demands, there remains overall pressure on the NHS and councils to provide safe and quality services with less resources.

•

4.2 All organisations are committed to working in partnership with the NHS, local authority, other providers and the third sector to develop the model of integrated care for which Torbay and South Devon is renowned. This includes our commitment to drive integration to a new level, including further structural integration and extended organisational pathways between health and social care services.

4.3 The agreement is structured on the four domains outlined in the Adult Social Care Outcomes Framework which is a national framework. The majority of performance indicators associated with each domain will be measured monthly although several rely on annual or bi-annual surveys and they will be reported as national results become available.

4.4 The ASA outlines performance outcomes within the budget envelope provided by the Council and outlines elements of the work plan being undertaken by the Trust on our behalf in the next financial year as well as specifying roles and responsibilities.

4.5 Included as an Appendix to the ASA are the savings proposals for adult social care. One of those proposals relates to the review of the existing arrangements for respite care and to introduce a single policy to ensure the equitable availability of

respite care services according to need. A consultation process has been undertaken on the revised policy (now referred to as short breaks) and the proposed policy and associated Equality Impact Assessment is appended to this report.

#### 4.6 The main features of the policy:

- The Draft Policy readies Torbay and Southern Devon Health and Care Trust for The Care Act and streamlines current practice
- Our commitment to the importance of flexible short breaks for carers is re-confirmed
- Ensures that all client groups are treated equally, based on individual assessment
- Short Breaks are included in the personal budget for service users
- Short Breaks are considered a service for the vulnerable person and are chargeable.

### **5. Possibilities and Options**

5.1 This is an annual agreement which is required in order to manage our commissioning of adult social care.

5.2 The approval of the Policy for the Provision of Short Breaks is required in order to ensure the equitable availability of respite care services in accordance with need.

### **6. Fair Decision Making**

6.1 The Annual Strategic Agreement sets the framework for commissioning of adult social care. Consultation has taken place with the CCG and the Trust in preparing the document. The draft has also been considered by the Priorities and Resources Review Panel with the comments of the Panel being presented to the Mayor as part of the Council's budget process.

6.2 Any future specific changes for groups of users or individuals will include detailed engagement and consultation as part of any proposed change.

6.3 Between 19th December 2014 and 13th February 2015 Torbay and Southern Devon Health and Care NHS Trust undertook a public consultation with respect to its new policy for Short Breaks for Adults. The consultation was proximately displayed on the Trust website and via local Carers publications and e-mail distributions lists.

The Executive Report from the consultation exercise is included as an Appendix to this report together with an Equality Impact Assessment and a Quality Impact Assessment which have been completed for this work stream.

## **7. Public Services (Social Value) Act 2012**

7.1 The Public Services (Social Value) Act 2012 does not apply.

## **8. Risks**

8.1 The agreement sets out performance within the tight financial constraints of the public sector and includes an ambitious programme of transforming services within adult social care in the forthcoming year in order to meet good outcomes for local people within available finance.

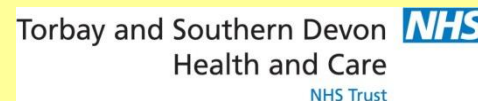
8.2 Appendix 3 of the ASA sets out the analysis of risks set out in the Agreement and are summarised below:

- Care Home Fees – Have been set within a new banding structure for residential care and this has been challenged through Judicial Review
- Acquisition Process – The Care Trust is expected to be acquired by another NHS Foundation Trust in 2015 to form an ICO and this could result in distraction from delivery of this agreement
- Ordinary residence – Movement of ordinary residence can create in year pressures and this will be monitored closely through the Social Care Programme Board
- The scale of savings required – Savings plans targets are significant and over a two year period will require radical changes in the range of services available, the level of care that can be provided and the way services are delivered.
- Capacity to deliver changes – The requirements of this commissioning agreement include further changes and savings to back office and assessment processes. Capacity in zone teams may impact on the pace of delivery.
- Community concern – Concern may be raised in response to implementation of the programme of work outlined in this agreement which may affect the pace of delivery.
- Delivery of the Care Act - The Care Act is an opportunity to improve social care and is expected to be fully funded by Government
- Deprivation of Liberty Safeguards – The Cheshire West ruling in March 2014 has created significant additional applications for Deprivation of Liberty Safeguards. This has resulted in an increasing waiting list with the capacity to process applications within legal timescales.
- Emergency Duty Service – Vacancies, an ageing workforce, skill set requirements and a need to change working patters has place this small service at risk of breakdown

- Domiciliary Care – Pressure in the domiciliary care market, difficulty in securing packages of care in a timely way with some providers planning to exit the market

## **Appendices**

- Appendix 1 Annual Strategic Agreement
- Appendix 2 Appendix 1 to the ASA (ASC Budget Proposals 2015-16)
- Appendix 3 Appendix 2 to the ASA (Benchmark Assessment and Key Performance Indicators)
- Appendix 4 Appendix 3 to the ASA (Risk Matrix)
- Appendix 5 Appendix 4 to the ASA (Client Charges and Charging Policy (to follow once regulation clear))
- Appendix 6 Appendix 5 to the ASA (Joint Outcomes Framework)
- Appendix 7 Appendix 6 to the ASA (Better Care Fund)
- Appendix 8 Appendix 7 to the ASA (Commissioning Roles and Responsibilities)
- Appendix 9 Appendix 8 to the ASA (Draft Risk Share Agreement) – Exempt
- Appendix 10 Appendix 9 to the ASA (Policy for the Provision of Short Breaks and EIA)



# Annual Strategic Agreement

Between

**Torbay Council, South Devon and Torbay Clinical Commissioning Group  
and Torbay and Southern Devon Health and Care NHS Trust**

**for the delivery of Adult Social Care**

**April 2015 to March 2016**

## **Contents**

- 1. Purpose and Overview**
- 2. Workforce**
- 3. Performance Outcomes**
- 4. Spending Decisions and Key Decisions**
- 5. Revenue Budget 2015-16**
- 6. Client Charges – Rates 2015-16**
- 7. Roles and Responsibilities**
- 8. Emergency Planning**

## **Appendices**

- Appendix 1 ASC Budget Proposals 2015-16**
- Appendix 2 Benchmark Assessment and Key Performance Indicators**
- Appendix 3 Risk Matrix**
- Appendix 4 Client Charges and Charging Policy (to follow once regulation clear)**
- Appendix 5 Joint Outcomes Framework**
- Appendix 6 Better Care Fund**
- Appendix 7 Commissioning Roles and Responsibilities**
- Appendix 8 Draft Risk Share Agreement**
- Appendix 9 Shortbreak policy and EIA**

## 1. Purpose and Scope of this agreement

This agreement sets out the way in which Torbay Council and South Devon and Torbay Clinical Commissioning Group (CCG) will commission services from Torbay and Southern Devon Health and Care NHS Trust (TSDCT) and South Devon Healthcare NHS Foundation Trust (SDHFT) on the basis that in 2015 both trusts will be in the form of an integrated provider (ICO-integrated care organisation) referred to in this document as ‘the Trust’.

The commissioning agreement reflects the evolving relationship between commissioners and providers. NHS reforms have indicated that commissioning is separate from provision. Commissioning is locally delivered by the CCG and undertaken jointly with the local authority. Strategic commissioning has returned to the Council to ensure joint commissioning with NHS commissioners. There is a developing maturity of relations which is reflected in our local areas status as a ‘pioneer’ of integration. These relationships are reflected in this Agreement in as far as they impact on arrangements between the Council/CCG and the Trust(s).

All organisations are committed to working in partnership with NHS, Local Authority, other providers and the third sector to develop the model of integrated care for which Torbay and South Devon is renowned. This includes our commitment to drive integration to a new level, including further structural integration and extended organisational care pathways between health and social care services. We will use the opportunities of the Better Care Fund and our Pioneer status to pool budgets and increase joint commissioning across all our health and care providers and ensure there is a diverse range of care and support services available.

Where specific service specifications are required to ensure clarity and accountability for specific functions, or to ensure successful and timely delivery of the work outlined, these will be developed separately.

### 1.1 Overall context and strategy

#### National agenda

The Care Act 2014 represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support. For the first time, the Act will put a limit on the amount anyone will have to pay towards the costs of their care from April 2016. The Act also delivers key elements of the government’s response to the Francis Inquiry into events at Mid Staffordshire hospital, and demands increasing transparency and openness and will help drive up the quality of care across the system. The Act strengthens previous commitments to an integrated approach across organisations and health and social care boundaries, including a requirement of continuity during transition between children’s and adult services. Locally the implementation of the Care Act is one of the significant elements of delivery in 2015 across our local system.

NHS England has produced a five year forward view (October 2014). This document sets out a clear direction for the NHS- showing why change is needed and what it will look like. It supports patients being in control of their own care, and supports combined budgets with local government as well as personal budgets. It supports integration between GPs and hospitals,

physical and mental health, health and care. It described a strategic direction which is in line with local plans and our Health and Wellbeing Board strategy.

It also stresses a radical upgrade in prevention and public health. Public Health England has been created and public health commissioning responsibilities has moved to local government. Our local strategy reflects those ambitions to improve the health and support of our local population through prevention and self care and community support, wherever possible.

The health and care agenda has been the focus of concerns nationally about safety and quality and the national question of how we pay for care in an increasing older population with more complex care needs have been partly answered by Dilnot reforms. CQC as the regulator are taking a more robust and focused approach to inspections. However, the overall costs of providing and supporting our local population for health and care remain an ongoing challenge.

### **Locally**

The joint commissioning and delivery of services underpins the direction of travel which the Council and NHS set out since the recent NHS reforms.

The local context is shaped by the expectation of an Integrated Care Organisation (ICO) as well as the success of being a national 'pioneer' for further integration and innovation.

The CCG, Torbay Council, and the Trust and other providers will continue to pursue a strategic direction designed to maximise choice and independence for those requiring adult health, social care and support.

## **1.2 Financial context**

Funding arrangements for NHS and Adult Social Care (ASC) are under great pressure and although there has been welcome reform through the Care Act with the expectation of government funding to support these new costs, as well as one off contributions to support winter demands, it does not ease the overall pressures on the NHS and councils to provide safe and quality services within less resource.

The CCG, the Council and the ICO have an intention to 'pool' financial resources as the best way of meeting increasing demands, on the basis of a risk share. The document is still being finalised but will be included once agreed.

Through the establishment of the ICO, and by pooling funding under a risk share agreement, we expect to see a transfer of resources from inpatient beds to care provided in people's homes, which is of high quality and value for money for our population. To deliver this we expect to see a shift in the current workforce configuration to more community based teams, delivering seven day a week services.



### 1.3 Health and Wellbeing Board

The vision of Torbay's Health and Wellbeing Board is for a Healthier Torbay: Where we work together to enable everyone to enjoy a healthy, safe and fulfilling life. The Board has identified three outcomes to be delivered to achieve this vision:

- Children have the best start in life
- A healthy life with a reduced gap in life expectancy
- Improved mental health and wellbeing

There are a number of priorities under each outcome. The Board will challenge commissioners and providers of services in Torbay about how well they are working together to meet these priorities and will be looking for information about the actions which are needed to improve the health and wellbeing of everyone in Torbay.

### 1.4 Quality

**National: CQC (Care Quality Commission)** The Commission will make sure health and social care services provide people with safe, effective and compassionate high-quality care and encourage care services to improve.

They monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what they find, including performance ratings to help people choose care.

**CQC principles:**

- We put people who use services at the centre of our work
- We are independent, rigorous, fair and consistent
- We have an open and accessible culture
- We work in partnership across the health and social care system
- We are committed to being a high performing organisation and apply the same standards of continuous improvement to themselves that they expect of others
- We promote equality, diversity and human rights.

The CQC will change what they look at when they inspect so that the following five questions about services are tackled:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well led?
- Are they responsive to people's needs

### **Local: Torbay and Southern Devon Health and Care NHS Trust**

The Trust will provide quality assurance of both its own business activity and that of the services it commissions on behalf of the community. A Quality Assurance Framework has been developed and is in use. The framework includes the following elements:

- Living Well at Home, a new way of delivering high quality and sustained support plans to people living at home, will replace the traditional domiciliary care provision in Torbay. A prime contractor will be in place from 1 April 2015 to manage the provision on our behalf. This will give us the opportunity to work with the independent sector in partnership and move from 'time and task' to outcomes based contracting on the basis of 'what matters most' to Mrs Smith and her family. It is intended to drive up quality, ensure safeguarding is addressed and to link individuals into their local communities to enhance wellbeing and social isolation.
- The Care Home Self-Assessment and Management Tool known as the Quality Effectiveness Safety Trigger Tool (QuESTT) is established and is completed by the home electronically on a monthly basis, with direct access to a Trust database to complete this.
- A business and finance audit tool to be completed on an annual or bi-annual basis - this will replace the current documentation.

Further mechanisms to learn from experience will be put in place in order to ensure key messages are cascaded to staff from serious case reviews.

### **1.5 Learning Disabilities and Autism Commissioning**

Ultimately seeking a more regional approach (in line with '*Living Well with a Learning Disability in Devon 2014-16*') but for the ASA for next year the focus will be as laid out in TSDH&CT's Operational Commissioning Strategy (2014-16) which has been adopted. This will also form the workplan and focus for the Learning Disabilities Partnership Board (LDPB) and the workplan and focus for the Autism Partnership Board. In addition to this, it will be a requirement that the actions resulting from the Learning Disability Self Assessment Framework findings and the Autism Self Assessment Framework findings will be incorporated into this.

The schedule is in support of the Learning Disability Operational Commissioning Strategy (2014-16) and confirms the direction of effort being undertaken by the resources applied to it.

#### **Outcomes required 2015/16:**

- Delivery of the Learning Disability Operational Commissioning Strategy
- Running and support of the Learning Disabilities Partnership Board.
- Production of the action plan from the Learning Disability Self-Assessment Framework.
- Running and support of the Autism Partnership Board.

- Completion and delivery of the Autism Self-Assessment framework 2015 and the subsequent action plan development and delivery
- Contract Management of Learning Disability/Autism Providers.
- Monitoring of Learning Disability Providers through Commissioning Strategy Meetings as required.
- Ensuring that people with Learning Disability/Autism are safeguarded.
- Supporting people with Learning Disability/Autism in Torbay to have greater choice over their activities, including accessing employment.
- Supporting more people with Learning Disability/Autism in Torbay to live in their own community, in their own home.
- Ensuring good planning and support for people with Autism.
- Ensuring good support for carers of people with a learning disability
- Increase the number of or arrangements in place to promote and provide personal budgets including the development of integrated personal commissioned budgets (target to be agreed)
- Engagement with strategic health and care commissioners by providing knowledge and expertise in support of the development of market provision specific to those with complex health and social care needs

## 1.6 Safeguarding

The Trust will continue to deliver the delegated responsibilities of Torbay Council regarding Safeguarding Adults.

**Care Act 2014**; this new legislation puts Safeguarding Adults into a statutory framework for the first time from April 2015. This puts a range of responsibilities and duties on the Local Authority with which we will need to comply.

This includes requirements in the following areas:

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

Accountability for this will sit with the Torbay Safeguarding Adults Board (SAB). This is a well-established group that will provide a sound basis for delivering the new legislative requirements. The Board will incorporate the requirements into its terms of reference and Business Plan for 2015/16, ensuring that all relevant operational and policy changes are in place for April implementation.

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

- In order to maximise capacity Torbay SAB will work closely with the Devon SAB with an increased number of joint sub committees and shared business support.
- In addition to this, in order to provide internal assurance that the Trust is fulfilling its Safeguarding Adult requirements, the Board will have a sub-committee which will oversee performance. This will have a particular focus on training and performance activity. This group will operate across TSDHCT and SDHCT as part of the anticipated ICO establishment.
- The Safeguarding Adult function and process was the subject of a **Peer Review** (ADASS and LGA) in June 2014. The focus of this was on governance and accountability in a changing organisational environment and on keeping people safe in their own homes. The review produced valuable feedback which will inform the SAB Business Plan.
- The Council has signed up to the national initiative of **Making Safeguarding Personal**. This is an exciting initiative designed to measure Safeguarding Adult performance by outcomes for the individual, rather than the current reliance on quantitative measurement of timescales for strategy meetings and case conferences. Work will be done through SAB during 2015/16 to implement these new measures in Torbay.

#### **Children and Family Act 2014**

Alongside the Care Act 2014, this is a new piece of legislation which will amend a range of issues affecting children and young people. It complements the Care Act's 'whole family' approach to needs assessment and will require Adult Social Care Services to work in close partnership with Children's Services to develop pathways around transition to adulthood, a key aspect of the Special Education Needs and Disability (SEND) reforms which are incorporated into this legislation. There is also a need to develop protocols for carrying out other work relating to children, e.g., parenting assessments, which are often a requirement in care proceedings where parent/carers have disabilities.

#### **Multi-agency Safeguarding Hub (MASH)**

- Since August 2014, the Single Point of Contact (SPOC) for safeguarding adults has been co-located with the police as part of a pilot service. This is yielding positive results in terms of timeliness of triage for incoming alerts and joint work between Adult Social Care and the Police. Work is also in progress to establish a MASH for adults and children, a very welcome venture given our aspiration to develop a whole family approach.
- The Trust and Torbay Council are working together with the CCG to implement an action plan based on the recommendations from the inquiry into **Winterbourne View**. Work will continue on this plan to ensure that future milestones are met for returning individuals to their home area (when safe) and to review our contracts with providers to ensure that they reflect and are monitored on the principles and requirements of Safeguarding Adult policy and best practice.
- In order to ensure that a number of initiatives around the protection of vulnerable people are co-ordinated and that learning is disseminated from these, the SAB has established **Keeping People Safe**, a new sub group. This will meet quarterly during 2015/16.

- There will be a continued focus on ensuring that all staff have the appropriate level of training for their role, as set out in the Torbay Safeguarding Adults Multi-Agency Training Policy, with the target of 90% achievement set by the Board.

## 1.7 Service Development Activity

The service development activity to be undertaken by the Trust in the period 2015/16 will be framed by national and local policy drivers including:

- Enactment of the Care Act reforms: These reforms will be implemented in accordance with national frameworks and timescales during 2015/16 and 2016/17.
- Locally the formation of the ICO and developments within the Pioneer project will drive a range of service developments which will need to both shape and be shaped by the requirements of this ASA.
- More immediately, but still within the context of the above longer term developments, the level of financial reductions the Trust has been asked to plan for in the period 2015/16 will require a sea change in the level of services and how those services are provided. These changes will need to be fully endorsed by the Council, as the commissioning authority, and some may also require full public consultation.

Whilst many of the service development areas are interdependent in terms of delivering quality services within the resources available the key priorities in 2015/16 will be to:

- Ensure the regular (at least annual) reassessment of the Community Care Support needs of all people receiving care in their own home to ensure the consistent application of all current policy and eligibility criteria, including FACS, RAS and the Cost Choice and Risk Policies. Where appropriate this will include ensuring that any short breaks provided accord with the person's needs and any appropriate charging policies.
- Ensure the annual reassessment of the financial circumstances of everyone receiving a chargeable social care service to ensure that charging policies are being applied consistently and equitably.
- Ensure that where short break care is necessary to meet a person's assessed needs it is funded as part of their personal budget.
- Jointly develop activity measures for social care workforce, including safeguarding and DoLs.
- Implement the final phase of the Ocombe House development.
- Bring forward proposals for service delivery which will ensure that assessment and care planning processes, and all back office functions, are managed in the most cost effective way. These proposals will be developed through quarter 4 of 2014/15 with implementation planning taking place in quarters 1 and 2 of 2015/16.

Additionally there is an assumption which is built into CIP plans in relation to adult social care that the number of people needing support in care homes will continue to fall. The number of people supported in care homes fell by an average of 4.5%

over the period April 2007 to September 2012, the plans in this agreement are based on this trend continuing but at a rate of 6% per annum.

## **1.8 Commissioning Intentions and Associated Work plan Commissioning priorities 2015-16:**

The Council and the CCG have developed a joint approach to strategic commissioning for adult care services and will ensure it is aligned with NHS commissioning for health outcomes and public health outcomes in line with the joint outcomes framework. The intention is to work with the CCG to further integrate commissioning governance and support for health, adult social care, support, housing, public health and children linked to the Health and Wellbeing Board and the pioneer programme over the year. This will increase the potential to further streamline and make best use of resources across organisations to support the commissioning function.

To ensure the effective and efficient delivery of services it is vital that colleagues in commissioning and provider functions work closely together to share intelligence in regard to demand, build capacity and resilience in the market place, ensure that quality is monitored and that provider capability is matched to the needs of service users. This work will be pursued in line with the principles of the Pioneer project and the establishment of the ICO will be an enabler in this process with CCG staff also being aligned with ICO workstreams to jointly develop the Service Development Plans.

Whilst the Council and CCG will work together to deliver strategic or macro commissioning priorities the Trust will continue to deliver a range of micro commissioning responsibilities including:

- The assessment of need and commissioning of care packages to meet assessed needs on an individual basis.
- Monitoring and pooling of intelligence in regard to the quality of services provided by all providers of adult social care services in Torbay.
- Instigating safeguarding processes where these are necessary and escalating circumstances where providers are not complying with agreed improvement plans to commissioners for decision in regard to contract enforcement and if necessary contract cessation.

The Council and CCG have worked together to develop a market position statement for adult social care, which is in line with the commissioning intentions of both the Council and the CCG. The resulting service developments will be implemented by working in conjunction with providers with the objective of securing more cost effective system wide solutions, which take account of the resources available. A work programme to underpin the delivery of these changes will be agreed between the Council, the CCG and the Trust and monitored through the governance arrangements for this Agreement.

## **1.9 Consultation, Engagement and Involvement Process**

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

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

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

The Council, the Trust and the CCG will continue to support the role of Healthwatch and the community voluntary sector in involving people who use services in key decisions as well as service improvement and design.

The Council also expects the Trust to engage actively with service users and the voluntary sector in Torbay in developing new service solutions. This will apply irrespective of whether the service changes are driven by the necessities of the current financial environment or the need to ensure the continual evolution and development of services.

### 1.10 Mental Health

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

- Approval and provision of 'sufficient' numbers of Approved Mental Health Practitioners (AMHP)
- Aftercare under section 117
- Guardianship under section 7
- Care management services

The Trust delegates many of these responsibilities to Devon Partnership NHS Trust (DPT), along with the budget. A number of issues have been identified around the sustainability and robustness of some of these arrangements. A visit from CQC and the Mental Health Act Commission in March 2013 focused attention on to this area and reinforced the need to address the issues. These stem from historical complexities around employing organisation, contracts of employment, recruitment and training and volume of referrals and capacity. There are also issues around the commissioning of mental health services and the impact that changes have on staff roles (e.g., reduction in inpatient services).

Issues have been raised both locally and nationally regarding **crisis and acute care** which impact significantly on the role of the Approved Mental Health Practitioner and social care generally. These issues need addressing jointly by health and social care commissioning. There is a need for the Council to put in place arrangements for this function as it is not resourced currently.

DPT is implementing a number of changes across its system in terms of moving towards **mobile working** and 'hot desking'. It has also introduced a psychosis/non psychosis service to replace the geographically based multi-disciplinary teams. These will impact on the way in which social care services are provided and will require a clear resolution which assures that potential risks to individuals and staff associated with these changes are managed.

The following is being addressed:



- Contractual relationship between TSDHCT and DPT in terms of budget accountability and performance.
- Pressures on the Under 65 Mental Health budget arising from increased numbers of eligible clients and the impact of the loss due to budget reductions of Supporting People services, providing 'low level' support.
- Workforce issues and deployment/roles of social care staff (see Section 2 workforce).

The **Care Act** will impact on the way in which social care is delivered to people with mental ill health as for general social work. DPT will need to release assigned social care staff to undertake training as appropriate.

## 2. **Workforce Current Position and issues for 15/16**

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

A workforce plan is being produced which will address future needs making use of data gathered during 2014 on activity and workload.

- **Impact of new legislation on workforce;** the Council and Trust are working together to ensure that there is capacity to meet the new demands from the Care Act 2014 on 1 April 2015. Modelling has demonstrated that a significant number of additional referrals for carers and individual assessments will be received. The new model of care described above is being implemented by the Trust from July 2015 which will aim to streamline the way in which referrals are handled. This will increase efficiency and release capacity in due course to carry out additional work. However, the changes in the law start from 1 April 2015 and additional staff will need to be in post from then, even if not required after the new model beds in.
- **Awareness of spirit of the Care Act;** the Care Act requires a cultural shift to ensure that there is a clear focus on wellbeing, prevention, personalisation and carers needs. It will also require a range of new underpinning systems to ensure that other requirements, such as Eligibility and Deferred Payments, can be managed. Presentations on the Act have been delivered to all teams and will be followed up by a series of seminars in the final quarter of 2014/15 to promote awareness.
- **Role of social worker;** the Act gives the social worker, alongside GPs, a clear role in leadership of the multi-disciplinary response and they will all be required to understand the new way of working and take it forward with their colleagues from other professions.
- **Training Framework;** a framework is being developed which will enable all staff in social care to be clear about the skills and competences required of them and what training they need to undertake. This will enhance the approach taken regarding safeguarding training.



- **Open University Social Work Training**; this training route will be used to support further members of existing staff wishing to qualify. It has proved effective in providing a reliable stream of qualified staff and supports recruitment.
- **Approved Mental Health Professionals/Emergency Duty Service**; the daytime rota is more stable but small staff numbers mean it is vulnerable to staff absences and turnover. EDS is particularly vulnerable, with an ageing workforce which is resisting the changes which need to be made to create a sustainable service. It is also now almost impossible to recruit a social worker with both child care and mental health experience. To address the growing problems, all staff with Council contracts (required prior to change in Mental Health Act 2006) will be transferred under TUPE to the Trust in January 2015 to create a single workforce. This improves the opportunities to develop more sustainable services.
- **MCA/DoLS**; there has been a huge increase in referrals resulting from the case law in March 2014. Staff with Best Interest Assessor qualifications are being sought in order to reduce waiting times.

### **3 Adult Social Care Performance Management**

#### **ASC Outcomes Framework (ASCOF) and Other Key Performance Measures**

The Adult Social Care Outcomes Framework (ASCOF) is the Department of Health's main tool for setting direction and strengthening transparency in adult social care. The framework was first published in March 2011 and since then has been kept under constant review to ensure a continued focus on measures that reflect the outcomes which matter most to users of adult social care services and carers.

The ASA includes all the performance indicators incorporated with the ASC Outcomes Framework as well as a number of other metrics that emphasise quality and the inter-dependency of health and social care services. For reporting purposes each indicator is placed within one of the 4 ASCOF Domains and an overview is given below (see **Appendix 2** for the KPIs and benchmarking information).

Additional and new returns will be required under the Care Act for finance, general performance monitoring and safeguarding. The development of these reports during the year as guidance is published will be monitored via the adult Social Care Programme Board.

#### **3.1 Domain 1: Enhancing quality of life for people with care and support needs**

This reflects the personal outcomes which can be achieved for individuals through the services they receive. In particular it focuses on the services provided by adult social care and the effect they have on users and carers. It covers issues of personalisation, choice and control, independence and participation.

#### **3.2 Domain 2: Delaying and reducing the need for care and support**

The purpose is to achieve better health and wellbeing by preventing needs from increasing where individuals have developed, or are at risk of developing, social care needs. It is aimed at early intervention to prevent or delay needs from arising, and supporting recovery, rehabilitation and reablement where a need is already established or after a particular event.

Many of the outcomes around prevention are achieved in partnership with other services. The measures reinforce partnership working and there is a strong focus on efficiency since one of the outcomes of prevention will be delaying or avoiding clinical intervention or inappropriate care placements. Social care has a key role in avoiding inappropriate care placements which impact negatively on recovery and can be more costly.

### **3.3 Domain 3: Ensuring people have a positive experience of care and support**

The quality of outcomes for individuals is directly influenced by the care and support they receive. A key element of this is how easy it is to find and contact services and how individuals are treated when they receive services. Specific quality data is difficult to come by for this domain but there will be data available from local surveys and complaints.

### **3.4 Domain 4: Safeguarding people whose circumstances make them vulnerable and protecting them from avoidable harm**

This domain covers the fundamentals of the social care system – keeping vulnerable people safe. Although there is a safety net within the registration and inspection system there is a wider aspiration of protecting from avoidable harm and caring for individuals in a safe and sensitive environment that respects their needs and choices. In terms of safety, other than numeric measurements, it is difficult to qualitatively or quantitatively measure events that have not happened. It is recognised more work will need to be done on considering measures for this domain. As with Children’s services, safeguarding is in issue for all partners.

### **3.5 Monthly Performance Reporting**

Many of the ASCOF indicators are derived from the annual ASC Survey or Carer’s Survey. As such, performance is only reported once per year. The ability exists to benchmark the Council against other local authorities and a formal report is submitted to the Social Care Programme Board and the Adult’s Policy Development Group meeting. Where possible, however, performance is measured on a monthly basis (see Appendix 2).

### **3.6 Joint Strategic Needs Assessment (JSNA)**

The Trust will work with the Council and the CCG to develop and use the JSNA as a key source of commissioning information for the Health and Wellbeing Board.

### **3.7 Benchmarking and Comparisons with other Authorities**

The strategic direction of adult social care, as outlined in Section 1, is based on several benchmarking reports published during 2012 as well as NHS and Social Care national information databases.

- Department of Health Use of Resources Annual Report
- Towards Excellence in Adult Social Care (TEASC) Benchmarking Report

The first three given in the list above are national reports; the fourth was a report commissioned directly by Torbay Council. The Dr Foster NHS database and the Audit Commission Toolkit were also accessed to provide comparative information.

<b>Finding</b>	<b>Comparison</b>
<b>Adult Social Care Survey 2013/14 - National measures</b>	Social care-related quality of life - Torbay scored slightly below the England average and ranked 86 out of 150 local authorities.
	Control over their daily life - Torbay was in line with the England average and ranked 69 out of 150 local authorities.
	Overall satisfaction of people with their care and support - Torbay scored above the England average and ranked 20 out of 150 local authorities.
	Feeling safe - Torbay scored below the England average and ranked 118 out of 150 local authorities.
	Services have made them feel safe and secure - Torbay scored below the England average and ranked 141 out of 149 local authorities.
<b>Care Homes</b>	Care home placements decreased by 12.5% between April '11 and Apr'14 from 781 to 683 clients, an average of 4.5% p/a.
	The proportion of nursing to residential home clients is not in keeping with other areas owing to an oversupply of residential care places.
<b>Community Based Services</b>	10.7% of clients receiving domiciliary care within Torbay receive less than 2 hours of domiciliary care each week. This is in line with the national average of 9.1%.
	32% of clients receiving domiciliary care receive in excess of 10 hours of domiciliary care each week. This is well below the national average of 46%. This is surprising when taking account of the reduced reliance on care home placements and points towards the effectiveness of intermediate care services within the Bay who support and work closely with complex clients.

### 3.8 Financial Risk Share and Efficiency:

The existing risk sharing agreement will continue until the new Integrated Care Organisation is formally established and the services currently provided by the Trust transfer into the new organisation. The two Trusts, which will form the ICO, the Council and the CCG have agreed a revised risk share arrangement which will be instituted at the point that the ICO is formally constituted. The document is still being finalised, but is included here in draft form (Appendix 8), to indicate the likely shape and nature of the agreement.

There are a number of risks to the Council and the Trust in delivery of this. The known risks include issues associated with:

- Ordinary residence
- Risk of capacity to deliver changes

- Judicial Review of care home fees
- Increasing pressures in regard to significant increases in the number of DOLS applications.
- Increasing pressures in regard to the volume of safeguarding activity.
- The cost of implementing the Care Act, includes the cost of services delivered, frontline staff and back office functions.
- Community concern
- Acquisition process
- Care Law established by national legal rulings.

#### **4. Spending Decisions and Key Decisions**

- 4.1. This agreement reiterates section 22.3 of the Partnership Agreement, i.e., the Trust may not make decisions unilaterally if they meet the criteria of a 'key decision'.
- 4.2. Key decisions are made by Torbay Council in accordance with its constitution. In Schedule 8 of the Partnership Agreement a key decision is defined as a decision in relation to the exercise of Council functions, which is likely to:
- result in incurring additional expenditure or making of savings which are more than £250,000
  - result in an existing service being reduced by more than 10% or may cease altogether
  - affect a service which is currently provided in-house which may be outsourced or vice versa
  - and other criteria stated within schedule 8 of Partnership Agreement.

When agreeing what constitutes a key decision, consideration should be given to the level of public interest in the decision. The higher the level of interest the more appropriate it is that the decision should be considered to be key.

## 5. Social Care Budget 2015-16

The budget outlined below for 2015-16 is allocated to the Trust to meet the performance levels listed in Appendix 1 along with any local adjustments to be agreed before 1<sup>st</sup> April 2015 between the DASS and the Trust.

	<b>2012-13</b>	<b>2013-14</b>	<b>2014-15</b>	<b>2015-16</b>
<i>Base Budget</i>	40,035	40,339	38,273	33,429
<i>15/16 saving delayed to 16/17</i>	-	-	-	1,566
<i>Central Govt Funding*</i>	2,224	2,966	2,966	See note *
<b>Sub Total</b>	<b>42,259</b>	<b>43,305</b>	<b>41,239</b>	<b>34,995</b>
<i>JCES</i>	560	499	498	498
<i>Joint Commissioning Team</i>	-	-	-	244
<b>TOTAL</b>	<b>42,819</b>	<b>43,804</b>	<b>41,737</b>	<b>35,737</b>

\* For 2015-16 the funding stream will form part of the Better Care Fund. Planning assumptions for the BCF allocate funding of £2,976K as protected funding Adult Social Care.

The above figures will require adjustments for:

- potential Care Home increases resulting from Judicial Review
- transfer of staff between the Trust & Council
- additional Care Act responsibilities that come into effect from 1<sup>st</sup> April 2015
- Independent Living Fund transfer into Local Authorities from 1<sup>st</sup> July 2015

## 6. Client Charges for 2015/16

The basis for charging for long stay residential/nursing care services will change with the inception of the Care Act, when sections 14 and 17 of the Care Act and the Care and Support (charging and assessment of resources) Regulations 2014 will apply. Residential charges to be implemented each April as directed by the Department of Health CRAG (Charging for Residential Accommodation Guide). For non-residential care our policy remains unchanged.

Client contributions are based on an individual financial assessment of the service users financial circumstances, including capital and income. It is not anticipated that the new regulatory framework will in itself alter the level of income collected.

There is no charge for services provided to clients under Intermediate Care or Continuing Care.

Services provided specifically to carers will, in principle, not be subject to a charge but this will be reviewed in view of final guidance on implementation of the Care Act, dependent upon resource allocation. These are services provided directly to the carer (rather than the person that they care for) which include open access services such as Carers Emergency Card and

Carers Education Courses, and simple services provided as a result of an assessment including emotional support or one-off direct payments for a carer's break.

The Trust will ensure that all clients in receipt of a chargeable service receive a full welfare benefit check from the FAB team and an individual financial assessment in accordance with Department of Health circular LAC(2001) 32.

The Trust will ensure that individual financial assessments will be updated at least annually (but more frequently where the financial circumstances of an individual service user are known to have changed during the course of the year).

The Care Act 2014 establishes a universal deferred payments scheme which means that people should not be forced to sell their homes in their lifetime to pay for the cost of their care. A deferred payment is, in effect, a loan against the value of the property which has to be repaid either from disposal of the property at some point in the future or from other sources. When the scheme starts in April 2015, all Councils in England will be required to provide a deferred payment scheme for local residents who go to live in residential or nursing care, own a property and have other assets with a value below a pre-determined amount (currently £23,250). They must also have assessed care needs for residential or nursing care.

As part of the Care Act planning, a deferred payments policy is being formulated and within this the Council has the ability to recover any reasonable costs it may incur in setting up a DPA from the Client, the costs of which may be included in the total deferred or may be paid as and when they are incurred. To this end the regulations identify areas of costs and expenditure that the Trust may seek to recover and how these may be recovered. The Council will also have the capability to charge interest on the balance outstanding on the deferred arrangement on a compound basis, in accordance with the regulations.

## 7 Roles and Responsibilities

### Torbay Council

- **Role of Torbay Council Director of Adult Social Services (DASS)** – has delegated her authority for provision of frontline services to the Trust for the provision of Adult Social Services. She provides strategic leadership of adult social care services and strategic commissioning for adults for Torbay fulfilling the statutory responsibilities of the DASS role. The DASS is accountable for all seven statutory responsibilities of the role but will delegate Professional Practice and Safeguarding and Operational Management responsibilities to the Trust through the Deputy DASS. She delegates aspects of the financial management elements of the role to the Finance Director of TSD and the Executive Head of Finance at Torbay Council, but retains overall accountability for the ASC budget.
- **Role of Adult Social Care Executive Lead Member** - to provide political steer to the Trust and the Council in adult social care. To challenge/monitor and drive performance.
- **Executive Head Finance** – to take a lead responsibility on behalf of the Council in relation to the delegated budget.

From 1 December 2014, the Adult Social Care Commissioning Team was transferred under TUPE legislation from TSDHCT to Torbay Council. This move was made to separate the commissioning and provider functions, previously held together in

TSDHCT, with the objective of creating an integrated strategic commissioning team for the Council which linked with the CCG, thus establishing joint commissioning arrangements aligning to the proposed Integrated Care Organisation.

The principles and operational arrangements for the relationships between teams and functions of both organisations are described in Appendix 7. It is essential that these arrangements are clear and are kept under review in order to ensure that both organisations continue to work together and identify any issues arising.

### **The Trust**

- **Role of Trust Chief Operating Officer (COO)** – has delegated authority within the Trust to ensure that the requirements of this agreement are met through the effective management and delivery of adult social care services as part of the Trust’s integrated Zone based teams. The COO will take lead responsibility for the relationship with the Council.
- **Role of Director of Finance** – to take a lead responsibility within the Trust for managing the budgets allocated to social care services and the monitoring and reporting of performance. This will include the provision of support to the DASS in analysing and interpreting performance, against locally agree KPIs and national benchmarking data, as part of target setting, strategic planning and performance monitoring.
- **Role of Associate Director Adult Social Services** – to provide professional leadership for social care services and lead on workforce planning, implementing standards of care, safeguarding and support the running of the Adult Social Care Programme Board.
- **Role of Head of Complex Care** – to provide advice and leadership in regard to care planning for people with complex needs, the application of statutory guidance in regard to Ordinary Residence, the management of applications for judicial review of decisions in regard to individual care needs assessments and complex or vexatious complaints.
- **Trust Board** - The Adult Social Care Executive Lead Member is a member of the Board of the Trust to oversee the strategic direction of the provider trust.

### **Social Care Programme Board (SCPB)/CCG Contract Management**

The Council and the CCG intend to take a joint approach to the commissioning of services from the ICO. This will include establishing revised governance structures, which will include the Health and Wellbeing Board. The role and remit of the Adult Social Care Programme Board will be revised to reflect these changes during the course of the year.

This SCPB is overseen by the senior officers described above. The Board will drive adult social care work and improvement plans. Its Terms of Reference cover the following areas:

- To assist the development of the strategic direction of adult social care services which supports the new context the Council and Trust face in terms of changing public sector reform and reducing public resources.
- To receive regular reports and review progress against transformation and cost improvement plans differentiating between those areas incorporated within the budget settlement and any cost pressures over and above this.

- To receive reports and review performance against indicators and outcomes included in the Annual Strategic Agreement providing and/or participating in regular benchmarking activities.
- To monitor action plans against any in-year areas of concern, raising awareness to a wider audience, as appropriate.
- To discuss and determine the impact of national directives translating requirements into commissioning decisions for further discussion and approval within the appropriate forums. This will include the initial list of service improvement areas planned for 2014-15 and onwards.
- To discuss and develop future Annual Strategic Agreements.
- Co-ordinate the production of the 'Annual Account'.
- To develop discussion/briefing documents for use with the following groups or organisations:

• Adults Policy Development Group	• ADASS or other local authorities
• Overview and Scrutiny	• Executive teams within both organisations
• Health and Well-Being Board	• Integrated Governance Committee
• Joint Commissioning Group (Torbay)	

## 8 Emergency Planning

The South Devon Healthcare Foundation Trust will act as a Category 1 responder in relation to civil and health emergencies where humanitarian assistance is required. SDHFT will provide an appropriate and timely level of support to the Council in such circumstances and provide appropriately trained and competent staff and other resources as required to enable a coordinated response from the incident itself through to and including the recovery phase.



# APPENDIX 1

Adult Social Care

Director: Caroline Taylor  
Executive Lead: Cllr Christine Scouler

Agreed Savings – Outline details	Savings for 2015/16		Implement- ation Cost	Delivery Date	Possible risks / impact of proposals
	Income £	Budget reduction £			
<b>Adult Social Care (via Partnership Agreement with Torbay and Southern Devon Health and Care NHS Trust)</b>					
1. <b>Renegotiation of Contracts:</b>		220,000	Nil	April 2015	The objective of this scheme is to secure best value from a range of existing contracts, without affecting service volumes or outcomes, through negotiation of terms and conditions with suppliers. Negotiations with providers affected are on-going and are proving successful as per original proposal.
2. <b>Review of all existing community care support plans</b>		498,000	Nil	On-going process	This is within existing policy and will ensure equity and parity between service users. The scheme has delivered savings in 2014/15, this will continue in 2015/16 partly as a result of the full year effect of the work undertaken in 2014/15 and partly through further review activity with individual service users. There is reasonable confidence that this will deliver savings at the required level.
3. <b>Care Home Placement Numbers &amp; Rates</b>		360,000	Nil	On-going	There has been a year on year reduction in the number of placements which are necessary to meet assessed needs over the last four years. This trend has developed as alternative forms of care have come on stream. There is confidence this trend will continue and the targets will be achieved. However achievement of the target is reliant on this trend continuing and will be determined by the needs of individual service users and therefore be subject to demographic pressure.

# APPENDIX 1

Agreed Savings – Outline details	Savings for 2015/16		Implement- ation Cost	Delivery Date	Possible risks / impact of proposals
	Income £	Budget reduction £			
<b>4. Equitable Application of Non-residential Charging policy</b>	50,000		Nil	April 2015	This is within existing policy and will ensure equity and parity between service users. The scheme started in 2014/15, all relevant service users will have been reviewed by the end of the current financial year, £50,000 will have been delivered in year, this will have a full year effect of £75,000 but as £50,000 of this has been taken as a saving in the current year the impact in 2015/16 will be a saving of £25,000 which will leave a shortfall of £25,000 which will be met through management of in year pressures.
<b>5. Community Alarms</b>  (Proposal agreed by Council in Feb 2014)		48,000	Nil	April 2015	This is within existing policy and will ensure equity and parity between service users and has now been subsumed within the review of community care support plans (see 2 above. This is because where alarms continue to be necessary to meet assessed care needs they are funded within the clients personal budget.
<b>6. Learning Disability Development Fund</b>  (Proposal agreed by Council in Feb 2014)		17,000	Nil	April 2015	Decision to reduce funding was made by the Council February 2014, consultation completed as part of that decision making processes and this scheme is a continuation of that process.
<b>7. Voluntary Sector Block Contracts</b>  (Proposal agreed by Council in Feb 2014)		38,000	Nil	April 2015	Decision to reduce funding was made by the Council February 2014, consultation completed as part of that decision making processes and this scheme is a continuation of that process.

# APPENDIX 1

Agreed Savings – Outline details	Savings for 2015/16		Implement- ation Cost	Delivery Date	Possible risks / impact of proposals
	Income £	Budget reduction £			
<p><b>8. Service Redesign - Learning Disability</b></p> <p>Review of remaining day care and respite service including transport arrangements.</p>		525,000	Nil	On-going	Commissioning Strategy and delivery plans are being overseen by the Health and Well Being Board and Health Scrutiny Committee. There is a high level of confidence that the target will be delivered; the detail is being worked up through engagement processes which include people with learning disabilities and representative groups. However delivering this target will require a range of challenging redesign work to be completed on a co-production basis with stakeholders and services users.
<p><b>9. Service Redesign - Respite Care</b></p> <p>Review existing arrangements for respite care and introduce a single policy to ensure equitable availability of respite care services according to need.</p>		250,000	Nil	TBC	<p>A consultation process is currently underway on a revised policy (now referred to as short breaks). The consultation process will conclude on the 13<sup>th</sup> February 2015 and reported to the Council.</p> <p>The Short Breaks Policy and EIA are attached as Appendix 9</p>
<p><b>10. Service Redesign - St Kilda's</b></p> <p>To review the proposals for the St Kilda's site to ensure the recommended service solutions represents value for money.</p>		320,000	Nil	Ongoing	The outline business case has been approved by the Trust Board and a contractor has been appointed to work up the design and finalise the cost of building the new facility. The contract is due to be agreed in April 2015 and the new service will come on line in October 2016. Negotiations will soon commence with the current provider of the service to agree an exit strategy which will enable savings to be made in 2015/16.

# APPENDIX 1

Agreed Savings – Outline details	Savings for 2015/16		Implement- ation Cost	Delivery Date	Possible risks / impact of proposals
	Income £	Budget reduction £			
<p><b>11. Delivery Model 1 - Assessment Process</b></p> <p>This will involve changing the way that care needs are assessed and services are co-ordinated, including:</p> <ul style="list-style-type: none"> <li>▪ Moving to telephone and on-line assessments rather than face to face contacts.</li> <li>▪ Promoting the self-directed care and personal budgets to enable people to take control of their own circumstances and needs</li> </ul>		668,000	Covered by pooled arrangements with NHS	April 2015 to March 2016	The scheme will impact on how care needs assessments are undertaken but not the level of care provided. Development and pilot work is currently underway, with full implementation scheduled for July 2015. The expectation is that the part year effect savings (July 2015 to March 2016) will meet the 2015/16 target.
<p><b>12. Delivery Model 2 - Emergency Duty Team</b></p> <p>Review of the way Out of Hours &amp; Emergency Duty services are provided.</p>		274,000	nil	TBC	A range of options are being evaluated, including other providers or extending joint approach with Children’s Services and the MASH development. This involves negotiations with staff and trade unions, there is assurance that savings will be made but the final figure and full year effect is not guaranteed at this stage.

# APPENDIX 1

Agreed Savings – Outline details	Savings for 2015/16		Implement- ation Cost	Delivery Date	Possible risks / impact of proposals
	Income £	Budget reduction £			
<p><b>13. Delivery Model - Quality Assurance</b></p> <p>To review the way the Trust works with providers of nursing, residential and domiciliary care services to promote and ensure the quality of services.</p>		127,000	nil	April 2016	A saving of £91,000 has been delivered however this has reduced the size and capacity of the team providing this service to the smallest viable critical mass. Further savings are not possible as this would result in the removal of all internal assurance processes which would compromise safeguarding procedures and result in reliance on CQC processes for all on going quality assurance. There will therefore be a shortfall of £36,000 which will be met through management of in year pressures.
<p><b>14. Movement of clients from residential homes to Extra Care Housing</b></p> <p>The objective will be to support people to remain, or return to, living independently in their own accommodation.</p>		500,000	TBC	TBC	This is a high level proposal involving housing providers and is in line with the housing commissioning strategy which was agreed by the Health and Well Being Board. As proposals are developed and there is a level of detail upon which there can be consultation with service users and their families this will be completed. The results of the consultation, along with an Equality Impact Assessment, will then be considered in reaching decisions about the future of these services. There is confidence that part year savings can be achieved but the full year effect remains high risk.

**Benchmark Assessment and KPIs**

**DRAFT 06/01/15**

**Appendix 2**

Domain & KPI	Frame work	Reporting Frequency	Notes	2015/16 Target Proposed	2014/15 Target	2013/14 Target	2012/13 Target	2014/15 Outturn Forecast*	2014/15 Outturn to Oct14	2013/14 Outturn	2012/13 Outturn	2013/14 England Average	2012/13 England Average
<b>Domain 1: Enhancing quality of life for people with care and support</b>													
ASC 1A: Social care-related quality of life	ASCOF	Annual	Data from annual Adult Social Care Survey. Target set for top quartile	19.2	n/a	n/a	n/a	n/a	n/a	18.8	18.6	19	18.8
ASC 1B: The proportion of people who use services who have control over their daily life	ASCOF	Annual	Data from annual Adult Social Care Survey. Target set for top quartile	79	n/a	n/a	n/a	n/a	n/a	76.7	77.3	76.8	76.1
ASC 1C pt1: proportion of people using social care who receive self-directed support	ASCOF	Monthly	KPI definition changes with new 2014/15 statutory returns. Unable to forecast until new reporting completed at the end of 2014/15. Target provisionally set and will be reviewed after Q1 15/16 via SCPB and DASS leadership process.	70%	70%	70%	55%	65.0%	51%	62%	58%	62.1	56.2
ASC 1C pt2: proportion of people using social care who receive direct payments	ASCOF	Monthly	KPI definition changes with new 2014/15 statutory returns. Unable to forecast until new reporting completed at the end of 2014/15. Target provisionally set and will be reviewed after Q1 15/16 via SCPB and DASS leadership process.	10%	10.0%	10.0%	n/a	9.8%	9.4%	10%	10%	19.1	16.8
ASC 1D: Carer-reported quality of life	ASCOF	Annual	Data from biennial from Carers Survey. Target set for top quartile	8.4	n/a	n/a	n/a	n/a	n/a	n/a	8.2	n/a	8.1
ASC 1E: Proportion of adults with a learning disability in paid employment	ASCOF	Annual	KPI definition changes with new 2014/15 statutory returns. Unable to forecast until new reporting completed at the end of 2014/15. Target provisionally set and will be reviewed after Q1 15/16 via SCPB and DASS leadership process.	4.5%	n/a	n/a	4%	4.4	4.4	4.1	4.9	6.8	7
ASC 1F: Proportion of adults in contact with secondary mental health services in paid employment	ASCOF	Monthly	Data from DPT.	7.1%	5.5%	5.5%	6.0%	1.2%	1.2%	3.1	4.8	7.1	8.8
ASC 1G: Proportion of adults with a learning disability who live in their own home or with their family	ASCOF	Monthly	KPI definition changes with new 2014/15 statutory returns. Unable to forecast until new reporting completed at the end of 2014/15. Target provisionally set and will be reviewed after Q1 15/16 via SCPB and DASS leadership process.	70%	69.0%	69.0%	60.0%	68.8%	67.3%	66%	69%	74.8	73.5
ASC 1H: Proportion of adults in contact with secondary mental health services who live independently, with or without support	ASCOF	Monthly	Data from DPT.	77%	77.0%	77.0%	70.0%	76.3%	69.5%	66%	77%	60.9	58.5
ASC 1I: Proportion of people who use services and their carers who reported that they had as much social contact as they would like	ASCOF	Annual	Part 1 – services users - Calculated annually from Adult Social Care Survey. Part 2 – carers - Calculated biennially from Carers Survey.	47.1	n/a	n/a	n/a	n/a	n/a	47.1	n/a	44.2	n/a
D40: % clients receiving an annual review	Local	Monthly	This actually measures % reviews that are overdue.	76%	80.0%	80.0%	85.0%	76.4%	80.9%	90%	88%	n/a	n/a
SC-005: No. of overdue reviews	Local	Monthly	Expecting to change to % of reviews more than x months overdue	TBC	500	n/a	n/a	710	623	n/a	n/a	n/a	n/a
SC-007: No. of overdue reviews for out of area placements (snap shot)	Local	Monthly	Expecting to change to 'OOA placement reviews overdue by more than X months'.	TBC	0	n/a	n/a	5	8	n/a	n/a	n/a	n/a
D39: % clients receiving a Statement of Needs	Local	Monthly		90%	95.0%	95.0%	95.0%	90.0%	91.30%	93%	94%	n/a	n/a
NI132: Timeliness of social care assessment	Local	Monthly		74%	70.0%	65.0%	70.0%	74.1%	72.6%	70%	70%	n/a	n/a
NI133: Timeliness of social care packages following assessment	Local	Monthly		90%	85.0%	85.0%	85.0%	94.6%	96.2%	98%	99%	n/a	n/a

Domain 2: Delaying and reducing the need for care and support														
ASC 2A p1: Permanent admissions to residential and nursing care homes, per 100,000 population Part 1 - younger adults	ASCOF	Annual	Reported annually to SCPB as official population updated annually. KPI definition changes with new 2014/15 statutory returns. Unable to forecast until new reporting completed at the end of 2014/15. until new reporting completed at the end of 2014/15.	BCF?	n/a	n/a	n/a	n/a	n/a	n/a	36.3	28.2	14.4	15
ASC 2A p2: Permanent admissions to residential and nursing care homes, per 100,000 population Part 2 - older people	ASCOF	Annual	Reported annually to SCPB as official population updated annually. KPI definition changes with new 2014/15 statutory returns. Unable to forecast until new reporting completed at the end of 2014/15.	572.6	n/a	n/a	n/a	n/a	n/a	n/a	628.6	718.4	668.4	697.2
ASC 2B p1: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services Part 1 - effectiveness	ASCOF	Annual		88.7	n/a	n/a	n/a	n/a	n/a	n/a	81.5	81.3	81.9	81.4
ASC 2B p2: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services Part 2 - coverage	ASCOF	Annual		BCF?	n/a	n/a	n/a	n/a	n/a	n/a	2.9	3.4	3.3	3.2
ASC 2C p1: Delayed transfers of care from hospital and those which are attributable to adult social care Part 1 - total delayed transfers	ASCOF	Annual		346.9	n/a	n/a	n/a	n/a	n/a	n/a	3.6	2.7	9.7	9.4
ASC 2C p2: Delayed transfers of care from hospital and those which are attributable to adult social care Part 2 - attributable to social care	ASCOF	Annual		BCF?	n/a	n/a	n/a	n/a	n/a	n/a	1.8	1	3.1	3.2
ASC 2D: The outcomes of short-term support: sequel to service	ASCOF	Monthly	New Measure for 2014/15. Unable to report until new reporting developed during 14/15.	TBC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ASC 2E: Effectiveness of reablement services	ASCOF	n/a	New KPI still under national development.	TBC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ASC 2F: Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life	ASCOF	n/a	New KPI still under national development.	TBC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
LI-404: No. of permanent care home placements at end of period	Local	Monthly	Finance will confirm after further budget & CIP work - end Jan14	TBC	644	697	703	641	658	683	717	n/a	n/a	
LI-450: Proportion of clients supported in a care home at end of period	Local	Monthly	Data quality improvements during 2014/15 increased outturn. Target should be reset.	from above	18.0%	18.0%	n/a	20.0%	20.4%	21%	18%	n/a	n/a	
Domain 3: Ensuring that people have a positive experience of care and support														
ASC 3A: Overall satisfaction of people who use services with their care and support	ASCOF	Annual	Calculated annually from Adult Social Care Survey.	68.5	n/a	n/a	n/a	n/a	n/a	n/a	68.5	72.6	64.8	64.1
ASC 3B: Overall satisfaction of carers with social services	ASCOF	Annual	Calculated <u>biennially</u> from Carers Survey.	46.4	n/a	n/a	n/a	n/a	n/a	n/a	n/a	45.9	n/a	42.7
3E: Improving people's experience of integrated care	ASCOF	n/a	New KPI still under national development. Will be calculated annually from Adult Social Care Survey. Will be calculated <u>biennially</u> from Carers Survey.	TBC	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ASC 3C: The proportion of carers who report that they have been included or consulted in discussions about the person they care for	ASCOF	Annual	Calculated <u>biennially</u> from Carers Survey.	76.6	n/a	n/a	n/a	n/a	n/a	n/a	n/a	74.4	n/a	72.9
ASC 3D: The proportion of people who use services and carers who find it easy to find information about services	ASCOF	Annual	Part 1 – services users - Calculated annually from Adult Social Care Survey. Part 2 – carers - Calculated <u>biennially</u> from Carers Survey.	77.3	n/a	n/a	n/a	n/a	n/a	n/a	71.8	73	74.5	74.1
NI135: Carers receiving needs assessment, review, information, advice, etc.	Local	Monthly	Local KPI but may need to change KPI definition changes with new 2014/15 statutory returns. Unable to forecast until new reporting completed at the end of 2014/15. Target provisionally set and will be reviewed after Q1 15/16 via SCPB and DASS leadership process.	40%	35.0%	31.0%	31.0%	46.0%	26.4%	35%	28%	n/a	n/a	

Domain 4: Safeguarding adults who circumstances make them														
ASC 4A: The proportion of people who use services who feel safe	ASCOF	Annual	Calculated annually from Adult Social Care Survey.	69.6	n/a	n/a	n/a	n/a	n/a	n/a	62.3	58.8	66	65.1
ASC 4B: The proportion of people who use services who say that those services have made them feel safe and secure	ASCOF	Annual	Calculated annually from Adult Social Care Survey.	85.6	n/a	n/a	n/a	n/a	n/a	n/a	66.5	65.3	79.1	78.1
ASC 4C: Proportion of completed safeguarding referrals where people report they feel safe	ASCOF	n/a	New KPI still under national development.	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
TCT11: Safeguarding Calls Triaged within 48 Hours	Local	Monthly	South West Safeguarding Adults Network recommendation. Measures being reviewed regionally so may need to be reset in 2015/16 by via SCPB and DASS leadership process.	90%	n/a	n/a	80%	TBC	48%	81%	81%	n/a	n/a	
TCT12b: Proportion of safeguarding strategy meetings held within 7 working days	Local	Monthly	South West Safeguarding Adults Network recommendation. Measures being reviewed regionally so may need to be reset in 2015/16 by via SCPB and DASS leadership process.	80%										
TCT13b: Proportion of Safeguarding case conferences held within 30 working days of strategy meeting	Local	Monthly	South West Safeguarding Adults Network recommendation. Measures being reviewed regionally so may need to be reset in 2015/16 by via SCPB and DASS leadership process.	80%										
TCT14b: % repeat safeguarding referrals in last 12 months	Local	Monthly	Changing measure from number to proportion. Target increased to account for >30% increase in referrals since 2013/14.	8.0%										

\* linear forecast from 7 months of data where appropriate

ASCOF KPIS from 'The Adult Social Care Outcomes Framework 2015/16' (Nov14)

Torbay ASCOF figures from statutory returns may differ from those reported in end of year reports due to different processes & deadlines



## Appendix 3

# Risk Matrix

**Analysis of risks set out in ASA:** The risk analysis set out in this grid has been completed against the Trust's risk scoring matrix under which a score of 4 or less is regarded low, between 6 and 9 as moderate and 10 to 25 as significant.

Risk	Risk description	Mitigation	Risk Score			Risk Owner
			Impact	Likelihood	Score	
<b>Care Home Fees</b>	Care home fees have been set within a new banding structure for residential care set last year and this has been challenged through JR.	<ul style="list-style-type: none"> <li>This challenge is currently being considered for appeal</li> </ul>	4	4	16	Council
<b>Acquisition process</b>	The Trust is expected to be acquired by another NHS Foundation Trust in 2015 to form an ICO and this could result in distraction from delivery of this agreement.	<ul style="list-style-type: none"> <li>This is mitigated through close working between senior officers in the Council, the Trusts and CCG, the Mayor and Councillors, NHS Chairs and Board members.</li> <li>The impact of senior staff and board member changes will be mitigated through close working of council, NHS provider and commissioner bodies.</li> </ul>	4	4	16	Trust
<b>Ordinary residence</b>	Movement of ordinary residence can create in year pressures and this will be monitored closely through Social Care Programme Board	<ul style="list-style-type: none"> <li>Adherence to protocols by front line teams and to assess the needs of individual only users to ensure that ordinary residence does apply to their circumstances.</li> <li>A revised protocol has been introduced during 2013/14 and is being applied. Operationally application is monitored via the Complex Care Review Panel.</li> <li>Close monitoring of financial impact through Social Care Programme Board (Monthly reports available and quarterly report to Commissioning for Independence Board.)</li> </ul>	4	4	16	Council
<b>The scale of savings required</b>	Savings plans targets are significant and over a two year period will require radical	<ul style="list-style-type: none"> <li>Individual assessments / reassessment carried out against FAC criteria and all relevant policy frameworks as part of assessing whether it is safe or appropriate to reduce the level</li> </ul>	4	4	16	Shared

Risk	Risk description	Mitigation	Risk Score			Risk Owner
			Impact	Likelihood	Score	
	changes in the range of services available, the level of care that can be provide and the way services are delivered.	<p>and make up of existing care plans.</p> <ul style="list-style-type: none"> <li>The Trust, Council and CCG will work with service users and the voluntary sector to secure appropriate input and engagement in redesigning and redeveloping services.</li> <li>Changes in the nature, level and range of services will be subject to formal consultation as required by national guidance and Council policy.</li> </ul>				
<b>Risk of capacity to deliver changes</b>	The requirements of this commissioning agreement are the further changes and savings to back office and assessment processes. Capacity in zone teams may impact on the pace of delivery.	<ul style="list-style-type: none"> <li>This is mitigated through assurance from the Trust that operational services at the front end can be delivered in a different way.</li> <li>ASA KPIs include monthly metrics that will demonstrate any reduction in capacity</li> <li>Regular updates to OLG, SCPB and/or CIB highlighting any commissioning/service transformation needs/risks.</li> </ul>	4	3	12	Shared
<b>Community concern</b>	Concern may be raised in response to implementation of the programme of work outlined in this agreement which may affect the pace of delivery.	<p>This is mitigated through</p> <ul style="list-style-type: none"> <li>The close involvement of, and engagement with the individuals involved, their families and carers through the relevant assessment and reassessment processes.</li> <li>Moderation of decision making in complex cases through the complex care review panel.</li> <li>Escalation of individual cases to the Social Care Programme Board, support from Council Legal services and briefing for Members where particularly difficult, sensitive or contentious cases arises.</li> </ul>	4	3	12	Council
<b>Delivery of Care Act</b>	The care act is an opportunity to improve social care and is expected to be fully funded by Government.	<ul style="list-style-type: none"> <li>Close involvement through ADASS and LGA of assessing impact and preparedness for Care Act</li> </ul>	4	3	12	Shared
<b>DoLS</b>	The Cheshire West ruling in March 2014 has created significant additional	<ul style="list-style-type: none"> <li>Caselaw relating to DoLS has created national pressures, with the Law Commission now reviewing the legislation, with likely changes to the law in 2017. The Council has made additional</li> </ul>	4	3	12	Shared

Risk	Risk description	Mitigation	Risk Score			Risk Owner
			Impact	Likelihood	Score	
	applications for Deprivation of Liberty Safeguards. This has resulted in an increasing waiting list without the capacity to process applications within legal timescales.	funding (£60k) available to support this in 14/15. This has improved administration but it has not been possible to identify appropriately qualified best interest assessors to make an impact on waiting times. A local course is being considered to supply more staff and a range of other options are being developed.				
<b>EDS</b>	Vacancies, an ageing workforce, skill set requirements and a need to change working patterns has placed this small service at risk of breakdown.	<ul style="list-style-type: none"> <li>A range of options are being developed to put this service on a sound footing. This includes outsourcing the service to another provider, considering a combined day/night rota and splitting children and adult services.</li> </ul>	4	4	16	Trust
<b>Dom Care</b>	Pressure in dom care market; difficulty in securing packages of care in timely way with some providers planning to exit the market.	<ul style="list-style-type: none"> <li>The Living Well @ Home programme has been designed to stabilise the market.</li> </ul>	4	4	16	Shared

Appendix 5

Outcome Framework	Indicator ID	Indicator Name
NHS Outcomes Framework	1b	Life expectancy at 75
NHS Outcomes Framework	1.1	Under 75 mortality rate from cardiovascular disease
NHS Outcomes Framework	1.2	Under 75 mortality rate from respiratory disease
NHS Outcomes Framework	1.3	Under 75 mortality rate from liver disease
NHS Outcomes Framework	1.6.i	Infant mortality
NHS Outcomes Framework	1.6.ii	Neonatal mortality and stillbirths
NHS Outcomes Framework	2.2	Employment of people with long-term conditions
NHS Outcomes Framework	2.3.i	Unplanned hospitalisation for chronic ambulatory care sensitive conditions (adults)
NHS Outcomes Framework	2.3.ii	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s
NHS Outcomes Framework	2.5	Employment of people with mental illness
NHS Outcomes Framework	3a	Emergency admissions for acute conditions that should not usually require hospital admission
NHS Outcomes Framework	3.1	Patient reported outcomes measures for elective procedures
NHS Outcomes Framework	3.2	Emergency admissions for children with lower respiratory tract infections
NHS Outcomes Framework	4b	Patient experience of hospital care
NHS Outcomes Framework	4.1	Patient experience of outpatient services
NHS Outcomes Framework	4.2	Responsiveness to inpatients' personal needs
NHS Outcomes Framework	4.3	Patient experience of A&E services
NHS Outcomes Framework	4.5	Women's experience of maternity services
NHS Outcomes Framework	5a	Patient safety incident reporting
NHS Outcomes Framework	5b	Severity of harm
NHS Outcomes Framework	5.2.i	Incidence of healthcare-associated infection - MRSA
NHS Outcomes Framework	5.2.ii	Incidence of healthcare-associated infection - C. difficile
NHS Outcomes Framework	5.4	Incidence of medication errors causing serious harm
NHS Outcomes Framework	5.5	Admission of full-term babies to neonatal care
NHS Outcomes Framework	1.4.vii	Under 75 mortality rate from cancer
NHS Outcomes Framework	4.7	Patient experience of community mental health services
NHS Outcomes Framework	3b	Emergency readmissions within 30 days of discharge from hospital
NHS Outcomes Framework	1.5	Excess under 75 mortality rate in adults with serious mental illness
NHS Outcomes Framework	1a	Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare
NHS Outcomes Framework	2.6.i	Estimated diagnosis rate for people with dementia
NHS Outcomes Framework	3.6.i	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services
NHS Outcomes Framework	3.6.ii	Proportion of Older People (65 and over) who were offered rehabilitation following discharge from acute or community hospital
NHS Outcomes Framework	4a.i	Patient experience of GP services
NHS Outcomes Framework	4a.ii	Patient experience of GP out of hours services
NHS Outcomes Framework	4a.iii	Patient experience of Dental services
NHS Outcomes Framework	4.4.i	Access to GP services

NHS Outcomes Framework	4.4.ii	Access to NHS dental services
NHS Outcomes Framework	4.6	Improving the experience of care for people at the end of their lives
NHS Outcomes Framework	5.6	Incidence of harm to children due to 'failure to monitor'
NHS Outcomes Framework	3.5.i	The proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 30 days
NHS Outcomes Framework	3.5.ii	The proportion of patients with fragility fractures recovering to their previous levels of mobility / walking ability at 120 days
NHS Outcomes Framework	1a.ii	Potential years of life lost (PYLL) from causes considered amenable to healthcare - Children and young people
NHS Outcomes Framework	1a.i	Potential years of life lost (PYLL) from causes considered amenable to healthcare - Adults
NHS Outcomes Framework	2 H	Health-related quality of life for people with long-term conditions
NHS Outcomes Framework	2.1	Proportion of people feeling supported to manage their condition
NHS Outcomes Framework	2.4	Health-related quality of life for carers
NHS Outcomes Framework	1.4.i	One-year survival from all cancers
NHS Outcomes Framework	1.4.ii	Five-year survival from all cancers
NHS Outcomes Framework	1.4.iii	One-year survival from breast, lung and colorectal cancer
NHS Outcomes Framework	1.4.iv	Five-year survival from breast, lung and colorectal cancer
NHS Outcomes Framework	1.6.iii	Five year survival from all cancers in children
NHS Outcomes Framework	5.1	Deaths from venous thromboembolism (VTE) related events within 90 days post discharge from hospital
Adult Social Care Outcome Framework	1A	Social care-related quality of life
Adult Social Care Outcome Framework	1B	Proportion of people who use services who have control over their daily life
Adult Social Care Outcome Framework	1C	Proportion of people using social care who receive self-directed support, and those receiving direct payments
Adult Social Care Outcome Framework	1D	Carer-reported quality of life
Adult Social Care Outcome Framework	1E	Proportion of adults with learning disabilities in paid employment
Adult Social Care Outcome Framework	1F	Proportion of adults in contact with secondary mental health services in paid employment
Adult Social Care Outcome Framework	1G	Proportion of adults with learning disabilities who live in their own home or with their family
Adult Social Care Outcome Framework	1H	Proportion of adults in contact with secondary mental health services who live independently, with or without support
Adult Social Care Outcome Framework	1I	Proportion of people who use services and their carers, who reported that they have as much social contact as they would like.
Adult Social Care Outcome Framework	2A	Permanent admissions to residential and nursing care homes, per 100,000 population
Adult Social Care Outcome Framework	2B	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

Adult Social Care Outcome Framework	2C	Delayed transfers of care from hospital, and those which are attributable to adult social care
Adult Social Care Outcome Framework	3A	Overall satisfaction of people who use services with their care and support
Adult Social Care Outcome Framework	3B	Overall satisfaction of carers with social services
Adult Social Care Outcome Framework	3C	Proportion of carers who report that they have been included or consulted in discussion about the person they care for
Adult Social Care Outcome Framework	3D	Proportion of people who use services and carers who find it easy to find information about services
Adult Social Care Outcome Framework	4A	Proportion of people who use services who feel safe
Adult Social Care Outcome Framework	4B	Proportion of people who use services who say that those services have made them feel safe and secure
Public Health Outcomes Framework	0.1i	Healthy life expectancy at birth
Public Health Outcomes Framework	0.1ii	Life Expectancy at birth
Public Health Outcomes Framework	0.1ii	Life Expectancy at 65
Public Health Outcomes Framework	0.2iii	Slope index of inequality in life expectancy at birth within English local authorities, based on local deprivation deciles within each area
Public Health Outcomes Framework	0.2iv	Gap in life expectancy at birth between each local authority and England as a whole
Public Health Outcomes Framework	1.01i	Children in poverty (all dependent children under 20)
Public Health Outcomes Framework	1.01ii	Children in poverty (under 16s)
Public Health Outcomes Framework	1.02i	School Readiness: The percentage of children achieving a good level of development at the end of reception
Public Health Outcomes Framework	1.02i	School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception
Public Health Outcomes Framework	1.02ii	School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check
Public Health Outcomes Framework	1.02ii	School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check
Public Health Outcomes Framework	1.03	Pupil absence
Public Health Outcomes Framework	1.04	First time entrants to the youth justice system

Public Health Outcomes Framework	1.05	16-18 year olds not in education employment or training
Public Health Outcomes Framework	1.06i	Adults with a learning disability who live in stable and appropriate accommodation
Public Health Outcomes Framework	1.06ii	% of adults in contact with secondary mental health services who live in stable and appropriate accommodation
Public Health Outcomes Framework	1.08i	Gap in the employment rate between those with a long-term health condition and the overall employment rate
Public Health Outcomes Framework	1.08ii	Gap in the employment rate between those with a learning disability and the overall employment rate
Public Health Outcomes Framework	1.08iii	Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate
Public Health Outcomes Framework	1.09i	Sickness absence - The percentage of employees who had at least one day off in the previous week
Public Health Outcomes Framework	1.09ii	Sickness absence - The percent of working days lost due to sickness absence
Public Health Outcomes Framework	1.1	Killed and seriously injured (KSI) casualties on England's roads
Public Health Outcomes Framework	1.11	Domestic Abuse
Public Health Outcomes Framework	1.12i	Violent crime (including sexual violence) - hospital admissions for violence
Public Health Outcomes Framework	1.12ii	Violent crime (including sexual violence) - violence offences per 1,000 population
Public Health Outcomes Framework	1.12iii	Violent crime (including sexual violence) - Rate of sexual offences per 1,000 population
Public Health Outcomes Framework	1.13i	Re-offending levels percentage of offenders who reoffend
Public Health Outcomes Framework	1.13ii	Re-offending levels - average number of re-offences
Public Health Outcomes Framework	1.14i	The rate of complaints about noise
Public Health Outcomes Framework	1.14ii	The percentage of the population exposed to road, rail and air transport noise of 65dB(A) or more, during the daytime
Public Health Outcomes Framework	1.14iii	The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night-time
Public Health Outcomes Framework	1.15i	Statutory homelessness - homelessness acceptances
Public Health Outcomes Framework	1.15ii	Statutory homelessness - households in temporary accommodation

Public Health Outcomes Framework	1.16	Utilisation of outdoor space for exercise/health reasons
Public Health Outcomes Framework	1.17	Fuel Poverty
Public Health Outcomes Framework	1.18i	Social Isolation: % of adult social care users who have as much social contact as they would like
Public Health Outcomes Framework	1.18ii	Social Isolation: % of adult carers who have as much social contact as they would like
Public Health Outcomes Framework	2.01	Low birth weight of term babies
Public Health Outcomes Framework	2.02i	Breastfeeding - Breastfeeding initiation
Public Health Outcomes Framework	2.02ii	Breastfeeding - Breastfeeding prevalence at 6 - 8 weeks after birth
Public Health Outcomes Framework	2.03	Smoking status at time of delivery
Public Health Outcomes Framework	2.04	Under 18 conceptions
Public Health Outcomes Framework	2.04	Under 18 conceptions: conceptions in those aged under 16
Public Health Outcomes Framework	2.06i	Excess weight in 4-5 and 10 - 11 year olds
Public Health Outcomes Framework	2.06ii	Excess weight in 4-5 and 10 - 11 year olds
Public Health Outcomes Framework	2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 - 14 years)
Public Health Outcomes Framework	2.07i	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0 - 4 years)
Public Health Outcomes Framework	2.07ii	Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15 - 24 years)
Public Health Outcomes Framework	2.08	Emotional well-being of looked after children
Public Health Outcomes Framework	2.12	Excess Weight in Adults
Public Health Outcomes Framework	2.13i	Percentage of physically active and inactive adults - active adults
Public Health Outcomes Framework	2.13ii	Percentage of active and inactive adults - inactive adults
Public Health Outcomes Framework	2.14	Smoking Prevalence



Public Health Outcomes Framework	2.14	Smoking prevalence - routine & manual
Public Health Outcomes Framework	2.15i	Successful completion of drug treatment - opiate users
Public Health Outcomes Framework	2.15ii	Successful completion of drug treatment - non opiate users
Public Health Outcomes Framework	2.16	People entering prison with substance dependence issues who are previously not known to community treatment
Public Health Outcomes Framework	2.17	Recorded diabetes
Public Health Outcomes Framework	2.18	Alcohol related admissions to hospital
Public Health Outcomes Framework	2.19	Cancer diagnosed at early stage (Experimental Statistics)
Public Health Outcomes Framework	2.20i	Cancer screening coverage - breast cancer
Public Health Outcomes Framework	2.20ii	Cancer screening coverage - cervical cancer
Public Health Outcomes Framework	2.21vii	Access to non-cancer screening programmes - diabetic retinopathy
Public Health Outcomes Framework	2.22iii	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check
Public Health Outcomes Framework	2.22iv	Cumulative % of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check
Public Health Outcomes Framework	2.22v	Cumulative % of the eligible population aged 40-74 who received an NHS Health check
Public Health Outcomes Framework	2.23i	Self-reported well - being
Public Health Outcomes Framework	2.23ii	Self-reported well - being
Public Health Outcomes Framework	2.23iii	Self-reported well - being
Public Health Outcomes Framework	2.23iv	Self-reported well - being
Public Health Outcomes Framework	2.24i	Injuries due to falls in people aged 65 and over (Persons)
Public Health Outcomes Framework	2.24i	Injuries due to falls in people aged 65 and over (males/females)
Public Health Outcomes Framework	2.24ii	Injuries due to falls in people aged 65 and over - aged 65 - 79

Public Health Outcomes Framework	2.24iii	Injuries due to falls in people aged 65 and over - aged 80+
Public Health Outcomes Framework	3.01	Fraction of mortality attributable to particulate air pollution
Public Health Outcomes Framework	3.02i	Chlamydia screening detection rate (15-24 year olds) - old ncmp data
Public Health Outcomes Framework	3.02ii	Chlamydia detection rate (15-24 year olds) - CTAD
Public Health Outcomes Framework	3.03i	Population vaccination coverage - Hepatitis B (1 year old)
Public Health Outcomes Framework	3.03i	Population vaccination coverage - Hepatitis B (2 years old)
Public Health Outcomes Framework	3.03iii	Population vaccination coverage - Dtap / IPV / Hib (1 year old)
Public Health Outcomes Framework	3.03iii	Population vaccination coverage - Dtap / IPV / Hib (2 years old)
Public Health Outcomes Framework	3.03iv	Population vaccination coverage - MenC
Public Health Outcomes Framework	3.03v	Population vaccination coverage - PCV
Public Health Outcomes Framework	3.03vi	Population vaccination coverage - Hib / MenC booster (2 years old)
Public Health Outcomes Framework	3.03vi	Population vaccination coverage - Hib / Men C booster (5 years)
Public Health Outcomes Framework	3.03vii	Population vaccination coverage - PCV booster
Public Health Outcomes Framework	3.03viii	Population vaccination coverage - MMR for one dose (2 years old)
Public Health Outcomes Framework	3.03ix	Population vaccination coverage - MMR for one dose (5 years old)
Public Health Outcomes Framework	3.03x	Population vaccination coverage - MMR for two doses (5 years old)
Public Health Outcomes Framework	3.03xii	Population vaccination coverage - HPV
Public Health Outcomes Framework	3.03xiii	Population vaccination coverage - PPV
Public Health Outcomes Framework	3.03xiv	Population vaccination coverage - Flu (aged 65+)
Public Health Outcomes Framework	3.03xv	Population vaccination coverage - Flu (at risk individuals)

Public Health Outcomes Framework	3.04	People presenting with HIV at a late stage of infection
Public Health Outcomes Framework	3.05i	Treatment completion for TB
Public Health Outcomes Framework	3.05ii	Incidence of TB
Public Health Outcomes Framework	3.06	NHS organisations with a board approved sustainable development management plan
Public Health Outcomes Framework	4.01	Infant mortality
Public Health Outcomes Framework	4.02	Tooth decay in children aged 5
Public Health Outcomes Framework	4.03	Mortality rate from causes considered preventable
Public Health Outcomes Framework	4.04i	Under 75 mortality rate from all cardiovascular diseases
Public Health Outcomes Framework	4.04ii	Under 75 mortality rate from cardiovascular diseases considered preventable
Public Health Outcomes Framework	4.05i	Under 75 mortality rate from cancer
Public Health Outcomes Framework	4.05ii	Under 75 mortality rate from cancer considered preventable
Public Health Outcomes Framework	4.06i	Under 75 mortality rate from liver disease
Public Health Outcomes Framework	4.06ii	Under 75 mortality rate from liver disease considered preventable
Public Health Outcomes Framework	4.07i	Under 75 mortality rate from respiratory disease
Public Health Outcomes Framework	4.07ii	Under 75 mortality rate from respiratory disease considered preventable
Public Health Outcomes Framework	4.08	Mortality from communicable diseases
Public Health Outcomes Framework	4.09	Excess under 75 mortality rate in adults with serious mental illness
Public Health Outcomes Framework	4.1	Suicide rate
Public Health Outcomes Framework	4.11	Emergency readmissions within 30 days of discharge from hospital
Public Health Outcomes Framework	4.12i	Preventable sight loss - age related macular degeneration (AMD)

Public Health Outcomes Framework	4.12ii	Preventable sight loss - glaucoma
Public Health Outcomes Framework	4.12iii	Preventable sight loss - diabetic eye disease
Public Health Outcomes Framework	4.12iv	Preventable sight loss - sight loss certifications
Public Health Outcomes Framework	4.13	Health related quality of life for older people
Public Health Outcomes Framework	4.14i	Hip fractures in people aged 65 and over
Public Health Outcomes Framework	4.14ii	Hip fractures in people aged 65 and over - aged 65
Public Health Outcomes Framework	4.14iii	Hip fractures in people aged 65 and over - aged 80+
Public Health Outcomes Framework	4.15i	Excess Winter Deaths Index (Single year, all ages)
Public Health Outcomes Framework	4.15ii	Excess Winter Deaths Index (single year, ages 85+)
Public Health Outcomes Framework	4.15iii	Excess Winter Deaths Index (3 years, all ages)
Public Health Outcomes Framework	4.15iv	Excess Winter Deaths Index (3 years, ages 85+)



**Updated July 2014**

## Better Care Fund planning template – Part 1

Please note, there are two parts to the Better Care Fund planning template. Both parts must be completed as part of your Better Care Fund Submission. Part 2 is in Excel and contains metrics and finance.

Both parts of the plans are to be submitted by 12 noon on 19<sup>th</sup> September 2014. Please send as attachments to [bettercarefund@dh.gsi.gov.uk](mailto:bettercarefund@dh.gsi.gov.uk) as well as to the relevant NHS England Area Team and Local government representative.

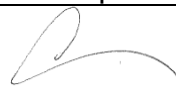
To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

### 1) PLAN DETAILS


#### a) Summary of Plan

Local Authority	<b>Torbay Council</b>
Clinical Commissioning Groups	<b>South Devon and Torbay CCG</b>
Boundary Differences	<b>South Devon and Torbay CCG covers all of Torbay Local Authority and the South part of Devon County Council.</b>
Date agreed at Health and Well-Being Board:	<b>16<sup>TH</sup> September 2014</b>
Date submitted:	<b>19<sup>th</sup> September 2014</b>
Minimum required value of BCF pooled budget: 2014/15	<b>£5.2m</b>
2015/16	<b>£12.014m</b>
Total agreed value of pooled budget: 2014/15	<b>£5.2m</b>
2015/16	<b>£12.014m</b>

#### b) Authorisation and signoff

<b>Signed on behalf of the Clinical Commissioning Group</b>	South Devon and Torbay Clinical Commissioning Group
<b>By</b>	Simon Tapley
<b>Position</b>	Director of Commissioning
<b>Date</b>	17 <sup>th</sup> September 2014
	

<Insert extra rows for additional CCGs as required>

<b>Signed on behalf of the Council</b>	Torbay Council
<b>By</b>	Caroline Taylor
<b>Position</b>	Director of Adult Social Care
<b>Date</b>	17 <sup>th</sup> September 2014
	

<Insert extra rows for additional Councils as required>

<b>Signed on behalf of the Health and Wellbeing Board</b>	Torbay Health and Wellbeing Board
<b>By Chair of Health and Wellbeing Board</b>	Cllr Chris Lewis
<b>Date</b>	17 <sup>th</sup> September 2014

### c) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

<b>Document or information title</b>	<b>Synopsis and links</b>
<b>Aging Well Bid</b>	A Big Lottery funded bid to support a whole system approach to aging well , targeting those most in need and social isolation using an Asset Based Community Development approach.  <a href="#"><u>Here</u></a>
<b>Better Care Fund Plan December 2013</b>	The vision for how we will use the Better Care Fund and pooled health and social care budgets to deliver integrated whole system care for everyone who needs it.  <a href="#"><u>Here</u></a>
<b>CCG Strategic Commissioning Plan 2014-2019</b>	This sets out the ambitions and intentions for the CCG which prioritise integrated planning and delivery to address the challenges faced by health and social care.  <a href="#"><u>Here</u></a>
<b>Dementia Plan and</b>	Plan setting out the need for developing services and opportunities wider in the community for recognising signs and early assessment followed by

<b>An Overview of Dementia</b>	<p>support and care for carers, care in hospital settings and care in residential and nursing homes.</p> <p>Analysis of dementia prevalence and predictive modelling provided by Public Health.</p> <p><a href="#">Here</a></p>
<b>ICO Risk Share Agreement</b>	<p>Overview document to facilitate the development of integrated health and social care and the improvement of services, by better aligning financial incentives and budgets.</p> <p><i>(At this time the full agreement remains confidential and commercially sensitive)</i></p>
<b>Joined-Up ICT Strategy</b>	<p>The Strategy is a key enabler to delivering the JoinedUp vision for integrated health and care. The delivery of the ICT objectives will depend on five core features.</p> <ul style="list-style-type: none"> <li>• Interoperability</li> <li>• Best of breed systems</li> <li>• Mobile working (agile) technology</li> <li>• Transformed business and performance information</li> <li>• Contemporaneous use</li> </ul> <p><a href="#">Here</a></p>
<b>Joint Health &amp; Wellbeing Strategy 2012/3 – 2014/15 (JHWS)</b>	<p>Agreed set of priorities for Torbay covering the life course with three underlying principles of ‘First &amp; Most’, ‘Early intervention’, ‘Integrated and Joined up approach’.</p> <p><a href="#">Here</a></p>
<b>Operational commissioning strategy for people with learning disabilities</b>	<p>This document describes the operational commissioning intentions of Torbay and Southern Devon Health and Care NHS Trust (TSDHCT), for people with Learning Disabilities living in Torbay. It continues the commitment to personalisation and choice from a diverse market place. Rather than directly provide services ourselves, we will commission services on people’s behalf and co-ordinate the provision of information and support planning; either directly or through third parties.</p> <p><a href="#">Here</a></p>
<b>Living Well at Home</b>	<p>Our strategy for providing support for people to remain living as independently as possible in their own homes, delivered in partnership with the independent sector.</p> <p><a href="#">Here</a></p>
<b>Market Position Statement</b>	<p>The statement provides an analysis of how well current service supply will meet future demand. It provides clear messages to the market on the vision for integrated care services in Torbay over 7 days a week, reducing reliance on bed based care. It outlines how provision needs to change to stimulate a diverse and vibrant market in Torbay, increasing choice and innovation in services, supporting the vision of reablement and early help to support people manage their conditions through early help and a focus on personal outcomes and choice.</p> <p><a href="#">Here</a></p>
<b>Pioneer application</b>	<p>The vision for whole system integrated care in South Devon and Torbay.</p> <p><a href="#">Here</a></p>

<b>June 2013</b>	
<b>South Devon &amp; Torbay Integrated and personal Care Organisation Business case</b>	<p>The full business case for the merging of Torbay and Southern Devon Health and Care NHs Trust (TSD) with South Devon Healthcare NHS Foundation Trust (SDH). It sets out the background for the merger and demonstrates why this proposal is the best option for TSD &amp; SDH and for the people they serve. SDH's Trust Board and its council of governors will review this full business case (FBC) to support a final decision regarding commitment to the merger before wider publication.</p> <p><b><i>(At this time the full business case remains commercially sensitive)</i></b></p>
<b>South Devon and Torbay CCG Engagement report</b>	<p>The report analysing the feedback from our extensive community services engagement process.</p> <p><a href="#"><u>Here</u></a></p>
<b>South Devon and Torbay Joint Strategic Needs Assessment (JSNA)</b>	<p>Joint local authority and CCG assessments of the health needs of a local population in order to improve the physical and mental health and well-being of individuals and communities.</p> <p><a href="#"><u>Here</u></a></p>
<b>The Mental Health Commissioning Strategy for Devon, Plymouth and Torbay 2014-2017</b>	<p>This joint strategy (currently in draft) for adults of all ages draws together the mental health commissioning intentions of five commissioning bodies: South Devon and Torbay CCG and NEW Devon CCG Plymouth City Council, Torbay Council and Devon County Council. The Strategy focuses on how we can support good mental health and seek to prevent mental ill health.</p> <p><a href="#"><u>Here</u></a></p>
<b>Torbay and South Devon Integrated Prevention Strategy 2014/15-2019/20</b>	<p>A plan which works towards transforming the NHS from an illness to a wellness service with a focus across 3 areas: Lives People Lead (Key Behaviours); Health Services People Use (Access &amp; Take Up); and Wider Determinants.</p> <p><a href="#"><u>Here</u></a></p>



## 2) VISION FOR HEALTH AND CARE SERVICES

a) Drawing on your JSNA, JHWS and patient and service user feedback, please describe the vision for health and social care services for this community for 2019/20

Within Torbay full integration of community health and adult social care was achieved in 2005, with the creation of Torbay Care Trust. This model has been recognised both nationally and internationally as an excellent model of care. It has realised a single assessment process, a single care record, a single information technology system and multi-disciplinary frontline teams supported by a single management structure. The role of the care coordinator in these teams, ensuring seamless care for patients, has since been replicated in many other areas.

In 2013 South Devon and Torbay became one of 14 national Pioneer sites for integration. The joint bid from the health and care community set out an ambitious goal of whole-system integration, extending beyond health and social care to encompass acute care, mental health and the voluntary sector. This is the driver for a new model of excellence for 2018/19.

The bid articulated a vision for integrated care and personal support, underpinned by the creation of an Integrated Care Organisation (ICO) that further widens the current model of health and social care to include acute health care provision. This offers an opportunity for an entirely new approach.

The strategy for delivering on Pioneer and the ICO extends beyond the local authority boundary of Torbay into the whole CCG area, and thereby into South Devon within the scope of Devon County Council. The improvements set out in this submission will therefore form part of the wider system changes across a larger geographical area. The Better Care Fund sits within this longstanding programme of integration.

Map showing Torbay and South Devon:



Our Pioneer programme and ICO business case have been developed with the active support, involvement and engagement of South Devon Healthcare NHS Foundation Trust, Torbay and Southern Devon Health and Care NHS Trust, Devon Partnership NHS Trust, South Western Ambulance Services NHS Foundation Trust, Virgin Care, Torbay Council, Devon County Council, NHS England, Rowcroft Hospice and Torbay Community Development Trust. Strategy is agreed and progress monitored by a whole-system JoinedUp Board, working to achieve: “Excellent, joined-up care for everyone.”

At the core of our vision for integrated care and personalised support are these principles:

- People will direct their own care and support, receiving the care they need in their homes or their local community
- Key services will be available when and where they are needed, seven days a week
- Joined up IT and data sharing across the entire health and care system will enable seamless care
- We will promote self-care, prevention, early help and personalised care

Programmes of work across our organisations are aligned to help us deliver these core aims, and these form the basis of this BCF plan. Our key areas of work to help deliver this vision are included at Annex 1, and include workstreams already underway for the Integrated Care Organisation and by our five Locality Commissioning Groups:

- Single Point of Contact (SPOC)
- Community care
- Frailty Services
- Long Term Conditions Management

The CCG’s five year strategic commissioning plan is based on the Joint Strategic Needs Assessment. Close links between CCG and public health specialists, who are integral to CCG commissioning, ensure the alignment of priorities and focus between health and local authority plans. This includes the Children and Young People’s plan and early help strategy, and joint commissioning strategies for dementia, carers, learning disability, mental health and housing-related support.

The **Joint Strategic Needs Assessment (JSNA)** has developed from a reference document into an interactive tool, available to partners to interrogate the data according to service need. The JSNA has highlighted those areas that needed priority attention. For learning disability, suicides, and alcohol, we have segmented and condition-specific in depth profiles at a geographical ward and neighbourhood level. A joint information intelligence virtual team has been established among health, local authority (including education) and police to facilitate information sharing that can then be translated into strategy.

The Better Care Fund lines up with the existing priorities set out in the **Health and Wellbeing strategy** which takes the life course approach and identifies priorities which support a system of self-care for people with long term conditions, and promote both independence and mental health.

Statutory agencies are not to sole key to integration, and our vision for community-wide participation expresses this. To set out the opportunities and to encourage a diverse market we have developed a **market position statement** for Torbay with the first phase focusing on adult social care. The statement provides an analysis of how well current service supply will meet future demand. It provides clear messages to the market on the vision for seven-day integrated care services in Torbay with reduced reliance on bed based care. It outlines how provision needs to change to create a diverse and vibrant market in Torbay, increasing choice and innovation in services, supporting the vision of reablement and early help, and focusing on personal outcomes.

b) What difference will this make to patient and service user outcomes?

With our local communities, we are resolved to make a major difference to the quality of life of our population, to support people to be as well and independent as they can be, and to provide care with compassion when they cannot. This is why we have integrated services.

In the Torbay of the future, Mrs Smith or her daughter will make a single call for any health or care service. Her GP will be integrated into a community hub, where she can find not just health and social care but personalised support for her mental health and general wellbeing needs, too, all organised with her single named care coordinator. Thanks to information-sharing across all parts of the system, whenever Mrs Smith receives care for one condition it automatically and electronically triggers others that are needed, for support or prevention. Acute hospital interventions are included, but it's a long time since Mrs Smith has been to hospital; hand-held diagnostics come to her in her home, her GP can monitor her vital signs remotely and the last time she did need intravenous treatment she chose to have it in her own home. Together with her family and key health worker, Mrs Smith has planned her end of life care, and has chosen hospice care in her own home. For now, volunteers from the 'neighbourhood connector' scheme have made sure handrails are fitted in her home, and they help her with her garden.

Mrs Smith's 15 year-old grandson Robert won't lose his CAMHS support at his next birthday; his named key worker will be on hand and work closely with the community-hub-based GP and adult mental health services so that he can transfer smoothly. Robert will take control of planning his care, in a way that works for him. He now benefits from peer support, so he is learning ways to manage his emotions, complementing his psychological therapy from the all-age depression and anxiety service. Carer support for his mother is automatically triggered; this means help with her housing difficulties, too. Moreover, Robert is getting support to find a vocational course that will interest him.

Extensive engagement has taken place with our local communities. We have engaged on future community services, on services for young people, on maternity care and on mental health services. The insights gained are reflected in our strategy, and already in changes to services. The key themes coming from the community engagement events held are set out below:

<b>Community Services Engagement Report</b>	
<b>Accessibility of services</b>	Opening hours, public transport and buildings that are fit for purpose. Also, access to information.
<b>Communication &amp; Coordination</b>	Joined Up IT systems and information for patients, so people know who to contact.
<b>Education, prevention and self-care</b>	People want to know more about their condition – what it is and how to manage it themselves
<b>Reliability, consistency &amp; continuity of services</b>	People want to know who will come to see them and when they will come. Building relationships with carers is important in making people feel safe.
<b>Support to stay at home</b>	There is a great range of statutory and voluntary services that people consider important to help them stay in their own homes
<b>Wellbeing and community support</b>	Making more use of voluntary services to help people live at home, using support already in communities – 'neighbourliness'

We will continue to engage with our local communities and will evaluate the outcomes of all of our services using the key metrics set out in Template 2 of our BCF submission. Each of our schemes have a set of specific Key Performance Indicators to allow us to monitor individual successes and inform future commissioning intentions, with the BCF overarching metrics allowing us to measure performance of our integration workstreams as a whole. The BCF metric workbook is produced to cover Torbay, Plymouth and Devon, allowing us to benchmark and share best practice locally as well as the broader national benchmarking.

c) What changes will have been delivered in the pattern and configuration of services over the next five years, and how will BCF funded work contribute to this?

Again, we use the example of Mrs Smith to convey the changes that will be delivered over the next five years and what care will look like from the patient perspective.

Mrs Smith has a care plan developed by her named GP. She and her daughter find it much more straightforward to get the services Mrs Smith needs, because her care coordinator arranges them for her, using the single point of access.

Although the community hub is still new, the voluntary sector is well integrated within it. Advice on home insulation grants, pension credits etc is easily accessible, and when her daughter is away Mrs Smith gets visited by the befriending service, which helps her order her groceries online.

Her daughter, as a carer, is able to take up opportunities for respite care knowing that Mrs Smith will be looked after. She needs a break from time to time, but her mental health has also benefitted from easy access to talking therapies, arranged by the care coordinator. This strengthens her resilience, allowing her to care for longer, and Mrs Smith, therefore, to remain at home.

Does Mrs Smith go out to her appointments or have them on the phone? If she goes out, the transport is arranged and provided by her local voluntary organisation, based in the hub. Is her memory affected sometimes? They will also support her with this by taking her to memory cafes. Is she heading for a dementia diagnosis? The one-stop-shop at Torbay hospital provides assessment and diagnosis on the day and when her daughter drove her there, they could book their parking space (April 2014). Then she gets really active support from the Dementia Support Worker operating in her local community.

Mrs Smith's daughter has been feeling isolated through her caring responsibilities and because her husband has died recently. She has started to get a variety of symptoms such as skin problems and stomach pain. She has put on a bit of weight. Her GP refers her to a walking for health group, supported by the Care Trust and run by trained volunteers. A befriender from the caring organisation goes with her to the first couple of walks and she then feels confident to go on her own.. The volunteer walk leader shows the group how to use the outdoor gym equipment in the park.

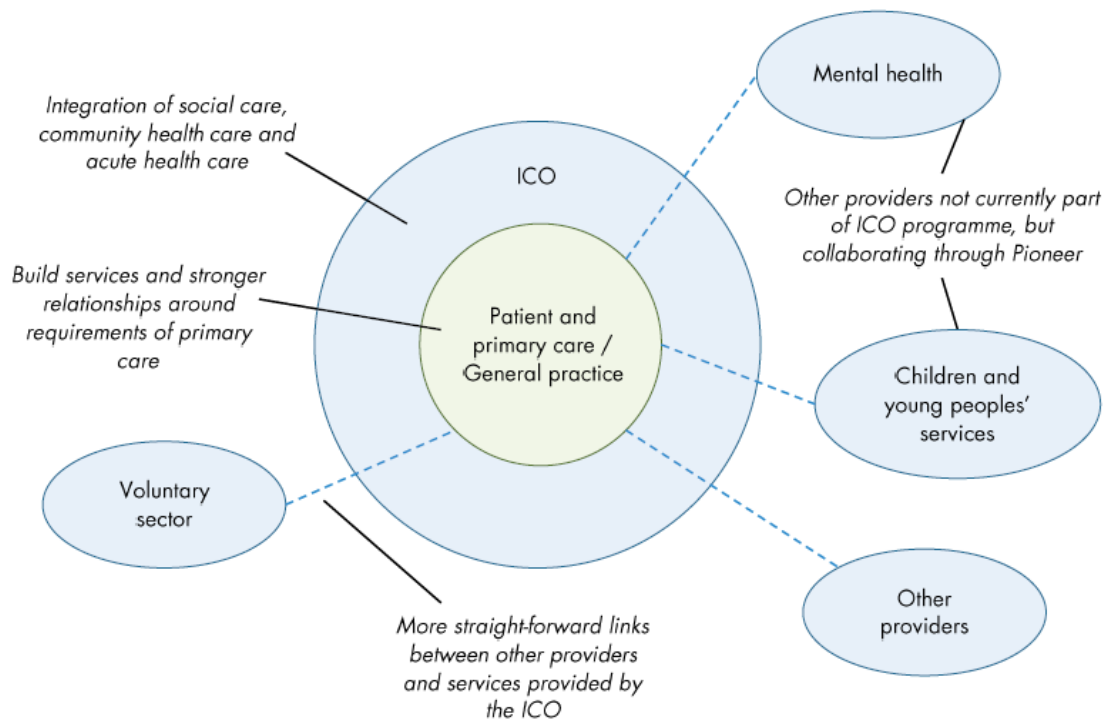
One of the walkers tells Mrs Smith's daughter about a course at the local library which helps older people learn how to use smart phones and tablets. They arrange to go together.

These ambitions are being actively pursued through our Pioneer Programme and Integrated Care Organisation. The Better Care Fund is complementary to this, with many of the service changes outlined above already being developed, irrespective of BCF. However, the BCF has brought a stronger focus and drive towards pooled resources across the system, as the best way to address the challenges and pressures that we currently face in our hospitals and health spend. This spend will have to reduce, as we shift from high-cost reactive to lower-cost preventative services, supporting greater self-management and community based care.

Our social care spend will be going further, as new joint-commissioning arrangements deliver better value and improved care at home, reducing the need for high-cost nursing and care home placements. Across the whole system, the principle is “more for less”.

The new care model moves from assuming an ever increasing dependency or constant decline, to an assumption of retaining or improving independence and self-worth. The model also recognises that there can come a time in life when intensive medical interventions are not the best course of action. The objective of the model is a move from a focus on a reactive diagnosis and treatment model to a proactive, prevention model that recognises the needs of the individual.

Figure 15: Integration of social care, community and acute health care



Each of our organisational plans include schemes to ensure we achieve these improvements, with the four key areas for the BCF outlined in Annex 1. The Better Care Funded work will help to increase independence at home. We will have delivered further extra care housing units, re-commissioned community equipment services and community care and support will be focused on meeting individual outcomes to re-able people quickly and keep them independent and well at home.

Changes are needed to bring about a self-supporting, self-reliant and resilient community that can deal with many of the challenges that would otherwise fall at the door of the statutory sector. One of the first steps is to build the ‘social capital’ needed which will be an inherent part of our integration plan, and requires an active relationship between local communities and voluntary and community sector partners.

The CCG strategic plan sets out the key outcomes and indicators for each of its high level priorities. These are all in line with the vision for integrated care and support. The plan also demonstrates the number of workstreams in place to make integration happen within the context of a flat cash environment and reducing local authority budgets. The workstreams focus on prevention, primary care, community, urgent care, mental health, long-term conditions, learning disability, planned care, medicines, joint commissioning and children’s services.

In conjunction with these ambitions and in alignment with the 'Everyone Counts: Planning for Patients 2014/14 to 2018/19' planning guidance we will be working towards achieving improvements in the following seven ambitions and three key measures:

*Additional Years of Life*

*Quality of life for people with long term conditions*

*Eliminating avoidable deaths in hospital*

*Positive experience of care outside hospital*

*Avoiding hospital through integrated care*

*Older people living independently*

*Reducing health inequalities*

*Improving health (via prevention)*

*Parity of esteem for mental health with physical health*

We have agreed that the additional local indicator for the Better Care Fund is '*Estimated diagnosis rate for people with dementia.*' This has been agreed following a baseline analysis of the suggested metrics and consideration then given to our own local demography, and echoes the priorities already set out in Pioneer and Integrated Care Organisation.



### 3) CASE FOR CHANGE

Please set out a clear, analytically driven understanding of how care can be improved by integration in your area, explaining the risk stratification exercises you have undertaken as part of this.

#### Building on Integration

Our vision is to have excellent, joined up care for all as set out in Section 2 and Section 4. It is worth noting that Torbay already has a model of integrated health and social care teams built around geographical clusters and primary care practices, with a single point of access. These teams provide functions to enable:

- Proactive identification of people at risk and admission to hospital or inappropriate care settings.
- Integrated assessment and personalised support planning for people with long-term conditions and/or complex care needs.
- Urgent reactive care to people in crisis to avoid immediate risk of admission.

We believe that services should be based on populations in local communities and centred on the individual's needs within those communities. Services should be built on people's needs not organisational imperatives; this serves as a mantra for the formation of our community hubs. New community hubs will be centres of wellbeing where our population can receive co-ordinated support in relation to prevention, self-care, social care and medical support from primary and community care. The development of each of the initial community hubs has included an analysis of demographic levels of needs overlaid with service response. Combining such intelligence data with primary care level data and our ability to use evidence-based, local, combined predictive modelling means we can confidently identify risk groups who will benefit from a more integrated approach to care delivery.

#### The SDT CCG footprint:

Within the Torbay and South Devon area the SDT CCG have established five localities. These localities are formed around groups of GP practices in areas based on registered populations shown in the table below.

Locality	Population	Average age	65+ pop	Life expectancy High/Low	Average Deprivation Score
Coastal	35,200	46.6	27.3%	85.2/76.3	19.3
Moor to Sea	54,100	45.0	24.1%	86.9/76.7	16.1
Torquay	72,300	42.3	20.8%	86.9/75.8	29.2
Paignton & Brixham	72,600	45.5	26.3%	85.4/74.6	23.9
Newton Abbot	51,600	42.9	21.7%	87.1/76.1	16.2
England		39.4	16.9		21.5

#### Challenges

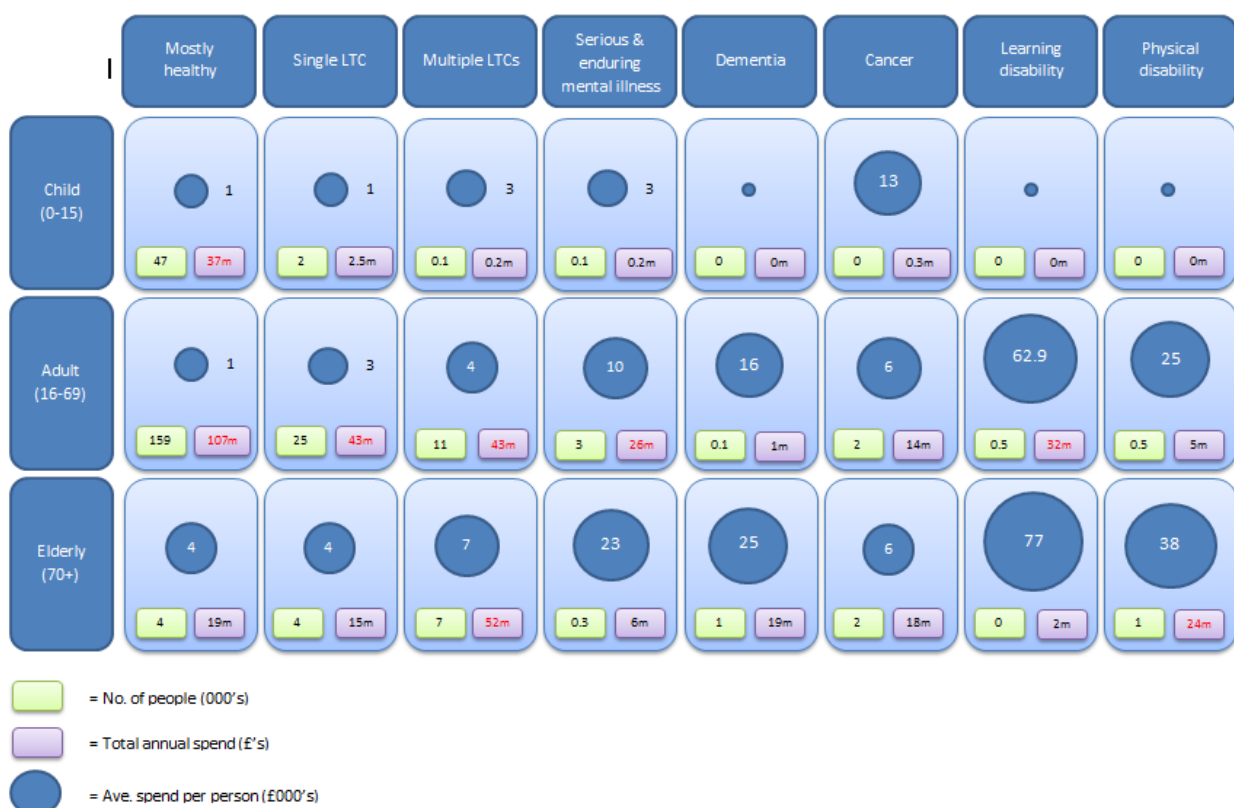
**Pressures on the NHS come not only from age, but illness and especially chronic illness;** The World Health Organization (WHO) estimates that more than half of the burden of disease among people over 60 is potentially avoidable through changes to lifestyle. The challenge is to prevent ill health and to promote healthy productive years of life. A significant concern for an aging population is dementia, but as much of this is linked to vascular disease, which is declining,

the potential impact might be less than expected. Anticipating the impact the baby boomer generation will have on health and social care is difficult but there is clear evidence that the expectations of Boomers' and their willingness to adopt what's new and better will speed progress in patient-managed technology, such as mobile health, telehealth and telecare.

These empowered citizens will have a significantly different view of how they wish their health and care needs to be met from that which the Public Sector currently provides. We can anticipate that they will be **computer literate** and familiar with using **social networking** sites to keep in touch with family, friends and wider social networks. They will be confident with using the Internet to access information about all aspects of their lives and care from engagement with internet based hobbies to keeping in contact with developments in the world. They will wish to **access much more advice on how to self-care**, and also support for purchasing their own packages of care using personal budgets to meet their personal health and care needs. These packages are likely to be quite complex, potentially involving family, friends and the wider community, alongside a range of public and third sector agencies, all of whom will need to place the citizen at the centre, and work in partnership to deliver the bespoke care package commissioned.

### Population Segmentation - Care Spend Estimating Tool

There is significant financial challenge facing the health and care sector as we cope with increasing demand and high quality services while contending with constrained and challenging financial position the local health and social care economy. The Care Spend Estimating tool has been used to map the population groups across conditions to identify where our biggest spend is. From the diagrams below it is clear that single and multiple long term conditions and the elderly cost more per capita and therefore are the key areas of concentration and focus.





### **Long term conditions:** (LTC)

LTC are defined by the World Health Organisation (WHO) as chronic conditions lasting more than 12 months, which require on-going healthcare. These conditions, such as heart disease, diabetes and mental health problems, may not be curable at present but can be controlled through treatment and behaviour change. People with long term conditions account for 29 % of the population, but use 50% of all GP appointments and 70% of all inpatient bed days. Long term conditions fall more heavily on the poorest in society: compared to social class I, people in social class V have 60% higher prevalence of long term conditions and 60% higher severity of conditions. Researchers predict that the prevalence of LTCs will increase by up to 50% by 2031 with massive increase in personal and healthcare cost. The numbers of people with multiple LTCs is high and rising also

With an aging population; we would expect the number of people with dementia in the population to increase. Across South Devon there are currently estimated to be around 5,000 people aged over 65 living with dementia though the diagnosis of Dementia is still incomplete. The prevalence of dementia is expected to rise for at least 10 years. The combination of multiple LTCs and dementia has enormous impact on independence of individuals, service need and cost.

A life course approach to understanding the needs of the population now and in the future would aim to reduce this cost to the public purse by influencing the risks associated with the burden of disease. The ICO is central to this aspiration as it provides the opportunities to identify those at risk of deterioration early at first admission so that supportive care can be provided promptly by teams working across health and social care. To reemphasis our ambition for Mrs Smith's daughter Sue, the ICO will:

- Enrol her on the Community Co-ordinator locality register.
- Sue will be linked up with a Community Volunteer and Family Support worker.
- She will be on the locality carer register so she can access the 'help at home service'.
- She will have the Life Clinic App so she can access information and support straight away.
- Ensure she has access to volunteer support to help with her mum.
- Ensure she has her 6 month wellbeing check and medicines review.
- She will enrol with the local life clinic to learn about supported self-help.
- She will be aware of new services especially for women and the support available.
- We will reduce her dependence on her GP by providing viable alternatives.

### **Dying Well:**

At 94, Mrs Smith knows she is nearing the end of her life but she is close to her family and they are looking after her. She feels OK most of the time but does need more help with everything than she used to.

Across England, the over 85 population is currently around 2.3% and expected to increase to around 2.9% in 2021. In South Devon, the over 85 population is expected to increase from 3.9% in 2012 to 4.8% in 2021. The highest proportion of over 85's live in the seaside communities of Dawlish, Teignmouth (South Devon) and Paignton (Torbay).

It is estimated that approximately 11% of over 65 year olds are frail, defined as having three or more symptoms from weight loss, self-reported exhaustion, low energy expenditure, slow gait speed and weak grip strength. About 42% of over 65 year olds have one or two of these symptoms and are categorised as pre-frail.

There is a significant cost associated with the frail older population. Over half of gross local authority spending on adult social care and two thirds of the primary care prescribing budget is spent on people over 65 years of age.

Commissioners and providers are facing the challenge of meeting the complex needs an ageing population now. As we age, our complex health needs increase and we require increased levels

of help and support. At present, our over 85 year old population cost around 10 times that of our population aged 5 to 9 or 10 to 14 for all hospital admissions. On our current trajectory, and assuming today's prices, we may expect the over 85 population to cost the hospital over £1m more in 2020 compared to today. Up from around £7.3m in 2012 to £8.5m in 2020. Estimates suggest that the cost for non-elective care (not adjusting for inflation or other factors) for the over 85's will rise from around £14.5m to £18.5m in 2021 through demographic change alone.

It is clear that meeting the increasingly complex needs of our local population will require a new approach to health and social care. This is especially true for those at the end of life. An estimated 25,000 persons aged 65 and over live alone in Torbay and South Devon; this is around 37% of this age group. This is expected to increase to around 30,000 by 2020. There are approximately 153 nursing, residential and care homes in South Devon. In 2012/13 there were 2743 admissions from local homes via the Emergency Department. Of these 214 died and 92 died within 48 hours. This suggests that work should be undertaken to fully understand the reasons for admission and whether we can improve end of life care so that people are able to die in their preferred place. For Mrs Smith the ICO will:

- Enrol her on the Community Co-ordinator locality register.
- Mrs Smith will be linked up with a Community Volunteer and Family Support worker.
- She will have been offered guided conversations about advance care planning and her wishes for her end of life care will be recorded on her shared care record.
- She will have a tele-health device so she can retain her independence whilst still monitoring her health.
- She will see her volunteer twice a week and has a 'night sitter' sometimes.
- She has a hot meal delivered daily so her daughter doesn't have to cook all the time.

### **Model of Care**

We wish to promote well-being and independence which will see all our providers move away from an institutional bed based model of care to a delivery system that is flexible and responsive to the changing needs of our populations. We have been told, through our locality engagement events, that people want care closer to home with a single-point of access. This is also in line with the evidence we have already collected from three consecutive annual acuity audits and ongoing monthly audits that all clearly state that with additional personal care services 30 - 40% of patients cared for in a community hospital bed could be at home.

An Integrated Care Organisation bringing together providers of community, social care and acute services provides a sound basis from which we expect to see a transfer of resources from inpatient beds to care provided in people's homes, which is of high quality and value for money for our population. To deliver this we expect to see a shift in the current workforce configuration to more community based teams, delivering seven day a week services.

We are working with the Acute Trust on detailed infrastructure (hospital estate and IT but also the location of services) and workforce plans. A Joined up workforce and integrated IT, which enables multiple professionals to share patient records and treatment plans, are vital in achieving a better quality of service for our patients in the most cost effective way. We are also working with providers of mental health services in our CCG to ensure that mental health professionals, as well as other agencies, are an integral part of our community based teams, which will be co-ordinated through our Community Hubs.

### **Working with the Care Market**

We are also working with independent and voluntary sector providers to stimulate a vibrant and diverse market for services in Torbay. The Aging Better bid and programme led by the Community Development Trust in Torbay will provide a valuable injection of resource and capacity in tackling elderly isolation and engage older people more actively in their communities

In order to enable people to continue to live well and independently in their own homes, we need to ensure our domiciliary care provision can meet that need. In response to this challenges and the increase in demand for services with reducing public sector resources, we will need to deliver an innovative system of care.

We will identify two Prime Contractors, who will co-ordinate, manage and deliver care and support in Torbay. This will cover services such as domiciliary care (personal and non-personal care) as well as other areas of care and support to people in their own homes. It is a significant development in the continued integration of the Torbay system, with the new service starting early in 2015. (full details are attached)

### **Risk stratification**

We use a risk stratification tool, the Devon Predictive Model, to identify patients at risk of hospital admission in the next 12 months. The top 0.5% of our population are then pro-actively case-managed on our monthly community virtual wards. The virtual ward teams use the predictive tool to objectively identify patients who are then pro-actively and holistically case-managed by a multi-disciplinary team, including primary care, community and rehab teams, palliative care, mental health, social care and the voluntary sector. Each patient is allocated a named case-manager who then co-ordinates their care and support. We have built on this highly-successful model to incorporate the features of the Unplanned Admissions Enhanced Service for primary care for 2014/15, working towards the top 2% of our population then being proactively case-managed.

Across South Devon & Torbay CCG the top 2% of patients account for 33.67% of the total emergency admissions and 37.7% of the total cost of emergency admissions. These patients are over 23 times more likely to have had an emergency admission over the last 2 years.

**Table: Emergency admissions over last 2 years for both SD&T CCG**

Patient group	Total emergency admissions	Patients	Emergency admissions per person	% of total admissions
Top 2%	13,579	4,988	2.72	33.67%
Others	26,756	244,238	0.11	66.33%
Total	40,335	249,226	0.16	100.0%

The table above shows that the top 2% of patients had 13,579 total emergency admissions over the last 2 years with an average of 2.72 admissions per patient in South Devon & Torbay CCG. It has been estimated that a 3.5% reduction in non-elective admissions across the Torbay BCF would be a reduction of 570 admissions per year. An 8% reduction in emergency admissions across the top 2% of patients would deliver the target reduction in non-elective activity. A significant proportion of the schemes in the Better Care Fund are targeted at these top 2% of patients. Thus the top 2% of patients as identified via the Devon predictive model represent the biggest opportunity to reduce the level of non-elective activity.

South Devon and Torbay CCG had a standardised admission rate (SAR) of 96.2 in 2013, compared to an average of 94.2 across the South Of England. A 3.5% reduction in non-elective admissions would see us move into the top quartile, and this is our ambition.

**Table: Cost of emergency admissions over last 2 years for SD&T CCG**

Patient group	Total cost of emergency admissions	Patients	cost /person	% of total cost
Top 2%	£25,790,860	4,988	£5,171	37.7%
Others	£42,604,947	244,238	£174	62.3%
Total	£68,395,807	249,226	£274	100.0%

The total spend across South Devon & Torbay CCGs was £25.7m over the last 2 years on emergency admissions for the top 2% of patients. This corresponds to an average cost per patient of £5,171 over this period for emergency admissions and £8,128 for all PBR related activity.

### **BCF Schemes**

Programmes of work across our organisations are aligned to help us achieve these outcomes, and form the basis of this BCF plan. Our key areas of work are included at Annex 1, and include workstreams already underway for the Integrated Care Organisation and by our five Locality Commissioning Groups. They will also help us meet the challenge of the prescribed metrics set out in the BCF as set out in detail in 4d and Annex 1.

#### **Scheme 1: Single Point of Contact (SPOC) will :**

- Increase in citizens sourcing their own health and care solutions (target minimum 10%)
- Reduction in numbers of citizens requiring assessment (target 10%)
- Reductions in non-elective hospital admissions (target initially 15% reduction in inappropriate admissions (net 5%))
- More appropriate treatment/management of patients
- Better utilisation of non-hospital resources
- Promoting self-care
- Increased involvement and utilisation of the Voluntary Sector
- The extension of the SPOC service to provide in-home monitoring is also expected to substantially reduce 30-day, post-acute readmission as well as provide an early warning system for at-risk patients that will enable early intervention prior to a crisis occurring.

#### **Scheme 2: Frailty Services will achieve a :**

- Reduction in community bed based care and bed days.
- Reduction in frail elderly admissions from Care Homes
- Increased use of Crisis Response Team / domiciliary care / social care / Intensive Home Support Services.
- Increase 0/1 LOS, decrease 2< LOS day (acute wards).
- Reduction in total no of admissions to acute wards.
- Reduction in numbers of patients admitted to acute from intermediate care beds (with the exception of patients from intermediate care coming in to frailty unit for diagnostics.)
- Increase in no of patients having a CGA and resulting in a managed MDT care plan.
- Fewer patients feeling a loss in independence in acute trust by giving them the autonomy to reable in their own home quickly.
- Increase in patient satisfaction
- Reduction in hospital admissions for patients diagnosed with dementia
- Reduction in predictable end of life deaths in acute setting

#### **Scheme 3: Multiple Long Term Conditions will**

- Reduce hospital admissions before and after commencement of the service
- Changes in volume of activity within the multi-LTC service and the speciality LTC services
- Reduction in outpatient appointments for patients
- Reduction in unnecessary hospital admissions as LTC is managed more proactively
- Improved palliative care and less patients dying in an acute trust through the single holistic care plan.

#### **Scheme 4: Community Care (Locality Teams & Community Hospital beds) will deliver:**

- Defined register of 3000 patients across Torbay
- Admission times - we would expect to see more earlier in the day and fewer resulting in overnight stays

- Reduction in admissions for the 3000 case managed patients
- A reduction in prescribing and medication costs
- Fewer emergency hospital admissions from care homes
- An increase in the number of high-risk patients who have a care plan
- Fewer 999 calls from care homes
- Improved experience of patients and carers as a result of proactive case management and link to a case manager
- Reduction in placements into long term care
- Increase in the number of patients offered rehabilitation following discharge from hospital
- Reduction in the number of readmissions to hospital within 91 days
- An increase in the number of people with a dementia diagnosis

Without the BCF there is a fundamental risk to a the changes in the model of care not being fully implemented. This would mean that all of the above 4 schemes would be effected in terms of slow growth and realisation of the benefits and in some cases services not going ahead ie. Single point of contact; frailty services; discontinuation of crisis response team etc.

## 4) PLAN OF ACTION

a) Please map out the key milestones associated with the delivery of the Better Care Fund plan and any key interdependencies

The key inter dependency of the successful implementation of the Better Care Fund plan is on the Integrated Care Organisation and contractual arrangements agreed between partners being approved as well as being progressed at a pace to deliver on outcomes.

Whilst the BCF plan has focused in detail on four schemes there are also a number of other population groups such as carers and children as well as preventative public health interventions and mental health which have detailed programmes of work associated with them and will no doubt play a significant part in the whole system change across the health and care sector.

	DEADLINE	LEAD
<b>IMPLEMENTATION OF ICO</b>		
ICO Final Business Case to Organisational Boards	September 2014	SDHFT
ICO Final Business Case Monitor Process initiated	October 2014	SDHFT
Contract Heads of Terms Agreed	February 2014	SDHFT + CCG+ LA
ICO Created	April 2015	
<b>IMPLEMENTATION OF SCHEMES</b>		
Service Development Plans completion	August 2014	JCCG + Operational Leads
Refine segmentation of population further and benefits realisation to effectively target schemes	October 2014	SDHFT + TSDHCT + CCG
<b>Single Point of contact</b>		
Design SPoC Service Model, Scope, Structures And Phasing	September – 31 <sup>st</sup> October 2014	TSDCHT
Workforce Design and Planning/Skill Mixing	September – 30 <sup>th</sup> June 2015	
Full Business Case	September – 31 <sup>st</sup> December 2014	
Standardisation of Workflow and Business Processes	June 2015	
Achieve and Maintain Standardised Practice	Ongoing	
Voluntary Sector Alignment And Investment	March 2015	
Development of Public Information and Online Screening Tool	March 2015	
Communications Strategy	Ongoing	
Staff Engagement	Ongoing	
Service User Engagement	Ongoing	
Stakeholder Engagement	Ongoing	

Live Directory of Services – for Clinicians	June 2015	
ICT Strategy and Infrastructure	June 2015	
Logistics	June 2015	
Formal Consultation with Workforce and Staff Reorganisation	June 2015	
<b>Frailty services</b>		
Service design Scope service models for the following: 1) acute frailty pathway 2) ACU, SSFU, ED MDT. 3) Discharge to Assess. 4) CFU	0-4 months pre-integration	ICO workstream 3 team
Set up Acute Frailty Pathway Development services specifications for: ACU / SSFU / ED MDT / CFU / Discharge to Assess Identify frailty screening tool Implement Comprehensive Geriatric Assessment	4-7 months pre-integration	ICO workstream 3 team
Set up Community Frailty Unit Pilot interface geriatrics with named consultant Establish appropriate diagnostics suite Establish multi-disciplinary ethos	4-7 months pre-integration	ICO workstream 3 team
Review resource within Intermediate Care Identify current service provision Carry out gap analysis and establish resource requirements. Mobilise planned pilot	4-7 months pre-integration	ICO workstream 3 team
<b>Multiple Long Term Conditions</b>		
Design of service complete	December 2014	Dr RG Dyer
Recruitment of staff completed	April 2015	Dr RG Dyer and management lead
Training of staff completed	September 2015	
Commencement of service	September 2015	
<b>Community Care (Locality Teams &amp; Community Hospital beds)</b>		TSDHCT
Review of current MDT structures	Map current structures, services and staff	September 2014
	Create new model of 'proportionate response' for health and social care	September 2014
	Determine staffing requirements for new model	31 <sup>st</sup> December

	Process map current system and develop 'to be' processes	October 2014
	Analyse workloads and workflow within social care and health teams	November 2014
Creation of new structures	Re design current workforce	31 <sup>st</sup> January 2015
	Staff consultation	January 2015 - March 2015
	Implementation	Summer 2015
<b>Agreement on structure of Locality Multi-Agency Teams (LMATs) and locality MDTs</b>	Engagement with key stakeholders associated with LMAT (the voluntary sector, mental health, GPs and acute clinicians); internal review of the composition, structure and organisation of existing MDTs.	31 <sup>st</sup> January 2015
	Fitness for purpose Estate review	31 <sup>st</sup> March 2015
	Redesign of locality structure to support LMAT and redesigned MDTs	31 <sup>st</sup> December 2014
	Redesign, standardise and integration of reablement and crisis services across the footprint	31 <sup>st</sup> January 2015
	Gap assessment of community workforce for Discharge to assess to include Community Hospitals and Derriford	31 <sup>st</sup> January 2015
	Gap analysis of resource, equipment transport for the home, including telehealth/care	31 <sup>st</sup> March 2015



	Workforce development and training requirements identified	28 <sup>th</sup> February	
<b>WIDER COMMISSIONING</b>			
Aging Well Programme commence	October 2014	Community Development Trust	
Living Well @ Home Contract agreed	January 2015	T&SDHCT	
<b>PROJECT MANAGEMENT OF BCF</b>			
Integrate BCF project within ICO and Pioneer Project Programme	September 2014	Pioneer Programme Mgr	
<b>MONITORING AND MANAGING BCF PROGRAMME</b>			
Test and review the mechanisms in place for monitoring and reporting to the Joint Commissioning Group; ICO Board and Pioneer (JoinedUp) Board.	October 2014	JCCG	
Review and update the performance report templates to ensure fit for purpose and ability to respond and escalate action as needed.	October 2014	JCCG	

b) Please articulate the overarching governance arrangements for integrated care locally

### **Governance Structures**

Governance structures for integration have a firm grounding in the existing health and social care pooled arrangements. (A copy of the risk share agreement has been provided as part of supporting documentation).

There are already existing structures such as the ICO programme Board and JoinedUp Health and Care Cabinet (Pioneer Board) which has provided a forum where agreements have been brokered around risk-sharing, changes to financial flows and other significant 'unblocking' changes to the way in which care is delivered in South Devon and Torbay. Through this collective debate full consideration has been given to the risks as well as the benefits of commissioning from one integrated organisation with all partners in agreement as to supporting the model and in deed the interface that further opportunities present with other providers in the future such as mental health and children social care as well as improved effectiveness and improved efficiency.

The Health and Wellbeing Board has a key role in integration and provides the strategic oversight with responsibility for sign off of relevant plans and scrutiny of implementation. The governance arrangements for the BCF will fit in to the strategic and operational monitoring framework established for Pioneer and ICO to ensure escalation is timely and ability to respond is assured across the relevant organisation or area of work.

### **Project Tracking**

Each of the key work streams report on progress against a shared agreed performance metric reporting system through to the Pioneer Board which in turn is also managed through the Joint Commissioning Group made up of Director of Adult Social Care; Director of Children Services; Director of Public Health; CCG Director of Commissioning and supporting senior members of

staff. This group which has helped to develop a shared set of commissioning strategies and a joint work plan to deliver intent for further service developments and improvements across the health and social care system including mental health and children services.

### **Performance Reporting**

Performance reports have already been developed so that metrics can be monitored on a regular basis. This reporting is continually being refined so that it can be used as a key source of assurance for progress against the BCF plan and brings together not only the BCF metrics but the three outcome frameworks (Adult Social Care, NHS and Public Health).  
Example of Torbay Dashboard below:

# This summary sheet brings together performance 'outliers' across the three outcome frameworks for Adult Social Care, the NHS and Public Health. Local performance summaries are attached to this overview

		JOINT OUTCOME FRAMEWORK SUMMARY				Key Messages		
	Indicator	Time period	Torbay Value	National Value	Unit of Measure	Trend Chart	Trend Guide	
PHOF	1.02iv - Gap in Life Expectancy (Female)	2010-12	-0.6	0.0	Years		Lower is Better	
	1.01ii - Children in poverty U16	2007-11	23.8	20.6	%		Lower is Better	
	1.01ii - Children in poverty U20	2007-11	23.0	20.1	%		Lower is Better	
	1.03 - Pupil absence	2010-13	5.8	5.3	%		Lower is Better	
	1.11 - Domestic Violence	2011-12	19.4	18.8	Per 1000		Lower is Better	
	1.12i - Violent Crime admissions (including sexual violence)	2010-13	68.6	67.6	Per 100,000		Lower is Better	
	1.13ii - Re-offending	2010-11	0.8	0.8	Avg per offender		Lower is Better	
	2.02i - Breastfeeding Initiation	2010-13	71.1	73.9	%		Higher is Better	
	2.02ii - Breastfeeding Prevalence 6-8 weeks after birth	2010-13	36.0	47.2	%		Higher is Better	
	2.03 - Smoking at Delivery	2010-13	17.5	12.7	%		Lower is Better	
	2.04 - Under 18 Conception	2010-12	38.5	27.7	Per 1000		Lower is Better	
	2.06i - Excess Weight Child 4-5 years	2010-13	28.0	22.2	%		Lower is Better	
	2.06ii - Excess Weight Child 10-11 years	2010-13	38.5	33.3	%		Lower is Better	
	2.13ii - Physical activity	2012-13	34.3	28.9	%		Lower is Better	
	2.17 - Recorded Diabetes	2010-13	6.4*	6.0*	%		Lower is Better	
ASCOF	2.18 - Alcohol admissions	2009-13	817.8	636.9	Yearly admissions		Lower is Better	
	2.23i - Self-reported wellbeing (low satisfaction)	2012-13	1859.0	1387.0	Per 100,000		Higher is Better	
	3.02ii - Chlamydia Diagnoses (15-24) - CTAD Males	2010-13	86.1	83.5*	%		Higher is Better	
	3.03iii - Population Vaccination HPV	2010-13	64.1*	69.1	%		Higher is Better	
	3.03iv - Population Vaccination PPV	2010-13	69.7*	73.4	%		Higher is Better	
	3.03v - Population Vaccination Flu (65+)	2010-13	47.8*	51.3	%		Higher is Better	
	3.03vi - Population Vaccination Flu (At risk individuals)	2010-13	21.5	15.8	Per 100,000		Lower is Better	
	4.06ii - Liver Disease Mortality (preventable) Female	2008-12	23.1	21.1	Per 100,000		Lower is Better	
	4.06i - Liver Disease Mortality (Male)	2008-12	23.1	18.0	Per 100,000		Lower is Better	
	4.06ii - Liver Disease Mortality	2008-12	15.7	19.1	%		Higher is Better	
	1E - People receiving direct payments	2013	3.1	6.8	%		Higher is Better	
	1F - Adults with learning disabilities in employment	2013	4.1	7.1	%		Higher is Better	
	1G - Adults with learning disabilities in stable accommodation	2013	68.4	74.8	%		Higher is Better	
	2A(1) - Permanent admissions to care homes; people aged 16 to 64	2013	26.3	14.4	Per 100,000		Lower is Better	
	2B(2) - Older people receiving rehabilitation services after leaving hospital	2013	3.3	3.3	%		Not available	
3D(1) - Service users who find it easy to get information	2013	71.8	74.7	%		Higher is Better		
ASCOF (Additional Indicators)	4A - People who use services and feel safe	2013	62.3	66.0	%		Higher is Better	
	4B - People who say the services they use make them feel safe and secure	2013	66.5	79.2	%		Higher is Better	
	LI222 - No. of overdue reviews (KPI not in ASA)	2012-13	464.0	N/A	Count		Not available	
	LI102 - Number of people supported through telehealth or telecare	2012-13	881.0	N/A	Count		Not available	
	LI240 - Emergency bed days for over 75s with 2+ admissions to acute hospital	2012-13	14834.0	N/A	Count		Not available	
	LI240 - Carers receiving needs assessment, review, information, advice, etc.	2012-13	28.0	N/A	%		Not available	
	LI800 - Percentage of TorbayCare Trust indicators performing on or above target (as per ASA rating)	2012-13	81.0	N/A	%		Higher is Better	
	CCGOF	1.6 - Under 75 Mortality respiratory disease; directly age standardised rate (DSR)*	2012 (calendar)	30.2	27.4	Per 100,000		Lower is Better
		1.8 - Emergency Admissions for alcohol related liver disease: DSR*	2013 (calendar)	26.4	24.1	Per 100,000		Lower is Better
		1.9 - Under 75 mortality from cancer: DSR (CCG tool)	2012 (calendar)	122.1	123.8	Per 100,000		Lower is Better
		2.7 (NHS 2.30) - Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s: DSR*	2013 (calendar)	301.2	309.0	Per 100,000		Lower is Better
		3.1 (38 of NHS) - Emergency admissions for acute conditions that should not usually require hospital admissions (adults)*	2013 (calendar)	1092.9	1174.2	Per 100,000		Lower is Better
		3.4 - Emergency admissions for children with Lower Respiratory tract infections (Indirectly age standardised rate) (local)	2013-14	322.6	366.5	Per 100,000		Lower is Better
		5.4 (NHS 5.20) - Incidence of healthcare - associated infection - C Difficile (rate) (CCG tool and HSCIC)	2013-14	29.9	23.8	Per 100,000		Lower is Better
		Additional Indicators	People who have had a stroke who spend 90% of their time on a stroke ward (SDHFT)	April 14 - May 14	68.5	80.0	Score	
Patient Reported Outcome Measures (PROMS) for Gonorrhoea: adjusted average reported health gain			April 13 - Dec 13	0.1	0.1	Score		Higher is Better
Friends & Family Test response rate for A&E (SDHFT)			April 14 - May 14	3.5	15.0	%		Higher is Better
Friends & Family Test Score for A&E (SDHFT)			April 14 - May 14	44.0	54.0	Score		Higher is Better
Mandatory L1 Training - Child Protection - SDHFT			April 13 - Dec 13	63.8	89.0	Count		Higher is Better
Number of CAS Alerts not closed within the deadline			April 14	6.0	0.0	Count		Higher is Better
Number of over 52 week waiters (referral to treatment waiting times for non-urgent consultant-led treatment)			April 14 - May 14	1.0	0.0	Count		Higher is Better
Patients waiting longer than six weeks from referral for a diagnostic test			April 14	1.9	1.0	Count		Higher is Better
Maximum 62 days wait for first definitive treatment following a consultant's decision to upgrade (SDHFT)	April 14		66.7	85.0	%		Higher is Better	
All patients who have operations cancelled on or after the day of admission (SDHFT)	April 14 - May 14		1.4	0.8	%		Lower is Better	
No urgent operations to be cancelled for a 2nd time (SDHFT)	April 14 - May 14		4.0	0.0	Count		Lower is Better	
Cancer patients not treated within 28 days of cancer confirmation - month in arrears (SDHFT)	April 14 - May 14		4.0	0.0	Count		Lower is Better	

### Changes to Indicators:

1.04 Youth Justice Entrants and 1.17 Fuel Poverty were significantly worse for Torbay previously. Figures are now better and as a result these indicators have been removed from this summary.

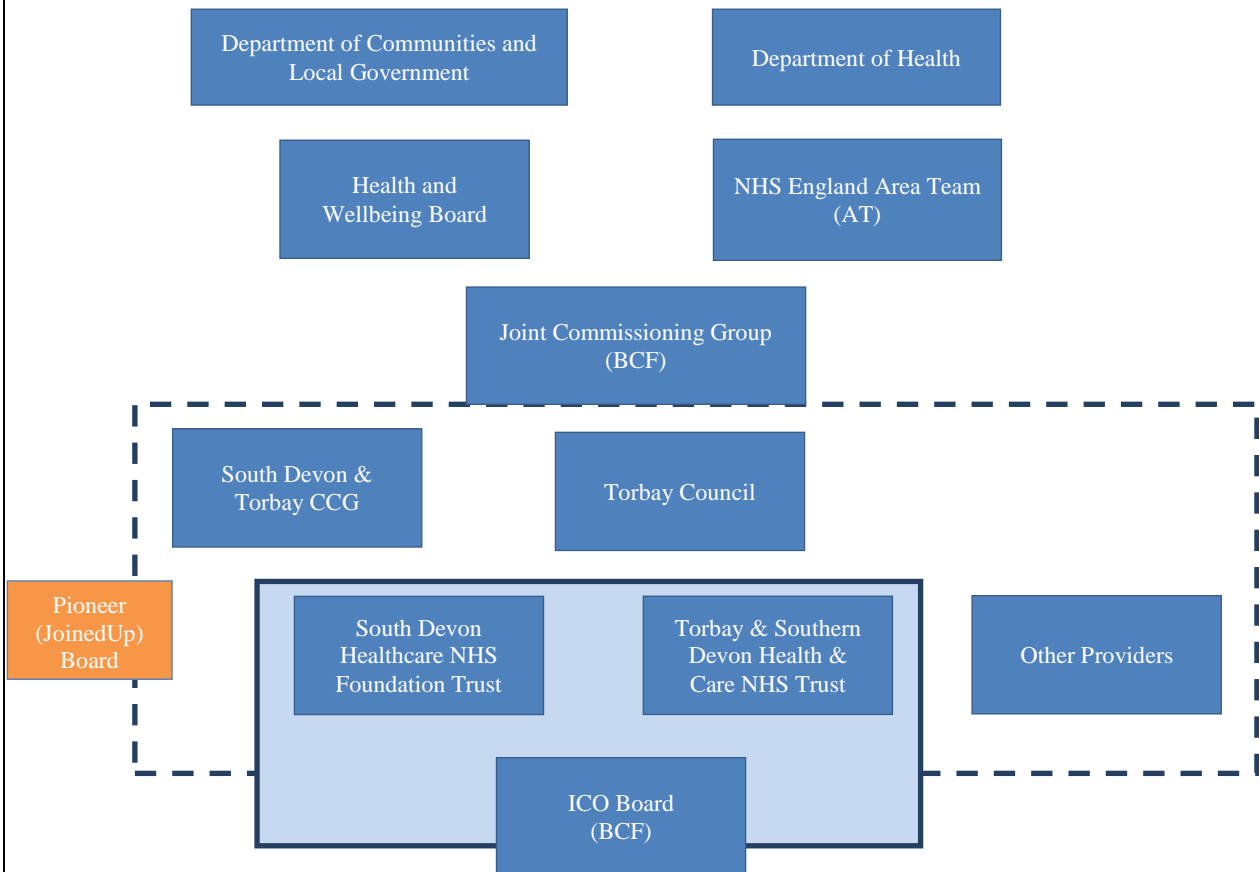
### Trend Data Information

Lower is Better

## **Quality Framework & Assurance**

Quality outcome measures are key to the evaluation and monitoring process for the Pioneer programme and ICO. Through the contract monitoring process we can monitor providers and seek assurance in delivering the recommendations from the Francis report as well as involve patient and staff experience which will also inform the further development of projects in taking forward the integration work across adults and children and improve patient outcomes.

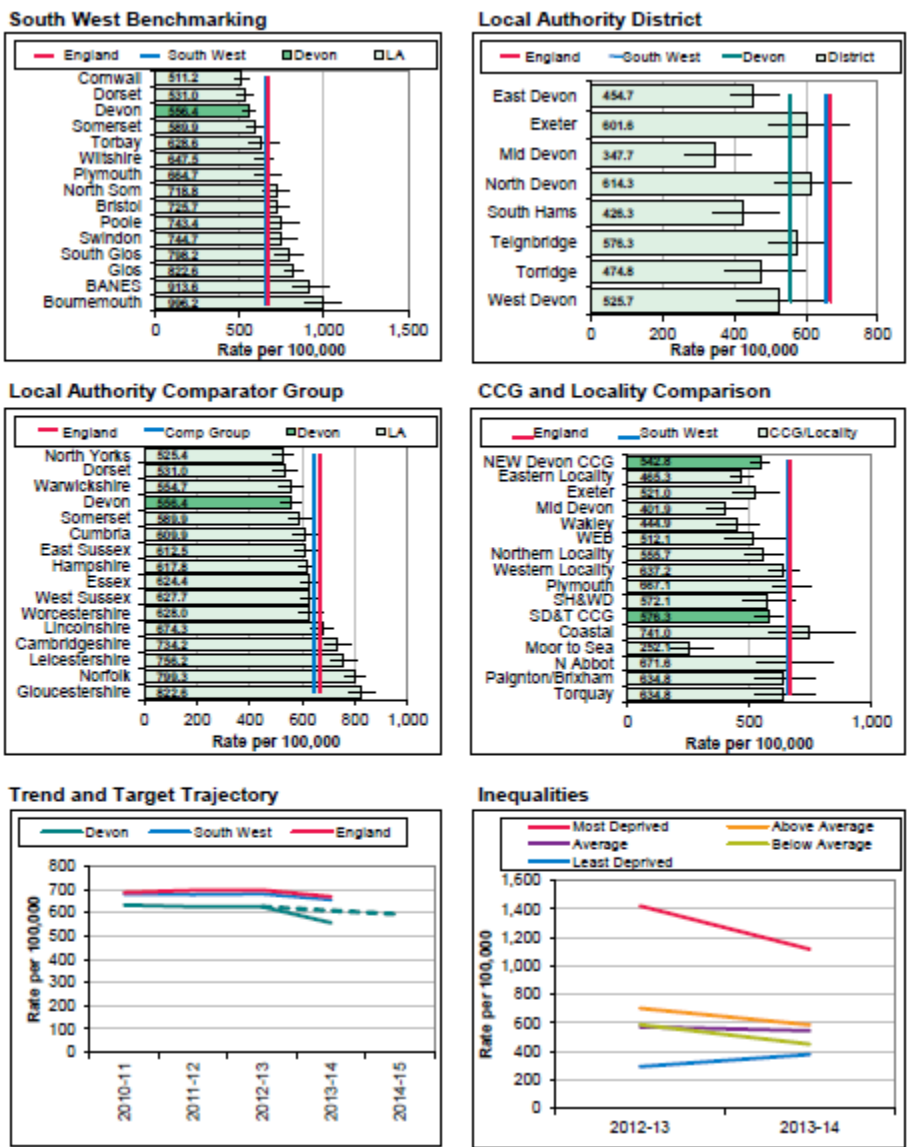
Governance arrangements have been strengthened ensuring the ICO and Pioneer remain the focus of integration with a reporting line to the Health and Wellbeing board.



c) Please provide details of the management and oversight of the delivery of the Better care Fund plan, including management of any remedial actions should plans go off track

Within the partners to the BCF both providers and commissioners have an identified lead staff member for the BCF in terms of both completion for submission as well as ongoing operational delivery. The governance and monitoring mechanism is established to ensure there is both strategic and operational management oversight of performance and ability to flag early warning of delays or risks so that remedial and appropriate action is sanctioned. This is established through the monthly Joint Commissioning Group and the development of the integrated outcomes framework which tracks performance against the trajectories of the agreed service streams as well as comparison with localities wider than Torbay.

**Example below: Permanent Admissions to Care Homes (over 65s).**



The BCF projects are those already identified within the Pioneer Programme and Integrated Care Organisation Business Plan and therefore have a reporting mechanism both operationally and strategically at Director and Executive level ensuring there is a mechanisms in place for escalation and sanctioning of action at the different organisational levels .

**d) List of planned BCF schemes**

Please list below the individual projects or changes which you are planning as part of the Better Care Fund. Please complete the *Detailed Scheme Description* template (Annex 1) for each of these schemes.

<b>Ref No.</b>	<b>Scheme</b>
1	Single Point of Contact (SPOC)
2	Frailty Services
3	Multiple Long Term Conditions
4	Community Care (Locality Teams & Community Hospitals)

# 5) RISKS AND CONTINGENCY

## a) Risk log

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers and any financial risks for both the NHS and local government.

BCF RISK LOG - TORBAY									
RISK ID	NAME	RISK DESCRIPTION	LIKELIHOOD	IMPACT	RISK SCORE	BCF CONDITIONS	BCF INDICATORS	OWNER	MITIGATING ACTIONS
BCF001		ICO - Heads of Terms agreement delayed and ICO not created on time due to delays and Monitor set backs	3	5	15	Impact on acute sector;	Delayed Transfers of care; avoidable emergency admissions ; reablement; Admissions to Res/Nursing.	John Lowes + Mandy Seymour	Joint working across providers and commissioners in development of full Business Case and full support.
BCF002		Shifting of resources to fund new joint interventions and schemes destabilise current service providers, particularly in the acute and community sector.	2	4	8	Impact on acute sector	Delayed transfers of care; avoidable emergency admissions; reablement; Admissions to Res/Nursing; Service user experience	Paul Cooper + Richard Clack	Financial planning has been undertaken jointly across the organisations to understand the level of resource within the health and care sector. Our plans have been developed in partnership with our providers as part of our integration programme, allowing for a holistic view of impact across the provider landscape. We will continue to actively engage and involve providers in all key strategic decisions during this process to manage change effectively including finance colleagues in determining the levels of risk and balance.
BCF003		Operational pressures will restrict the ability of our workforce to deliver the required investment and associated projects to make the vision of care outlined in our BCF submission a reality.	3	4	12	Sign off by HWB, Protecting social care services; 7 day services; Data Sharing; Joint Assessment; Impact on acute sector; dementia diagnosis;	Delayed transfers of care; avoidable emergency admissions; reablement; Admissions to Res/Nursing; Service user experience	Simon Tapley + Cathy Williams + Paul Cooper	Contingency planning is undertaken as part of the business plan and implementation phase. There are weekly meetings to escalate concern and pressure to the system among senior managers providers and commissioners.
BCF004		Over reliance on small number of staff already leading on system change projects to deliver BCF bureaucratic process and submission returns as well as risk to duplication of effort.	3	3	9	Sign of by HWB.	Delayed transfers of care; avoidable emergency admissions ; reablement; Admissions to Res/Nursing; Service user experience	Liz Davenport + Simon Tapley + Cathy Williams + Paul Cooper	Join up between BCF; Pioneer and ICO with key people identified as project/area leads.
BCF005		Improvements in the quality of care and in preventative services will fail to translate into the required reductions in acute and nursing / care home activity by 2015/16, impacting the overall funding available to support core services and future schemes.	3	5	15			Liz Davenport + Simon Tapley + Cathy Williams	We have modelled our assumptions using a range of available data, including that based on previous performance and national guidance. We will continue to test and refine these assumptions as part of our on going review and evaluation process. In reality this has been judged as a medium to high risk as there is potential for delays in implementation however we have plans in place to deal with this and is managed through the Joint Commissioning Group.
BCF006		The introduction of the Care Bill will result in a significant increase in the cost of care provision from April 2016 onwards that is not fully quantifiable currently	5	5	25	Protecting social care	Admissions to Res/Nursing; Service user experience	Caroline Taylor	We will remain well-informed of policy and legislative developments and will continue to refine our assumptions around this as part of our planning process and as more of our plans begin to deliver. We believe there will be potential benefits that come out of this process, as well as potential risks.
BCF007		Care Bill impact on Carers support services in not being able to meet the predicted demand which may effect patient level outcomes.	3	4	12	Protecting social care	User experience	Caroline Taylor + Simon Tapley	Measure Up Carers Strategy is being refreshed taking account of care bill implications as well as current service user and stakeholder views.
BCF008		Progress of implementation and ability to effect change is hampered by inability to reach agreement between organisations due to Geographical boundaries of local authorities and CCG	2	3	6	Sign off by HWB, Protecting social care services;		Simon Tapley + Paul O'Sullivan	Joint commissioning forums in place between senior and director level managers. Early and continuing discussion of BCF, ICO and Pioneer is on agendas with key members of staff engaged. Escalation reporting mechanisms at each level to ensure swift resolution where necessary.
BCF009		There is a risk that the focus on developing the ICO detracts from the implementation of 7 day services	2	5	10	7 day services	Delayed Transfers of care; avoidable emergency admissions ; Admissions to Res/Nursing; Patient and services user experience	Simon Tapley + Paul Cooper	ICO Board and SRG will provide the governance steer to maintain focus on progressing BCF.
BCF010		Progress in keeping on target for achieving metric measures.:	2	4	8	Delayed Transfer of Care from hospital		Caroline Taylor + Cathy Williams	Monitoring of the metrics will be reported to the Joint commissioning Group as part of the wider joint outcomes performance report. Services in place to contribute to achieving the expected performance include:
			3	4	12	Emergency Admissions		Simon Tapley + Paul Cooper + Cathy Williams	robust plans in place such as Crisis Response; Reablement; Care Coordination will ensure that emergency admissions is not only held at current levels but over the agreed trajectory achieve the required reduction.
			3	4	12	Permanent admissions of older people (aged 65 and over) to residential and nursing care homes		Caroline Taylor	Work streams in place with Complex Care Team with Brokerage; Reablement; Crisis response will continue to address this risk
			3	4	12	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services		Caroline Taylor + Cathy Williams	Several of the work streams identified for Reablement; community equipment and assistive technology will continue to address this and will be monitored via the Joint Commissioning Group.
			3	4	12	Estimated diagnosis rate for people with dementia		Simon Tapley	Good progress has been made with improving the diagnosis rate of people with dementia through primary care awareness and education; dementia advisors; public engagement programme; screening on admission (over 75yrs). Activity needs to be increased and extended to work with care homes and community providers in identifying people with dementia. Information from GPs for dementia diagnosis rate is only available at year end via NHS England. This has been escalated. Risk share agreement proposed and being further developed which would result in overspend against the ICO Plan being distributed between Commissioner (SD&T CCG & IC) and Provider (SDHFT, TSD) in proportion to the terms of the agreement i.e. 50%/50%. Current working assumption is that the Commissioner share would be split with CCG anticipating 40% and LA 10%.
BCF011		Increased financial pressures across the range of service areas but particularly from growth in high cost complex patients; CHC and EoL	4	4	16	Protecting social care services; 7 day services; Impact on acute sector; dementia diagnosis	Delayed transfers of care; avoidable emergency admissions; reablement; Admissions to Res/Nursing;	Simon Bell + Paul Cooper + Richard Clack	

## b) Contingency plan and risk sharing

Please outline the locally agreed plans in the event that the target for reduction in emergency admissions is not met, including what risk sharing arrangements are in place i) between commissioners across health and social care and ii) between providers and commissioners

The delivery of the Integrated Care Organisation remains the cornerstone of our Pioneer Programme and delivery of the BCF ambition.

Our local provider of community services, Torbay & Southern Devon Health and Care NHS will be acquired by South Devon Healthcare NHS Foundation Trust to form the Integrated Care Organisation, which will provide acute, community and social care services. Through the acquisition and by pooling almost £240m of funding, we expect to see a transfer of resources from inpatient beds to care provided in people's homes, which is of high quality and value for money for our population. To deliver this we expect to see a shift in the current workforce configuration to more community based teams, delivering seven day a week services.

As illustrated in our operational plan, for the first two years of the BCF we aim to slow the growth in emergency admissions in line with meeting the BCF required target of 3.5%, but over the five year period the plan of the Integrated Care Organisation is to reduce admissions by significantly more which is consistent with those of our providers.

The aim of our risk management process is to provide a systematic and consistent framework through which our priorities are pursued. This involves identifying risks, threats and opportunities for achieving these objectives and taking steps to mitigate the risks and threats. An integrated approach will be taken so that lessons learned in one area of risk can be quickly spread to another area of risk.

The value identified for the BCF is £12.014m. In terms of the broader Integrated Care Organisation there is a risk share agreement approved by all partners; CCG; Torbay Council; South Devon Healthcare Foundation Trust and Torbay & Southern Devon Health and Care NHS Trust. The purpose is

- To facilitate the development of integrated health and social care and the improvement of services, by better aligning financial incentives with:
  - A shift away from incentivising activity volume growth (in acute services)
  - A shift towards incentivising improved overall system capacity and the use of alternatives to acute admission (including development of community based care)
- To simplify and ease contractual processes and negotiations, to make time for more productive and developmental activities
- To maximise the use of health and social care funds for care, rather than organisational and administrative processes.

It will operate by:

- Services and cost plans will be reviewed annually, and the rolling contract renewed by the risk share oversight group. Mutually agreed changes will be accounted for as the rolling contract is refreshed each year. This will include review of future government funding plans, and 'horizon scanning' of likely cost and demand pressures.
- Financial and service performance against plan, along with review of performance and quality standards will be formally reviewed in the bi-monthly meeting of a contract review group. This will be chaired by an executive director of the CCG. All parties to the risk share agreement will be members of this contract review group.



The quantity of the pooled fund that is at risk in the Better Care Fund is £1,025,766 and is set out in the Part 2 plan template. This has been derived at from clear analysis and modelling of costs and impact.

The funding is allocated within the following activity areas:

Disabled Facilities Grant to Districts

Social Care Capital Grant

Reablement

Carers

Care Bill

Protecting Adult Social Care

Other Reablement/Section 256

BCF Implementation 14/15

Integrated Care Organisation

The model used for costing of the ICO and assumptions in terms of finance and activity can be found in the supporting documentation titled “**Outcome measures financial costings HP 240614**”. The core fundamentals are based on reducing the numbers of bed days, spells and episodes of acute and community bed based care and length of stay. With target settings of 20% in bed days as well as emergency attendances and outpatients.

The risks identified to the delivery of the Better Care Fund in relation to phased and full implementation. Each risk has been identified and scored from discussion with each of the interested stakeholders. A number of schemes developed are essential elements of the plan to realise the benefits in 2014/15 and beyond.

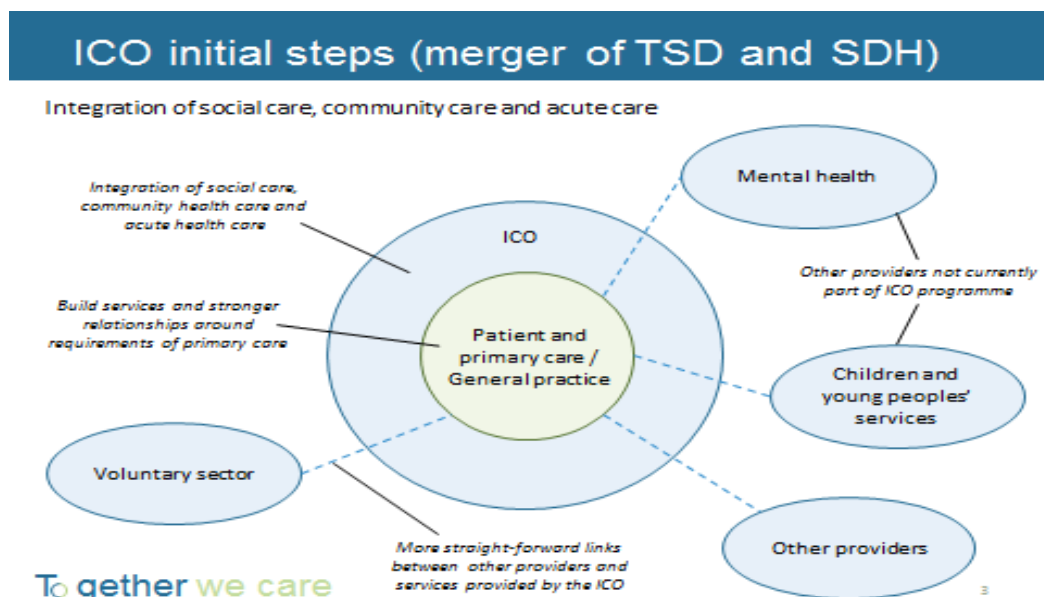
The current most significant risk identified by the partners to BCF is in relation to public sector financing and the pressures and demands from influencing demographic and economic factors. This being recognised there may well be a level of acceptance of ‘slowing down’ the system to accept slower performance in order to re adjust the delivery plan and meet expectations whilst maintaining an acceptable performance level and longer term goal.

The health and well being board has been consulted on both the Better Care Fund as well as receiving updates on the developing Integrated Care Organisation. Members have been advised as to the actions, spend and risks associated.

## 6) ALIGNMENT

a) Please describe how these plans align with other initiatives related to care and support underway in your area

The predicator for the BCF is our pioneer programme and implementation of the Integrated Care Organisation. The model of care of the ICO set out below is supported by 8 work streams as well as ensuing an alignment of strategic plans across the community which will impact on the how and where care is delivered and role and choice of the patient



The ICO model will contribute to a system wide move away from a 'disease based model' of service delivery to one of 'proactive prevention'. The model will require greater collaboration between health and social care professionals and carers as we direct our efforts toward moving the person down the dependency triangle from unsafe, crisis and acute interventions that create dependence to safe, preventative interventions that promote independence. The ICO provides the opportunity to align the health and social care workforce to deliver one model of care.

In developing the BCF plan a number of related strategies and initiatives have been recognised as contributing to taking forward further integration and delivery of key performance metrics and outcomes. These initiatives include:

### Aging Well

The Torbay Community Development Trust has been awarded Big Lottery funding to support a whole system approach to aging well, targeting those most in need using an Asset-Based Community Development approach. The project highlights the need for a holistic approach to preventing isolation as well as robust and targeted solutions for those who have become isolated. The projects the bid will support will also take a preventative wellbeing focus and will include social prescribing and guided conversations to set personal goals, introducing a NESTA match-funded 'My Support Broker' project.

### Dementia Plan

Dementia is a condition that imposes a good deal of distress on those who are living with it and for their families. It is especially important for us here in Torbay because we have a large and growing population of older people. The plan sets out the need for developing services and opportunities wider in the community for recognising signs and early assessment followed by support and care for carers, care in hospital settings and care in residential and nursing homes. Working with partners in statutory, community, voluntary and independent organisations, commissioning intentions will focus on:

## Prevention

- Maintain the profile of public information linked to healthy lifestyles and ageing well

## Raising awareness and understanding

- Support and enable the development of dementia friendly communities
- Targeted awareness raising activity for example with schools

## Early diagnosis and support

- Promote access to workforce development in understanding dementia
- Ensure equity of access to Memory Assessment, diagnosis and Intervention groups
- Develop and maintain a network of support for peer support groups (Memory Cafes) and other opportunities to reduce isolation through the Prevention Strategy
- Monitor and maintain Alzheimer's Society dementia advisor service
- Ensure people with dementia and their carers have a voice through targeted involvement activity

## Living well with dementia

- Enhance personalisation and person centred planning including access to personal budgets, supporting people to remain at home or as close to home as possible
- Promote closer integrated working between primary, community and secondary care and between statutory, voluntary and independent sectors around the needs of individuals.
- Ensure the needs of carers for people with dementia are encompassed within a refreshed carers strategy, including access to regular and reliable respite options
- Maintain a focus on quality of care for people with dementia in acute and community hospitals
- Drive up quality and dementia specific capacity within care homes; extra care housing; domiciliary care
- Improve end of life care

## Integrated Personal Commissioning

We have submitted an expression of interest to be a demonstrator site for Integrated Personal Commissioning . This provides a great opportunity to bring both health, social care and voluntary sector together to offer a truly joined up budget for individuals and one which both TSDHCT as part of the ICO and in partnership with the Aging Well would already be in a strong position to develop. A potential cohort of patients that this might be piloted could be learning disability which would fit with the re commissioning of learning disability support services (**Operational Commissioning Strategy for people with learning disability**) as well as those people with long term conditions.

## Joined Up IT

Our joined up IT strategy supports not only frontline practitioners with single IT and health records but will also encourage organisations to provide innovative IT solutions to improve patient outcomes. An example of this is the adoption of clinical portal technology to overcome the disparity between different clinical systems, creating a tailorable patient health record, accessible to the right people at the right time, wherever needed.

## Living Well @ Home

A competitive dialogue (CD) process is underway to procure two Prime Contractors, who will co-ordinate, manage and deliver care and support in Torbay. This will cover services such as domiciliary care (personal and non-personal care) as well as other areas of care and support to people in their own homes. It is a significant development in the continued integration of the Torbay system. The requirements of the Prime Contractors will be to

- Manage the market for capacity and quality.
- Record activity for trend analysis, stratification of client groups and early intervention or preventative care.

- Work with the integrated system in Torbay to expand the breadth of care and support skills available from the care market and to increase the number of care workers.
- Improve the recognition and profile of care work in Torbay.
- Collaborate with system partners and sharing best practice.
- Release resources within the community in a coordinated way.
- Ensure Wellbeing is at the heart of all that is done, with a focus on enablement and outcomes to achieve this.
- Deliver high quality care to 1000+ clients.
- Make the care experience for recipients seamless.

### **Market Position Statement**

This provides an analysis of how well current service supply will meet future demand. It provides clear messages to the market on the vision for integrated care services in Torbay over 7 days a week, reducing reliance on bed based care. It outlines how provision needs to change to stimulate a diverse and vibrant market in Torbay, increasing choice and innovation in services, supporting the vision of reablement and early help to support people manage their conditions through early help and a focus on personal outcomes and choice.

### **Mental Health**

This joint strategy draws together the commissioning intentions of five commissioning bodies: South Devon and Torbay CCG and NEW Devon CCG Plymouth City Council, Torbay Council and Devon County Council.

The key areas for development are:

- Prevention
- Personalisation
- Integration
- Improving health and wellbeing
- Supporting recovery
- Improving access

The engagement and involvement of those with lived experience and carers underpins every stage of the commissioning, delivery and monitoring of mental health services.

The Torbay and South Devon Integrated Care Pioneer Service in primary care psychiatry is recognised in the Annual Report of the Chief Medical Officer 2013: Public Mental Health Priorities Investing in the Evidence, with a view to further development and piloting elsewhere in England. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/351629/Annual\\_report\\_2013\\_1.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/351629/Annual_report_2013_1.pdf)

### **Personal Health budgets**

Personal Health Budgets and Direct Payments are a key driver in promoting independence and choice among patients currently in receipt of Continuing Health Care. Torbay was an original pilot site for PHBs, and already has established processes in place aligned with direct payment systems. As we extend the roll out of personal health budgets to people with continuing healthcare needs as well as those with long term conditions, we will need to develop solutions away from the more traditional models of personalised care and support, testing out more web based support planning and brokerage services.

### **Torbay and South Devon Integrated Prevention Strategy – 2014/15- 2019/20**

A plan which works towards transforming the NHS from an illness to a wellness service with a focus across 3 areas:

Lives People Lead (Key Behaviours);  
Health Services People Use (Access & Take Up);  
Wider Determinants.

There are two drivers to improve the health and well-being of the people of Torbay and South Devon; **to reduce the number of people dying early** (what we call premature mortality) and **to reduce the gaps in life expectancy** across our area (focusing on Health Inequalities). If we look at both these areas it will help us focus our priorities around the prevention, self-care and personal responsibility agenda across the whole life course.

To deliver this we need to develop new commissioning models which are community led and incorporate:

- greater use of a model of volunteering whereby those with direct experience of issues become the volunteers.
- a model where commissioning is informed by patient experience
- a focus on workforce culture and transformational training that unpacks the relationship between care giver and receiver.

### Summary

As we have already mentioned the fundamental alignment of the BCF is to the Integrated Care Organisation which has 8 work streams with multi agency representation recognising interdependencies across the health and care sector. The work streams are:

- Community health and social care
- Dementia care
- Long-term conditions
- Joined-up professional practice
- 7 day health and care
- Troubled families
- Substance misuse, (alcohol and smoking)

b) Please describe how your BCF plan of action aligns with existing 2 year operating and 5 year strategic plans, as well as local government planning documents

We can confirm that the plans in this BCF submission are included in the CCG 2 year operation plan and our 5 year strategic plan, as demonstrated through-out this submission.

The CCG and local authority are very much partners in the development of the Integrated Care Organisation, with the BCF a key means of delivery and catalyst for more integration which is a key strand within each of our organisational plans.

c) Please describe how your BCF plans align with your plans for primary co-commissioning

- For those areas which have not applied for primary co-commissioning status, please confirm that you have discussed the plan with primary care leads.

Our plans for primary care co-commissioning are structured around seeking a high degree of delegation to CCG. This will maximise the opportunities available to us in seeking to contract with primary care providers in a manner which means entire patient pathways are available as defined within our commissioning intentions.

In saying this we are mindful that provision of complementary and robust pathways within primary and community settings maximises the likelihood of delivering patient tailored care. Such care will be delivered within or close to the patients usual place of residence, and where possible on a proactive basis, decreasing the likelihood of providing reactive care with default approaches

leading to higher than necessary admission rates.

This is an aspiration articulated within our commissioning intentions and which therefore is core to both our plans for primary care as well as BCF.

Locally primary care development and redesign is overseen by means of the Primary Care Redesign Board (PCRB) which includes all commissioners of Primary Care Provision within its membership, as well as representation from local Health and WellBeing Boards.

All undertakings relating to co-commissioning are through PCRB with oversight from the Peninsula wide Primary Care Commissioning Overview Group (PCCOG) chaired by NHS England.

Work stream prioritisation for co-commissioning has been mindful of BCF plans, as illustrated by extending the scope of Unplanned Admissions DES to align efforts to work underway to achieve a cohesive approach across health and social care for the most vulnerable members of our population. In addition, Prime Ministers Challenge Fund resources have been deployed to address identified needs of the same patient cohort in a manner which complements BCF and related work streams.

## 7) NATIONAL CONDITIONS

Please give a brief description of how the plan meets each of the national conditions for the BCF, noting that risk-sharing and provider impact will be covered in the following sections.

### a) Protecting social care services

i) Please outline your agreed local definition of protecting adult social care services (not spending)

We have been working closely with our partners, in particular the Health and Wellbeing Boards of Torbay and Devon providing local leadership to deliver a sustainable health and care system. The Health & Wellbeing Boards have been integral to developing this plan and bringing together the alignment of priorities, across partner organisations, for the benefit of our communities. Through our Pioneer status, and the national support which comes with this, we will continue to build on this work to deliver the significant changes which are needed.

The National Voices narrative, built around the key statement *'I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me'* has been adopted across organisations, and complements the success of the model of Mrs Smith as a representative user of adult social care and health services. Creation of an Integrated Care Organisation in South Devon and Torbay and implementation of the Pioneer Plan will extend this model to young people and families, with even closer working with communities through creating community hubs where services will be linked together with a single point of access, so that care takes a whole person approach to meeting need and promoting independence in the community outside hospital and closer to home.

There is a strong commitment of a wide range of partners and organisations to this programme of works and our success to date is now being built upon to drive integration to a new level, including further structural integration and extended organisational care pathways between social care services and the local acute trust. We will use the opportunities of the better care fund and pioneer status to pool budgets and increase joint commissioning across all our health and care providers and ensure there is diverse range of care and support services available.

Our JSNA describes our local demographics and we have analysed local demand and supply in our market position statement (link below).

<http://www.torbay.gov.uk/index/yourservices/adults/marketpositionstatement.htm>

ii) Please explain how local schemes and spending plans will support the commitment to protect social care

Torbay already has an excellent track record of integrating health and social care services, as evidenced by the impact of local social care services on reduced lengths of stay and bed numbers.

The local schemes identified in this plan are supported by integrated delivery and

commissioning across health and social care. They are focused on preventing admission to acute and higher levels of care and reducing reliance on statutory services by increasing resilience through building on the assets of communities improving access to early advice and information to support people to manage their own conditions and remain independent for longer. These schemes sit alongside other initiatives promoting and supporting the independence including, our community equipment service, a home improvement agency, use of adaptations and assistive technology and a new care and support 'Living Well @ Home' service.

Additionally, there has been an investment in excess of £300,000 in a Community Development Trust to support the development and coordination of the third sector in Torbay, and to access funding streams and grants through a collaborative approach across organisations and partners. This will leverage both skills and resources which is evidenced in one current initiative - Fulfilling Lives: Better Ageing which has attracted £6 Million of Big Lottery funding over the next few years.

We will continue to review the pooling arrangements for the BCF alongside the wider pooled budget for the Integrated Care Organisation, to consider whether additional resources will be invested within this pooled fund in order to work towards our shared vision.

iii) Please indicate the total amount from the BCF that has been allocated for the protection of adult social care services. (And please confirm that at least your local proportion of the £135m has been identified from the additional £1.9bn funding from the NHS in 2015/16 for the implementation of the new Care Act duties.)

As can be seen in Template 2 (Tab 2 & 3) the value of £2,976 is allocated to the protection of adult social care continuing activity around assessment, care provision and reablement in keeping people in their own homes.

The creation of an Integrated Care Organisation for acute as well as community health and social care services in April 2015 will increase our ability to deliver better care through pooled funding of almost £340 Million.

£400,000 has been identified in 2015/16 for the implementation of the new Care Act duties. However at this early stage in costing the impact of the Care Act locally there are new costs relating to increased assessments, deferred payments and additional carer services in the region of £3m.

iv) Please explain how the new duties resulting from care and support reform set out in the Care Act 2014 will be met

Torbay's existing model of integrated health and social care delivery means we are well-placed to meet the new duties in the Care Act . We have established a single NHS and council Care Bill Project Board to oversee implementation with project plan and work packages (which incorporate the BCF) and cover the following areas:

- Social Care Workforce Change
- To Identify potential impacts on current workforce by April 2015 and ensure that by April 2016 skills, configuration and capacity are sufficient to meet new demand and legal duties.



### **Care Funding & Finance**

By April 2016 - Identify local self-funders, estimate cost of meeting their care costs and calculate implementation costs.

By April 2015 - Estimate likely increase in requests for a deferred payment locally, review existing arrangements (workforce capacity, IT, Finance) for deferred payments and estimate implementation and related costs.

### **Pathways & Business Process**

By April 2015 - Estimate the volume of additional assessments and the cost. Review our assessment process to ensure it focuses on prevention and wellbeing. Review support and arrangements for young people and their families during transition and update procedures and training. Consider how assessments will be carried out for local self-funders.

By April 2016 - Estimate time needed to assess self-funders ahead of go live date. Consider ways of conducting proportionate assessments including, for self-funders and review financial processes, information and advice systems and IT.

### **Market Management & Commissioning**

By April 2015 - Re-design commissioning arrangements including capacity, skills and leadership. Refresh market position statement to clearly identify strength/weaknesses in local provision to meet the Care Bill requirements.

By April 16 - Review engagement/dialogue with local providers and service users and start a conversation with local providers about the potential impact of the reforms.

### **Public Information & Advice**

By April 2015 - Re-design existing advice and information services to ensure there is adequate funding and capacity so that good quality financial information & advice independent of the local authority is available and people know how to access it.

v) Please specify the level of resource that will be dedicated to carer-specific support

The following budget is part of the joint arrangement that we have in commissioning and provision for carers services which includes both health and social care resources.

Direct access services available to all carers	£222
Preventing breakdown in carers mental & physical health	£129
Targeting specific groups of carers	£115
Development of flexible breaks and enabling services	£107
Carer Involvement	£4
Management, development and administration	£133
<b>Total</b>	<b>£710,000</b>

Torbay operates a whole system approach to Carers services prioritising early identification and support of Carers through a 'universal' offer of support, which provides information and advice, assessment and access to practical and emotional support for all Carers (not subject to eligibility). There are Carers Support Workers at key points in the Carers journey including in all GP surgeries, in the Discharge team at the Acute Hospital and in specialist community teams. Our services for carers aim to reduce hospital

admissions and the time those cared for spend in hospital because carers are more involved in decision-making, supported to care during hospital stay and on discharge. We anticipate this will also lead to a reduction in readmissions.

We are in contact with more than 26% of the population of Carers based on the 2011 Census data. The refresh of the Carers Strategy 'Measure Up' 2015-2017 will encompass effective previously piloted programmes such as the work done pre discharge and follow up 48 hours after discharge from community hospitals to identify early on problems and reassurance to patients and carers; Carer awareness training for community staff highlighting the amended assessment paperwork to identify carers; Health and Wellbeing Checks carried out in GP practices by Carers support workers to identify what early support is needed and signposting or systematic referral on for more complex cases; specific focus on vulnerable groups with support worker focus on substance misuse problems and mental health problems.

The plan for April 2015 is to create a pool of 'trusted assessors' in primary care and the voluntary sector to deliver Carers Assessments, working as enablers to help Carers find their own solutions and access community support. This approach aims to develop community capacity, self care and mutual support arrangements for carers. Examples of this capacity are Crossroads Care SW Carers Enabling service and Carers 4 Carers telephone befriending service. As part of the Ageing Better Big Lottery bid we have included two capacity building projects that specifically target Carers – Circles of Support and Mutual Caring. These will run for 2 years from April 2015.

Duties to address the needs of Parent Carers have been introduced into the Care Act and we are expecting detailed regulations and guidance in January 2015. It is intended to focus on support for Parent Carers in the next Torbay Interagency Carers strategy Measure Up 2015 – 17, which is currently being consulted on and is timetabled for endorsement by the Health and Wellbeing Board in December 2014.

Torbay has an interagency strategy for Young Carers under 25 (2013 – 16) with a 3 year Action Plan and a joint agency Steering Group. This is based on whole family working and there are specific requirements and targets for adult services teams to identify Young carers and address their needs. There is significant attention to raising staff awareness across the health and social care system about the needs of young carers and their needs are specified in a joint Carers strategy with the local Hospitals Trust.

Torbay is confident the Carers Services will be compliant with the Care Act although recognises capacity to meet the demand may well be challenging. We work with reference to national tools and good practice ie 'Making it Real for Young Carers' and we have a service that is able to respond to requests for assessments. We have considered draft regulations on young carer assessments. These set out the matters to be determined and considered and they will become statutory guidance potentially through amendment to 'Working Together'.

Carers services will have a direct impact on all four BCF schemes particularly in relation to the extension of the carer support CQUIN to hospital as well as community health and social care services reduces the time cared for spend in hospital because carers are more involved in decision-making and supported to care during hospital stay and on discharge. Impact should be a reduction in readmissions.

Preventative approach with health and wellbeing check will reduce number of carers who

experience breakdown in their caring role due to impact on their health and well being. Community and voluntary sector capacity in supporting carers will be increased

vi) Please explain to what extent has the local authority's budget been affected against what was originally forecast with the original BCF plan?

There has been no change to original forecast.

### **b) 7 day services to support discharge**

Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and to prevent unnecessary admissions at weekends

We consider that seven day services are a key driver of quality and we are committed to providing seven-day health and social care services, with the optimal pathway of care available for the patient regardless of the day of the week. We are committed to providing seven-day health and social care services, supporting patients being discharged and preventing unnecessary admissions at weekends. We already have several community services provided 7 days a week across Torbay:

Service	Torbay 7 day service	Comments
District Nursing	Yes	
Intermediate care	Yes	Intermediate care minimum level service at the weekend in Torbay. Staff also cover Paignton and Brixham hospitals for new therapy referrals or people at risk of deterioration
Social Work	No (see below)	
Emergency Duty Service	Yes Out of hours	
Early stroke discharge and neuro team	No	
ME/CFS	No	
MSK physio	No	
Hospital discharge	Yes	Discharge Coordinators cover A&E Sat /Sun
Intensive Home Support Service	Yes	
Crisis Response Team (dom care)	Yes	
Older peoples mental health	No	
Health Visitors	No	

Alcohol and drug services	No	
Lifestyles / Public Health Promotion	Yes	Weekend working sat am for smoking cessation and other times if events are on
CAMHS	emergency duty service plus protocols with A&E	
Community hospitals	Yes	
St Kilda	Yes	
Rowcroft Hospice at Home	Yes	

We recognise that not all services are necessary to be delivered seven days a week, and we have pilots underway to help inform which additional services would be needed both to meet the needs of the population and to facilitate flow through the whole health and care system seven days a week. Early findings have evidenced the value of therapy staff working in community hospitals at weekends, and shift patterns are being examined to see how best to achieve this.

These pilots will ensure we will see a continued roll out of six/seven day provision across key services, as informed by those pilots and through on-going evaluation, with fully joined-up services across the health and care system providing continuity of care and support seven days a week.

The plan to deliver 7 day services is included in the Service Development and Improvement Plans with both our acute and community providers, and this will be further progressed with the contract with the Integrated Care Organisation from 2015. The two SDIPs are pasted below and action plans with milestones are in the process of being agreed by the service leads. The action plans will be monitored at our monthly Contract Review Meetings:

<b>Provider/s</b>	<b>TSDHCT</b>
<b>Redesign Group</b>	<b>CSTG</b>
<b>Lead Clinician</b>	<b>David Greenwell</b>
<b>Lead Commissioner</b>	<b>Solveig Sansom</b>
<b>CQUIN name</b>	<b>7 day services</b>
<b>Description of CQUIN</b>	<p><b>This proposal mirrors the top POAP priority for community services:</b></p> <ul style="list-style-type: none"> <li>• Key community services to enable 7 day delivery to be identified, tested and costed.</li> <li>• Full evaluation of the effectiveness of weekend working, informed by the outcome of the engagement events to determine where weekend working is best rolled out to facilitate 7 day flow throughout the whole system.</li> </ul>

<b>Numerator (how will the evidence be collected and quantified)</b>	<ul style="list-style-type: none"> <li>• <b>No of six and seven day services pilots conducted and evaluated</b></li> <li>• <b>Key community services to enable sustainable 7 day delivery to be identified, tested and costed</b></li> </ul>
<b>Data source</b>	<ul style="list-style-type: none"> <li>• <b>TSD 7 day services steering group minutes</b></li> <li>• <b>Report and action plan</b></li> </ul>
<b>Outcome benefits</b>	<b>Improved patient flow throughout the whole system. Same quality of care delivered every day.</b>
<b>What will success look like?</b>	Identified key community services operating at least 6 days a week, eliminating the pressures in the system on Mondays and Fridays
<b>Which of the CCG objectives does this CQUIN support (see POAP)</b>	<b>To achieve fully joined-up and cost-effective seven-day services</b>

a)SEVEN DAY SERVICE AND OUTSTANDING ACTIONS TO DELIVER HIGH IMPACT INNOVATIONS IN ACCORDANCE WITH NHS ENGLAND GUIDANCE	
b) Implementation of 7 day working	Development of mechanisms to measure baseline and progress
	Identification through self-assessment of measurement gaps
	Where required agreed performance trajectories

Rowcroft Hospice already delivers seven day services for both their inpatient unit and their hospice at home service, and were featured in the “Every Day Counts” paper produced by NHSIQ. We recognise that there is a risk that the focus on the formation of the ICO may detract from the delivery of the plans for 7 day services and to mitigate this risk the SDIP progress is monitored at monthly contract review meetings.

Through the formation of the Integrated Care Organisation we expect to see resources shift from inpatient beds to high quality, value-for-money care provided in people's homes. The broad model of the workforce will be one of joined up professional practice, integrated team working and the flexible delivery of care in the most appropriate settings. We will see a shift in the current workforce configuration to more community-based teams, delivering seven-days-a-week services.

Our integrated business plan includes working towards fully joined up 7 day provision, of which Primary Care is a key element. Key to delivering this will be continuing the work which is underway to develop General Practice Federations so that care will be provided to a population rather than to the registered Practice list. This will enable a federation of practices to work

together to provide different care models, including extension of existing services into periods of the week where General Practice is currently restricted or unavailable. As part of this collaborative approach we will optimise the current workforce capacity by exploring technology based solutions that complement traditional face to face consultations, so that not only is access extended in terms of timings but also in terms of styles. To allow federated working and improve quality of patient interactions with other health and social care providers we will extend the ability to share patient records (where consent to do so exists) across providers, thus delivering better informed consultations and improved outcomes.

### c) Data sharing

i) Please set out the plans you have in place for using the NHS Number as the primary identifier for correspondence across all health and care services

All our health and social care services use the NHS number as the primary identifier. The further development of ICO will see the delivery of improved outcomes in an integrated Information Management and Technology (IM&T) infrastructure.

The ability for multiple professionals to share patient records and treatment plans is vital to achieving a better quality of service for local people in the most cost-effective way. Integrated models of care can only be supported by IM&T that is not limited by traditional organisational boundaries. Complex 'whole-system' care pathways rely on immediate information sharing between all clinical and 'web of care' participants. The ICO and Pioneer see IM&T as a key enabler supported by the [Joined-Up ICT Strategy](#).

ii) Please explain your approach for adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

The GP clinical systems we use are ITK compliant and any future systems will be to link in. The community use PARIS and this is using more open API's. This will further be boosted when moving to PARIS version 5.1. NHS mail is used for email correspondence within the NHS including CCG staff and Adult Health and Social Care in Torbay and GCSX is used by Devon County Council for secure email. We also ensure that our 3<sup>rd</sup> sector partners use secure email when exchanging emails with PID.

CCG staff work with data held on a secure drive (hosted by South Devon Health Informatics Service) with role-based access granted for each of the work area folders – e.g. staff working in Finance cannot see the Safeguarding data.

All solutions requiring interoperability are procured as such and will contain contractual references to ensure compliance with the necessary standards.

Please explain your approach for ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practice and in particular requirements set out in Caldicott 2.

The CCG enters into service agreements using the NHS Standard Contract. In the event that this is found to be lacking in IG / Confidentiality requirements, an additional bespoke clause will be inserted for signature by the contracted party.

The CCG enters into data sharing agreements to ensure the secure and legal processing of personal data.

The CCG published its IG Toolkit (version 11) on 30 September 2013 at level 2 for all requirements. The supporting evidence has been audited by Audit South West and also by the HSCIC.

The CCG has been granted Accredited Safe Haven (ASH) status in order to process personal data for specified purposes; this has been authorised by the Secretary of State and agreed by the Confidentiality Advisory Group (CAG) who ensure that the Caldicott2 guidelines are adhered to.

The CCG delivers face-to-face Information Governance training for all staff, which includes the caldicott2 guidelines.

Torbay Council has achieved PSN (Public Services Network) data governance compliance and is working towards level 2 of N3 Connecting for health compliance.

Anyone with an N3 connection needs to complete the IG toolkit and be compliant. For General Practice this is a requirement set out in the recent GP Excellence in IT operating model (Published in April 2014) and will be addressed through this.

#### **d) Joint assessment and accountable lead professional for high risk populations**

i) Please specify what proportion of the adult population are identified as at high risk of hospital admission, and what approach to risk stratification was used to identify them

We have outlined in the Case for Change Section (3) the segment of our population of highest risk of hospital admission as well as an explanation of the approach used to identify this group. This section adds further detail to the process we have adopted.

Torbay has a model of integrated health and social care teams built around geographical clusters and primary care practices, with a single point of access. These teams provide functions to enable:

- Proactive identification of people at risk and admission to hospital or inappropriate care settings.
- Integrated assessment and personalised support planning for people with long-term conditions and/or complex care needs.
- Urgent reactive care to people in crisis to avoid immediate risk of admission.

These teams work in partnership with primary care and include representation from the voluntary and community sector.

We have a strong track record of proactively seeking to identify those patients at risk of hospital admission, and working jointly to reduce this risk through an integrated and personal approach. This has been supported through a 'Locally Enhanced Service' initiative to incentivise input from Primary Care. There is a willingness to build upon the successes of this project to widen the scope and scale and meet the expectation of the 'accountable GP' initiative, as set out within 'Everyone Counts; Planning for Patients 2014/15 to 2018/19'.

We use a risk stratification tool, the Devon Predictive Model, to identify patients at risk of hospital admission in the next 12 months. The top 0.5% of our population are then pro-actively case-

managed on our monthly community virtual wards. The virtual ward teams use the predictive tool to objectively identify patients who are then pro-actively and holistically case-managed by a multi-disciplinary team, including primary care, community and rehab teams, palliative care, mental health, social care and the voluntary sector. Each patient is allocated a named case-manager who then co-ordinates their care and support. We have built on this highly-successful model to incorporate the features of the Unplanned Admissions Enhanced Service for primary care for 2014/15, with 2% of our population then being proactively case-managed.

The King's Fund identify the recommended strategy for each strata of risk as follows:

Relative Risk	% of Patient Population	Emergency Admissions	Outpatient Attendances	A&E Attendances	Interventions
<b>Very High Relative Risk</b>	0.5%	18.6 x average	5.8 x average	8.5 x average	Case Management
<b>High Relative Risk</b>	0.6% - 5%	5.5 x average	3.8 x average	2.9 x average	Disease Management
<b>Moderate Relative Risk</b>	6% - 20%	1.7 x average	1.9 x average	1.4 x average	Supported Self Care
<b>Low Relative Risk</b>	21% - 100%	0.5 x average	0.6 x average	0.8 x average	Prevention & Promotion

We also have a Frequent User Panel, which looks at our top 10 frequent users of A&E every month. This panel includes representation similar to that of the virtual wards, but also includes the ambulance service, the fire service and the police.

ii) Please describe the joint process in place to assess risk, plan care and allocate a lead professional for this population

As described above, we already have monthly community virtual ward meetings – multi-agency meetings to discuss the list of patients at risk of admission, as risk-stratified by the Devon Predictive Model. The model is evidence-based and combines data from both primary and secondary care, and has been in use for four years. Up until April 2014, this process covered 0.5% of our patient population, with each of those allocated a case manager / lead professional as appropriate, with multi-disciplinary input from the rest of the team as required.

For 2014/15, NHS England has developed a new enhanced service for primary care which builds on the virtual wards and risk stratification already in place in Torbay. All of our GP practices have signed up to this new service, which will see the number of patients proactively case-managed and with their own care co-ordinator rise to 2% of the population.

iii) Please state what proportion of individuals at high risk already have a joint care plan in place

As at 31<sup>st</sup> March 2014, over 0.5% of our population had a joint care plan in place as part of the virtual ward. Each of our practices has signed up to the NHS England Proactive Care service, which will see this number increase to a minimum of 2% from September 2014. These numbers are monitored monthly using patient read codes and by practice reporting quarterly.



## 8) ENGAGEMENT

### a) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan to date and will be involved in the future

We have undertaken an extensive public engagement process for our community services, taking three months and including 21 public events across the CCG footprint plus additional meetings with staff, district councils, the voluntary sector and local groups. A number of key themes were common to each event, and we have used these to inform our plans for community services for 2014/15 and beyond. Local people are involved in the steering groups which co-ordinated these events, and will also continue to be involved in developing these plans. We received feedback from over 1200 people during the three month process. Full details are included in our engagement report, attached, but in summary:

We went to every town and many villages across our CCG footprint, inviting people to talk with us - in person, by completing a survey or returning a leaflet.

- 21 public events
- 7 meetings with individual groups
- 7 community staff events
- 823 members of the public attended
- 471 additional written and online responses were received

We followed a similar engagement process to look at how mental health and support services work in our area. The experience of people who use mental health services, their families and carers should directly influence the commissioning process, so we have embarked on a rolling programme of engagement events and individual engagement to collect feedback as follows.

1. General focus on adult mental health (June 2013)
2. Urgent care, inpatients and community services (August 2014)
3. General focus on adult mental health (December 2014)
4. Time to talk, about reducing the stigma of mental health (February 2014)
5. Dementia (May 2014)

The core messages from all of these events have been instrumental in the development of this plan and our vision for integrated care and support, and we will continue to engage and consult with the public as we begin to implement it.

We recognise that a “one size fits all” approach will not work, and for this reason each of the CCG five localities has developed a steering group made up of local people. These groups initially helped to inform and run the full engagement process, but will continue to meet and act as expert reference groups as our plans are implemented and further developed.

Our local Healthwatch are represented on each of the steering groups and were wholly involved in the engagement process.

## b) Service provider engagement

Please describe how the following groups of providers have been engaged in the development of the plan and the extent to which it is aligned with their operational plans

### i) NHS Foundation Trusts and NHS Trusts

Our main health and care providers are:

- South Devon Healthcare Foundation NHS Trust
- Torbay & Southern Devon Health and Care NHS Trust
- Torbay Council
- Torbay Community Development Trust
- Rowcroft Hospice
- Devon Partnership NHS Trust

Our plan reflects a number of existing programmes, the development of which have included our health and care providers as active participants, including our voluntary and community sector. Providers continue to be engaged in the development of our on-going and future plans.

We have a long history of including our providers in service planning and reviews, and have a number of multi-disciplinary Clinical Pathway Groups, which in turn feed into senior level multi-disciplinary Service Redesign Boards. In addition to this, the Joint Commissioning Group retains the strategic lead for the oversight of the BCF plans. The Social Care Programme Board for Torbay provides the senior management forum for oversight of the Annual Strategic Agreement through which the Council delegates commissioning and delivery of Adult Social Care to the NHS.

The Better Care Fund has been discussed with the Health and Wellbeing Board and plans for its further development and links with Pioneer and the Integrated Care Organisation are regular agenda items.

As the first cohort of Integration Pioneers, both commissioners and providers have formed a programme board - including the community provider (Torbay and Southern Devon Health and Care NHS Trust), the acute hospital (South Devon Healthcare Foundation Trust), our mental health provider (Devon Partnership Trust), Council-provided Children Services along with Virgin Healthcare, South West Ambulance Service, the voluntary sector (Torbay Community Development Trust) and Rowcroft hospice – which will oversee our programme of integration and pooled funds. Given the opportunities that the Better Care Fund presents this is seen as integral to the planning and implementation of our plans as integration Pioneers and the priorities for the Integrated Care Organisation which will increase our ability to deliver better care through pooled funding of almost £240M.

This plan recognises the importance of early help and prevention and the role of adult social care services in keeping people independent at home, as well as the vital contribution of local communities and the voluntary sector in reducing loneliness and isolation by providing both formal and informal support to frail and vulnerable people. These services make a positive difference by reducing reliance on bed based care and supporting reablement and recovery through outcomes based care and support

Ultimately, the predicator for the BCF plan is our Pioneer programme and the implementation of the Integrated Care Organisation, and the four key schemes detailed at Annex 1 include all of our key providers.

## ii) primary care providers

Our extensive engagement process outlined in section 8a was led by our GP colleagues. The plans referred to within this document reflect those developed by our GPs in each of their localities, in response to that engagement. The redesign board which oversees the engagement process is chaired by a Torbay GP.

Locally primary care development and redesign is overseen by means of the Primary Care Redesign Board (PCRB) which includes all commissioners of Primary Care Provision within its membership, as well representation from local Health and WellBeing Boards.

All undertakings relating to co-commissioning rote through PCRB with oversight from the Peninsula wide Primary Care Commissioning Overview Group (PCCOG) chaired by NHS England.

Work stream prioritisation for co-commissioning had been mindful of BCF plans, as illustrated by extending scope of Unplanned Admissions DES to align efforts to work underway to achieve cohesive approach across health and social care for the most vulnerable members of our population. In addition, Prime Ministers Challenge Fund resources have been deployed to address identified needs of the same patient cohort in a manner which complements BCF and related work streams.

## iii) social care and providers from the voluntary and community sector

Our extensive engagement process outlined in section 8a was also undertaken in partnership with Torbay Council and Healthwatch Torbay. The plans referred to within this document reflect those developed by our GPs in each of their localities, in response to that engagement, and in partnership with those organisations.

## c) Implications for acute providers

Please clearly quantify the impact on NHS acute service delivery targets. The details of this response must be developed with the relevant NHS providers, and include:

- What is the impact of the proposed BCF schemes on activity, income and spending for local acute providers?
- Are local providers' plans for 2015/16 consistent with the BCF plan set out here?

There has been extensive work between commissioner and providers in the development of the risk share agreement and business case for the ICO which is consistent with this BCF plan. And therefore there has been agreement in terms of modelling the impact of the schemes on non-elective admissions as well as across a number of other areas of activity both across the acute, community and social care providers.

As a result there are plans in place for each of the schemes to achieve a reduction in admission, but most significantly length of stay, in 2015/16 on the baseline set in 2014/15.

The plan for an integrated care organisation will result in a less pronounced impact on budget with a single budget and contract agreed for both acute, community and adult social care. However this, and the delivery of the wider BCF, is dependent on receiving approval from Monitor to the ICO business case being submitted October 2014.

Please note that CCGs are asked to share their non-elective admissions planned figures (general and acute only) from two operational year plans with local acute providers. Each local acute provider is then asked to complete a template providing their commentary – see Annex 2 – Provider Commentary.

## ANNEX 1 – SCHEME 1: SINGLE POINT OF CONTACT

<b>Scheme ref no.</b>
SCHEME 1
<b>Scheme name</b>
Single Point of Contact and Live Directory of Commissioned services
<b>What is the strategic objective of this scheme?</b>
<p>To establish a gateway (Single Point of Contact) for citizens including carers to access information and advice about health and social care and which enables escalation as appropriate for citizens with more complex needs, but with a primary aim being to support citizens in helping themselves wherever possible.</p> <p>To provide a Live Directory of Services that enables Clinicians to identify alternatives to hospital admission in real time, thereby preventing avoidable admissions.</p>
<b>Overview of the scheme</b>
<p>Please provide a brief description of what you are proposing to do including:</p> <ul style="list-style-type: none"> <li>- What is the model of care and support?</li> <li>- Which patient cohorts are being targeted?</li> </ul>
<p>There are three key components associated with this proposal:</p> <ol style="list-style-type: none"> <li>1. To Provide a Single Point of Contact (SPOC) gateway to integrated health and social care information, advice and support for citizens and</li> <li>2. To establish a SPOC for Clinicians and other Care Professionals that supports them in identifying and referring patients to appropriate services in real time (24x7), thereby preventing avoidable non-elective admissions.</li> <li>3. Over time, it is expected that the SPOC will provide in-situ remote monitoring to support citizens in their own homes.</li> </ol> <p>The SPOC for citizens builds on the successful Care Direct Plus service that has been operating successfully within Southern Devon for the past 3 years, and which provides a Gateway to Social Care information, advice and support augmented by Health Care Professionals. Building on this model we will:</p> <ol style="list-style-type: none"> <li>1. Extend the service to cover both Southern Devon and Torbay</li> <li>2. Enhance the Service to provide a fully integrated single gateway to both Health and Social Care advice and support for the citizens of Southern Devon and Torbay</li> <li>3. Redefine the scope of the service to provide a much more comprehensive approach to supporting citizens in helping themselves by sourcing and resourcing their own solutions wherever possible</li> </ol> <p>This model is fundamentally a call centre through which all health and care enquiries are directed. Depending on the complexity of the enquiry, skilled Care Advisers will advise the citizen on how to source their own solutions (Level 1 response) or, where it is clear that the situation cannot be resolved in this way the citizen will be escalated to the next level of response (Level 2). Level 2 will involve telephone triage and for social care needs, eligibility assessment (FACS; for non-complicated cases brokerage will also be provided.</p> <p>Where issues are complicated and cannot be resolved over the telephone, or where a</p>

face-to-face assessment is considered essential to the needs of the citizen, then the case will be referred to the Multi-Disciplinary Team (MDT) Care Coordinator in the patients locality, who will organise and coordinate in-home assessment by the appropriate professionals.

### Three Levels of Support (accessed via a Single Point of Contact)



### Single Point of Contact



The second component of the new model is the creation of a Live Directory of Commissioned Services for Clinicians, the purpose of which is to:

1. Make available to clinicians and other professionals access to a comprehensive directory of statutory and non-statutory services available in Real Time, and
2. Facilitate real-time patient resource matching and e-referral. This will enable the rapid identification of alternatives to Hospital admission where a patient does not require acute level care but needs an alternative service to be available quickly if an avoidable admission is to be prevented.

These initiatives align with our aspirations within Pioneer to create ways to prevent unnecessary access to or deployment of statutory services and to reduce hospital admissions by creating smarter responses at the front-end of our services.

The model complements the work also underway to redesign the role and function of Multi-Disciplinary Teams operating at Locality Level and which it is intended will be enhanced by increased collaboration with and support from the voluntary sector, mental health and hospital consultants to deliver more preventative care and support within the community.

The third component of the new model, which will be introduced in a subsequent phase, is the extension of the SPOC service to incorporate in-home monitoring of patients using tele-health/tele-care other monitoring devices or regular telephone contact as appropriate to the risk stratification of the citizen.

All of these plans are part of the business case for the development of the Integrated Care Organisation within South Devon and Torbay (encompassing the acute trust and community provider) which will have all of the system wide resources to deploy in the best way, including community investment, in order to provide and maximise alternatives to hospital admission through health and social care activities.

These plans also form part of a wider strategy to build social capital and that will harness the resources of local communities and the voluntary sector in key aspects of delivering services, and especially in relation to enabling self-help and support.

**The delivery chain**

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

The delivery chain is through the development of the ICO and the risk share agreements therein between health and social care supporting system wide management of this within Torbay and Southern Devon.

Therefore;

Torbay and Southern Devon Health and Care NHS Trust (Lead)

South Devon Healthcare NHS Foundation Trust

South Devon and Torbay CCG

Torbay Council

Devon County Council

The Voluntary Sector

**The evidence base**

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

The Care Direct Plus Service has been operating for over 3 years and provides a Single Point of Contact (SPOC) gateway to Senior citizens requiring information, advice and support for social care, and more recently augmented by health care professionals who now advise and address those enquiries which have a health related issues. There is therefore an existing and proven evidence base for extending this model. CDP currently undertake over 60% of assessments and facilitate associated brokerage over the phone, which is likely to substantially reduce the number of in-situ assessments currently undertaken across Torbay (thereby substantially reducing costs and waiting times). Expanding CDP will also generate economies of scale from which both Councils will benefit.

Enhancing the CDP service to enable a much greater focus on supporting citizens to source their own solutions is a Pioneer and JoinedUp objective (local health economy strategy), and expected to reduce the number of assessments required and the number of citizens who access statutory services (prime objectives of both Councils).

There is considerable empirical and academic evidence identifying that some 30% of patients admitted to hospital non-electively do not require Acute Level Care, however in the absence of rapid access to alternatives, acute hospital admission is often the only safe thing to do. The Live Directory of Commissioned Services will give Clinicians and other Professionals access to real-time information on the available alternatives 24x7 and, when coupled with real time patient resource matching and e-referral is expected to result in a significant reduction in avoidable admissions (a major objective of whole system – CCGs, Providers and Councils).

There are a not insignificant number of documented texts – reports, academic papers, pilots, experiments and trials which support the approach being proposed including:

1. Butler D, (2013) 'Test of change (introduction of integrated health and social care coordinators) End of Pilot Evaluation'
2. De Silva D (2011) Helping people help themselves: our view of the evidence considering whether it is worthwhile to support self-management. London: The Health Foundation
3. Purdy S (2012) Avoiding hospital admissions: what does the research evidence say? London: the King's Fund. [www.kingsfund.org.uk/publications/avoiding-hospital-admissions](http://www.kingsfund.org.uk/publications/avoiding-hospital-admissions)
4. 'South Devon & Torbay: Proactive case management using the community virtual ward and the Devon predictive model'
5. Case Study examples: Patient resource matching and e-referral (to support Live Directory of Commissioned Services) <http://stratahealth.co.uk/resources/case-studies/>
6. Case study examples: NHS North West London, Torbay, Towers Hamlets
7. Naylor et al (2013) 'Long term conditions and mental health – the cost of co-morbidities'
8. Blunt, I (2013) 'Focus on preventable admissions: trends in emergency admissions for ambulatory care sensitive conditions, 2001 to 2013' Quality Watch, The Health Foundation, Nuffield Trust
9. Poteliakhoff E, Thompson J (2011). Emergency bed use: what the numbers tell us. London: The King's Fund.
10. Shepperd S, Doll H, Angus R M, Clarke M J, Iliffe S, Kalra L, Riccauda N A, Tibaldi V, Wilson AD (2009). 'Avoiding hospital admission through provision of hospital care at home: a systematic review and meta-analysis of individual patient data'. Canadian Medical Association Journal, vol 180, no 2, pp 175–82.
11. Oliver D, Foot C, Humphries R (forthcoming). Making our health and care services fit for an ageing population. London: The King's Fund.
12. 'Case management: what it is and how it can be best implemented'
13. Goodwin N, Sonola L, Thiel V, Kodner D (2013). Co-ordinated care for people with complex chronic conditions. London: The King's Fund.
14. Proactive care partnership:  
[http://www.sussexcommunity.nhs.uk/Downloads/services/proactive\\_care/proactive\\_care\\_coastal\\_leaflet.pdf](http://www.sussexcommunity.nhs.uk/Downloads/services/proactive_care/proactive_care_coastal_leaflet.pdf)



<p><b>Investment requirements</b></p> <p>Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan</p>
<p><b>Impact of scheme</b></p> <p>Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan Please provide any further information about anticipated outcomes that is not captured in headline metrics below</p> <p>Increase in citizens sourcing their own health and care solutions (target minimum 10%) Reduction in numbers of citizens requiring assessment (target 10%) Reductions in non-elective hospital admissions (target initially 15% reduction in inappropriate admissions (net 5%)) More appropriate treatment/management of patients Better utilisation of non-hospital resources Promoting self-care Increased involvement and utilisation of the Voluntary Sector The extension of the SPOC service to provide in-home monitoring is also expected to substantially reduce 30-day, post-acute readmission as well as provide an early warning system for at-risk patients that will enable early intervention prior to a crisis occurring.</p> <p><b>Specific BCF benefits as detailed in Template 2:</b></p> <p>Reduction in non-elective admissions Reduction in delayed transfers of care</p>
<p><b>Feedback loop</b></p> <p>What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?</p> <p>We will baseline as many of the key performance metrics as possible but may also need to supplement this with audits. Key markers will include: Number of citizens whose enquiry is resolved at Level 1 response (without access to assessment) Change in the number of citizens requiring assessment Change in the number of non-elective admissions Change in/Number of patients requiring a Level 3 response (referral to Locality MDT) Number of citizens whose admission is prevented by referral to an alternative service Reductions in non-elective hospitals admissions</p>
<p><b>What are the key success factors for implementation of this scheme?</b></p> <ol style="list-style-type: none"> <li>1. Agreement of key stakeholder (DCC and Torbay Council) on the adoption (in Torbay) and expansion of the CDP model across Torbay and Southern Devon.</li> <li>2. Involvement of/collaboration with other key Providers in developing the Single Point of Contact model, in particular Primary Care, Mental Health, Voluntary Sector, third and independent sectors</li> <li>3. Development of an appropriate (online/internet based) advice and information service (for direct use by citizens or Level 1 response) in collaboration with DCC and Torbay Council. This will also require substantial engagement with Voluntary Sector, third and independent sectors, to maintain contemporaneous information.</li> </ol>

4. Development of new scripts, processes and associated training for CDP staff to deliver the proposed model of service
5. Reviewing and addressing the impact of the new model of service on field staff and developing the Multi-Disciplinary Team concept accordingly
6. Identifying the best accommodation options for the expanded CDP service
7. Identifying and implementing the technology necessary to support the Live Directory of Commissioned Services (for use by clinicians and other professionals), patient resource matching and e-referral, and the cooperation of the CCGs in requiring every commissioned service to maintain a Live Service Status.

## ANNEX 1 – SCHEME 2: Frailty Care Model Scheme

<b>Scheme ref no.</b>
SCHEME 2
<b>Scheme name</b>
Frailty Care Model scheme
<b>What is the strategic objective of this scheme?</b>
To support the holistic care of older persons in Torbay by taking a whole system overview of the pathway of care. Aim being to shift from a 'reactive' care model to a 'proactive' care model, focussing on enabling and empowering citizens, carers, community to support themselves and provide varying care settings dependent upon the individual's needs.
<b>Overview of the scheme</b>
Please provide a brief description of what you are proposing to do including: <ul style="list-style-type: none"> <li>- What is the model of care and support?</li> <li>- Which patient cohorts are being targeted?</li> </ul>
The model of care involves greater collaboration between citizens, carers, voluntary sector, health and social care in community and acute settings to support older persons within Torbay. The pathway of care will shift resource and expertise across the system rather than patients always having to attend an acute hospital for specialist treatment which is often a detrimental setting for their needs.
<b>The delivery chain</b>
Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved
South Devon & Torbay Clinical commissioning Group (CCG), Joined-up cabinet, 7 Locality Commissioning groups (LCGs) Torbay and Southern Devon Health and Care Trust, Torbay Council and South Devon Healthcare NHS Foundation Trust are all working strategically as part of both the Integrated Care Programme and Pioneer to create a seamless system of care for older persons, placing them in the centre/in control and ultimately shifting the care pathways from a reactive/crisis response driven pathway to an enabling/self-care and proactive pathway.
<b>The evidence base</b>
Please reference the evidence base which you have drawn on <ul style="list-style-type: none"> <li>- to support the selection and design of this scheme</li> <li>- to drive assumptions about impact and outcomes</li> </ul>
1) <b>“Redesigning acute care for older people seven days a week – so who said that seven day services are more expensive?”</b> Sheffield Teaching Hospital NHS Foundation Trust <a href="http://www.nhs.uk/media/2422335/sheffield_emergency_cs_final.pdf">http://www.nhs.uk/media/2422335/sheffield_emergency_cs_final.pdf</a> Impact for Patients:- <ul style="list-style-type: none"> <li>• Faster assessment at the emergency 'Front Door' by multi-disciplinary assessment teams enabling a focus on what needs to be done to get patients back home as soon as clinically appropriate and discharge care packages put in place to enable patients to be assessed at home, shortening overall pt pathway</li> <li>• Patients are seen by Geriatric Medical Consultants on average more than 10 hours sooner than in the previous system which provides earlier clinical decision making and consistent quality of care</li> </ul>

- Patients admitted at weekends have a greater equality of service

Impact to overall system:-

- Speedier senior assessment of patients
- More timely access to specialist input
- Lower bed occupancy
- Higher percentage of pts on the 'right' wards for their needs.
- Faster turnaround for diagnostic tests and a clear care plan provided.
- Increased consultant and multi-disciplinary presence seven days a week

## 2) Sheffield Teaching Hospital NHS Foundation Trust

"Timely care for frail older people referred to hospital improves efficiency and reduces mortality without the need for extra resources." Kate M Silvester, Mohammed A Mohammed, Paul Harriman, Anna Girolami, Tom W Downes. Publishes electronically 12 November 2013

<http://ageing.oxfordjournals.org/content/43/4/472.full.pdf+html>

Describes a patient flow analysis of older emergency patients to identify and address delays in ensuring timely care without additional resources. They undertook three distinct changes 1) Discharge to Assess initiative, 2) Seven Day Working 3) establishment of a Frailty Unit. Risk of hospital mortality and average bed occupancy fell without affecting re-admission rates or requiring additional resources.

## 3) The primary care paradox: New designs and models Nuffield Trust and KPMG

<http://www.kpmg.com/Global/en/IssuesAndInsights/ArticlesPublications/primary-care-paradox/Documents/primary-care-paradox-v1.pdf>

In the article they identify four new design principles that may help frame future developments in primary care:

- 1) access and continuity
- 2) patients and populations
- 3) information and outcomes
- 4) management and accountability

Saltman and others (2006) 'have argued that the intermediate territory between self-care and specialist/hospital care is changing, with primary care playing an increasing part in coordination and integration of care that is provided by different services. These new roles, together with elements of specialist care that can now be delivered in primary care settings, can be thought of as 'extended primary care'. They are the focus of recent developments in many European countries, often seeking to bridge the divide between generalist first contact care, specialist services and disability or home care.'

Case Study: Hartola Health Station, Finland

Finnish health and care services are organized around municipalities, which vary in size, with an average population of 5,800. National policy aims to merge smaller municipalities and reduce the total number from over 300 to around 70. The health station in Hartola illustrates the range of services available in 2013 for a population of 3,500, with 5,000 extra summer visitors .

- Municipality-owned health station (linked since 2012 to a cluster of municipalities): comprehensive primary care including preventive care, some specialist and welfare services. Two full time GPs.
- Also offers: home care, dementia unit, diagnostics, social welfare support, community hospital, specialized geriatrics and psychiatry.

- Uses doctors, nurses, allied health professionals, private ambulance staff, administrative personnel, private laboratory company.
- Electronic patient record.
- Introducing the Chronic Care Model into primary care as the 'health value model'.

**4) Geriatric Medicine, Dr Zoe Wyrko, Consultant Geriatrician Royal College of Physicians 2013**

[https://www.rcplondon.ac.uk/sites/default/files/geriatric\\_medicine.pdf](https://www.rcplondon.ac.uk/sites/default/files/geriatric_medicine.pdf)

The paper sets out the role Geriatricians can play in the future of the whole system, recognising the distinct needs of older persons including the fact that they usually have complex social needs related to their chronic medical conditions.

Dr Wyrko suggests that 'to provide integrated holistic care for older people, geriatric medical services should cross the boundary between primary and secondary care. Care pathways should consider the physical and psychological needs of normal ageing, together with the crises and potential deterioration associated with acute illness.'

Pg 120 also sets out a useful table indicating the 'Medical and paramedical services supporting the assessment and rehabilitation of older people

**5) Safe, compassionate care for frail older people using an integrated care pathway: Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders. NHS England 2014**

<http://www.england.nhs.uk/wp-content/uploads/2014/02/safe-comp-care.pdf>

**Investment requirements**

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

**Impact of scheme**

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan

Please provide any further information about anticipated outcomes that is not captured in headline metrics below

- Reduction in community bed based care and bed days.
- Reduction in frail elderly admissions from Care Homes
- Increased use of Crisis Response Team/domiciliary care/social care/Intensive Home Support Services.
- Increase 0/1 LOS, decrease 2< LOS day (acute wards).
- Reduction in total no of admissions to acute wards.
- Reduction in nos of pts admitted to acute from int care beds (with the exception of pts from int care coming in to frailty unit for diagnostics.)
- Increase in no of pts having a CGA and resulting in a managed MDT care plan.
- Less patients feeling a loss in independence in acute trust by giving autonomy to reable in own home quickly.
- Increase in patient satisfaction
- Reduction in hospital admissions for patients to be diagnosed with dementia
- Reduction in deaths in acute trust

**Specific BCF benefits as detailed in Template 2:**

Reduction in non-elective admissions

Reduction in permanent residential admissions

**Feedback loop**

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

Measuring set KPIs

Seeking staff feedback

Seeking patient feedback

Analysing trend in complaints from pts 65<

Analysing trend in compliments from pts 65<

**What are the key success factors for implementation of this scheme?**

That patients don't have to repeat their story to lots of different staff members

That patients/carers feel more empowered/enabled to make decisions about '*What matters to them*'

A reduction in admissions from acute wards and an increase in utilisation of voluntary, community health and social care resources

## ANNEX 1 – SCHEME 3: Multiple Long Term Conditions

<b>Scheme ref no.</b>
SCHEME 3
<b>Scheme name</b>
Multiple Long Term Conditions
<b>What is the strategic objective of this scheme?</b>
A new service for people with multiple LTCs to allow coordinated multidisciplinary management of coexisting medical conditions in one place and at one time.
<b>Overview of the scheme</b>
Please provide a brief description of what you are proposing to do including: <ul style="list-style-type: none"> <li>- What is the model of care and support?</li> <li>- Which patient cohorts are being targeted?</li> </ul>
<p>Individuals with multiple LTCs such as Heart failure, Atrial Fibrillation, Diabetes, CKD, hypertension, Chronic Obstructive Pulmonary Disease (COPD), obesity and depression will be managed by one team without the need for referral to multiple specialist teams.</p> <p>The service will operate at a number of locations in community settings with co-location of all health professionals (Doctor, nurse, therapists, specialist nurses, social services and voluntary and charitable sectors). Simple diagnostics (near patient testing, blood tests and where possible simple radiology) will be available at the time of consultation.</p> <p>This service will function in all localities in Torbay and South Devon and across all sectors.</p> <p>Carers support workers</p>
<b>The delivery chain</b>
Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved
South Devon and Torbay Clinical commissioning Group (CCG), Joined-up cabinet, 7 Locality Commissioning groups (LCGs) Torbay and Southern Devon Health and Care Trust, Torbay Council and South Devon Healthcare NHS Foundation Trust are all working strategically as part of both the Integrated Care Programme and Pioneer to create a seamless system of care.
<b>The evidence base</b>
Please reference the evidence base which you have drawn on <ul style="list-style-type: none"> <li>- to support the selection and design of this scheme</li> <li>- to drive assumptions about impact and outcomes</li> </ul>
<ul style="list-style-type: none"> <li>• Care Planning; Improving the Lives of People with Long Term Conditions. Royal College of General Practitioners 2011</li> <li>• Delivering better services for people with long-term conditions. Building the house of care. Kings Fund 2013</li> <li>• Patient centred coordinated Care. Nationalvoices.org.uk</li> <li>• The Importance of Multimorbidity in Explaining Utilisation and Costs Across Health and Social Care Settings: Evidence from South Somerset's Symphony</li> </ul>

**Investment requirements**

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

**Impact of scheme**

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan  
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

- Hospital admissions before and after commencement of the service
- Changes in volume of activity within the multi-LTC service and the specialty LTC services
- Reduction in outpatient appointments for patients
- Reduction in unnecessary hospital admissions as LTC is managed more proactively
- Improved palliative care and less patients dying in an acute trust through the single holistic care plan.

**Specific BCF benefits as detailed in Template 2:**

Reduction in non-elective admissions

**Feedback loop**

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?

- Assessment of patient satisfaction with the service and other experience
- Assessment of professional satisfaction with the service and other experience

**What are the key success factors for implementation of this scheme?**

1. Multi-condition care planning. Involvement of the voluntary sector in determining holistic service needs for individuals and providing links to local means of support. Planning of priorities for the care of individuals taking account of all medical conditions and social needs.
2. Comprehensive clinical review by medical and nursing staff, providing a consistent approach to the management of all of a person's medical problems. Assessment of 'Patient Activation' and use of Motivational Interviewing and other proven techniques in management of LTCs.
3. Support of self-management as a keystone of the service. Use of Patient Knows Best (PKB) to facilitate self-management and virtual consultation.
4. The development of mentoring relationships between service staff and appropriate specialist teams allowing up to date and highest quality care without the need for physical referral to multiple specialist teams.
5. A flexible approach to locus of care. The team will be able to move between primary care, this intermediate service and the hospital as required, e.g. liaising with staff when the service user is admitted to provide information to the hospital team and contributing to discharge planning and seamless movement back in to the service after an inpatient episode.
6. Clear relationships with other programmes which might be needed from time to time, e.g. cardiac rehabilitation, weight management services.
7. Clear links with Well-being services including commissioned 'Living Well, Feeling Better', which could be co-located
8. Clear links with 'Virtual wards' for those at high risk of admission and with End



of Life services when appropriate.

9. Linkage with the local De-escalation guidelines in development

10. Regular (3-4 times per year) educational sessions for service staff attended by consultants from all LTCs and specialist nurses. Discussion of cases and themes and new directions in LTC management.

11. Audit of service outcomes and user satisfaction surveys.

## ANNEX 1 – SCHEME 4: Community Care: Locality Teams and Community Hospitals

<b>Scheme ref no.</b>
4
<b>Scheme name</b>
Community Care: Locality teams and Community hospitals
<b>What is the strategic objective of this scheme?</b>
To redesign community based services in order to manage more people in a proactive way to prevent hospital admission, reduce delayed discharges and reduce admissions to long term care. This includes the enhancement of the current primary care service to provide a single multi-disciplinary assessment service.
<b>Overview of the scheme</b>
Please provide a brief description of what you are proposing to do including: <ul style="list-style-type: none"> <li>- What is the model of care and support?</li> <li>- Which patient cohorts are being targeted?</li> </ul>
<p>The model of care builds on the successful integrated model of Care provided in Torbay and Southern Devon. It also links through to our aspirations within Pioneer in terms of developing local ‘hubs ‘ for the provision of integrated care, for example the children and young people’s hub and the frailty service.</p> <p>The service model will link an enhanced single point of contact primarily developed to reduce reliance on the statutory sector ( as described in another scheme) to local MDTs which will be enhanced by support from primary care, the voluntary sector, mental health and hospital consultants to deliver more preventative care and support within the community. This will link through to the enhanced virtual wards and the development of one GP practice per care home. The development of the Torbay’s ‘Big Team’ will deliver improved GP case management for virtual ward patients for the top 2% of most vulnerable patients – approximately 3,000 patients. This will offer an enhanced service along with extra nurses and HCAs linking though to existing Community Matrons and intermediate care teams to prevent hospital admissions. This scheme will also focus clinical interventions earlier in the day, more pro-active care for patients most at risk of admissions, improve and enhance quality of medical care for care home patients and improve discharge planning for patients in acute and community hospitals.</p> <p>The overarching plan links to the development of locality plans which have been developed through a ‘bottom up’ approach driven through locality engagement driven by the CCG.</p> <p>All of these plans are part of the business case for the development of the Integrated Care Organisation within Torbay (encompassing the acute trust and community provider) which will have all of the system wide resources to deploy in the best way, including community investment, in order to provide and maximise alternatives to hospital admission through health and social care activities.</p> <p>In addition to this there are plans to utilise our community hospitals to provide solutions to our system wide pressures within health and social care. This will include a change in function of our community hospitals, e.g. for the provision of community services, intermediate care and step up/step down beds.</p>

Additional locality schemes which link to this include:

- Working with care homes to ask them to notify the GP when a 999 call has been made, also linking with the ambulance service to try to prevent unnecessary conveyances to hospital as part of their “Right Care, Right Time, Right Place” strategy
- Changing working arrangement in practices to enable visits to be made earlier in the day to try to prevent overnight admissions occurring simply because of the time of day
- Care Homes – working towards one care home, one practice; extending the medication review pilot already underway; mentoring of care home staff by GPs and annual reviews of care home residents.
- Torquay Children, Young People and Families Hub – building community assets, development of volunteer workforce, social prescribing and guided conversations
- Carers support workers within GP surgeries providing health and wellbeing checks as well as hospital liaison providing support for discharge and assessment of need.

### **The delivery chain**

Please provide evidence of a coherent delivery chain, naming the commissioners and providers involved

The delivery chain will be through the development of the ICO and the risk share agreements therein between health and social care supporting system wide management of this within Torbay.

South Devon and Torbay CCG (commissioners)  
Torbay and Southern Devon Health and Care NHS Trust  
South Devon Healthcare Foundation Trust  
Torbay Council  
GP practices in Torbay  
Pharmacy / medicines management  
Devon Partnership Trust  
Torbay Community Development Trust (voluntary sector)  
Rowcroft Hospice  
South West Ambulance Service Foundation Trust

### **The evidence base**

Please reference the evidence base which you have drawn on

- to support the selection and design of this scheme
- to drive assumptions about impact and outcomes

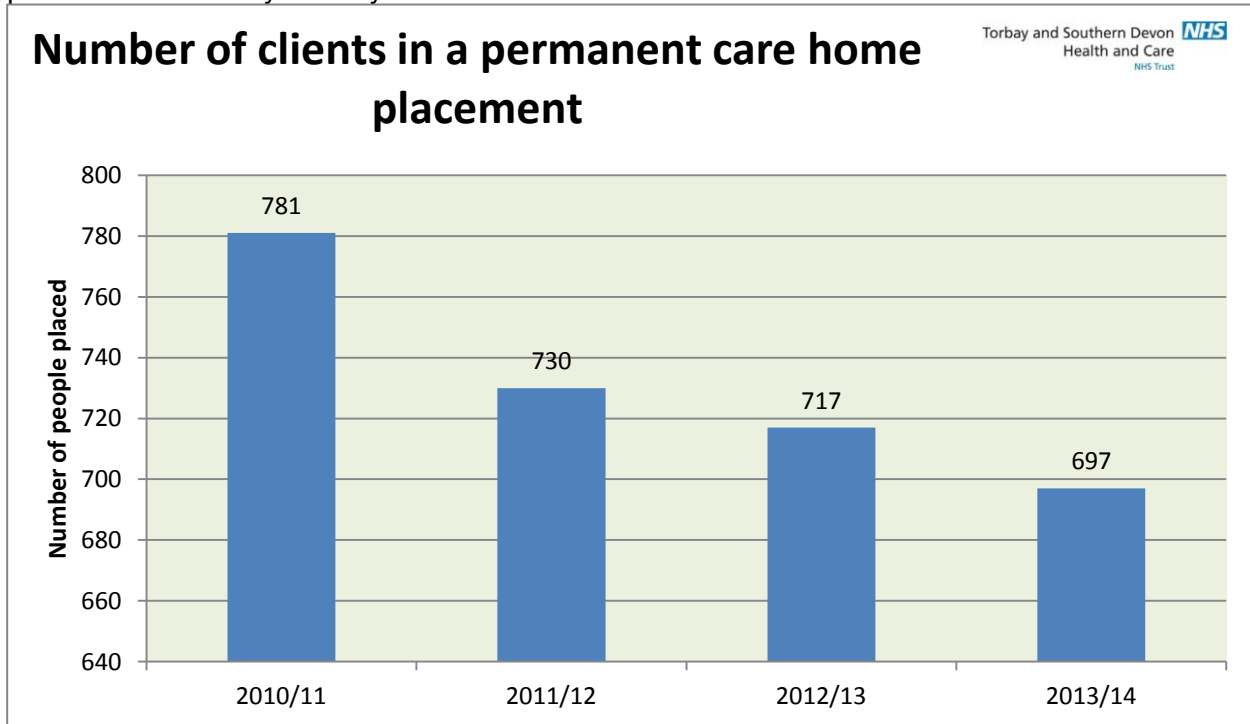
An extensive engagement process was undertaken in November and December 2013, with the public and other stakeholders including Healthwatch Torbay – from this it was clear that people want continuity of care and to maintain their relationship with “their” GP. They also wanted better co-ordination of their care and to avoid hospital admissions, with treatments closer to home where possible.

We have also taken into account information and regular surveys from South Devon Healthcare Foundation Trust and have also engaged with local care homes, Rowcroft hospice, mental health colleagues and Devon Doctors (OOH service providers) for their input.

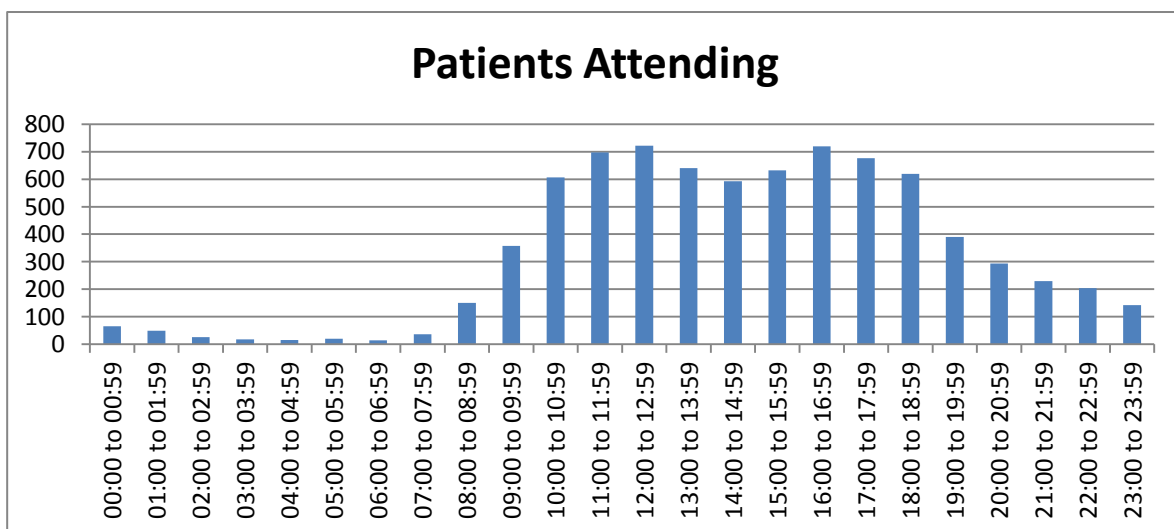
We have extensive evidence of the success of the virtual ward model, using risk stratification to identify patients at risk of admission, and then proactively case managing them via a multi-

disciplinary team.

Since the introduction of intermediate care, we have seen the number of permanent care home placements reduce year on year:



Our rationale for moving GP visits to earlier in the day is based on the pattern of admissions to Torbay hospital – if we can ensure frail older patients in particular are referred for rapid assessment earlier in the day when services are available, they are less likely to be admitted to hospital overnight. This will also link with our plans for extended access to primary care (8am – 8pm) and for seven day services.



We also looked at examples of best practice elsewhere, including the Northamptonshire Integrated Frail and Elderly Pathway and the Kings Fund Report from March 2014:

<http://www.kingsfund.org.uk/publications/making-our-health-and-care-systems-fit-ageing-population>

<http://www.kingsfund.org.uk/sites/files/kf/Integrated-care-summary-Sep11.pdf>

<http://www.slideshare.net/kingsfund/chris-ham-on-making-integrated-care-happen-at-scale-and-pace>

<http://www.slideshare.net/NuffieldTrust/peter-colclough-paul-mears-integrated-care-in-torbay?related=1>

<http://www.helesangels.org.uk/>

**Investment requirements**

Please enter the amount of funding required for this scheme in Part 2, Tab 3. HWB Expenditure Plan

**Impact of scheme**

Please enter details of outcomes anticipated in Part 2, Tab 4. HWB Benefits Plan  
Please provide any further information about anticipated outcomes that is not captured in headline metrics below

- Defined register of 3000 patients across Torbay
- Admission times - we would expect to see more earlier in the day and fewer resulting in overnight stays
- Reduction in admissions for the 3000 case managed patients
- A reduction in prescribing and medication costs
- Fewer emergency hospital admissions from care homes
- An increase in the number of high-risk patients who have a care plan
- Fewer 999 calls from care homes
- Improved experience of patients and carers as a result of proactive case management and link to a case manager
- Reduction in placements into long term care
- Increase in the number of patients offered rehabilitation following discharge from hospital
- Reduction in the number of readmissions to hospital within 91 days
- An increase in the number of people with a dementia diagnosis

**Specific BCF benefits as detailed in Template 2:**

Reduction in non-elective admissions  
Reduction in permanent residential admissions  
Increased effectiveness of reablement  
Reduced delayed transfers of care

**Feedback loop**

What is your approach to measuring the outcomes of this scheme, in order to understand what is and is not working in terms of integrated care in your area?


Expected Outcome	Measure	Benchmark	Links to other schemes
Defined register of 3000 patients across Torbay	Practice read codes	n/a – straightforward number of patients read-coded	Proactive Care DES (NHS England)
Admission times - we would expect to see more earlier in the day	Times of admissions – provided by SUS	Compare to same time the previous year	7 day services

and fewer resulting in overnight stays			
Reduction in admissions for the 3000 case managed patients	Devon predictive modelling outcome report – produced quarterly NB – this will be a measure of this cohort of patients rather than individuals	Compare to same time for the same cohort the previous year	Proactive Care DES (NHS England)
A reduction in prescribing and medication costs	Prescribing database: 4000 patients in care homes £200,000 est. per annum 30,000 less prescriptions written 5-17% reduction in hospital admissions	Other locations e.g. North East estimate £170 saving per care home review which would be £680,000 so we may have underestimated	Nice guidance for care home reviews, CHUMS report, All Wales Medicines Strategy group on frail patients and polypharmacy
Fewer emergency hospital admissions from care homes	SUS data	Compare to same time for the same cohort the previous year	SWAST “Right Care, Right Place, Right Time”
An increase in the number of high-risk patients who have a care plan	Practice read codes	Compare to same time the previous year	Proactive Care DES (NHS England)
Fewer 999 calls from care homes	SWAST data (already monitored by Older People Clinical Pathway Group)	Compare to same time the previous year	SWAST “Right Care, Right Place, Right Time” and ICO SPOC scheme
Improved experience of patients and carers as a result of proactive case management and link to a case manager	Annual Social Care Survey: How many users of care and support services said they were 'extremely satisfied' or 'very satisfied' with their care and support	Compare to same time the previous year	Proactive Care DES (NHS England)
Reduction in placements into long term care	Social care data	Compare to same time the previous year	
Increase in the number of over 65s who are still at home 91 days after discharge from hospital into reablement / rehabilitation services	SUS data Intermediate Care dashboard	Compare to same time the previous year	
Reduction in the number of	SUS data	Compare to same time the previous	

readmissions to hospital within 91 days		year	
An increase in the dementia diagnosis rate	QOF data	Compare to same time the previous year	Dementia strategy
<ul style="list-style-type: none"> <li>• Metrics and performance will be monitored by the CCG Business Planning and Performance Group which meets monthly, with headline reporting to the monthly CCG / ICO contract review group.</li> <li>• Progress will also be monitored by our JoinedUp Board (exec representatives from the health and care system, including the voluntary and community sector) and the Health and Wellbeing Board.</li> </ul>			
<b>What are the key success factors for implementation of this scheme?</b>			
<ul style="list-style-type: none"> <li>• Local agreement across a range of stakeholders on the use of community hospital beds, in particular the public and GPs</li> <li>• Ability to manage emerging pressures within the health and social care system to manage pressures over winter</li> <li>• Engagement from care homes</li> </ul>			

## ANNEX 2 – Provider commentary

For further detail on how to use this Annex to obtain commentary from local, acute providers, please refer to the Technical Guidance.

<b>Name of Health &amp; Wellbeing Board</b>	Torbay Health and Wellbeing Board
<b>Name of Provider organisation</b>	South Devon Healthcare NHS Trust
<b>Name of Provider CEO</b>	Dr John Lowes
<b>Signature (electronic or typed)</b>	

For HWB to populate:

<b>Total number of non-elective FFCEs in general &amp; acute</b>	<b>2013/14 Outturn</b>	
	<b>2014/15 Plan</b>	16156
	<b>2015/16 Plan</b>	15591
	<b>14/15 Change compared to 13/14 outturn</b>	
	<b>15/16 Change compared to planned 14/15 outturn</b>	-3.5%
	<b>How many non-elective admissions is the BCF planned to prevent in 14-15?</b>	
	<b>How many non-elective admissions is the BCF planned to prevent in 15-16?</b>	-565

For Provider to populate:

	<b>Question</b>	<b>Response</b>
1.	<b>Do you agree with the data above relating to the impact of the BCF in terms of a reduction in non-elective (general and acute) admissions in 15/16 compared to planned 14/15 outturn?</b>	Yes, subject to approval of the creation of the ICO.
2.	<b>If you answered 'no' to Q.2 above, please explain why you do not agree with the projected impact?</b>	N/A
3.	<b>Can you confirm that you have considered the resultant implications on services provided by your organisation?</b>	Yes, subject to approval of the creation of the ICO.



## Commissioning roles and responsibilities for Adult Social Care between the Trust and the Council after transfer of Adult Social Care Strategic Commissioning Team to Council

The Adult Social Care (ASC) Commissioning Team is transferring under TUPE to Torbay Council on 1 Dec 2014, thus transferring responsibility for strategic commissioning to the Council from this date. This is in line with the report commissioned from the Institute of Public Care (IPC) in January 2013, although recommendations regarding transfer of some procurement and contracting functions have not been considered to date.

The new arrangements will require very high levels of ongoing communication and co-operation between organisations, particularly between Commissioning in the Council and Safeguarding Adults, Procurement and Business Support and Quality in TSDHCT. This cannot be emphasised strongly enough as any failures in this respect will impact on and create risk around the safety of vulnerable adults, financial savings and service development and stability. This interface will be managed through the Social Care Programme Board.

Role	Description	Responsibility	Rationale	Day to day
Strategic Commissioning	Commissioning cycle; needs analysis, market facilitation strategy, the setting of overall contractual frameworks and strategic decommissioning. Setting overall outcomes, planning and investment against plans plus the review of the efficacy of this investment.  Negotiating and agreeing the terms of a contract for services.	ASC Commissioning Team, Council	New legislation and role of H&WB give 'appropriate responsibility' and accountability back to LA; allows it to commission for wider priorities and community agenda across different services, eg, housing. Market facilitation	Safeguarding Adults Whole Homes and some exceptional individual cases; Care Home fees; overarching contracts and frameworks;LWAH strategic partnership; provider forum; Decisions on contract enforcement and decisions to de-list or suspend business where the council is the contracting Authority
Strategic Procurement	Developing ASC Services. Ensuring public sector procurement	TSDHCT Procurement	Close links to strategic commissioning	Present contracts with the Care Trust are covered with

	<p>compliance.          Establishing the overall contractual frameworks          Tendering, negotiating and agreeing the terms of contracts.          Management of contract variation orders.          Strategic management of contract compliance</p>	<p>Team          For existing contracts management and re-procurement only. Additional resource needed for new services.</p>	<p>required enabling good communication especially around process and the specification of outcomes</p>	<p>the TSDHCT resource and this will continue in respect of these service areas unless resources or budget are transferred to the council, as these are within the establishment and funding that the Care Trust receives from Torbay Council</p> <p>Where there are new services introduced such as Extra Care or further voluntary sector development, the procurement may well be with the council, however budgets and personnel may have to be reviewed at that time</p>
<p>Operational Contract Management, compliance and monitoring</p>	<p>On-going management of the contract including payment and monitoring.          Addressing issues directly with providers.          Responsibility for Provider of Concern processes. Providing market intelligence and report information to Strategic Commissioners.</p>	<p>Business Support and Quality Team, TSDHCT</p>	<p>Close links to procurement desirable. Key is good communication and cooperation</p>	<p>These responsibilities will be held on a day to day basis in working with providers to improve quality and manage concerns, but where all processes are exhausted the issues will be escalated to strategic commissioners for decisions on contract enforcement and decisions to de-list or suspend business where the council is the contracting Authority</p>

Individual service negotiating, contracting/procurement	Focussing on the client at an individual level for contracted care.	Zone Teams, TSDHCT	Located near to actual service delivery. Smaller 'transaction' costs and quicker addressing of problems from client side with care monitoring and delivery	As stated
Individual service/care monitoring	Monitoring the individual outcomes, objectives and quality of care being delivered by the care manager.	Zone Teams, TSDHCT	Located near to actual service delivery. Smaller 'transaction' costs and quicker addressing of problems from client side with care monitoring and delivery	As stated
Care management (provision) or care delivery	Delivering the service to the client	Zone Teams, TSDHCT	This is actual delivery so needs to stay wherever the provider side is located	As stated
Financial monitoring, performance and quality assurance  Is this of viability of provider or services delivered?	At both strategic service level and individual contract level – a financial/performance management support function. Financial and performance information to be called off and provided to Strategic Commissioners.	Shared need to be clear which teams are doing what otherwise we will have confusion !	Finance functions already integrated and possibly no clear advantage to move	Robust and clear processes for transfer of relevant information and reports, etc, eg monthly performance made available to team. Governance of this to be through SCPB.

# Agenda Item 18

## Appendix 9

## Policy for the Provision of Short Breaks

### Contents

1. Policy Statement
2. Scope
3. Legal Framework
4. Aims of the Policy
5. Principles and Provision
6. Implementation
7. Monitoring, Review and Reassessment
8. Complaints

## **1 Policy Statement**

- 1.1 This policy underpins Torbay and Southern Devon Health and Care NHS Trust's (TSDHCT) (The Trust) commitment to supporting carers to continue in their valuable role by ensuring access to a range of services which provide eligible carers with a break from their caring role. This includes short breaks in a variety of forms.
- 1.2 This policy recognises that a carer is someone who provides unpaid help and support to a relative or friend who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability.
- 1.3 Access to social care funded short breaks is based on assessment and will be provided for people whose needs are eligible under Care and Support (Eligibility Criteria) Regulations 2014.
- 1.4 Where an individual provides or intends to provide care for another adult and it appears that the carer may have any level of needs for support, TSDHCT will carry out a carer's assessment. Where an adult provides care under contract (e.g. for employment) or as part of voluntary work, they should not normally be regarded as a carer, and so TSDHCT will not to carry out the assessment.
- 1.5 As per the requirements of The Care Act 2014, Carers' assessments will seek to establish not only the carer's needs for support, but also the sustainability of the caring role itself, which includes both the practical and emotional support the carer provides to the adult. The carer's assessment must also consider the outcomes that the carer wants to achieve in their daily life, their activities beyond their caring responsibilities, and the impact of caring upon those activities.
- 1.6 There may be instances where the adult being cared for does not have eligible needs, so does not have their own personal budget or care plan. In these cases, the carer must still receive a support plan which covers their needs, and how they will be met. This would specify how the carer's needs are going to be met (for example, via replacement care to the adult needing care), and a personal budget may be provided for the costs of meeting the carer's needs.
- 1.7 Short breaks/replacement care are considered as part of the Resource Allocation System, and provided directly or via a Personal Budget/Direct Payment.
- 1.8 Short breaks encompass a wide range of different short term services. The common factor is not what service is provided but its purpose - to provide a break or the carer which helps them to sustain the caring relationship and which is a positive experience for both the carer and the person with care needs.
- 1.9 Adult Social Care and Health funding can be used to provide short term solutions through a variety of options to the carers of people with learning disabilities, people with mental health problems, people with physical disabilities, people with substance misuse issues, older people and other vulnerable adults across TSDHCT. This policy outlines how we will move towards a

consistent and equitable way of all client groups in the provision of Social Care and Health funded short breaks.

- 1.10 Current policy for the provision of adult health and social care is aimed at promoting the maximum possible choice and control for service user and their carer(s). This policy sets the mechanism by which a carer's need for short breaks can be met best through services provided to the service user and/or a personal budget provided directly to them.
- 1.11 This policy rests upon a general assumption and expectation that short breaks are replacement care, replacement care may be needed to enable a carer to look after their own health and wellbeing alongside caring responsibilities, and to take a break from caring. In these circumstances, where the form of the replacement care is essentially a homecare service provided to the adult needing care that enables the carer to take a break, it should be considered a service provided to the cared-for person, and thus must be charged to them not the carer
- 1.12 Services provided to the service user are subject to financial assessment. This is undertaken as outlined by the Fairer Contributions Policy and the Fair Access to Care Services Policy Eligibility Framework and Guidance.

## **2 Scope**

- 2.1 The assessment of need forms the basis on which the Trust responds to requests for assistance and is concerned with exploring a person's presenting needs and determining their eligibility for services. As part of the Assessment and Support Planning process, the need for short breaks or other appropriate services to enable the carer to continue caring may be identified. A carer's need can be considered separately via a carer's assessment, or jointly in the same assessment as the service user.
- 2.2 Carers can be eligible for support in their own right. The national eligibility threshold for carers is also set out in the Care and Support (Eligibility Criteria) Regulations 2014. The threshold is based on the impact a carer's needs for support has on their wellbeing.
- 2.3 The need for these services, as with any community service or activity, must be identified as part of the assessment of a person's needs and any subsequent review(s) and can only be provided where the person is eligible for a service as set out in the Department of Health's Guidance on Fair Access to Care Services
- 2.4 The amount of money allocated to meet a service user's eligible needs is established by the Resource Allocation System. TSDHCT considers on an individual basis if this is sufficient to meet a person's needs. The amount may be re-considered if there is compelling evidence that more money is required due to complexity of need or other circumstances identified at assessment. The Cost, Choice and Risk Policy (attached as appendix one) will be used to aid decision making in these circumstances.

- 2.5 The amount of money allocated through the Resource Allocation System is referred to as the 'Personal Budget'. The service user, and their carer, will then have choices in how their care needs are met within this personal budget. These choices will be considered in discussion with the service users, and their carer, to agree the type, range and amount of services that will be provided from this personal budget.
- 2.6 The cost of short breaks will be taken into account, in the resource allocation and personal budget processes, by calculating the likely annual cost of the short breaks and dividing this by 52 to calculate an assumed weekly cost (eg short breaks totalling £520 per year would have an assumed weekly cost of £10)
- 2.7 Where an individual requests a Direct Payment to meet their assessed needs for care, the same principles will apply as to those people opting to received support directly from Adult Social Care. The cost of short breaks will only be included in the Direct Payment where it is considered that the carer or service user is eligible for this support.
- 2.8 The provision of short breaks is subject to a charge under TSDHCT's Non-Residential Charging Policy. This policy may be reviewed from time to time, and changes may affect the charge which will be made for the provision of respite.
- 2.9 Short breaks can be offered in a wide variety of ways including:
- Breaks in specialist short break units (specialist guest houses, community flats, purpose-built or adapted houses);
  - Breaks in care homes;
  - Breaks in the home of another individual or family who have been specially recruited (such as adult placement schemes);
  - Breaks at home through a care assistant or sitting service;
  - Facilitated access to clubs, interest or activity groups;
  - Holidays;
  - Supported breaks for the person with care needs and their carer together;
  - Peer support groups ( e.g. For young carers);
  - Breaks in supported accommodation;
  - Breaks using self-directed support, for example, direct payments or managed care.
- 2.10 When a person has been assessed as eligible, Short Breaks can be funded by the Continuing Healthcare Funding Stream. In these circumstances decisions will be made the principles of reasonableness, fairness and equity. These services are not chargeable and all references to charging and social care legislation do not apply. However, the same principles of good practice and supporting carers will be central to the support planning in these cases.

### **3 Legal Framework**

#### **3.1 The Care Act 2015**

The Care Act replaces all the social care act legislation governing carer's rights.

The act comes into force in April 2015. With respect to supporting carers, it requires councils to assess any carer who appear to have needs for support.

The council must consider whether a carer is willing to care, the impact on their needs on wellbeing, the outcomes a carer wishes to achieve and if the provision of support could contribute to the achievement of these outcomes. It requires adult services to assess the needs of young carers and to ensure they extend carer's rights to the carers of disabled young people in transition.

#### **4 Aims of the policy**

The aims of this policy are to ensure that TSDHCT does as much as it can to support carers to sustain their caring role and help maintain their health and wellbeing. It intends to ensure equity of access to short breaks; to reflect national and local priorities and to underpin any future proposals for changes to the existing arrangements for access to and the provision of TSDHCT funded short breaks.

#### **5 Principles and Provision**

- 5.1 Following an assessment of need TSDHCT will only fund short breaks for FACS eligible needs identified at assessment.
- 5.2 Service Users and Carers will be encouraged to use their personal budget to purchase services best suited to them, chosen from a range of services.
- 5.3 Short breaks are an integral part of a whole support plan, and should not be treated as an 'add on' or 'separate' service. This principle is an essential component of TSDHCT's approach to its provision and will ensure fair access to short breaks.
- 5.4 This policy recognises that a reasonable charge will be applied for the provision of TSDHCT funded services. Such a charge will be calculated in accordance with a financial assessment under the TSDHCT Non-Residential Charging Policy.

#### **6 Implementation**

- 6.1 This policy will be applied from 1st April 2015 to any new adult health & social care service users. Existing service users will be informed individually when this policy will affect them; this would usually be at the time of their annual review or when their needs are reassessed.
- 6.2 Some existing service users may lose their eligibility for short breaks, or see it reduced, under this policy. However this will only happen following a full reassessment of a person's needs and circumstances. These cases will be considered sympathetically and the transition to new arrangements will be agreed with the individual carer, user and assessor.



## **7 Monitoring, Review and Reassessment**

- 7.1 Any impact this policy has had on the ability of carers to continue in their caring role, and to maintain their health and wellbeing, will be considered by assessing officers at a review or reassessment of the individual's needs.
- 7.2 An individual or their authorised representative can request a review of their social care assessment at any time. This should be undertaken at least annually.

If the individual disagrees with the assessment and wishes this to be reconsidered, then they should tell the operational team who carried out the assessment. If they are unable to resolve matters this way then they should contact TSDHCT's complaints team.

## **8 Complaints**

TSDHCT's Complaints Policy welcomes and responds positively to all comments, compliments and complaints as a means of demonstrating its commitment to working in partnership with individuals and carers.

## Equality Impact Assessment (EIA) – Short Breaks Policy

<b>Officer Name:</b>	<b>Joanna Williams</b>	<b>Position:</b>	<b>Operational Change Lead</b>
<b>Business Unit:</b>	<b>Operational Change</b>	<b>Directorate:</b>	<b>Operations</b>
<b>Executive Lead(s):</b>	<b>Cathy Williams</b>	<b>Date:</b>	<b>22/12/14</b>

Since the Equality Act 2010 came into force the council has continued to be committed to ensuring we provide services that meet the diverse needs of our community as well as ensure we are an organisation that is sensitive to the needs of individuals within our workforce. This Equality Impact Assessment (EIA) has been developed as a tool to enable business units to fully consider the impact of proposed decisions on the community.

This EIA will evidence that you have fully considered the impact of your proposal / strategy and carried out appropriate consultation with key stakeholders. The EIA will allow Councillors and Senior Officers to make informed decisions as part of the council's decision-making process.

### Executive Lead / Head Sign off:

<b>Executive Lead(s)</b>	<b>Cllr Scouler</b>	<b>Executive Head:</b>	<b>Steve Honeywill</b>
<b>Date:</b>		<b>Date:</b>	

## Section 1: Purpose of the proposal/strategy/decision

No	Question	Details
1.	<p><b>Clearly set out the proposal and what is the intended outcome.</b></p>	<p>The proposal is for a new Short Breaks Policy (The Policy) which will align current practice with the changes required under The Care Act. The Policy defines what a carer is under the legislation and ensures that The Council's legal duties are exercised appropriately.</p> <p>New arrangements for short breaks will be developed following agreement of The Policy and a subsequent options appraisal for the commissioning and delivery of services to meet the needs of carers in a person centred way.</p>
2.	<p><b>Who is intended to benefit / who will be affected?</b></p>	<p>The Short Breaks Policy underpins Torbay and Southern Devon Health and Care NHS Trust's (TSDHCT) (The Trust's) commitment to supporting carers to continue in their valuable role by ensuring access to a range of services which provide eligible carers with a break from their caring role.</p> <p>It affects all people who potentially may use short breaks – everyone receiving a care package in the community and their carers.</p>

## Section 2: Equalities, Consultation and Engagement

Torbay Council has a moral obligation as well as a duty under the Equality Act 2010 to eliminate discrimination, promote good relations and advance equality of opportunity between people who share a protected characteristic and people who do not.

The **Equalities, Consultation and Engagement** section ensures that, as a council, we take into account the Public Sector Equality Duty at an early stage and provide evidence to ensure that we fully consider the impact of our decisions/proposals on the Torbay community.

### Evidence, Consultation and Engagement

No	Question	Details
3.	Have you considered the available evidence?	The consultation response rate was very low and only one objection to the policy was received.

No	Question	Details
4.	<p data-bbox="163 116 472 220"><b>How will / have you* consulted on the proposal?</b></p> <p data-bbox="163 300 472 331"><i>*delete as appropriate</i></p>	<p data-bbox="562 116 2078 256">The consultation ran from Friday 19 December 2014 and closed on Friday 13 February 2015. TSDHCT was keen to seek views on the proposed new policy on short breaks in Torbay. The consultation provided an opportunity to comment on the draft policy. Our objective is to make the right decisions for individuals whilst also considering the tough choices we need to make in order to manage services on reduced budgets.</p> <p data-bbox="562 300 1406 331">Specifically we sought responses to the following questions:</p> <ul data-bbox="607 376 2096 517" style="list-style-type: none"> <li>• Whether you think we have taken all the facts and issues into account in our policy and if you think the policy is fair.</li> <li>• Any concerns you may have about any content or omission in the policy.</li> <li>• What support you would like if any changes were to go ahead.</li> </ul> <p data-bbox="562 560 1619 592">The public could respond with a completed feedback form by email or post.</p> <ul data-bbox="607 635 2123 1070" style="list-style-type: none"> <li>• A link on the front page of the Trust's website was live at the start of consultation on 19<sup>th</sup> December; this took the public directly to a copy of the policy and an electronic feedback form for ease of response.</li> <li>• The same information and way of responding was available via the Torbay Council website.</li> <li>• Hard copies of the policy and feedback form were available from the Trust engagement team, including a freepost envelope for response.</li> <li>• The January issue of the Carers "Signpost" newsletter also featured an article with regard to the Short Breaks consultation, including how to respond and encouraging carers to have their say in the process.</li> <li>• Also we utilised the carer's service electronic distribution of some 900 carers people so that the details of the consultation were circulated and so public awareness was raised and that it was clear how to respond to the policy proposal.</li> <li>• The information was also made available to Health watch so a link to the consultation could be included on their website to raise public awareness.</li> </ul>

No	Question	Details
5.	<b>Outline the key findings</b>	<p>Four written responses were received. A session was held with users of the In House Short Break Unit ( users, facilitated by Speaking Out Torbay) Two completed forms were returned.</p> <ul style="list-style-type: none"> <li>• Form One – Member of the public. Supportive, no concerns.</li> <li>• Form Two – Provider. Supportive, one concern about offering breaks to older people from managing their own care. Additional concern about younger people with a learning disability who need a break from their family environment.</li> </ul> <p>Two emails were received regarding the consultation:</p> <ul style="list-style-type: none"> <li>• Email One – Member of the public. Short breaks should be ring-fenced for carer, not included in the RAS. Opposes the proposals.</li> <li>• Email Two – Member of the public. Short breaks should include holidays.</li> <li>• Email Three – Member of the public. A suggestion that retreats should be available.</li> </ul> <p>In House Short Breaks unit feedback: Service users value Short Breaks and they enjoy the activities.</p>
6.	<b>What amendments may be required as a result of the consultation?</b>	None

## Positive and Negative Equality Impacts

No	Question	Details		
7.	<b>Identify the potential positive and negative impacts on specific groups</b>	<i>It is not enough to state that a proposal will affect everyone equally. There should be more in-depth consideration of available evidence to see if particular groups are more likely to be affected than others – use the table below. You should also consider workforce issues. If you consider there to be no positive or negative impacts use the 'neutral' column to explain why. <b>EVERY BOX MUST BE COMPLETED – if there is no impact please state either 'No Positive Impact' or 'No Negative Impact'.</b></i>		
		Positive Impact	Negative Impact	Neutral Impact
	Older or younger people		Overall care packages will be reduced by a strict adherence to the new policy's proposal that all short breaks be costed from within the Resource Allocation Service.	
	People with caring responsibilities		Overall care packages will be reduced by a strict adherence to the new policy's proposal that all short breaks be costed from within the Resource Allocation Service.	
	People with a disability		Overall care packages will be reduced by a strict adherence to the new policy's proposal that all short breaks be costed from within the Resource Allocation Service. This means that people with learning disabilities, in that particular, will find that a vacancy based generous allocation of short break vouchers will reduce.	
	Women or men			x
	People who are black or from a minority ethnic background (BME)			x

No	Question	Details	
	Religion or belief (including lack of belief)		X
	People who are lesbian, gay or bisexual		X
	People who are transgendered		X
	People who are in a marriage or civil partnership		X
	Women who are pregnant / on maternity leave		X
	Socio-economic impacts (Including impact on child poverty issues and deprivation)		X
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)		X
8a.	<b>Cumulative Impacts – Council wide</b> (proposed changes elsewhere which might worsen the impacts identified above)	<i>Are any cumulative impacts identified across your service area from proposals in other departments OR from other service areas? Please explain what these might be (you may need to revisit this section once proposals have been further defined)</i>  NONE	
8b.	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)	<i>Are any cumulative impacts identified across your service area from proposals in other public services or partner organisations? Please explain what these might be (you may need to revisit this section once proposals have been further defined)</i>  NONE	



### Section 3: Mitigating action

No	Action	Details
9.	<b>Summarise any negative impacts and how these will be managed?</b>	<p>There is potential negative impact to frail older people, carers and people with a disability</p> <p>This negative impact is the same, overall care packages will be reduced by a strict adherence to the new policy's proposal that all short breaks be costed from within the Resource Allocation Service. This means that people with learning disabilities, in that particular, will find that a vacancy based generous allocation of short break vouchers will reduce.</p> <p>The mitigation of this action is a commitment that all assessments are person centred, and allocated amounts based on need – with flexibility dependent on individual circumstances.</p>

### Section 4: Monitoring

No	Action	Details
10.	<b>Outline plans to monitor the actual impact of your proposals</b>	<p>The policy's impact on individuals will be monitored at individual review.</p> <p>New arrangements for short breaks will be developed and a subsequent options appraisal for the commissioning and delivery of services to meet the needs of carers in a person centred way.</p>

Section 5: Recommended course of action –

No	Action	Outcome	Tick	Reasons/justification for recommended action
11.	<p><b>State a recommended course of action</b>  <i>Policy is implemented as outlined above in Section 1</i></p>	<p><b>Outcome 1: No major change required -</b>  <i>EIA has not identified any potential for adverse impact in relation to equalities and all opportunities to promote equality have been taken</i></p>	✓	
		<p><b>Outcome 2: Adjustments to remove barriers –</b>  <i>Action to remove the barriers identified in relation to equalities have been taken or actions identified to better promote equality</i></p>		
		<p><b>Outcome 3: Continue with proposal -</b>  <i>Despite having identified some <u>potential</u> for adverse impact / missed opportunities in relation to equalities or to promote equality. Full justification required, especially in relation to equalities, in line with the duty to have ‘due regard’.</i></p>	✓	<p>The new policy is designed to address inequalities and operational difficulties in current policy and practice.</p> <p>We also need to address concerns in practice issues and concerns from carers:</p> <ul style="list-style-type: none"> <li>• A lack of provision in the residential market – this leads to problems with short break users finding a vacant bed to place their relative and means that forward planning is extremely difficult</li> <li>• Review of the existing short breaks voucher system which experiences problems in its application, due to inconsistencies in its application and provision problems (above)</li> <li>• Meeting the needs of very complex people, including</li> </ul>

				<p>those in receipt of Continuing Health Care</p> <ul style="list-style-type: none"> <li>• The use and efficiency of The Baytree Short Breaks Unit (in house provision).</li> </ul>
		<p><b>Outcome 4: Stop and rethink</b> – EIA has identified actual or potential unlawful discrimination in relation to equalities or adverse impact has been identified</p>		

**Quality Impact Assessment Tool**

<b>Project Title</b>	<b>Short Breaks Policy</b>
<b>Project Lead</b>	<b>Steve Honeywill</b>
<b>Project Start date</b>	<b>05/01/15</b>
<b>Date of QIA completion</b>	<b>16/02/15</b>
<b>Person completing QIA</b>	<b>Joanna Williams</b>
<b>Project Summary</b>	<p>The proposed Short Breaks Policy (The Policy) will be finalised by February 2015; it aligns current practice and the changes required under The Care Act. The Policy defines what a carer is under the legislation and ensures that The Council's legal duties are exercised appropriately.</p> <p>New arrangements for short breaks will be developed following consultation of The Policy and a subsequent options appraisal for the commissioning and delivery of services to meet the needs of carers in a person centred way.</p>

<b>CIP prediction</b>	CIP proposals will be linked to a future options appraisal, and are not appropriate at this stage
<b>Key issues raised in QIA</b>	The risk of negative publicity and public/media protest is the main concern in this project, as often occurs when services are modernised.

<b>Summary of Quality Impact Assessment</b> <i>(Total 21 Domains)</i>	<b>Outcome</b>	<b>Positive</b>	<b>Neutral</b>	<b>Negative</b>	<b>Not Applicable</b>
	<b>Number of Domains</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>9</b>

<b>Summary of Clinical Risk Assessment</b> <i>(risk matrix as below)</i>	<b>Impact</b>	<b>Likelihood</b>	<b>Risk Score</b>
	<b>3</b>	<b>2</b>	<b>6</b>

# 5x5 Clinical Risk Assessment Matrix

Assessment of Impact of Risk					
Impact	1 None	2 Minor	3 Moderate	4 Major	5 Catastrophic
Clinical safety	No impact on service user	Minimal impact on service user which could directly affect their experience but will have no foreseeable impact on health and wellbeing.	Moderate impact on service user which will directly affect their experience and will require amendment to their current care delivery model. This <b>may</b> affect health and wellbeing	Major impact on service user which will directly affect their experience and will require major changes to their current care delivery model. This <b>is likely to</b> affect the health and wellbeing of the individual and support network.	Significant impact on service user which will radically change their experience with a potential for significant adverse effect on their health and wellbeing. This <b>will affect</b> a number of service users, partner agencies and support systems.

Assessment of Likelihood of risk		
1	Rare	May occur in exceptional circumstances (1 in 1000 or less)
2	Unlikely	Could occur at some time (1 in 100 to 1 in 1000)
3	Possible	Might occur at some time (1 in 10 to 1 in 100)
4	Likely	Will probably occur in most circumstances (1 in 10 to evens)
5	Almost certain	Is expected to occur in most circumstances (evens to certain)

	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Certain
1 Minimal	1	2	3	4	5
2 Minor	2	4	6	8	10
3 Moderate	3	6	9	12	15
4 Major	4	8	12	16	20
5 Catastrophic	5	10	15	20	25

## Quality Impact Assessment Tool

### Quick Reference Guide

#### Patient Safety

What are the current patient safety concerns, if any?

How do you know that the service developments will be safe?

What measurement/metrics will you use to demonstrate safety?

**Any questions:**

Sue Ball  
sueball@nhs.net

#### Clinical Effectiveness

What clinical evidence demonstrates best practice?

How is this clinical evidence being used?

What more needs to happen to make sure best practice is achieved and patient outcomes improved?

**Any questions?**

Appropriate professional lead

#### Patient Experience and Involvement

What do patients and carers say about the current service?

How will patients be involved in the decision-making process?

How will the patient experience be monitored?

Will patient choice be affected?

Anticipated level of public support?

**Any questions?**

Jo Hooper  
joanne.hooper@nhs.net

#### Equality and Diversity

How accessible is the current service to all people defined by the 9 characteristics in the Equality Act 2010?

How will this accessibility be affected by the service developments?

How will future access to services be analysed and monitored?

**Any questions?**

Liz Tooby  
elizabeth.tooby@nhs.net

## Quality Impact Assessment tool

In healthcare, Quality includes patient safety, patient experience and clinical effectiveness. These domains include Equality and Diversity, Dignity and Respect and the effects of planned changes on workforce.

### What is a Quality Impact Assessment (QIA)?

This is a tool to help develop service change. It should be used at the *beginning* of a process to inform its development, ensuring that the core pillars of quality are covered and that the service is developed in a comprehensive way, based on rounded data and intelligence. The tool begins with some overarching questions in the quick reference guide. If there are any aspects of those questions which cannot be satisfactorily answered, there are prompts in the following workbook which will help provide assurance that the service is developing robustly. It is not a requirement that each section needs to be methodically worked through, but intended as a tool to help where there are gaps in knowledge or experience.

### Why undertake a QIA?

When a change to a service/care pathway is proposed, commissioners must ensure that the proposal has only **positive effects** on patient safety and patient experience, and are evidence based, and demonstrate best practice. Only then can we be assured of high quality care. Commissioners also need to demonstrate that issues of workforce planning, and skills transfer, together with education and training have been appropriately considered. This tool will enable commissioners to be assured that all essential factors are being considered and addressed through the development of service design.

### Who undertakes a QIA?

The team responsible for service design should begin the QIA at an early stage, to ensure compliance with statutory requirements. The Quality team are available to discuss any areas that need clarification or guidance.

### Ratings

Use the form to make notes from which the self-assessment rating can be determined. The QIA threshold result is designed to provide an assessment of the perceived impact that the service development will have on the quality of care delivered. Whatever the outcome of the threshold result, there may be individual indicators rated as having a negative impact on quality. In that case, due consideration should be given to all of these to establish how the scheme/plan could be changed to improve the quality impact or to ensure that on balance, the scheme is worth pursuing. In these cases, the reason for the decision to go ahead should be clearly documented.

### The QIA Threshold Key:

Outcome	Suggestion – the assessment suggests that this plan/scheme:
Negative	This development will have a negative impact
Neutral	There is no anticipated change in the impact of this development
Positive	This development will have a positive impact
Not applicable	This question is not relevant at this time

**Please take care when completing this assessment. A carefully completed assessment should safeguard against challenge at a later date.**



Patient Safety			
What is the potential impact of the service development on patient safety?	Use these prompts to help you comprehensively evaluate the plans	Information to inform self-assessment	Self-assessment
<p>What are the known patient safety issues within the current service?</p> <p>(as identified by national/local audits, SIRIs, incident trend analysis, complaints, CQC and other external inspections, staff observation/feedback)</p>	<p>Has the current safety of the service been evaluated and known patient safety risks identified?</p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Specific safety issues within this pathway or service.</li> <li>• Analysis of available data/information to identify themes and trends.</li> <li>• The way in which the planned changes will address the identified patient safety issues.</li> <li>• Impact on preventable harm.</li> </ul>	Not Applicable	N/A
<p>How will the planned changes to service provision provide evidence of improved or continued safe care?</p>	<p>What are the current assurances in place for reviewing this service – if it is a new service what mechanisms will be used?</p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Existing patient safety measures</li> <li>• Metrics to provide assurance that the changes made to the pathway/service are improving patient safety or reducing the risk of harm.</li> <li>• Processes to review patient safety measures to provide assurance.</li> </ul>	Not Applicable	N/A
<p>Have staffing, skill mix and workload issues been considered within the plans?</p>	<p>What assurances have the service providers given with regard to assessing their workforce requirements to deliver this service/pathway safely?</p> <p>Prompts to consider</p> <ul style="list-style-type: none"> <li>• Skill mix, recruitment activity, vacancy</li> </ul>	Not Applicable	N/A

	levels and turnover, staff training and education, appraisal and personal development planning, and staff feedback (e.g. national and/or local surveys)		
<b>Do the plans include changes to treatment involving medications, (including prescribing, administration or security)</b>	<b>What impact will the plans have on medicines security and have you received assurance as to how any risks will be mitigated?</b>  Prompts to consider <ul style="list-style-type: none"> <li>• Patient safety.</li> <li>• Competency in medicines administration.</li> <li>• Systems in place to ensure appropriate monitoring of patient outcomes/safety.</li> </ul>	Not Applicable	N/A
<b>Will the plans impact positively or negatively on the organisation's duty to protect children, young people and adults?</b>	<b>Protocols to consider include:</b> <ul style="list-style-type: none"> <li>• The NHS Constitution,</li> <li>• Partnership working,</li> <li>• Safeguarding children or adults</li> </ul>	Not Applicable	Neutral
<b>Do the planned changes require ratification through a governance process?</b>	<b>In the event of a legal challenge, how thorough is the ratification process?</b>  Prompts to consider <ul style="list-style-type: none"> <li>• Current statutes / professional standards e.g. Mental Capacity Act, Mental Health Act, Dangerous Drugs Act, Children's' Act, No Secrets, GMC, NMC etc</li> <li>• Involvement of the appropriate specialist</li> <li>• Responsible committees within each organisation and across the pathway <i>(Please note these may be outlined within the NICE Guidance)</i></li> </ul>	These changes will be subject to Policy approval processes and formal public consultation.	N/A

## Clinical Effectiveness

<p><b>Please look through the evidence required below and respond to those that relate to your service development.</b></p>	<p><b>Use these prompts to help you comprehensively evaluate the plans</b></p> <p><i><b>The CCG supports the use of NICE guidance where available and the use of NICE Quality Standards.</b></i></p>	<p><b>Information to inform self-assessment</b></p>	<p><b>Self-assessment</b></p>
<p><b>Are there NICE Guidance and/or Quality Standards associated with this business case/service change/redesign?</b></p>	<ul style="list-style-type: none"> <li>• Which NICE Quality Standards are identified?</li> <li>• If there is no relevant Quality Standard, has other accredited evidence been sourced? If yes, please state which.</li> <li>• If there is no relevant accredited evidence, will good practice be defined by carrying out research?</li> <li>• Are there protocols or guidelines written which specifies good practice?</li> </ul>	<p>None relevant</p>	<p>N/A</p>
<p><b>Are the planned changes or service re-design in line with the most up-to-date guidance ensuring the business case is evidence-based?</b></p> <p>NICE baseline assessment tool can be accessed from: <a href="http://www.nice.org.uk">www.nice.org.uk</a></p>	<ul style="list-style-type: none"> <li>• Has a baseline assessment against the recommendations/indicators been undertaken?</li> <li>• Does the plan reflect the Quality Standard Indicators?</li> <li>• Are there gaps?</li> <li>• If there are gaps, how will these be addressed?</li> </ul>	<p>This policy has been written to ensure compliance with The Care Act 2014 and Guidance.</p>	<p>Positive</p>
<p><b>Has the NICE commissioning Costing Tools been used?</b></p>	<ul style="list-style-type: none"> <li>• Use NICE costing tools alongside the guidance, where available. These can be accessed from: <a href="http://www.nice@org.uk">www.nice@org.uk</a></li> </ul>	<p>Not applicable</p>	<p>N/A</p>
<p><b>What plans are in place for clinical audit or evaluation once</b></p>	<ul style="list-style-type: none"> <li>• Audit against standards outlined in NICE guidance or professional</li> </ul>	<p>Not Applicable</p>	<p>N/A</p>

changes have been imbedded into practice?	standards. Use the NICE clinical audit tool where available <a href="http://www.nice.org.uk">www.nice.org.uk</a>		
Health Outcomes for patients	<ul style="list-style-type: none"> <li>• What are the expected health outcomes for patients?</li> <li>• How will the success against your expected health outcomes be measured?</li> <li>• How do these compare with other available treatment or care pathway alternatives?</li> </ul>	Not Applicable	N/A

### Patient Experience

What is the potential impact of the service development on patient experience?	Use these prompts to help you comprehensively evaluate the plans	Information to inform self-assessment	Self-assessment
What do patients and carers say about the current service?	Use positive and negative feedback from: <ul style="list-style-type: none"> <li>• PALS and complaints,</li> <li>• Patient Opinion,</li> <li>• surveys,</li> <li>• real time feedback,</li> <li>• focus groups,</li> <li>• LINK/Healthwatch.</li> </ul>	Carers have highlighted the following practice issues and concerns: <ul style="list-style-type: none"> <li>• A lack of provision in the residential market – this leads to problems with short break users finding a vacant bed to place their relative and means that forward planning is extremely difficult</li> <li>• Review of the existing short breaks voucher system which experiences problems in its application, due to inconsistencies in its application and provision problems (above)</li> <li>• Meeting the needs of very complex people, including those in receipt of Continuing Health Care</li> <li>• The use and efficiency of The Baytree Short Breaks Unit.</li> </ul>	Positive

<p><b>How will patients, carers and key stakeholders be involved in the decision-making process around the development of this service?</b></p>	<ul style="list-style-type: none"> <li>• At what point in the decision-making process will patients and public have a chance to influence the service development?</li> <li>• What methods will be used to involve patients, public and stakeholders?</li> <li>• Has advice been sought from the Strategic Public Involvement Group as to how best to manage this?</li> </ul>	<p>A full public consultation has been undertaken. The consultation ran from Friday 19 December 2014 and closed on Friday 13 February 2015. TSDHCT was keen to seek views on the proposed new policy on short breaks in Torbay. The consultation provided an opportunity to comment on the draft policy. Our objective is to make the right decisions for individuals whilst also considering the tough choices we need to make in order to manage services on reduced budgets.</p> <p>Specifically we sought responses to the following questions:</p> <ul style="list-style-type: none"> <li>• Whether you think we have taken all the facts and issues into account in our policy and if you think the policy is fair.</li> <li>• Any concerns you may have about any content or omission in the policy.</li> <li>• What support you would like if any changes were to go ahead.</li> </ul> <p>The public could respond with a completed feedback form by email or post.</p> <ul style="list-style-type: none"> <li>• A link on the front page of the Trust's website was live at the start of consultation on 19<sup>th</sup> December; this took the public directly to a copy of the policy</li> </ul>	<p>Positive</p>
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		<p>and an electronic feedback form for ease of response.</p> <ul style="list-style-type: none"> <li>• The same information and way of responding was available via the Torbay Council website.</li> <li>• Hard copies of the policy and feedback form were available from the Trust engagement team, including a freepost envelope for response.</li> <li>• The January issue of the Carers “Signpost” newsletter also featured an article with regard to the Short Breaks consultation, including how to respond and encouraging carers to have their say in the process.</li> <li>• Also we utilised the carer’s service electronic distribution of some 900 carers people so that the details of the consultation were circulated and so public awareness was raised and that it was clear how to respond to the policy proposal.</li> <li>• The information was also made available to Health watch so a link to the consultation could be included on their website to raise public awareness.</li> </ul>	
<p><b>How will the service development improve the patient experience?</b></p>		<p>Clarity over access to short breaks Equality of access to short breaks</p>	<p>Positive</p>

How will the patient experience of the new service be monitored?	<ul style="list-style-type: none"> <li>How will feedback be collected?</li> <li>Who will be analysing it and when?</li> </ul>	Through personal review and planned user engagement	Neutral
Will patient choice be affected?	<ul style="list-style-type: none"> <li>Will choice be reduced, increased or stay the same?</li> <li>Do the plans support the compassionate and personalised care agenda?</li> </ul>	Patient choice will be increased	Positive
What level of public support for this service development is anticipated?	<p>Do you expect people to:</p> <ul style="list-style-type: none"> <li>be supportive,</li> <li>be a little concerned or</li> <li>contact their MP or the press as a result of their objections?</li> </ul>	There is potential for a negative response to the policy which, in practice, has the potential to reduce the care packages of some users.	negative
<p><b>Need a tool to help you?:</b>  <a href="http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_perspectives.html">http://www.institute.nhs.uk/quality_and_service_improvement_tools/quality_and_service_improvement_tools/patient_perspectives.html</a></p>			

Equality and Diversity			
What is the potential impact of the service development on equality and diversity?	Use these prompts to help you comprehensively evaluate the plans	Information to inform self-assessment	Self-assessment
How accessible is the current service to people defined by the 9 characteristics in the	<ul style="list-style-type: none"> <li>What kind of monitoring data is available to understand the current profile of patients who use the service?</li> <li>Has any research been done to look at</li> </ul>	Short Breaks are accessed via assessment,, which is designed to address individual need and fund short breaks accordingly.	Positive

<p><b>Equality Act 2010?</b></p> <ul style="list-style-type: none"> <li>• Age</li> <li>• Disability</li> <li>• Gender re-assignment</li> <li>• Marriage and civil partnership.</li> <li>• Pregnancy and maternity</li> <li>• Race including nationality and ethnicity</li> <li>• Religion or belief</li> <li>• Sex</li> <li>• Sexual orientation</li> </ul>	<p>whether different groups have different needs, experiences, issues and priorities in relation to the service development?</p> <ul style="list-style-type: none"> <li>• Are there currently any problem areas for equality of access?</li> </ul>		
<p><b>What is the expected impact of this service development for people defined by the above characteristics?</b></p>	<ul style="list-style-type: none"> <li>• Have potential access issues been considered?</li> <li>• If the service development will have an impact on any of these groups, how will equality of access or care be addressed?</li> <li>• What mechanisms will be in place to evaluate continuing accessibility?</li> </ul>	<p>There is potential negative impact to frail older people, carers and people with a disability due to the reduction of funding.</p> <p>This negative impact is the same for these three groups; that overall care packages will be reduced by a strict adherence to the new policy's proposal that all short breaks be costed from within the RAS.</p> <p>This means that people with learning disabilities, in particular, may find that their historical vacancy based allocation of short break vouchers will reduce.</p> <p>The mitigation of this action is a commitment that all assessments are person centred, and allocated amounts based on need – with flexibility dependent on individual circumstances.</p>	<p>Negative</p>



<b>How will accessibility be monitored?</b>	<ul style="list-style-type: none"> <li>• How will monitoring information be used to understand access issues?</li> <li>• Who will be responsible for monitoring?</li> </ul>	Through delivery of personal outcomes Contract monitoring of providers	Positive
<b>Have you considered other groups and how your planned changes might impact on them:</b> <ul style="list-style-type: none"> <li>• People with Dementia</li> <li>• Migrant workers,</li> <li>• Homeless individuals and families,</li> <li>• Sex workers,</li> <li>• Gypsies and travellers,</li> <li>• Rurally isolated,</li> <li>• Low socio-economic status,</li> <li>• People who may find it hard to access the service or are difficult to reach and talk to.</li> </ul>	<ul style="list-style-type: none"> <li>• Has access from marginalised groups been considered in the development of this service?</li> <li>• If there are any issues arising, how will these be addressed?</li> </ul>	None identified This policy is designed to ensure equality of access to short breaks	Neutral

<b>Title:</b>	<b>Short Breaks Policy Public Consultation</b>		
<b>Report to:</b>	Care Trust Executive Team/Trust Board and Torbay Council		
<b>Prepared By:</b>	Steve Honeywill, Head of Operational Change. Jo Williams Operational Change Lead.	<b>Contributors:</b>	
<b>Date Prepared:</b>	16 <sup>th</sup> February 2015	<b>Date of Meeting:</b>	16 <sup>th</sup> February 2015

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### 1. Introduction and purpose

In December 2014 Torbay and Southern Devon Health and Care NHS Trust (TSDHCT) made the decision to undertake a public consultation with respect to a policy for Short Breaks with a view to this becoming operational from the 1<sup>st</sup> April 2015.

The policy reflects TSDHCT's continued commitment to supporting carers in Torbay in their valuable role by ensuring they have access to a range of support and services. This can include providing eligible carers with funding for a short break in a variety of forms. TSDHCT has been carefully considering how best to ensure our policy on short breaks is fair and transparent. We also wish to make sure we are prepared for The Care Act, which comes into force with regards to carer's rights, in April 2015.

We want to make the right decisions for individuals whilst also considering the tough choices we need to make in order to manage services on substantially reduced budgets and a financial savings have to be delivered from this approach as part of the 2015/16 budget agreed by Torbay Council. The draft policy thus has the support of TSDHCT and Torbay Council.

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### 2. Background and context

The draft policy sets out the way in which we are proposing to assess for short breaks in the future. Our approach is centred on these key principles:

The policy underpins TSDHCT commitment to supporting carers to continue in their valuable role by ensuring access to a range of services which provide eligible carers with a break from their caring role. This has to be balanced in the context of limited resources to provide these opportunities.

Short breaks can have a variety of forms.

- The policy recognises that a carer is someone who provides unpaid help and support to a relative or friend who could not manage without their help. This could be due to age, physical or mental illness, addiction, disability or other vulnerability.
- Access to short breaks is based on assessment and will be provided for people whose needs are eligible under National Eligibility Criteria Guidance.

- Short breaks are considered as part of the Resource Allocation Service, and provided directly or via a personal budget/direct payment.
- Short breaks encompass a wide range of different short term services. The common factor is not what service is provided but its purpose - to provide a break or the carer which helps them to sustain the caring relationship and which is a positive experience for the carer and the person with care needs.
- Adult Social Care and Health funding provide short term solutions through a variety of options to the carers of people with learning disabilities, people with mental health problems, people with physical disabilities, people with substance misuse issues, older people and other vulnerable adults across TSDHCT. This policy outlines how we will move towards a consistent and equitable way of all client groups in the provision of Social Care and Health funded short breaks.
- Current policy for the provision of adult health and social care is aimed at promoting the maximum possible choice and control for service user and their carer(s). This policy sets the mechanism by which a carer's need for short breaks can be met best through services provided to the user and/or a personal budget provided directly to them.
- The policy rests upon a general assumption and expectation that short breaks are services provided directly to the service users in order to provide the carer with a break from caring. As such they are treated as a service for the service user.
- Services provided to the service user are subject to financial assessment. This is undertaken as outlined by the Fairer Contributions Policy and the Fair Access to Care Services Policy Eligibility Framework and Guidance.

Thus the proposed policy sets the framework for the approach to Short Breaks agreed by TSDHCT and Torbay Council.

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### **3. Consultation Methodology**

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The consultation ran from Friday 19 December 2014 and closed on Friday 13 February 2015. TSDHCT was keen to seek views on the proposed new policy on short breaks in Torbay. The consultation provided an opportunity to comment on the draft policy. Our objective is to make the right decisions for individuals whilst also considering the tough choices we need to make in order to manage services on reduced budgets.

Specifically we sought responses to the following questions:

- Whether you think we have taken all the facts and issues into account in our policy and if you think the policy is fair.
- Any concerns you may have about any content or omission in the policy.
- What support you would like if any changes were to go ahead.

The public could respond with a completed feedback form by email or post.

- A link on the front page of the Trust's website was live at the start of consultation on 19<sup>th</sup> December; this took the public directly to a copy of the policy and an electronic feedback form for ease of response.
- The same information and way of responding was available via the Torbay Council website.
- Hard copies of the policy and feedback form were available from the Trust engagement team, including a freepost envelope for response.
- The January issue of the Carers "Signpost" newsletter also featured an article with regard to the Short Breaks consultation, including how to respond and encouraging carers to have their say in the process.

- Also we utilised the carer's service electronic distribution of some 900 carers people so that the details of the consultation were circulated and so public awareness was raised and that it was clear how to respond to the policy proposal.
- The information was also made available to Health watch so a link to the consultation could be included on their website to raise public awareness.

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#### **4. Consultation findings**

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Five written responses were received. In addition, a session was held with users of the In House Short Break Unit (Four service users, facilitated by Speaking Out Torbay)

Two completed forms were returned:

- Form One – Member of the public. Supportive, no concerns.
- Form Two – Provider. Supportive, one concern about offering breaks to older people from managing their own care. Additional concern about younger people with a learning disability who need a break from their family environment.

Two emails were received regarding the consultation:

- Email One – Member of the public. Short breaks should be ring-fenced for carer, not included in the RAS. Opposes the proposals.
- Email Two – Member of the public. Short breaks should include holidays.
- Email Three – Member of the public. A suggestion that retreats should be available.

In House Short Breaks unit feedback: Service users value Short Breaks and they enjoy the activities.

The consultation response rate was low and only one objection to the policy was received (email one).

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#### **5. Conclusions & Recommendations**

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Recommendation:

1. TSDHCT Executive and Torbay Council to authorise the Short Breaks Policy. For implementation by operational staff from 1<sup>st</sup> April 2015.



**Meeting: Council**

**Date: 26 February 2015**

**Wards Affected: All**

**Report Title: Torbay Youth Services – The Way Forward**

**Executive Lead Contact Details: Ken Pritchard, Executive Lead for Children, 07791 598091, [ken.pritchard@torbay.gov.uk](mailto:ken.pritchard@torbay.gov.uk)**

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## **1. Purpose and Introduction**

1.1 The purpose and introduction are drawn from the report that was presented to Council on the 26<sup>th</sup> September 2013, as follows:-

- Our vision for Torbay young people is, like theirs, ambitious. Our support services for young people are based on the principles that young people feel part of their community, are welcomed and involved in services, have access to quality provision relevant to their needs and with demonstrable benefits, and find the solutions they need and positive ways forward.
- Sustaining services for young people within the current financial environment is increasingly challenging. The Local Authority needs to think and act differently in order to meet its statutory responsibilities and achieve best value.
- This report, endorsed by Officers from the council and representatives from the voluntary and community sector across Torbay, sets out a proposal to deliver sustainable change in the way services for young people are delivered.
- The proposal will shift the current thinking and delivery model away from the local authority by investing in the Voluntary and Community Sector with Young People being at heart of shaping the future of services. This builds on the success that has been achieved with the Neighbourhood Youth Grant scheme.
- The new delivery model will enable alternative funding solutions to be used that are inaccessible by the Local Authority.

1.2 The decision of Council in September 2013 was to support the creation of a Torbay Youth Trust and the development of a full business plan. This report outlines the business plan.

## 2. Proposed Decision

- 2.1 That the creation of a Torbay Youth Trust and TUPE of existing youth service staff to the Trust from 1 June 2015 be approved.
- 2.2 That the Executive Head of Commercial Services be given delegated authority to agree the terms of the lease and/or procurement arrangements for the transfer of the Parkfield site (the new build), BMX and Skateboard Park to the Torbay Youth Trust.
- 2.3 That up to £70,000 be allocated from the Comprehensive Spending Review Reserve to support the set up costs of the Torbay Youth Trust.

## 3 Reason for Decision

- 3.1 Following the decision by Council to support the formation of a Youth Trust in September 2013 and further consultation with local organisations, a submission was made to the Cabinet Office, Mutual Support Programme in May 2014. Following deliberation and an exhaustive evaluation process by Cabinet Office, this was surveyed and a team of consultants were allocated to assess the proposals and recommend the way forward. The final business plan was delivered on the 16<sup>th</sup> January 2015 and the recommendations and financial model are incorporated in this report.
- 3.2 The business plan was formulated by a group of consultants called Metavalue who were engaged through Cabinet Office (this is set out at Appendix 2 to this report). Their work to develop the plan is included:-
  - Workshops with all staff, including question and answers.
  - Workshop to define services, customers, costs and income.
  - Stakeholder engagement workshop that included Sanctuary Housing, Sky Blue, Play Torbay, Youth Genesis, Careers South West, Totally Teenagers and ROC. The aim of the workshop was to engage all voluntary sector agencies in the area in developing ideas for the Youth Trust and services for young people in the area.
  - Review of property options
  - Engagement with the Local Authority Pensions Lead.
  - Engagement with the Local Authority Procurement Lead
  - Introduction with HR Lead. Workstream will commence following the approval of the business case.
  - Market research to understand what does success look like in the Youth Services sector. This has involved interviews with Onside (Charity behind six successful Youth Zones including Bolton Lads & Girls and Wigan Youth Zone among others, visited by over 350,000 young people every year) as well as award-winning Youth Charities such as IntoUniversity and The Clement James Centre.
  - Visit to Onside's Wigan Youth Zone and interview with Jerry Glover, founder and recognised sector leader with 40 years' experience and Kathryn Morley, Onside Chief Executive.
  - Market research into approaches taken by other youth mutuals including Knowsley and EPIC CIC.

The key elements of the business plan are included within the report.

3.3 The key benefits of the creation of a Youth Trust in Torbay, as identified by the consultants are:

- Provide a model to continue and significantly improve Youth Services provision whilst simultaneously realising savings for the Council.
- Create a more sustainable financial model with less reliance on council funding.
- Access new funding streams e.g. trusts, foundations, public sector contracts, fundraising from individuals, the local community and businesses.
- Foster collaboration and brings the whole community together to play their part in Youth Services – young people, partner organisations, employees, the local community, businesses as well as the Council can all play their part.
- Realise value and opportunity of Parkfield site – Opportunity to significantly expand range of services provided to young people and at Parkfield site.
- Opportunity for co-delivery with partner organisations.
- Marry core strength of existing team – service delivery – with expertise around fundraising and income growth.

3.4 The Business Plan sets out the opportunity to create a charitable Trust to deliver non-statutory Youth Services across Torbay in line with leading successful models within the Youth sector. Youth Services and the Young Carers Services are currently delivered in-house by Torbay Council with Youth Services delivered at Parkfield. There is considerable expertise within the teams with highly-trained and competent staff however there are also significant financial challenges. In addition Parkfield, whilst an important asset, is not currently realising its potential.

The proposal is to create a Youth Trust, incorporated as a Charity, to deliver the current services back to the Council under a 5 year agreement. In addition the Trust will take on the lease (or a peppercorn rent) of Parkfield. Key to success will be the establishment of an operational and legal and governance structure which is effectively a “funding engine” to drive growth. This will allow the Trust to move the best practise model of £1m income for the centre with 40% reliance on Council funding. This will both deliver savings to the Council and provide significant room and scope for increasing service provision.

3.5 Key to success will be establishing a new operational and legal and governance structure which will drive growth, develop new services, foster collaboration across the bay and raise funds. This will include:-

- A Board of Trustees - responsible for the strategic oversight and development of the Youth Trust. To include the CEO, a Council representative, an elected employee representative, a Treasurer and private sector expertise.
- A Development Board solely focused on bringing in the funds and income through opening doors, networks and providing their specialist expertise in their respective fields to support specific functions of the Trust e.g. Marketing, Fundraising, Finance, Public Sector bids etc.
- A Stakeholder Board made up of key delivery partners for the Trust, including the partners supporting the development of MyPlace Centre as the focal point of

service delivery for young people. It will also include customer representation including a young people representative and a schools representative.

- A new management team comprising a CEO, to set the strategic vision, a Head of Service Delivery and a dedicated Fundraiser.

3.6 From the Council perspective this model will deliver immediate savings i.e. in Years 1 and 2 as laid out in the current financial plans as well as savings in the longer term, estimated in the business plan to be 5% in year one and 10% in the subsequent four years (10% in all five years for the grants scheme), down to £330,000 from a starting of £526,000 this financial year. Moreover, pulling together partners in the Voluntary and Community Sector it will help **improve the youth offer** for Torbay and deliver **better services and outcomes for young people** in the area. The figures below are in £,000.

<b>Scenario 2 - Upper Case</b>		<b>As Is</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Year 4</b>	<b>Year 5</b>	<b>Total</b>
1	Income							
2	Council	Option 2 £ 526	£ 476	£ 452	£ 407	£ 366	£ 330	£ 2,031
3	Transfer of Capital Funding		£ 50					£ 50
4	Donations/Funding		£ 50	£ 100	£ 150	£ 200	£ 250	£ 750
5	Trading/Other	£ 39	£ 50	£ 55	£ 60	£ 65	£ 75	£ 305
6	<b>Total Income</b>	<b>£ 565</b>	<b>£ 626</b>	<b>£ 607</b>	<b>£ 617</b>	<b>£ 631</b>	<b>£ 655</b>	<b>£ 3,136</b>
7	Costs							
8	As Is Costs:-							
9	People Costs	£ 342	£ 266	£ 280	£ 300	£ 320	£ 342	£ 1,508
10	Building	£ 108	£ 76	£ 76	£ 76	£ 76	£ 76	£ 380
11	Grant Pot	£ 110	£ 100	£ 90	£ 81	£ 73	£ 66	£ 410
12	Other External	£ 42	£ 42	£ 42	£ 42	£ 42	£ 42	£ 210
13	Internal Infrastructure	£ -	£ -	£ -	£ -	£ -	£ -	£ -
14	<b>Subtotal As Is Costs</b>	<b>£ 601</b>	<b>£ 484</b>	<b>£ 488</b>	<b>£ 499</b>	<b>£ 511</b>	<b>£ 526</b>	<b>£ 2,508</b>
15	Incremental Costs:-							
16	Infrastructure Services Bought In	£ -	£ -	£ -	£ -	£ -	£ -	£ -
17	Building Set Up	£ 50						£ 50
18	Insurance	£ 20	20	20	20	20	20	£ 100
19	Management Team	Option 2 £ 72	£ 96	£ 96	£ 96	£ 96	£ 96	£ 456
20	<b>Subtotal Incremental Costs:-</b>	<b>£ -</b>	<b>£ 142</b>	<b>£ 116</b>	<b>£ 116</b>	<b>£ 116</b>	<b>£ 116</b>	<b>£ 606</b>
21	<b>Total Costs</b>	<b>£ 601</b>	<b>£ 626</b>	<b>£ 604</b>	<b>£ 615</b>	<b>£ 627</b>	<b>£ 642</b>	<b>£ 3,114</b>
22	<b>Surplus/(Funding Gap)</b>	<b>£ 36</b>	<b>£ -</b>	<b>£ 3</b>	<b>£ 2</b>	<b>£ 4</b>	<b>£ 13</b>	<b>£ -</b>

3.7 The above costings are built upon the performance of similar projects elsewhere in the Country and scaled to reflect the situation within the Youth Service and Parkfield in Torbay. They include the existing Youth Service and Young Carers staff with the addition of a new Chief Executive of the Trust (full time), an operational manager and a fund raiser (both on a part time basis). The Consultants who have undertaken the review of Torbay Youth Services and provided the Business Plan recommended that the Local Authority continue to provide a base level of funding for the Trust. However given the current financial situation and the future direction of funding this should be kept under review based upon the success of the Trust in attracting alternative funding options.

3.8 Discussions are currently ongoing regarding the costs of transferring staff pensions and the disaggregation of Parkfield from the Council insurance in year one. It is estimated this would be a one-off payment and be no more than £70,000. There would also need to be a clear line drawn to delineate responsibility between the old Parkfield site and that



covering the new Parkfield. It is proposed that the old building and the full grounds remain with the Council and the skateboard area, BMX track and the new building transfer to the Trust.

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## **Supporting Information**

### **4 Possibilities and Options**

- 4.1 Through the development of this proposal a wide range of options have been considered by the Consultants before arriving at the conclusions presented in this report. The proposal is based upon best practice within the provision of a Youth Service on a national basis in the current financial climate. It marries this to the local expertise of Torbay, opportunities in Torbay and the aspirations of Young People.
- 4.2 Consideration of other alternatives have failed to provide one or the other of these, maybe working towards a viable alternative use for the Parkfield site but being unable to demonstrate how this would cater for the aspirations of young people in Torbay.
- 4.3 The proposal works in parallel with the Community Development Trust that remains the infrastructure organisation for the community and voluntary sector. The proposed Youth Trust for Torbay is a service provider and the two will need close links in future years as they grow and evolve.

### **5 Fair Decision Making**

- 5.1 The previous report to Council in September 2013 demonstrated extensive consultation and this report highlights the continuation of this process.

### **6 Public Services (Social Value) Act 2012**

- 6.1 The report endorses the principles of the Public Services (Social Value) Act by building on the value of working in partnership with the community and voluntary sector and feeling the additional benefits.

### **7 Risks**

- 7.1 The risk if this proposal is not adopted is that potential opportunities to bring money in to youth services through currently unavailable funding streams will be missed. In addition, the opportunity to collaborate more effectively and adopt a more diverse model of governance and delivery may fall by the way, losing much of the momentum that has been gained to date.
- 7.2 If the Trust does not receive the anticipated donations and grants the Council will need to re-consider its position and explore the possibility of a potential lease of the Parkfield site to a private provider.

7.3 An Equality Impact Assessment is included at Appendix 1.

**Appendice**

Appendix 1 Equality Impact Assessment

Appendix 2 Business Plan

## **Additional Information**

Family Information website listing funding allocations

<http://www.torbay.gov.uk/index/yourservices/fis/torbayyouthservice/youthactivities/youthactivities1314.htm>

# Equality Impact Assessment (EIA): Torbay Youth Trust – The Way Forward

<b>Name (Key Officer/Author):</b>	Richard Williams	<b>Business Unit:</b>	Children's Services
<b>Position:</b>	Director of Children's Services	<b>Tel:</b>	208401
<b>Date:</b>	12/02/15	<b>Email:</b>	Richard.williams@torbay.gov.uk

Since the Equality Act 2010 came into force the council has continued to be committed to ensuring we provide services that meet the diverse needs of our community as well as ensure we are an organisation that is sensitive to the needs of individuals within our workforce. This Equality Impact Assessment (EIA) has been developed as a tool to enable business units to fully consider the impact of proposed decisions on the community.

This EIA will evidence that you have fully considered the impact of your proposal / strategy and carried out appropriate consultation with key stakeholders. The EIA will allow Councillors and Senior Officers to make informed decisions as part of the council's decision-making process.

## Executive Lead / Head Sign off:

<b>Executive Lead(s)</b>		<b>Executive Head:</b>	
<b>Date:</b>		<b>Date:</b>	

## Relevance Test – 'A Proportionate Approach'

Not all of the proposals or strategies we put forward will be 'relevant' in terms of the actual or potential impact on the community in relation to equality and vulnerable groups. For instance, a report on changing a supplier of copier paper may not require an EIA to be completed whereas a report outlining a proposal for a new community swimming pool or a report proposing a closure of a service would.

Therefore before completing the EIA please answer the following questions. If you answer 'yes' to any of the questions below you must complete a full EIA.

1)	<b>Does this report relate to a key decision?</b>	Y√	N <input type="checkbox"/>
2)	<b>Will the decision have an impact (i.e. a positive or negative effect/change) on any of the following:</b> <ul style="list-style-type: none"> <li>• <b>The Community (including specific impacts upon the vulnerable or equality groups)</b></li> <li>• <b>Our Partners</b></li> <li>• <b>The Council (including our structure, 'knock-on' effects for other business units, our reputation, finances, legal obligations or service provision)</b></li> </ul>	Y√ Y√ Y√	N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/>

## Section 1: Purpose of the proposal/strategy/decision

No	Question	Details
1.	<p><b>Clearly set out the proposal and what is the intended outcome?</b></p>	<p>The proposal is that existing youth services currently delivered by the Local Authority is delivered and developed through an alternative structure, a Youth Trust, which will be a charitable trust. This proposal would bring cohesion to the youth sector as a whole, offering opportunities for joint working with community and voluntary groups and also with commercial partnerships such as Brixham YES, The Children’s Society or local businesses towards greater youth training and employment for example. The proposal would create a separately constituted organisation through which the Local Authority and Partners can deliver key and critical priority services such as those for young people at risk of teenage pregnancy or risk of youth unemployment and through which it can develop a youth strategy (Youth Offer) led by an independent, sector-based organisation.</p> <p>The changes would be in the governance arrangements for youth services planning and delivery, and in the capacity of a new organisation to access funding streams currently unavailable to the Local Authority. In addition, in-house services that continue to provide for our young people in Torbay will be managed through the new delivery organisation, with staff being transferred across through TUPE arrangements where appropriate.</p> <p>Key objectives of the Youth Trust will be to:</p> <ul style="list-style-type: none"> <li>• Sustain and develop services for young people that are critical to ensuring they reach their potential. This means that they are healthy, happy, informed and skilled and can contribute positively to their social and economic landscape.</li> <li>• Enable greater involvement by young people and their communities in the design and delivery of services that they will use.</li> <li>• Enable a more flexible and diverse sector capable of adding value to services for young people.</li> </ul> <p>In order to maximise the potential to develop services through the new Youth Trust, Parkfield Youth Centre will be leased to the new organisation. The new Youth Trust will work under contract to the Local Authority to deliver services and will additionally source income streams that see a council contribution reduce year on year for the five year term of the agreement. Other organisations, such as Careers South West, aligned with a youth priorities agenda will be offered space to work within Parkfield under the Youth Trust.</p>
2.	<p><b>Who is intended to benefit / who will be affected?</b></p>	<p>Young people receiving services will be affected in the longer term through an improvement in the range of partners involved in the delivery of their services and in the development of services. In the short term, the contracted services will be maintained at their existing level.</p>

No	Question	Details
		<p>It is anticipated that the potential increase in funding opportunities may also extend the range of services, and will support the sustainability of services for youth that may be vulnerable within future budget setting exercises. However, there is a risk that services will diminish if the Youth Trust cannot source additional funding.</p> <p>Staff delivering on-going services will be impacted in that they will be directly employed by a Youth Trust rather than the Local Authority. Under the TUPE regulations, terms and conditions for these staff will be protected on transfer.</p> <p>The Community and Voluntary Sector will benefit in having a more formal profile in which to operate where they become members of the Youth Trust. Opportunities will be more readily available for co-operative working and to consolidate services and to develop new areas of service delivery within the Trust.</p> <p>Young people are intended to benefit from a broader youth offer. Other services co-working and using Parkfield are likely to deliver services to meet the needs of young people, bringing further benefit.</p>

## Section 2: Equalities, consultation and engagement

Torbay Council has a moral obligation as well as a duty under the Equality Act 2010 to eliminate discrimination, promote good relations and advance equality of opportunity between people who share a protected characteristic and people who do not.

The **equalities, consultation and engagement** section ensures that, as a council, we take into account the Public Sector Equality Duty at an early stage and provide evidence to ensure that we fully consider the impact of our decisions / proposals on the Torbay community.

### Evidence, consultation and engagement

No	Question	Details
3.	Have you considered the available evidence?	<p>In Torbay, according to the Census 2011 (ONS) there were 27,630 young people aged 0-19, accounting for 21.1% of the whole population.</p> <p>Issues particularly relevant for young people in Torbay include:</p> <ul style="list-style-type: none"> <li>• Employment opportunities and low paid work with 3% of people aged under 25 claiming state benefits compared to 2.3% nationally and 1.9% for the South West (source: Nomis, ONS)</li> <li>• Health and lifestyle issues such as the relatively high teenage conception rate – in 2011 for Torbay the rate of teenage conceptions per 1,000 women under 18 was 53.1, compared to 30.7 for England (source ONS)</li> </ul> <p>In spite of this, most of our young people have good school attainment, there is a comparatively low rate of those not in education, employment or training, at below 6% yearly, and the highest participation rate in the region (NEET).</p> <p>Young people using Parkfield have been routinely involved in the Executive Board and will continue to be represented within the new Organisation within the proposed governance structure, contributing to decision making around operational services and also supporting development of the Trust through fundraising and awareness campaigns.</p>

No	Question	Details
4.	<b>How have you consulted on the proposal?</b>	<p>In February 2013, a full range of stakeholders (staff, service providers, Councillors) were invited to attend a Visioning Day where views were sought about the future of youth services and a youth offer. Over 60 attendees from the community and voluntary sector and across youth associated sectors attended the day. This contained not only local information, but was supported by the consultant for the National Lottery who had overseen the My Place centres including Parkfield. In addition, a national youth delivery charity, Catch 22 attended to put Torbay's situation into a national context. At the end of the Visioning Day, all attendees had contributed to an overall vision, and over twenty people stated their desire to remain engaged in progressing a Youth Offer in Torbay.</p> <p>A small reference group was set up with members of the Liberal Democrats, the Conservative Party and the non-Coalition party who agreed to support the progression of the preferred model for delivery, which was the establishment of a Youth Trust. This group has met twice, predominantly looking at where to access funding in support of establishing a new delivery organisation.</p> <p>The Cabinet Office funded two prospective members of the Youth Trust to attend a business course prior to applying for funding support to develop a business case. The business plan has been completed and staff have been consulted with as well as stakeholders in the development of this.</p> <p>A proposal for the funding of the Youth Trust has been discussed with the Conservative group, the Liberal Democrat group as well as the non-Coalition group. This has also gone to the Integrated Executive Group for consideration.</p> <p>Young people have been consulted in two consecutive years around sufficiency and their views of services. There were 155 responses in year one and 152 in year two. The general response indicated a high satisfaction with youth provision and a good rate of access taking account of geography, finance and diversity. Many responses included views about Parkfield as a facility: most evidence a satisfaction with the service it provides while others indicate that there is not enough on offer there and insufficient staff.</p> <p>Consultation in general supports the need to retain a focal point for youth services and indicates a reality that youth provision is likely to diminish due to budgetary constraints without this change.</p> <p>Young people will be asked to complete a third Youth Offer questionnaire in June 2015 and will be engaged in the development of services within the new Youth Trust</p>



No	Question	Details
5.	Outline the key findings	This information is included in section 4 above
6.	What amendments may be required as a result of the consultation?	<p>The consultation process described above led to amendments as the process developed. A summary of these are:</p> <ul style="list-style-type: none"> <li>• A report was submitted to the Cabinet Office to obtain funding to develop a business case.</li> <li>• There will be consideration as to how the new organisation can embrace a whole community approach and maximise opportunities through the tourist industry while maintaining a focus on delivering excellent services for young people.</li> </ul>

### Positive and negative equality impacts

No	Question	Details		
7.	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	<p>Older people - No direct Impact</p> <p>Younger people may see more diverse services which meet their needs and may be more engaged in design and delivery. Services for young people may be more sustainable in the longer term.</p>	<p>Older people - No direct Impact</p> <p>Younger people may see existing services change causing interruption. There is a risk that services will diminish if the Trust cannot attract funding.</p>	
	People with caring Responsibilities	<p>Services for Young Carers will be included within the Trust arrangements. A contract with the Local Authority/Youth Trust will define the services to be delivered. Provision may increase through access to different funding streams.</p>	<p>Funding may reduce if the Service cannot attract additional funding. There needs to be a review of potential income to mitigate this risk including seeking to reclaim some costs from beneficiary services such as schools.</p>	
	People with a disability			No differential impact

No	Question	Details	
	Women or men		No differential impact
	People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>		No differential impact
	Religion or belief (including lack of belief)		No differential impact
	People who are lesbian, gay or bisexual		No differential impact
	People who are transgendered		No differential impact
	People who are in a marriage or civil partnership		No differential impact
	Women who are pregnant / on maternity leave		No differential impact
	Socio-economic impacts (Including impact on child poverty issues and deprivation)	The ability to access external funding unavailable to the Local Authority will enable the Trust to develop areas of work that will positively affect deprivation.	If services are reduced then there is a potential impact on child poverty if those young people most in need of support cannot access this, resulting in poorer health, social and education outcomes. The Trust needs to be clear as to which services most critically address deprivation and to be tasked to build this into core business, using the same young people to help design services.
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	The ability to access external funding currently unavailable to the Local Authority will enable the Trust to develop areas of work that will support healthy lifestyles, thereby having a positive impact on general	If services are reduced then there is a potential impact on the ability to support young people in developing and maintaining healthy styles i.e. physical activity, teenage conceptions.

No	Question	Details	
		health. There is a good opportunity to combine commissioning arrangements within the Trust benefiting health outcomes in general.	
8.	<b>Cumulative Impacts – Council wide</b>	If services are reduced in the event that the Youth Trust is unable to attract funding, then there is a risk that other areas within Children’s Services will see an increase in demand.	
8b	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)	At this time, other sectors and internal services are being challenged in their ability to deliver services. Those services required by children and youth are intrinsically linked to the social and economic health and wellbeing of their parents and communities. A decline in opportunities and support for parents and communities may put youth services under increased pressure, although the proposal for a Youth Trust is more likely to build resilience for young people by its ability to grow and develop through additional funding and through smarter collaboration.	

### Section 3: Mitigating action

No	Action	Details	
9.	<b>Summarise any negative impacts and how these will be managed?</b>	<p>There may be some service interruption and that a new delivery organisation will need to source additional funding to sustain the current level of provision over subsequent funding years. The LA will seek to organise current services so that there is continuity of service while a new Trust is being formed. A shadow Board has been set up and a firm business plan is in place recommending a financial model to ensure growth. The LA will remain involved in the management of the Trust, and through its funding of the Community Development Trust, will enable sector support for funding and growth.</p> <p>Co-work within Parkfield will be managed through a Parkfield User group where organisations work together to ensure optimum use of their service by users. This group will then have a place within the governance structure proposed. Alongside this there will be a clear communication plan to ensure new services, access times and information is widely available.</p>	

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### Section 4: Monitoring

No	Action	Details	
10.	<b>Outline plans to monitor the actual impact of your proposals</b>	<p>Young people will be asked to complete a third Youth Offer questionnaire in June 2015 and will be engaged in the development of services within the new Youth Trust. The services joining the Trust will do so under contract to deliver back against outcomes and priorities. This will be contract managed within the Local Authority for compliance and ensuring value for money.</p> <p>The new organisation will develop a constitution and purpose in agreement with the LA ensuring that provision is designed to meet the needs of potentially disadvantaged groups and individuals. Business accounts will be available and open to access through the Board.</p>	

Section 5: Recommended course of action *TO BE COMPLETED WHEN ALL SECTIONS COMPLETE AND EIA FINALISED*

No	Action	Outcome	Tick	Reasons/justification for recommended action
<p>11.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 276</p>	<p><b>State a recommended course of action</b>  <i>Clearly identify an option and justify reasons for this decision. The following four outcomes are possible from an assessment (and more than one may apply to a single proposal). Please select from the 4 outcomes and justify the reasons for your decision</i></p>	<p><b>Outcome 1: No major change required - EIA</b>  <i>has not identified any potential for adverse impact in relation to equalities and all opportunities to promote equality have been taken</i></p>	<p>✓</p>	<p><i>Through the consultation the options appraisal have been considered, a wide variety of organisations and agencies have been involved in developing the proposal to ensure the Youth Trust is viable and sustainable.</i></p>
		<p><b>Outcome 2: Adjustments to remove barriers –</b>  <i>Action to remove the barriers identified in relation to equalities have been taken or actions identified to better promote equality</i></p>		
		<p><b>Outcome 3: Continue with proposal - Despite</b>  <i>having identified some <u>potential</u> for adverse impact / missed opportunities in relation to equalities or to promote equality. Full justification required, especially in relation to equalities, in line with the duty to have ‘due regard’.</i></p>		
		<p><b>Outcome 4: Stop and rethink – EIA has</b>  <i>identified actual or potential unlawful discrimination in relation to equalities or adverse impact has been identified</i></p>		



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Business Plan

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Torbay Youth Trust

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16th February 2015

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## 1. Executive Summary

This Business Plan sets out the opportunity to create a charitable Trust to deliver non-statutory Youth Services across Torbay in line with leading successful models within the Youth sector.

Youth Services and the Young Carers Services are currently delivered in-house by Torbay Council with Youth Services delivered at Parkfield. There is considerable expertise within the teams with highly-trained and competent staff however there are also significant financial challenges. In addition Parkfield, whilst an important asset, is not currently realising its potential.

The proposal is to create a Youth Trust, incorporated as a Charity, to deliver the current services back to the Council under a 5 year agreement. In addition the Trust will take on the lease (or a peppercorn rent) of Parkfield. Key to success will be the establishment of an operational and legal and governance structure which is effectively a “funding engine” to drive growth. This will allow the Trust to move to the best practise model of £1m income for the centre with 40% reliance on Council funding. This will both deliver savings to the Council and provide significant room and scope for increasing service provision.

Key to success will be establishing a new operational and legal and governance structure which will drive growth, develop new services, foster collaboration across the bay and raise funds. This will include:-

- A Board of Trustees - responsible for the strategic oversight and development of the Youth Trust. To include the CEO, a Council representative, an elected employee representative, a Treasurer and private sector expertise
- A Development Board solely focused on bringing in the funds and income through opening doors, networks and providing their specialist expertise in their respective fields to support specific functions of the Trust e.g. Marketing, Fundraising, Finance, Public Sector bids etc.
- A Stakeholder Board made up of key delivery partners for the Trust, including the partners supporting the development of MyPlace Centre as the focal point of service delivery for young people. It will also include customer representation including a young people representative and a schools representative.
- A new management team comprising a CEO, to set the strategic vision, a Head of Service Delivery and a dedicated Fundraiser.

This structure will allow the current delivery team to focus on their area of expertise – excellent service delivery to young people locally, whilst also creating a structure to bring in new funds to allow the services to develop and create a more sustainable youth service.

### Financial Summary

From the Council perspective this model will deliver immediate savings i.e. in Years 1 and 2 as laid out in the current financial plans as well as savings in the longer term. Moreover, pulling together partners in the Voluntary and Community Sector it will help **improve the**



**youth offer** for Torbay and deliver **better services and outcomes for young people** in the area.

The summary below shows the target best practise model to create a first class youth service for Torbay which would deliver to the council:

- £50K saving in Years 1-2 with Council funding reducing from £526K to £476K
- 15% saving in Year 3, reducing Council funding to £448K
- 20% saving in Year 4, reducing funding to £421K
- 25% saving in Year 5, reducing funding to £395K
- This equates to a total saving over the **5 year period of £416K or 16%**.
- **This figure is 25% below current funding levels**

<u>Scenario - Target Case</u>	As Is	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Income</b>							
Council	£ 526	£ 476	£ 476	£ 448	£ 421	£ 395	£ 2,217
Transfer of Capital Funding		£ 50					£ 50
Donations		£ 100	£ 150	£ 202	£ 350	£ 505	£ 1,307
Trading/Other	£ 39	£ 76	£ 96	£ 100	£ 100	£ 100	£ 472
<b>Total Income</b>	<b>£ 565</b>	<b>£ 702</b>	<b>£ 722</b>	<b>£ 750</b>	<b>£ 871</b>	<b>£ 1,000</b>	<b>£ 4,046</b>
<b>Costs</b>							
As Is Costs	£ 601	£ 493	£ 508	£ 528	£ 548	£ 570	£ 2,647
Incremental Costs	£ -	£ 209	£ 159	£ 159	£ 159	£ 159	£ 846
<b>Total Costs</b>	<b>£ 601</b>	<b>£ 703</b>	<b>£ 667</b>	<b>£ 687</b>	<b>£ 707</b>	<b>£ 729</b>	<b>£ 3,492</b>
<b>Business growth)</b>	<b>-£ 36</b>	<b>-£ 0</b>	<b>£ 56</b>	<b>£ 63</b>	<b>£ 164</b>	<b>£ 271</b>	<b>£ 553</b>

We have also looked at the Base Case for the minimum service provision under which the trust would be viable. Under this model the financial benefits to the council would be:

- £50K saving in Years 1 with Council funding reducing from £526K to £476K
- 14% savings in Year 2, reducing Council funding to £452K
- 23% saving in Year 3, reducing Council funding to £407K
- 30% saving in Year 4, reducing funding to £366K
- 37% saving in Year 5, reducing funding to £330K
- This equates to a total saving over the **5 year period of £601K or 23%**
- **This figure is 37% below current funding levels**

<u>Scenario - Base Case</u>	As Is	Year 1	Year 2	Year 3	Year 4	Year 5	Total
<b>Income</b>							
Council	£ 526	£ 476	£ 452	£ 407	£ 366	£ 330	£ 2,031
Transfer of Capital Funding		£ 50					£ 50
Donations		£ 50	£ 100	£ 150	£ 200	£ 250	£ 750
Trading/Other	£ 39	£ 50	£ 55	£ 60	£ 65	£ 75	£ 305
<b>Total Income</b>	<b>£ 565</b>	<b>£ 626</b>	<b>£ 607</b>	<b>£ 617</b>	<b>£ 631</b>	<b>£ 655</b>	<b>£ 3,136</b>
<b>Costs</b>							
As Is Costs	£ 601	£ 483	£ 488	£ 499	£ 511	£ 526	£ 2,507
Incremental Costs	£ -	£ 142	£ 116	£ 116	£ 116	£ 116	£ 604
<b>Total Costs</b>	<b>£ 601</b>	<b>£ 625</b>	<b>£ 603</b>	<b>£ 614</b>	<b>£ 626</b>	<b>£ 641</b>	<b>£ 3,110</b>
<b>Business growth)</b>	<b>-£ 36</b>	<b>£ 1</b>	<b>£ 4</b>	<b>£ 3</b>	<b>£ 5</b>	<b>£ 14</b>	<b>£ 26</b>



**Key Benefits of the Youth Trust:**

- ✔ Provides a model to continue and significantly improve Youth Services provision whilst simultaneously realising savings for the Council
- ✔ Creates a more sustainable financial model with less reliance on council funding
- ✔ Accesses new funding streams e.g. trusts, foundations, public sector contracts, fundraising from individuals, the local community and businesses
- ✔ Fosters collaboration and brings the whole community together to play their part in Youth Services – young people, partner organisations, employees, the local community, businesses as well as the Council can all play their part
- ✔ Realises value and opportunity of Parkfield site – limited alternative options to use site
- ✔ Opportunity to significantly expand range of services provided to young people and at Parkfield site
- ✔ Opportunity for co-delivery with partner organisations
- ✔ Marries core strength of existing team – service delivery – with expertise around fundraising and income growth



## 2. Approach to Business Plan

Work carried out so far on the Business Plan includes:-

- ④ 2 kick off workshops with all staff, including question and answers.
- ④ As Is workshop to define services, customers, costs and income.
- ④ Stakeholder engagement workshop that included Sanctuary Housing, Sky Blue, Play Torbay, Youth Genesis, Careers South West, Totally Teenagers and ROC. The aim of the workshop was to engage all voluntary sector agencies in the area in developing ideas for the Youth Trust and services for young people in the area.
- ④ Review of property options with John Greaves.
- ④ Engagement with the Local Authority Pensions Lead – Lee Haywood.
- ④ Engagement with the Local Authority Procurement Lead – Tracey Fields.
- ④ Introduction with HR Lead. Workstream will commence following the approval of the business case.
- ④ Market research to understand what does success look like in the Youth Services sector. This has involved interviews with Onside (Charity behind six successful Youth Zones including Bolton Lads & Girls and Wigan Youth Zone among others, visited by over 350,000 young people every year) as well as award-winning Youth Charities such as IntoUniversity and The Clement James Centre.
- ④ Visit to Onside's Wigan Youth Zone and interview with Jerry Glover, founder and recognised sector leader with 40 years' experience and Kathryn Morley, Onside Chief Executive.
- ④ Market research into approaches taken by other youth mutuals including Knowsley and EPIC CIC.



### 3. As Is Review

#### 3.1 Service

Non-statutory youth work from the Local Authority today includes Youth Work and Young Carers services. The Service Definitions in Appendix 1 provide further details of the scope of this work and the customers it serves. Key findings identified during the Service Review

- Good growth potential from MyPlace Centre
- Seen as a high potential, but under-used asset
- Focal point of service delivery
- Need for investment to be fit-for-purpose, realise potential and truly meet the needs of young people

##### 3.1.1 Overview Of Young Carers Service

- Young Carers Assessment – Number of referrals for assessment 1 April – 30 September 2014 were 124 (same period in 2013 = 90)
- **Young Carers Support** – This includes one-to-one support as well as group work; Includes general support around bullying, drug & alcohol use, health as well as advise and signposting as well as creative projects
  - 224 - Current number of cases open to the team (for assessment, review, or ongoing support)
  - 298 - Additional young carers marked as mailing list only (able to access activities, drop-ins, school lunch clubs)
  - Schools support: 1 day per week for 5 secondary schools; School one-to-one average 6 per school/week; Lunch-clubs running fully at 3 schools (30 - 40 young carers reached per week; Lunch-clubs at 2 others are currently being restarted; Lunch-clubs in 2 primary schools (approximately 20 young carers reached per week)
  - Community drop-ins: Torquay fortnightly, average attendance 18 per session. Monthly drop-ins at Paignton and Brixham are currently being started.
  - Community one-to-one: 7 young people linked to volunteer befrienders in last 6 months, a further 18 young carers have received one-to-one support from the team in last 6 months (in addition to general support offered at schools or in groups)
- **Training** - Schools, health and any other agencies to help them understand young carer needs - anything from short slots to full day programs; training for young carers on life skills etc.
- **Whole Family Work** - Advice and signposting; direct work with parents such as adult social caring, support for meetings with social care etc. that has an impact on the child. 25 families have received additional support from team around whole family working in past 6 months
- **School Standards Support** - New scheme being rolled out to 2 x secondary schools and 1 x primary school; 3 further secondary schools are close partners and



are being worked with to 'gold' standard. We have interest from a further 4 primary schools; one grammar school and one special school to develop school standards work.

- **Information and Awareness** - Awareness raising for young people: 1 hour PHSE Awareness lessons x 14; School assemblies per year x 8; Carers week activities including lunch-time stands x 3; involvement in school video x 2; Community events x 6
  
- **Respite Activities** – (Activities from 1<sup>st</sup> April – 30<sup>th</sup> September 2014)
  - YCF Southampton - attended by 14 young carers
  - Easter activities and attendance:
    - 7 - Wellbeing event
    - 13 - Coastal walk
    - 4 – Pop Party
    - 59 – Family bowling
    - 7 – Mirror Mirror
    - 44 - Woodlands
  - May activities and attendance
    - 22 - Family Brixfest Open
    - 12 - Horse riding
    - 12 - Orchestra
    - 10 - Horse riding
    - 12 - Tate London
    - 62 – Family Circus Open
    - 95 – Family Fun Day Open
  - Summer activities and attendance
    - 8 - Hub training M
    - 8 - Moorland walk
    - 54 - Family Picnic Open
    - 40 - Longleat
    - 13 - Surfing
    - 17 - Paignton zoo
    - 8 - Archaeology Dig
    - 8 - Boot Camp
    - 5 - Swim 5
    - 11 - Horse riding
    - 16 - Forest skills
    - 40 - Summer drop ins
    - 35 – Family Art Exhibition
  - 23 - Total activities for young carers
  - 295 -Total places offered 333 Total attendance
  - 6 - Total family activities
  - 327 - Total members of families attendance
  
- **Participation work** - 3 young carers supported in national YC Champion Training; Further YC to start training in Jan 2015; 10 young carers have been involved regularly in Making a Better Future Group; Further 9 young carers trained in use of Makewaves website for participation and in video / media skills.
  
- **Transition work** - 54 young carers in transition from Year 6 - 7 this year (locate and invite to engage in support / liaison with schools / year 7 heads / one-to-one



support offered where appropriate); 71 young carers in transition from Year 11 (locate, check relevance of referral on to YAC; additional support to engage in ongoing education or training as appropriate)

- **Youth Strategy Support** - Development of strategy; quarterly strategy meetings; involvement in sub-groups
- **Safeguarding for Youth** - Of the young carers currently open to us, 78 have been assessed as undertaking high level of caring role (where there could be significant impact to their education, health and well-being). Of these young carers 11 also have a child social worker involved. There are a further 64 young carers on our lists with children's social worker involvement (these children have lower levels of caring but other significant issues in the family). Young Carers staff have completed 9 SHEFs in the last 6 months

### 3.1.2 Overview Of Youth Services

The Youth Service Team is based at Parkfield Youth Hub and offers the following Core Services to Young People, Partner Organisations and the Communities in Torbay:

Open Access and Targeted Youth Work at Parkfield: Key Areas of the Youth Work Curriculum					
Being Healthy e.g. Sexual health, relationships, C-card, sports, resilience, family, managing feelings	Staying Safe e.g. Equality, anti-discrimination, conflict resolution, anger management, drug and alcohol awareness	Enjoying and Achieving e.g. Volunteering, accreditation, youth enterprise, confidence and agency (self)	Making a Positive Contribution e.g. Team work, citizenship, democracy, communication, relationships and leadership	Achieving Economic Well Being e.g. careers, training, skills, budgeting, planning and problem solving	
Other Key Areas of the Youth Offer at Parkfield					
Group, 1:1 and targeted work e.g. LBGTQ young people, single gender work, social action programme etc	Participation and active decision making work e.g. UKYP, young inspectors, youth funding panel, youth volunteering etc	Safeguarding young people, signposting and referrals	Young people's voices in their communities e.g. consultations such as the <i>Big Shout Out</i> and the <i>Youth Offer</i> as well as outreach youth work	Creativity e.g. Radio Project, IT suite, Music Suite	Outdoor and Leisure activities e.g. Skate Park, Climbing Wall, BMX track

**Key Youth Service Outcome Measures:** *Every Child Matters March 2003 and a Framework of Outcomes for Young People July 2012.*

Youth Service Partnership Work with The Community Youth Services				
Funded Neighbourhood Youth Provision and Partnerships with the Youth Hub	Directory of Community Youth Services/ newsletters/ Youth Hub/networking	Policy development/ support of partner groups/ mentoring/advice	Multi-agency Training: Community and Voluntary sector, young people etc.	Youth Strategy Support e.g. Positive for Youth inter-agency anti-bullying forum

Please see Appendix 6 – Youth Service for more detail.



### 3.1.3 Stakeholder Feedback

- High interest in MyPlace Centre
  - Eat that Frog and Play Torbay have put in proposals to the Council already.
  - Sky Blue would like to be based in MyPlace Centre. Proposal already with the Council.
  - Sound Communities operate the radio station out of MyPlace Centre. Don't pay any rent as it's their kit – also available for use by Youth team. Would like to continue and build on their current engagement.
  - Careers SW already make referrals to the youth team and would like to build on this collaborative work especially in creative projects as there is a general increase in interest for media related careers, hence the interest in MyPlace Centre.
  - Play Torbay have a number of ambitious projects in the pipeline. See collaborative working with other partners as critical to funding success (as increasingly being asked for proof of the same). Therefore see MyPlace Centre as a place to bring all that together.
- MyPlace Centre will need investment to make it work
  - The current layout not believed to be conducive / 'cosy enough' for young people – not one person in the room believed the space is workable as it is.
  - Requires some investment to spruce up the areas and the layout.
  - Play Torbay, Eat that Frog and Sky Blue could potentially put in some investment to spruce up the place. Play Torbay have already got some funding to build somewhere on site for an arts/culture related project. Eat that Frog have had discussions with the Council on turning the house into a training academy.
  - Also discussion around how it's got to cater to a range of ages, not just young people.

There is appetite for collaboration and all agencies see the merit in following a more cohesive approach to deliver services to young people.

### 3.2 Income

The services today are predominantly funded by the Council however there are a small number of income streams. However there is a target income budget of £75K and an actual income generated of £46K. This is predominantly made up of space rental that generates £31K annually. However this is impacting on service delivery and reducing ability to generate other income streams. In addition £7K was generated from community activities such as the climbing wall (this is currently shut) and £1K from Enterprise services such as tuck shop and pool table. An overview of As Is Income is provided in the Income Definition (Appendix 2)

### 3.3 Production

Operational delivery is currently organised into two key teams: Youth Services and Young Carers. In addition the service is managed by Gail Rogers (in addition to other services), is provided with infrastructure support by the Council and has two dedicated Business Support roles. Costs which sit outside of the Youth Services budget today are the Business Support roles and council infrastructure. Today the total net budget (after target income) is



£526K and the Council want to see a reduction of £50K in the 2015/16 financial year. A full breakdown of the Production costs is shown in the Production Definition (Appendix 2).

Key costs comprise people costs, building costs for the MyPlace centre (costs for the House have been excluded), external suppliers and a grant pot of £110K for community funding/activities.

Total breakdown of As Is costs in summary net of the income target is as follows:-

	As Is			
	Budget		Actual	
Income Target	£	75	£	46
Cost Base				
People Costs	-£	342	-£	342
Building	-£	108	-£	108
Grant Pot	-£	110	-£	110
Other External	-£	42	-£	42
Internal Infrastructure	£	-	£	-
Total Cost Base	-£	601	-£	601
Net Cost Base	-£	526	-£	555

Total People Costs includes £72K of current vacancies. No apportionment has been included for manager time. In addition there are 2 part time/temporary social work students (costs outstanding and not included in above analysis).

Infrastructure costs currently provided by the council include payroll, HR, training, IT support and infrastructure, insurance, security, stationary, volunteer co-ordination and post room etc. We haven't quantified the cost of As Is Council infrastructure.

### 3.4 SWOT Analysis

#### Strengths

- ✔ Strong delivery expertise
- ✔ Work nationally recognised
- ✔ Long track record
- ✔ Under-utilised asset – MyPlace Centre
- ✔ High interest among agencies to work more collaboratively

#### Weaknesses

- ✔ Absence of an over-riding youth strategy
- ✔ Some fundraising experience in the team, but capacity constraints
- ✔ Under-resourced team - limited capacity to deliver growth and run
- ✔ Small team with limited full time employees
- ✔ Limited management expertise to develop a large youth centre



## Opportunities

- ④ Number of agencies with good fundraising experience and funds
- ④ Improved services for young people through more collaboration among agencies
- ④ Creating capacity e.g. business rates (under certain legal structures), collaborative working could negate need to fill vacant positions and lower support costs

## Threats

- ④ Spiralling costs
- ④ Potential Council funding reduction
- ④ Collaboration vs competition
  - Services
  - Funding





## 4. Delivering Growth – Proposed Way Forward

### 4.1 Best Practice Model

The Onside model has been identified as sector leading model for youth services delivery focused around a youth centre. Their model brings together the whole community – council, local people, businesses, young people – in creating sustainable youth services and significantly reduces the reliance on council funding. Onside typically target £1m total income per centre with only 40% provided by the Council. Set out below is their best practise commercial model:-

#### Best Practice Commercial Model

	Annual Budget			
Income				
Council	£	400	40%	Council funding
Donations	£	500	50%	Principally from business, individuals and grants
Trading/Other	£	100	10%	Commercial income
<b>Total Income</b>	<b>£</b>	<b>1,000</b>	<b>100%</b>	

From Torbay Council’s perspective a reduction in council funding to £400K would equate to an annual savings of £126K or 24% on net budget costs of £526K.

In order to ensure success Onside put in place a delivery and governance model in each centre that prioritises fundraising and growth and has the right skills and network to attract new funding streams.

Operational delivery requires the addition of a senior team consisting of a CEO to drive strategy and vision, a Head of Service Delivery to lead, manage and develop day-to-day delivery and a dedicated Fundraiser to focus full-time on new income streams.

The Governance model includes a Board with a focus on private sector experience and local connections to build relationships with new funders.

### 4.2 Service and Income Growth

The initial contract for the Youth Trust will be a 5 year agreement to run the existing youth and young carers’ services. We recommend that this is awarded on an uncontested basis (as outlined in the Legal and Governance Paper, Appendix 4.) However the council would like to see reductions in the cost of this service from Day 1. Financial implications are explored below.)

During our work with the team and stakeholders and in considering the wider market, there have been no shortage of growth ideas to develop services. However the challenge is to scale up the service, whilst managing further council reductions in funding and with an under-resourced team.

Our recommendation therefore is to put in place a “funding engine” to drive up new income from Day 1. The existing team have a strong track record and passion for service delivery



to young people. Whilst they do have some fundraising experience, to create a self-sustaining and improved service and achieve the required income levels this needs to be a full-time focus, not a part-time effort in addition to day-to-day delivery. We recommend partnering with an organisation that already has this expertise – such as Onside or Play Torbay – and/or recruiting individuals with a successful track record in this area. We see this as the key priority for the new Youth Trust and recommend starting this activity prior to spin-out.

Opportunities to increase and extend service provision in the Young Carers Service include the School Standards Support scheme – this is already being rolled out and further schools are interested in developing school standards work. Also training for schools, health and other agencies to help them understand young carers’ needs.

Numerous ideas have been raised around developing services at Parkfield both by the team and potential partners. Sky Blue could potentially run youth work sessions for young people around water-sports and the climbing wall; Sand Communications for the radio amongst others. There is also an opportunity to run activities for young people visiting Torbay during the tourist season.

Our recommendation is that in the first year service development focuses on areas with partners which can be started quickly with no/little investment and/or are fully funded or chargeable activities. This will allow surplus raised through fundraising activities to be put aside for Parkfield development. Having no services quickly after spin-out also generates a positive momentum around the new Trust.

We would also recommend reviewing the contract with South Devon Gymnastics Club which limits the income potential from the building and does not fit with the target age group of the Youth Trust and the young people who currently visit Parkfield.

### 4.3 MyPlace Centre - Parkfield

Our recommendation is that the Parkfield lease is either transferred to the new Youth Trust or is provided at a peppercorn rent. Parkfield is of strategic importance to the new Youth Trust as it can be the focal point for developing youth services across Torbay. The advantages of this is that:

- Ⓜ It is of significant interest to local stakeholders and other community and voluntary sector organisations who would like to deliver services from Parkfield. It therefore provides a low cost way to bring in partners to deliver services, thereby fostering collaboration and increasing the range of services provided to young people. Examples include Sky Blue and Sand Communications.
- Ⓜ It is a low-cost option for service delivery with no viable alternative identified. Further it has the potential to drive up income through chargeable services e.g. summer activities for visiting young people.
- Ⓜ It is an under-utilised asset, and whilst it does require investment to make fit for purpose, it has significant potential to expand and improve.
- Ⓜ In terms of fund-raising and “pitch” to potential donors, it is easier to raise funds where there is a tangible asset that potential donors can see and touch, rather than to raise funds purely for services.



#### 4.4 Production Model

The new Youth Trust requires a Production delivery model that can both realise immediate savings and drive growth and increase collaboration across the Torbay area.

##### 4.4.1 Savings

We have identified the following potential savings that can be realised immediately.

	As Is Costs				To Be Costs			
	Budget		Actual		Variance	To Be		
Cost Base								
People Costs	-£	342	-£	342	£	76	-£	266
Building	-£	108	-£	108	£	32	-£	76
Grant Pot	-£	110	-£	110			-£	110
Other External	-£	42	-£	42			-£	42
Internal Infrastructure	£	-	£	-			£	-
Total Cost Base	-£	601	-£	601	£	108	-£	493
Incremental Costs								
Management Team							£	139
Insurance							£	20

**People Costs:** Currently there are £76K worth of vacancies which we have assumed are not recruited. The current service is under-resourced and this has had an impact of delivery. However in the early years’ service delivery will focus on collaboration with partners and fully-funded activities. From Year 2 we have forecast a small increase in staff costs year on year as additional work is delivered (this will be the expectation from donor organisations).

We also recommend developing a compelling offer for Volunteers which will be possible as a charity. Youth services is a popular area for volunteering and as well as a low-cost option affords an opportunity to bring people in the local community into the vision of Parkfield. In this way it can also help drive up fundraising.

**Building:** It is assumed that the Youth Trust benefit from a 100% reduction to business rates. (This is equivalent to an 80% reduction in rates as a charity plus a further 20% reduction granted by the Council.) *[Outstanding to agree with council and include any impact in Council/Trust financial model.]* It is also assumed Parkfield will be provided to the Youth Trust at peppercorn rent with no impact on costs although the Trust continues to pay the costs of maintenance, utilities etc.

**Grant Pot:** Under the Target case the Grant Pot funds continue as today, whilst under the Base Case there is a reduction of approximately 10% a year.

**Internal Infrastructure:** No figures were available on the costs today of internal infrastructure services. It is currently assumed that the Council continue to provide this at



nil cost. It is recommended that this figure is quantified as in most instances of spin-outs there will be a saving to both the Trust and the Council at considering alternatives in the external market.

#### 4.4.2 Incremental Costs

In order to drive growth and run the new Youth Trust there will be some incremental staff costs to recruit the three new roles: CEO, Head of Service Delivery and a Fundraiser. A breakdown of these costs is as follows:-

##### Management Team Analysis

Management Team Roles				
Roles	FTE	Salary	Oncosts	
CEO	1	£ 40,000	£	52,000
Head of Fundraising	1	£ 30,000	£	39,000
Head of Service	1	£ 37,000	£	48,100
<b>Total</b>	<b>3</b>	<b>£ 107,000</b>	<b>£</b>	<b>139,100</b>

Oncosts (NI, Pension, Overheads) 30%

The CEO will soon be recruited (included in the set-up costs). It could also be possible to co-deliver some of these roles with a partner to reduce costs e.g. a local organisation taking on fundraising. In the early years there is also potential to double-hat two roles to keep costs low as the Trust grows. Different options are modelled in the financial section below.

Under the Target model it is assumed that all roles are full time and in place from Day 1 to drive the higher growth targets. Under the Base case model it is assumed that the Fundraising and Service roles are 0.5FTE each with a slower ramp up.

£20K incremental costs have also been forecast in the models to allow for directly procured insurance.

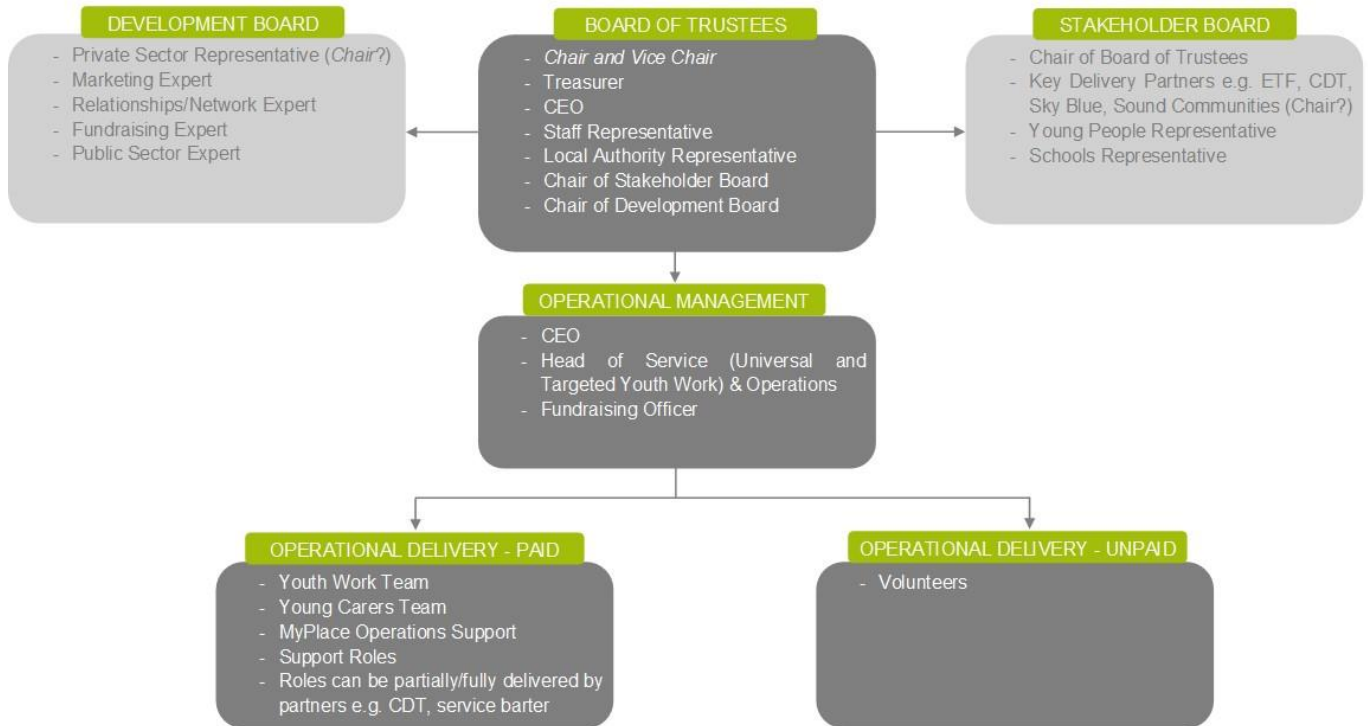
#### 4.5 Legal and Governance

Key to success of the Trust will be the right Legal and Governance Paper. This is explored in detail in Appendix 4 but in summary will include:-

- Ⓜ Board of Trustees – responsible for the strategic oversight and development of the Youth Trust. To include the CEO, a Council representative, an elected employee representative, a Treasurer and private sector expertise
- Ⓜ Development Board – The Development Board is responsible for bringing in the funds and income through opening doors, networks and providing their specialist expertise in their respective fields to support specific functions of the Trust e.g. Marketing, Fundraising, Finance, Public Sector bids etc.
- Ⓜ Stakeholder Board – The Stakeholder Board is made up key delivery partners for Trust, including the partners supporting the development of MyPlace Centre as the focal point of service delivery for young people. The key role of this Board is to ensure that the partners work together to deliver shared objectives and find solutions to common issues. It will also include customer representation including a young people representative and a schools representative.



The Governance model is as set out below:-





## 5. Financial Summary

The Financial Plan outlines the growth potential of the new Youth Trust and the savings opportunity for the Council.

### 5.1 Council Funding and Position

We have set out below four options for council funding of the core Youth and Young Carers Service.

**Option 1** – Minimum funding level required by Council. This model reflects the financial planning of the Council for the 2015-16 financial year and beyond and is used in the **Base Case** scenario. Total savings over the 5 year period equate to £601K or 23%. (NET saving of £526K after one-off set up costs.) This saving model is in line with what is achieved in cost-saving focused outsourcing.

**Option 2** - The Council realise savings of £50K in Years 1 and 2 with further reductions in Years 3 onwards. This option most reflects the current financial planning of the Council for 2015-16 with smaller council funding reductions than are currently planned, and has therefore been used in the **Target scenario** below. Total savings over the 5 year period equate to £416K or 16%. (NET £341K after one-off set-up costs.)

Other financial options were explored as part of the business planning, but the two above represent the closest models to the council's current financial requirements. They are shown for the complete picture under Council Funding Options (following page)

One-off set up costs by the Council just prior to and on set-up are forecast to be in the region of £75K. This will cover the recruitment, prior to spin-out, of both the CEO and Fundraiser roles, in order to ensure a successful spin-out. It will also cover legal costs and potentially the Pension bond of £50K. (The latter may not be required if the Council are able to provide a guarantee.)



## Council Funding Options

### Option 1 - Minimum funding level by council

	As Is	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Council Funding/Trust Income	£ 526	£ 476	£ 452	£ 407	£ 366	£ 330	£ 2,031
<i>Savings target</i>		10%	14%	23%	30%	37%	23%
Savings Realised		£ 50	£ 74	£ 119	£ 160	£ 196	£ 601
Set Up Costs		-£ 75					-£ 75
<b>Total Savings/(Costs)</b>	<b>£ -</b>	<b>-£ 25</b>	<b>£ 74</b>	<b>£ 119</b>	<b>£ 160</b>	<b>£ 196</b>	<b>£ 526</b>

### Option 2 - Council fund based on current budget costs less £50K saving Years 1-2 and additional savings Year 3+

	As Is	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Council Funding/Trust Income	£ 526	£ 476	£ 476	£ 448	£ 421	£ 395	£ 2,217
<i>Savings target</i>		9%	9%	15%	20%	25%	16%
Savings Realised		£ 50	£ 50	£ 79	£ 105	£ 132	£ 416
Set Up Costs		-£ 75					-£ 75
<b>Total Savings/(Costs)</b>	<b>£ -</b>	<b>-£ 25</b>	<b>£ 50</b>	<b>£ 79</b>	<b>£ 105</b>	<b>£ 132</b>	<b>£ 341</b>

### Option 3 - Council fund in line with current budget costs and realise savings from Year 3

	As Is	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Council Funding/Trust Income	£ 526	£ 526	£ 526	£ 448	£ 421	£ 395	£ 2,317
<i>Savings target</i>		0%	0%	15%	20%	25%	12%
Savings Realised		£ -	£ -	£ 79	£ 105	£ 132	£ 316
Set Up Costs		-£ 75					-£ 75
<b>Total Savings/(Costs)</b>	<b>£ -</b>	<b>-£ 75</b>	<b>£ -</b>	<b>£ 79</b>	<b>£ 105</b>	<b>£ 132</b>	<b>£ 241</b>

### Option 4 - Council fund based on current budget costs Years 1-2 and realise savings in line with best practice from Year 3

	As Is	Year 1	Year 2	Year 3	Year 4	Year 5	Total
Council Funding/Trust Income	£ 526	£ 526	£ 476	£ 400	£ 400	£ 400	£ 2,203
<i>Savings target</i>		0%	9%	24%	24%	24%	16%
Savings Realised		£ -	£ 50	£ 126	£ 126	£ 126	£ 429
Set Up Costs		-£ 75					-£ 75
<b>Total Savings/(Costs)</b>	<b>£ -</b>	<b>-£ 75</b>	<b>£ 50</b>	<b>£ 126</b>	<b>£ 126</b>	<b>£ 126</b>	<b>£ 354</b>





## 5.2 Financial Model – Target Case Scenario

Under the Target Case Scenario the Youth Trust will move towards the best practise model with reduced reliance on Council funding and increased income, predominantly from Donations/Funding. It will achieve a total income of £1.0m with 40% from the Council by Year 5.

Scenario - Target Case	As Is	Year 1	Year 2	Year 3	Year 4	Year 5	Total
1 Income							
2 Council	Option 2 £ 526	£ 476	£ 476	£ 448	£ 421	£ 395	£ 2,217
3 Transfer of Capital Funding		£ 50					£ 50
4 Donations/Funding		£ 100	£ 150	£ 202	£ 350	£ 505	£ 1,307
5 Trading/Other	£ 39	£ 76	£ 96	£ 100	£ 100	£ 100	£ 472
6 Total Income	£ 565	£ 702	£ 722	£ 750	£ 871	£ 1,000	£ 4,046
7 Costs							
8 As Is Costs:-							
9 People Costs	£ 342	£ 266	£ 280	£ 300	£ 320	£ 342	£ 1,508
10 Building	£ 108	£ 76	£ 76	£ 76	£ 76	£ 76	£ 378
11 Grant Pot	£ 110	£ 110	£ 110	£ 110	£ 110	£ 110	£ 550
12 Other External	£ 42	£ 42	£ 42	£ 42	£ 42	£ 42	£ 211
13 Internal Infrastructure	£ -	£ -	£ -	£ -	£ -	£ -	£ -
14 Subtotal As Is Costs	£ 601	£ 493	£ 508	£ 528	£ 548	£ 570	£ 2,647
15 Incremental Costs:-							
16 Infrastructure Services Bought In	£ -	£ -	£ -	£ -	£ -	£ -	£ -
17 Building Set Up	£ 50						£ 50
18 Insurance	£ 20	£ 20	£ 20	£ 20	£ 20	£ 20	£ 100
19 Management Team	Option 1 £ 139	£ 139	£ 139	£ 139	£ 139	£ 139	£ 696
20 Subtotal Incremental Costs:-	£ -	£ 209	£ 159	£ 159	£ 159	£ 159	£ 846
21 Total Costs	£ 601	£ 703	£ 667	£ 687	£ 707	£ 729	£ 3,492
22 Service Growth	-£ 36	-£ 0	£ 56	£ 63	£ 164	£ 271	£ 553

Income (1) is made up of (2) Council funding in line with Option 2, whereby the Council receive £50K saving in Years 1-2 and additional savings from Years 3 onwards. In addition there is a one-off £50K Transfer of Capital Funding in the Youth Services budget (3) which is used for some building set-up works (17). In Year 1 there is a £76K Donations/Funding target and a £37K increase in commercial income from current levels.

Costs (7) are as today less savings for not recruiting vacant roles plus some incremental staff costs as the Trust goes (9). The Trust also makes on saving on reduced business rates (10).

Incremental Costs (15) comprise new management team costs (19) and it is assumed under this scenario that the management roles are in place from Day 1 in order to drive the higher target growth. (In practise they will be recruited prior to spin-out to prepare which is funded by the Council.) There is also expenditure of the £50K capital grant on the building (17) and there will be incremental insurance costs (18) estimated at £20K.

(22) is the surplus generated which can then be invested in developing new services and the existing provision for young people. The new entity, as a not-for-profit organisation, will





be driving up new incomes through commissioning or fundraising and will need to show donors and other funders that it is delivering services with the funds raised.

Please note the following assumptions have been made in the Financial Model:-

- Ⓜ No investment required in technology/telephony etc on day one as current assets are transferred to the Youth Trust at no cost
- Ⓜ No inflationary impact. It is assumed that the Council will pay an inflationary index for the services each year which we would recommend is calculated on two indices – one to reflect public sector salaries and one to reflect general economic inflation. In this way risk remains as today.
- Ⓜ Costs provided are all NET of VAT. [Outstanding to confirm VAT impact with council and model any additional implication.]
- Ⓜ Infrastructure services continue to be provided by the council at no cost impact.

### 5.3 Financial Model – Base Case

Under the base case model is the minimum funding levels required for the Youth Trust to continue and reliance on council funding falls to £330K or 50% with the remainder from new and other income streams, with a particular focus on funding/donations. Under the base case scenario, income assumptions (4) (5) are also more conservative.

<u>Scenario - Base Case</u>	<u>As Is</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>	<u>Total</u>
1 Income							
2 Council	Option 1 £ 526	£ 476	£ 452	£ 407	£ 366	£ 330	£ 2,031
3 Transfer of Capital Funding		£ 50					£ 50
4 Donations/Funding		£ 50	£ 100	£ 150	£ 200	£ 250	£ 750
5 Trading/Other	£ 39	£ 50	£ 55	£ 60	£ 65	£ 75	£ 305
6 Total Income	£ 565	£ 626	£ 607	£ 617	£ 631	£ 655	£ 3,136
7 Costs							
8 As Is Costs:-							
9 People Costs	£ 342	£ 266	£ 280	£ 300	£ 320	£ 342	£ 1,508
10 Building	£ 108	£ 76	£ 76	£ 76	£ 76	£ 76	£ 378
11 Grant Pot	£ 110	£ 100	£ 90	£ 81	£ 73	£ 66	£ 410
12 Other External	£ 42	£ 42	£ 42	£ 42	£ 42	£ 42	£ 211
13 Internal Infrastructure	£ -	£ -	£ -	£ -	£ -	£ -	£ -
14 Subtotal As Is Costs	£ 601	£ 483	£ 488	£ 499	£ 511	£ 526	£ 2,507
15 Incremental Costs:-							
16 Infrastructure Services Bought In		£ -	£ -	£ -	£ -	£ -	£ -
17 Building Set Up		£ 50					£ 50
18 Insurance		£ 20	£ 20	£ 20	£ 20	£ 20	£ 100
19 Management Team	Option 2	£ 72	£ 96	£ 96	£ 96	£ 96	£ 454
20 Subtotal Incremental Costs:-	£ -	£ 142	£ 116	£ 116	£ 116	£ 116	£ 604
21 Total Costs	£ 601	£ 625	£ 603	£ 614	£ 626	£ 641	£ 3,110
22 Surplus/(Funding Gap)	<b>-£ 36</b>	<b>£ 1</b>	<b>£ 4</b>	<b>£ 3</b>	<b>£ 5</b>	<b>£ 14</b>	<b>£ 26</b>

The Grant Pot (11) also reduces by approximately 10% each year and a smaller management team (19) is recruited with the Fundraiser and Service Delivery lead roles being 0.5FTE each with recruitment of the Service lead delayed until Year 2.



## 5.4 CashFlow and Working Capital

The model currently assumes that laptops and computer equipment and other assets and consumables transfer to the new Youth Trust and there is no further investment required.

In addition working capital will be required - particularly as there is a likely to be a lag in the first year in terms of raising new funds and new income streams. Therefore it is proposed that the Council pay two payments in advance in Year 1 at the commencement and 6 month date, with quarterly payments in advance from Year 2 onwards or as the new income streams ramp up.

It is recommended that the council provide some small support with cashflow in the early years where this is required.



## 6. Transition Plan

[Outstanding; Council to advise target date and CEO recruitment]



## 7. Risk Register

Risks	Detail	Mitigating Actions
Financial Viability and risks on all income streams	<ul style="list-style-type: none"> <li>- Council funding – Council looking to realise savings of 10% from Year 1, which may put at risk the Trust's chances of success in its early years</li> <li>- Commercial/trading income - currently achieving below budget</li> <li>- Donations – new income stream and requires senior leaders to push prior to launch who are not yet in place</li> <li>- Not enough time to put in place substantial new income streams for day 1</li> </ul>	<p>Appoint senior leadership team to commence fundraising strategy and activities prior to start-up and to sign off growth targets.</p> <p>Council to provide additional funding prior to set-up/in first year of £75K, part of which will be used to fund CEO and Fundraiser prior to start up.</p>
Leadership	No leader or senior team in place to sign off the strategy, delivery model, foundation contracts and commercial arrangements as well as income and growth targets for the Trust.	<p>Identify and appoint shadow leadership team with the right experience and network.</p> <p>Engage with experts with successful track record such as Onside or Play Torbay who can provide a 'Critical Friend' on the Board, access to their network, funding and IT.</p>
HR and Pension liabilities	<p>Need to agree liabilities - historical pension deficit, pension bond costs, cap-and-collar on future employer's contribution, redundancy liability.</p> <p>Model currently assumes no additional liability/cost is taken on by the Youth Trust and all liabilities remain with Council</p>	<p>Appoint someone to negotiate with Council on behalf of Youth Trust.</p> <p>The Youth Trust will seek for these liabilities to either remain with the Council or to transfer to the Youth Trust with Council funding.</p>
Pension timeline	It is proposed that the Youth Trust applies for admitted body status. There is a timeline risk around both obtaining this status and agreeing the position in relation to HR and Pension liabilities above	<p>Commenced engagement with the Council HR and Pensions team and Actuarial Report requested. Actuarial report now provided.</p> <p>Youth Trust negotiator to agree position with Council.</p>
Transition timeline	<p>To achieve the spin out target date of 31st March, heads of terms need to be drawn up now and a project team from the Council set up to progress transition, led by a Council sponsor to ensure a coordinated approach. This will also require someone to act as a lead negotiator for Council.</p> <p>OJEU process may cause delays to transition timelines.</p>	<p>Setting up the Youth Trust will require input from various teams in the Council e.g. HR, Pensions, Legal, Finance, Procurement. We suggest the Council start some transition activities now to mitigate this risk and confirm preferred target spin-out date.</p>
Council Infrastructure services	The Business Case currently assumes nil cost for Council infrastructure services. These will therefore either need to be provided on an ongoing basis for free or at cost along with funding.	<p>It is anticipated following discussion with Council finance that infrastructure services will be provided in Years 1 and 2.</p> <p>Insurance will have to be paid for by the new entity. Council representative is seeking confirmation of insurance costs - still outstanding to include in financial model.</p>
Inflation	It is anticipated that the Council funding is subject to an inflation rise each year. This will cover the inflation impact of salaries and external costs.	Commence negotiation with the Council.
VAT	There could be potential VAT costs for both the Council and the Youth Trust. (Please see VAT paper for details)	Clarify VAT position with the Council Finance team.
Failure to agree terms	The Youth Trust may not agree terms with the Council, with the result that no transfer takes place.	- Collaborative approach between Council sponsor and the Youth Trust leadership when in place to make this happen



## 8. Appendices

1. **Service Definition**
2. **Income Definition**
3. **Production Definition**
4. **Legal & Governance Paper**
5. **Finance & Tax Paper**
6. **Youth Service Overview**

# Agenda Item 20



**Meeting: Council**

**Date: 26 February 2015**

**Wards Affected: All**

**Report Title: Children's Social Care – The Way Forward**

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## **1. Purpose and Introduction**

- 1.1 This report introduces Members to the Social Work Innovation Fund proposal that has been presented to the Department for Education on behalf of Torbay Council. The proposal was first submitted in October 2014 and was one of over 300 proposals. Torbay Children's Services was one of a small number that was asked to work up the initial proposal. Consultants were allocated in November and the final proposal submitted towards the end of January 2015. The final confirmation of the outcome of the submission should be known towards the end of February 2015.
- 1.2 The proposal is for an allocation of £1.25m and has three key elements:
  - The creation of a Public Service Trust (LIST) across all agencies to allow for the 'pooling' of budgets and the attraction of external investment.
  - The development of an integrated delivery model for all aspects of Children's Social Care in partnership with Health services.
  - The delivery of a new 'community' focus for children's services enhancing partnership between professionals and with communities (Early Help Practices – EHP).

## **2. Proposed Decision**

- 2.1 That the grant funding from the Department for Education of £1.25m, the new approach for the governance and delivery of Children's Social Care through the creation of a Public Service Trust (LIST), as outlined in the submitted report, be supported in principle.
- 2.2 That the Executive Director of Operations and Finance be given delegated authority, in consultation with the Section 151 Officer, having considered the detailed business case, TUPE and financial details, to approve the creation of the Public Service Trust (List) for delivery of Children's Social Care.
- 2.3 That, subject to 2.2 above, the Executive Head of Commercial Services be given delegated authority to agree the terms of the lease or contracts for the Public Service Trust (LIST) for delivery of Children's Social Care.

### 3 Reason for Decision

3.1 By combining these opportunities with the surety of commitments made within the Five Year Business Plan (invest to save initiative), it will sustainably reduce costs across Children's Services. The new model of delivery will address needs at an earlier stage. It will prevent failure demand (relating to organisational thresholds), reduce duplication of services via partner organisations and also repeat demand where improvement cannot be sustained. The Five Year Plan targets a saving of £7.1m by reducing demand for social care and this initiative will reinforce the ability of the service to meet these targets. The rationale behind the proposal is contained within an extract from the supporting letter:-

"I am submitting the attached bid to the Social Work Innovation Fund on behalf of Torbay Local Authority and its partners. Torbay has been on a number of journeys in recent years, all of which come together in this proposal. The proposal contains three core elements that together create the governance of a new approach and a new community focussed operational delivery model. The first element is the development of a Public Service Trust. We have been leading this work across all four of the South West Peninsular Authorities and now have the key legal elements of a Local Integrated Services Trust (Public Services Trust) in place from which to pool budgets and attract external social investment.

Secondly, the continuing development of the Integrated Care Organisation will bring together all elements of Health and Adult Social Care. This work has received national recognition in recent years and is currently with Monitor prior to full implementation in the summer. All partners to these arrangements have committed to bring Children's Social Care into the new organisation, looking towards the enhanced outcomes for children, young people and families. A third journey started when Torbay was accepted as one of fourteen Pioneers for integrated working by the Department of Health. As part of this programme a pilot children's community hub has been developed and the beginnings of the cultural change programmes that underpin a successful multi agency community approach has begun.

Torbay Local Authority was placed in intervention for its Children's Social Care services four years ago. Since that low point it has been on a steady journey of improvement ( requires improvement at last inspection and formally out of intervention) built upon strong relationships with all partners and a sound financial platform provided by Councillors (five year business plan). Each of these developments has links with the other and the potential to transform the whole system, however they lack the potential core funding that will maximise, enhance and sustain them, and at pace that will ensure we can respond to the challenges of growing demand and increasing austerity. This opportunity becomes possible through the attached proposal and the funding applied for from the Social Work Innovation Fund.

If successful in our proposal to the Social Work Innovation fund Torbay is committed to sharing the learning both in developing successful interagency governance and the implementation of a cultural change programme to facilitate a local community based approach"

## Supporting Information

### 4 Position

- 4.1 Torbay has a number of opportunities in front of it that can and will be used to counter the impact of high demand and decreasing funding to create lasting change, including the critical investment offered through the Department for Education Innovation Programme Fund to ensure that the broad range of social work services are reconfigured to ensure reduced demand on acute/high cost services.
- 4.2 The proposal will establish a **Torbay Public Service Trust (TPST)** using the **Local Integrated Services Trust (LIST)** framework that is already virtually in place – see Appendix 1. The TPST will enable co-commissioning and co-delivery through pooled budgets by a full range of partners (Local Authority, Health, Schools, Police and Community as key players) and will sit over the **Integrated Care Organisation (ICO)**. The Director of Children’s Services will maintain statutory responsibility for services, but will commission via the TPST, mandating the ICO to fulfil all statutory duties.
- 4.3 The ICO will be the employing organisation for all acute and Primary Health and Adult Social Care services and will also employ staff from within Children’s Social Care. It will then establish new multi-professional delivery teams to work within Practices whose priorities and outcomes are shaped by population. Its first Practice (or Hub within Health language) will be for Children and Families and has a determined locality and business plan which we will adopt and develop together as the first of our three planned **Early Help Practices (EHPs)**.
- 4.4 In the first phase of the proposal, we will establish EHPs aligned with the Children and Families Hub. The EHPs will embed a culture of co-production, and its vision and values will be based on respectful relationships with the community, drawing out their strength and resources and unlocking potential. In the second phase, we will bring in social workers, extending the range and level of work undertaken, but using the same set of values and principles to underpin all work. Staff will be involved in developing the service and will have access to devolved budgets to support children and families.
- 4.5 The EHPs will develop a new culture of multi-disciplinary working and a shared vision amongst staff. The project will create a 'virtual team' of Enablers drawn from individual professions who will model behaviours, seek synergies; develop working practices to overcome traditional boundaries both between professions and in working with our service users and communities. Tools will be strength based and consistent with the Signs of Safety model used by social workers in Torbay, assuring that risk is held safely within the community, utilising evidence based interventions.
- 4.6 A strong **strategic vision** will underpin the broad organisational changes: *to develop a single, co-ordinated local offer of help and support for and with children and families in Torbay using shared skills and assets to improve their outcomes.*
- 4.7 The **values** of the new model will be: *honest, assured practice based on respectful relationships between professionals and within families, keeping children healthy and safe by utilising and developing the strengths and skills within the community.*
- 4.8 This initiative harnesses the energy, enthusiasm and opportunity both from the top (governance and employment issues) and from the bottom (meaningful multi-agency and community engagement), creating a new commissioning and operating model and



inviting children, families and staff to shape their own pathways to better outcomes. The ultimate goal will be to ensure that children and young people achieve the four outcomes within our Children and Young People's Plan (Children and young people have the best start in life, lead healthy and happy lives, are safe from harm and have opportunities to participate and engage in community and public life).

- 4.9 By combining these opportunities with the surety of commitments made within the Five Year Business Plan (invest to save initiative), it will sustainably reduce costs across Children's Services. The new model of delivery will address needs at an earlier stage. It will prevent failure demand (relating to organisational thresholds), reduce duplication of services via partner organisations and also repeat demand where improvement cannot be sustained. The Five Year Plan targets a saving of £7.1m by reducing demand for social care, and this initiative will reinforce the ability of the service to meet these targets.
- 4.10 The support being requested will provide the funding to maximise, enhance and sustain services once transferred to the new model and will ensure that reform takes place at a pace that will ensure we can respond to the challenges of growing demand and increasing austerity. The in-scope services will be financially viable and sustainable once the requested funding has been invested (£1.25m).
- 4.11 This is an opportunity to realise ground-breaking change in public sector delivery to bring lasting benefits to children and families, and to be at the forefront of change in social work. It is focussed on fundamental cultural change at a community level and ensuring that the governance and employment frameworks are in place to sustain development. The programme will teach us how to listen to our communities better, bringing a different landscape of commissioning and greater satisfaction in sourcing and engaging in solutions.
- 4.12 The critical phase of implementation of this project will be the first six months, when the governance arrangements for the Public Service Trust should be established and operational and the timescales and plan for integration with the ICO should be in place. In addition to this the activity to lead the programme of community hubs should be agreed with local communities, with the team of enablers, approved and operational. To implement the former of these aspects it is proposed that the Director of Children's Services steps out of his operational line management role with the role being backfilled on an interim basis for six months. This arrangement would be subject to the agreement of the Employment Committee and is made possible due to the recent successful appointment of a high quality Assistant Director for Children's Safeguarding and the availability of the current interim for a further six month period. This solution will be largely cost neutral by utilising the innovation fund grant from the Department for Education and will strengthen Children's Services as it both continues its improvement journey and maintains its focus on the budget and the achievement of the targets within the Five Year Plan.
- 4.13 The stepping out of the current Director of Children's Services will also provide further opportunities to enhance future integration between adult services, children and public health, ensuring that we optimise the intention behind the new Joint Commissioning structure proposed by Executive Director of Operations and Finance. During the course of this six months the Council should also take the opportunity of additional senior officer capacity to further explore the options available within its management structure and back office systems.

## **5 Possibilities and Options**

- 5.1 This proposal has been developed in consultation with the Department of Education and is by its nature 'innovative'. Partners have been kept informed at all stages as the proposal has evolved and have consistently expressed their support.
- 5.2 The proposal provides many possibilities and options for Torbay Council to shape its future, both in providing improved outcomes for vulnerable children and young people but also in how it operates as a Unitary Authority.

## **6 Fair Decision Making/Public Services (Social Value) Act 2012**

- 6.1 The proposals in this report have been subject to discussions with senior managers across partner agencies in Torbay. The actions that emanate from the report will be based on an ongoing consultation process.
- 6.2 The report endorses the proposals of the Public Services (Social Value) Act 2012 by building on the successful partnerships that have been established in Torbay and seeking more cost effective delivery mechanisms.

## **7 Risks**

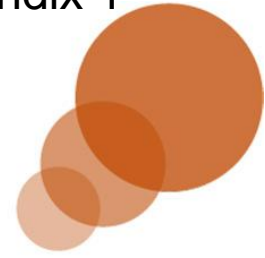
- 7.1 A full risk log is detailed as Appendix 2

## **8. Appendices**

- Appendix 1 Peninsula List – What does a List do?
- Appendix 2 Risk Register
- Appendix 3 Equality Impact Assessment



# Peninsula LIST



## INTRODUCTION TO LIST

### CONTEXT – WHAT IS THE PROBLEM A LIST IS AIMING TO FIX?

1.1 It has long been recognised that a key barrier to effective use of the public purse is that the public body required to make an investment will not necessarily be the organisation that derives the benefit. It is very clear that an approach that achieves a common public purse to pay for outcomes could provide significant improvements and savings. What has not been clear to date is how that is to be achieved.

### 2 WHAT DOES A LIST DO?

2.1 A Local Integrated Services Trust (**LIST**) is a legal mechanism that allows public bodies in an area to integrate budgets and co-commission; overcoming the problems of funding silos that could otherwise prevent a service being commissioned because the body that will benefit from a service is not the organisation that needs to commission the service.

2.2 This is unlikely to be an all or nothing situation and often there will be multiple public bodies that benefit from improved social outcomes, including the public body that has the power to commission services. So, for example tailored intensive support for troubled families would need to be commissioned by a local authority and could provide benefits to the authority in relation to reduced care costs. In addition the early intervention service is likely to result in savings for the police and health providers through reduced demand. Whilst the local authority may not be able to make a financial business case for such a service on its own, with the police and health commissioners committed to payments that reflect the benefit they receive, the business case becomes viable.

2.3 A scalable approach to early intervention requires a means of joining different public bodies' interests and budgets together in a legally robust way. This is the role of a LIST.

### 3 WHAT IS A LIST

3.1 A LIST would be a separate legal entity, wholly owned by public sector bodies within a particular local area. The structure works by the public bodies using the LIST as a vehicle through which they contract to commission services and make payments where they benefit from the improved outcome. The LIST would contract with service providers (who could be from the public, private or third sectors) to deliver the service. The LIST acts as a legal and financially transparent box through which services can be delivered and financial benefits collected from across the public sector.

3.2 Importantly, the LIST would be a permanent legal structure that public bodies in an area could use for repeat projects that are centred on cross public sector working and early interventions. This would cut down on duplicated transaction costs over a wide range of multi-authority and early intervention projects and help improve deliverability, as decision makers from across the public sector would have a clear and proven way of delivering projects.

### 4 INVESTMENT

4.1 A LIST would typically be used for delivering early intervention services predicted to produce savings, raising the question of who will take the risk of the service being effective, i.e. paying for activity up front to provide savings that will accrue in the future. Where there is such financial pressure as well as on-going demand for reactive services, this is challenging.

4.2 A LIST is flexible as to the source of funding for the early intervention activity. A first consideration will typically be whether a public body could fund the activity. Where this is not viable, the state could look to third parties, e.g. social investors. A LIST can act as a conduit for social investment, as it provides a transparent vehicle for investment and overcomes what has been identified by the Cabinet Office as the main barrier to the greater use of social investment - "*aggregating benefits and savings which accrue across multiple public sector spending 'silos' in central and local government*".

## Risk Register

No	Risk description	Impact	Probability	Impact	Impact Area	Mitigating Action	Post Mitigation Risk Rating
1	Transformation causes disruption in core social work activity	Delayed or inappropriate assessments; ineffective social work practice; poor Ofsted inspection	L	H	Social work practice	We have planned a phase approach to the transformation, starting with Early Help practices. This will reduce the pressure on safeguarding and permanence social work teams. We have also included significant transformation resource to smooth the transition period, including management backfill, a project lead, business support, and enablers in five different areas. This will ensure that there is consistent and full focus on core social work activities during the transformation period.	A
2	Partner agencies unable / unwilling to joint LIST project	Limited effectiveness of hub model to coordinate services for users	L	M	Early Help hubs	Torbay is the national leader on integration between health and social care services (starting with adult care). We have already undertaken significant partner engagement and identified clear interest in this model. We will conduct intensive partner engagement from the outset, with monthly meetings to maintain momentum.	G
3	Inability to find suitable sites for hubs or issues with the sites	Hub model effectiveness weakened by use of inappropriate sites	L	M	Early Help hubs	Initial hub sites have already been identified. There are a wide range of back-up options, including Children's Centre sites, schools, and other facilities that would be suitable in each of the three key localities.	G
4	Delays in the set-up of the LIST and/or hubs	Delay in the benefits of the Early Help practices for users	M	L	Early Help hubs	Many of the key elements for this programme are ready to go - the LIST structure is in place; partners are engaged; and hub sites have been identified. We will bring on transformation resource (project lead, business support, enablers) immediately to ensure implementation according to plan	G
5	IT systems of different agencies unable to inter-operate	Reduced efficiency of operations; weakened ability to collect data and manage performance	M	M	Early Help hubs	We plan to adapt an existing system that has already been tested in multiple agencies	A
6	Hubs generate increased demand for services by being more accessible to users	Increased cost; reduced ability to respond quickly to demand	M	M	Early Help hubs	The LIST structure will enable more consistent and coherent threshold management across agencies. This will allow us to meet any increase in demand by ensuring referrals get access to appropriate services without duplication and without cycling through multiple inappropriate services	A
7	Staff not bought into to the hub model	Staff do not use hub model as an opportunity to improve coordination of	L	M	Early Help hubs	We will conduct a number of staff engagement sessions in small and large groups. Given Torbay's track record of integrated services, we believe staff will embrace this	G

		services, reducing effectiveness of model				opportunity.	
8	Different stakeholders (e.g., children and young people, carers, families) not effectively engaged	Sub-optimal use of hubs by different groups; potential opposition to the model, leading to reduced political and public support	L	M	Early Help hubs	We are committed to co-producing this model with all relevant stakeholders. We have planned a number of co-production workshops from March to May to ensure key decisions are taken with the support of stakeholders	G
9	Budget and authority not fully devolved to LIST	Use of LIST structure as legal entity to hold budgetary and other responsibilities is key to achieving outcomes from this model	M	M	Early Help hubs	The LIST entity has political support. We will conduct intensive partner engagement to ensure the benefits of devolving budgets, staff, and other responsibilities are fully understood	A
10	Lack of effective joined-up governance / engagement from different agencies	Opportunities for improved coordination less likely to be realised	L	M	Early Help hubs	The use of LIST as an independent entity creates a structural link between agencies, improving coordination	G
11	External events (e.g., Ofsted inspection, change in central or local government policy) disrupt transformation	Transformation either delayed or benefits reduced	M	M	Early Help hubs	Cross-party political support will be established up-front; we will proceed to a rapid launch of the hubs to gain momentum	A
12	Partner agencies attempt to recover any savings achieved by LIST to benefit their own budgets	If LIST cannot retain savings, its funding will be less sustainable in the longer term; it will also be harder to attract social investment	M	M	Early Help hubs	The business plan, which will include the retention of potential savings by hubs, will be agreed by partners up front	A
13	Programme not sustainable after DfE funding ends	Programme reduced in scale/scope post-DfE funding, reducing long-term benefits	M	M	Early Help hubs	We will appoint a business development officer to seek opportunities to raise new revenues post-DfE funding	A
14	Evaluation shows no significant positive impact or is not able to effectively measure impact	Loss of political / public support for continuation of programme	L	M	Early Help hubs	Data collection protocols will be established in conjunction with the evaluator up-front; an interim evaluation will be published to allow for course correction	G
15	Programme does not effectively scale	Limited wider impact of programme beyond Torbay Early Help referrals	M	M	Early Help hubs	Scaling workshops will start in September and will continue through to year 2; the LIST structure will be designed to enable scaling and replication in other areas	A
16	LIST structure becomes additional layer, rather than reducing bureaucracy	Benefits of improved coordination, more rapid decision-making do not materialise	L	M	Early Help hubs	The LIST will control staff and budget, enabling it to effectively manage services without waiting for decisions from partner agencies; partners will provide strategic direction via LIST governance. The LIST entity will be within an existing structure, the Integrated Care Organisation (ICO) to avoid creating new layers	G

17	Interagency working remains difficult because the language, culture, disciplines and performance frameworks of different agencies are deeply ingrained; hard to hold risk in the community without one agency "holding the reins"	Reduced benefits from improved interagency working	M	M	Early Help hubs	The legal entity nature of the LIST creates a new, transformational opportunity to integrate different working practices, cultures, and performance frameworks into one structure. Our risk management approach will mirror existing Social Work Practices, which have proved the model can effectively hold risk in the community	A
18	Interagency trust required for transformation may take longer than expected	Delayed benefits from improved interagency working	L	M	Early Help hubs	We have requested funding for "enablers" in different areas (e.g., health, social care) to forge strong links between different agencies during the transformation phase. This will help to build trust and integrate working practices more quickly.	G

# Equality Impact Assessment (EIA): Social Care – The Way Forward

<b>Name (Key Officer/Author):</b>	Richard Williams	<b>Business Unit:</b>	Children's Services
<b>Position:</b>	Director of Children's Services	<b>Tel:</b>	208401
<b>Date:</b>	13 02 15	<b>Email:</b>	Richard.williams@torbay.gov.uk

Since the Equality Act 2010 came into force the council has continued to be committed to ensuring we provide services that meet the diverse needs of our community as well as ensure we are an organisation that is sensitive to the needs of individuals within our workforce. This Equality Impact Assessment (EIA) has been developed as a tool to enable business units to fully consider the impact of proposed decisions on the community.

This EIA will evidence that you have fully considered the impact of your proposal / strategy and carried out appropriate consultation with key stakeholders. The EIA will allow Councillors and Senior Officers to make informed decisions as part of the council's decision-making process.

## Executive Lead / Head Sign off:

<b>Executive Lead(s)</b>		<b>Executive Head:</b>	
<b>Date:</b>		<b>Date:</b>	

Page 3 of 3

## Relevance Test – 'A Proportionate Approach'

Not all of the proposals or strategies we put forward will be 'relevant' in terms of the actual or potential impact on the community in relation to equality and vulnerable groups. For instance, a report on changing a supplier of copier paper may not require an EIA to be completed whereas a report outlining a proposal for a new community swimming pool or a report proposing a closure of a service would.

Therefore before completing the EIA please answer the following questions. If you answer 'yes' to any of the questions below you must complete a full EIA.

1)	<b>Does this report relate to a key decision?</b>	Y√	N <input type="checkbox"/>
2)	<b>Will the decision have an impact (i.e. a positive or negative effect/change) on any of the following:</b> <ul style="list-style-type: none"> <li>• <b>The Community (including specific impacts upon the vulnerable or equality groups)</b></li> <li>• <b>Our Partners</b></li> <li>• <b>The Council (including our structure, 'knock-on' effects for other business units, our reputation, finances, legal obligations or service provision)</b></li> </ul>	Y√ Y√ Y√	N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/>

**Section 1: Purpose of the proposal/strategy/decision**

No	Question	Details
1.	Clearly set out the proposal and what is the intended outcome?	<p>To develop a more effective and efficient Children’s Social Care Service by:-</p> <ul style="list-style-type: none"> <li>• The creation of a Public Service Trust (LIST) across all agencies to allow for the ‘pooling’ of budgets and the attraction of external investment.</li> <li>• The development of an integrated delivery model for all aspects of Children’s Social Care in partnership with Health services.</li> <li>• The delivery of a new ‘community’ focus for children’s services enhancing partnership between professionals and with communities (Early Help Practices – EHP).</li> </ul>
2.	Who is intended to benefit / who will be affected?	<p>All public agencies will benefit from the more efficient and effective use of resources.</p> <p>All communities will benefit from a more efficient and effective Children’s Social Care Service.</p> <p>Ultimately the beneficiaries will be children and young people.</p>

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## Section 2: Equalities, consultation and engagement

Torbay Council has a moral obligation as well as a duty under the Equality Act 2010 to eliminate discrimination, promote good relations and advance equality of opportunity between people who share a protected characteristic and people who do not.

The **equalities, consultation and engagement** section ensures that, as a council, we take into account the Public Sector Equality Duty at an early stage and provide evidence to ensure that we fully consider the impact of our decisions / proposals on the Torbay community.

### Evidence, consultation and engagement

No	Question	Details
3.	<b>Have you considered the available evidence?</b>	Underpinning the whole proposal will be the opportunity to promote good relations with communities, advance opportunities for children and young people through a new community based delivery model. A pilot scheme (the Community Hub) has been running for the past year with positive feedback and outcomes.
4.	<b>How have you consulted on the proposal?</b>	<p>In considering how Children's Services can be delivered in a more joined approach with health and care organisations across Torbay discussions (primarily with local health organisations) have been ongoing for a number of months. Discussions have also been given to more radical approaches to service delivery in the face of ongoing, reducing public sector resources. The proposal has been put together with the support of senior executives from the relevant services.</p> <p>Moving forward, the proposals for an improvement programme will, by its nature, involve ongoing consultation through its implementation. A project board including representation from a range of different agencies will be established.</p> <p>The impact of outcomes on service users will be monitored through the implementation of the Children's Services Participation Strategy.</p>
5.	<b>Outline the key findings</b>	As part of the Pioneer Project, the community hub has been established as a pilot programme. The findings from that pilot and the discussions with senior executive has shaped the proposal for the innovation programme.
6.	<b>What amendments may be required as a result of the consultation?</b>	As the programme contains a range of new developments there will be an ongoing consultation process that will further shape the innovative model.

**Positive and negative equality impacts**

No	Question	Details		
7.	<b>Identify the potential positive and negative impacts on specific groups</b>	<i>There are no negative impact from this proposal</i>		
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	Support for children and young people will be identified earlier therefore promoting greater opportunities		
	People with caring Responsibilities	No Impact		
	People with a disability	No Impact		
	Women or men	No Impact		
	People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>	No Impact		
	Religion or belief (including lack of belief)	No Impact		
	People who are lesbian, gay or bisexual	No Impact		
	People who are transgendered	No Impact		
	People who are in a marriage or civil partnership	No Impact		
	Women who are pregnant / on maternity leave	No Impact		
	Socio-economic impacts (Including impact on child poverty issues and	Support will be identified earlier therefore promoting positive impact on child poverty		

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No	Question	Details		
	deprivation)			
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	Support will be identified earlier therefore promoting positive impact on Public Health.		
8.	<b>Cumulative Impacts – Council wide</b>	The wider support of the proposals will be to develop more effective services (to the benefit of public agencies) and more effective services (positive outcomes).		
8b	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)	The proposals have a positive cumulative impact on all agencies and clients through more effective and efficient systems.		

### Section 3: Mitigating action

No	Action	Details		
9.	Summarise any negative impacts and how these will be managed?	There will be possible workforce implications through the integration process, the impact of these will be minimised through an effective management system project.		

### Section 4: Monitoring

No	Action	Details		
10.	Outline plans to monitor the actual impact of your proposals	The proposal will be monitored through a Strategic Board and also by the Department for Education from a national perspective.		

### Section 5: Recommended course of action *TO BE COMPLETED WHEN ALL SECTIONS COMPLETE AND EIA FINALISED*

No	Action	Outcome	Tick	Reasons/justification for recommended action
11.	<b>State a recommended course of action</b> Clearly identify an option and justify reasons for this	<b>Outcome 1: No major change required - EIA has not identified any potential for adverse impact in relation to equalities and all opportunities to promote equality have been taken</b>	✓	<i>The proposal will be subject to ongoing consultation throughout its implementation – with appropriate modifications made where necessary.</i>

Page 316	<p>decision. The following four outcomes are possible from an assessment (and more than one may apply to a single proposal). Please select from the 4 outcomes and justify the reasons for your decision</p>			
	<p><b>Outcome 2: Adjustments to remove barriers –</b> Action to remove the barriers identified in relation to equalities have been taken or actions identified to better promote equality</p>			
	<p><b>Outcome 3: Continue with proposal -</b> Despite having identified some <u>potential</u> for adverse impact / missed opportunities in relation to equalities or to promote equality. Full justification required, especially in relation to equalities, in line with the duty to have 'due regard'.</p>			
	<p><b>Outcome 4: Stop and rethink –</b> EIA has identified actual or potential unlawful discrimination in relation to equalities or adverse impact has been identified</p>			



**Meeting: Council**

**Date: 26 February 2015**

**Wards Affected: All**

**Report Title: School Improvement – The Way Forward**

**Executive Lead Contact Details: Ken Pritchard, Executive Lead for Children, 07791598091, [ken.pritchard@torbay.gov.uk](mailto:ken.pritchard@torbay.gov.uk)**

**Supporting Officer Contact Details: Richard Williams, Director of Children’s Services, 01803 208401, [Richard.williams@torbay.gov.uk](mailto:Richard.williams@torbay.gov.uk)**

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## **1. Purpose and Introduction**

- 1.1 This report illustrates the need and the actions required to deliver a new approach to school improvement in Torbay. It reflects the changing landscape of education within Torbay the statutory requirements of the Local Authority and the expectation of the regulator (Ofsted).

## **2. Proposed Decision**

- 2.1 That the transfer of the existing school improvement resource (staff and budget) on a reducing basis to the Torbay Teaching School Alliance be approved in principle initially for a three year basis subject to the continuation of the Torbay Teaching School Alliance.
- 2.2 That the Executive Director of Operations and Finance be given delegated authority, in consultation with the Section 151 Officer, having considered the detailed business case and financial details, to approve the final transfer of the existing school improvement resource to the Torbay Teaching School Alliance.
- 2.3 That, subject to 2.2 above, the Executive Head of Commercial Services be given delegated authority to agree the terms of the lease or contracts for the school improvement service.

## **3 Reason for Decision**

- 3.1 The general duty for the Local Authority to promote high standards is set out under Section 13A of the Education Act 1996, as follows:

*‘Duty to promote high standards and fulfilment of potential’*

The Local Authority in England must ensure that their relevant education functions are exercised by the authority with a view to:-

- a) Promoting high standards.
- b) Ensuring fair access to opportunity for education; and
- c) Promoting the fulfilment of learning potential by every person of compulsory school age.

These duties have been amended to take account of schools causing 'concern' by the 2006 Education and the Academies Act 2010.

3.2 Emanating from the 2010 Academies Act the majority of schools in Torbay are now academies:-

6 (8) Secondary Schools  
17 (30) Primary Schools  
1 (2) Special Schools

There are also a number of schools actively exploring the possibility of academy status as all political parties now seem committed to this approach on their respective manifestos.

3.3 Although the Academies Act 2010 removes the statutory Local Authority intervention role for schools that have gained academy status, the Local Authority still retains the wider responsibility under the 1996 Act. This has now been interpreted by Ofsted, in guidance published in November 2014 to justify a new framework for the Inspection of Local Authorities for supporting school improvements in schools.

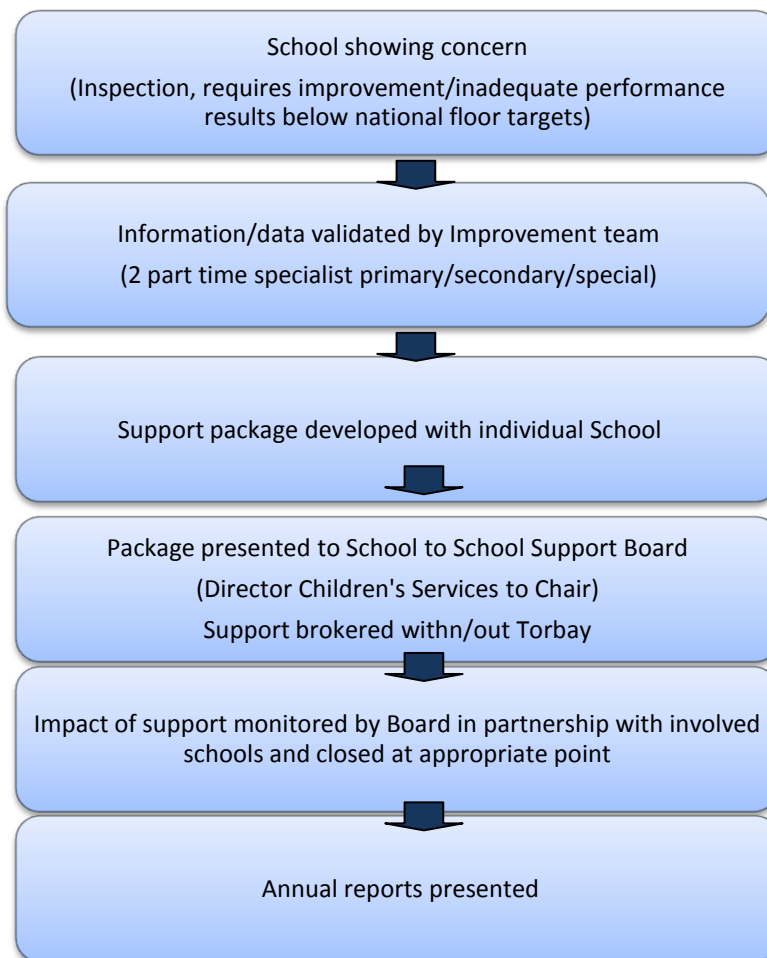
3.4 This Inspection is not universal and will only occur where concerns about performance are apparent or as requested by the Secretary of State. Based upon the current individual school inspection results and academic results from 2014 Torbay is not a Local Authority of high concern.

	Inadequate	Requires Improvement	Good	Outstanding
<b>Primary</b>	1	5 (3 Academies)	20 (14 Academies)	4
<b>Secondary</b>	1	2 (2 Academies )	2 (1 Academy)	3 (all Grammar Academies)
<b>Special</b>		1	2 (1Academy)	

3.5 Generally speaking, therefore, the standard of Torbay Schools is moving in the right direction, however, the failure to have a real impact on the 'narrowing the gap' for children in poverty is still an issue and must remain a priority. However, this is not to say that an area of concern would not arise that would potentially call in an Ofsted

Inspection. To address the issue of concern it is proposed to call a 'task group' of Headteachers during the Summer Term to analyse the data and underlying factors and develop a plan of action for the future. It is the intention that this model would be developed for any future issues of concerns that may arise.

- 3.6 Traditionally the Local Authority has had a large advisory service and school support function. The advent of academies and the development of the two Teaching Schools and the impact of budget reductions have reduced this to a minimum in Torbay. At the end of August 2014 the Executive Head of Schools moved back to a Headship in Torbay and discussions began on exploring the best options to maintain and develop school improvement.
- 3.7 It is imperative that in Torbay we learn from the past and build on the current good practice that has been developed in recent years to support all our schools. The Schools Supporting Schools model has grown from the Torbay Teaching School Alliance (led by Oldway School and including Ilsham C of E School). It provides a range of networks of support to all schools and in particular allows packages of support to be put in place for schools that may be of concern, either through their results or from an Ofsted inspection.
- 3.8 In consultation with a number of Headteachers and the Teaching Schools it was clear that the most effective and most popular option was to continue the investment in the Torbay Teaching School Alliance (building on both teaching schools). To maximise the impact of this it is proposed to transfer the remaining resources of the Local Authority (one member of staff and supporting budget) and develop a new improvement process.
- 3.9 The final shape of the process will be determined in a consultation meeting with all schools on the 12 February and will follow the route mapped out below. It will be important to fully involve the Regional Commissioner of Schools in Torbay as this role will act on behalf of the Minister of State for Education for those schools that are academies.



This process will be administered by the existing School Improvement Manager who will be transferred to the Torbay Teaching School Alliance. The budget for this work will be allocated on a three year diminishing basis, recognising the financial pressure on the Local Authority and the increasing number of academy schools. It is proposed to formalise this process from September 2015 with informal arrangements during the Summer term to resolve any issues.

#### Budget

15/16	£188,300
16/17	£152,523
17/18	£123,543

The budget and arrangements will be reviewed on an ongoing basis subject to the continued improvement of schools in Torbay

- 3.10 It is proposed that a condition of the transfer of the school improvement resource to the Torbay Teaching School Alliance will be a termly report to the Director of Children’s Services highlighting schools causing concerns, with specified actions, progress and impact and an annual report to be presented to Council detailing the performance of children and young people, individual schools and highlighting any concerns, with specified actions, progress and impact.



3.11 It is also proposed that the Council will review the arrangements with the Torbay Teaching Alliance with all schools on an annual basis, taking into account the overall performance highlighted in the annual report and the changing schools landscape.

#### **4. Possibilities and Options**

4.1 Throughout the development of this proposal a wide range of options was considered before arriving at the conclusions presented in this report. There were constraints by the statutory duties remaining with the Local Authority, the financial situation and the views of the regulatory body.

#### **5. Fair Decision Making/Public Services (Social Value) Act 2012**

5.1 The proposals in this report have been subject to extensive discussion and consultation with schools in Torbay and the Regional Commissioner for Schools.

5.2 The report endorses the proposals of the Public Services (Social Value) Act 2012 by building on a successful partnership with schools through the enhancement of the Schools Support Schools approach.

#### **6. Risks**

6.1 This approach minimises the risk to the school improvement process by sharing the responsibility between the Local Authority and local schools, both of whom have a vested interest in ensuring its success.

#### **7. Supporting Information**

7.1 Appendix 1: Equality Impact Assessment

# Equality Impact Assessment (EIA): School Improvement – The Way Forward

<b>Name (Key Officer/Author):</b>	Richard Williams	<b>Business Unit:</b>	Children's Services
<b>Position:</b>	Director of Children's Services	<b>Tel:</b>	208401
<b>Date:</b>	13 02 15	<b>Email:</b>	Richard.williams@torbay.gov.uk

Since the Equality Act 2010 came into force the council has continued to be committed to ensuring we provide services that meet the diverse needs of our community as well as ensure we are an organisation that is sensitive to the needs of individuals within our workforce. This Equality Impact Assessment (EIA) has been developed as a tool to enable business units to fully consider the impact of proposed decisions on the community.

This EIA will evidence that you have fully considered the impact of your proposal / strategy and carried out appropriate consultation with key stakeholders. The EIA will allow Councillors and Senior Officers to make informed decisions as part of the council's decision-making process.

## Executive Lead / Head Sign off:

<b>Executive Lead(s)</b>		<b>Executive Head:</b>	
<b>Date:</b>		<b>Date:</b>	

## Relevance Test – 'A Proportionate Approach'

Not all of the proposals or strategies we put forward will be 'relevant' in terms of the actual or potential impact on the community in relation to equality and vulnerable groups. For instance, a report on changing a supplier of copier paper may not require an EIA to be completed whereas a report outlining a proposal for a new community swimming pool or a report proposing a closure of a service would.

Therefore before completing the EIA please answer the following questions. If you answer 'yes' to any of the questions below you must complete a full EIA.

1)	<b>Does this report relate to a key decision?</b>	Y√	N <input type="checkbox"/>
2)	<b>Will the decision have an impact (i.e. a positive or negative effect/change) on any of the following:</b> <ul style="list-style-type: none"> <li>• <b>The Community (including specific impacts upon the vulnerable or equality groups)</b></li> <li>• <b>Our Partners</b></li> <li>• <b>The Council (including our structure, 'knock-on' effects for other business units, our reputation, finances, legal obligations or service provision)</b></li> </ul>	Y√ Y√ Y√	N <input type="checkbox"/> N <input type="checkbox"/> N <input type="checkbox"/>

**Section 1: Purpose of the proposal/strategy/decision**

No	Question	Details
1.	Clearly set out the proposal and what is the intended outcome?	<ul style="list-style-type: none"> <li>• To consolidate and continue the positive trajectory for school improvement in Torbay</li> <li>• To utilise diminishing resources in a more effective way through a new partnership with schools in Torbay</li> </ul>
2. Page 323	Who is intended to benefit / who will be affected?	The immediate beneficiaries will be schools with the ultimate beneficiaries being children and young people in Torbay

## Section 2: Equalities, consultation and engagement

Torbay Council has a moral obligation as well as a duty under the Equality Act 2010 to eliminate discrimination, promote good relations and advance equality of opportunity between people who share a protected characteristic and people who do not.

The **equalities, consultation and engagement** section ensures that, as a council, we take into account the Public Sector Equality Duty at an early stage and provide evidence to ensure that we fully consider the impact of our decisions / proposals on the Torbay community.

### Evidence, consultation and engagement

No	Question	Details
3.	Have you considered the available evidence?	<p>The first task group to be set up under this arrangement will be to examine the effectiveness of the Pupil Premium in Torbay. The success of this will have a major impact on opportunities for these children within the most deprived communities.</p> <p>The proposal includes all schools regardless of background or academic ability and promotes good positive relations with education partners.</p>
4.	How have you consulted on the proposal?	<p>Consultation with individual schools and collectively with Headteachers (12 February 2015)</p>
5.	Outline the key findings	<p>The proposals were given full support by Headteachers.</p>
6.	What amendments may be required as a result of the consultation?	<p>None.</p>

## Positive and negative equality impacts

No	Question	Details		
7.	Identify the potential positive and negative impacts on specific groups	<i>There are no negative impact from this proposal</i>		
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	Improved academic achievement and life opportunities for children and young people		
	People with caring Responsibilities		No negative Impact	
	People with a disability		No negative Impact	
	Women or men		No negative Impact	
	People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>		No negative Impact	
	Religion or belief (including lack of belief)		No negative Impact	
	People who are lesbian, gay or bisexual		No negative Impact	
	People who are transgendered		No negative Impact	
	People who are in a marriage or civil partnership		No negative Impact	
	Women who are pregnant / on maternity leave		No negative Impact	
	Socio-economic impacts (Including impact on child poverty issues and	Positive impact on narrowing the gap for those children eligible for Pupil Premium		

No	Question	Details	
	deprivation)		
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)		No negative Impact
8.	<b>Cumulative Impacts – Council wide</b>	The proposals ensure that the Council continues to meet its duties under Section 13A of the 1996 Education Act.	
8b	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)	The proposals anticipate the continuing growth in Academy schools in Torbay and promote partnership between schools regardless of their status.	

### Section 3: Mitigating action

No	Action	Details
9.	Summarise any negative impacts and how these will be managed?	None.

### Section 4: Monitoring

No	Action	Details
10.	Outline plans to monitor the actual impact of your proposals	The proposal will be subject to an annual review as stated in the report

### Section 5: Recommended course of action *TO BE COMPLETED WHEN ALL SECTIONS COMPLETE AND EIA FINALISED*

No	Action	Outcome	Tick	Reasons/justification for recommended action
11.	<b>State a recommended course of action</b> Clearly identify an option and justify reasons for this	<b>Outcome 1: No major change required - EIA has not identified any potential for adverse impact in relation to equalities and all opportunities to promote equality have been taken</b>	✓	<i>No major change required as full support from all partners.</i>

<p>decision. The following four outcomes are possible from an assessment (and more than one may apply to a single proposal). Please select from the 4 outcomes and justify the reasons for your decision</p>			
	<p><b>Outcome 2: Adjustments to remove barriers –</b> Action to remove the barriers identified in relation to equalities have been taken or actions identified to better promote equality</p>		
	<p><b>Outcome 3: Continue with proposal -</b> Despite having identified some <u>potential</u> for adverse impact / missed opportunities in relation to equalities or to promote equality. Full justification required, especially in relation to equalities, in line with the duty to have 'due regard'.</p>		
	<p><b>Outcome 4: Stop and rethink –</b> EIA has identified actual or potential unlawful discrimination in relation to equalities or adverse impact has been identified</p>		

# Agenda Item 22



**Meeting:** Council

**Date:** 26 February 2015

**Wards Affected:** All Wards

**Report Title:** Review of School Places in Torbay

**Is the decision a key decision?** Yes

**When does the decision need to be implemented?** From September 2015 onwards

**Executive Lead Contact Details:** Councillor Ken Pritchard, Executive Lead for Children, Schools & Families, 01803 207313, ken.pritchard@torbay.gov.uk

**Supporting Officer Contact Details:** Richard Williams, Director of Children's Services, 01803 208204 and richard.williams@torbay.gov.uk

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## **1. Purpose and Introduction**

- 1.1 The report provides an update on pupil forecasts and a requested change to capital funding priorities for Children's Services. It recommends the allocation of existing and future capital funding for the relocation of Torbay School and the development of a new primary school site in Paignton. Also funding required for additional secondary school places in Torquay and a 3rd phase of capital investment for Furzeham Primary School in Brixham.

## **2. Proposed Decision**

### **Council Decisions:**

- 2.1 That £750,000 identified from savings within the Children's Services Capital Programme be allocated to the Brookfield House acquisition and associated development.
- 2.2 That the proposed capital projects at St Margaret's Academy and Roselands Primary be cancelled.
- 2.3 That the £3m already allocated to Children's Services for primary provision be allocated to the relocation of Torbay School.
- 2.4 That the Schools Capital & Planning Manager commence discussions and consultation with providers, stakeholders and the Department for Education regarding the competition for a new primary school in Paignton.
- 2.5 That the Council notes that future Basic Need funding will be needed for the new primary school in Paignton and for any additional secondary provision required. A



further report to Council will follow once funding allocations are known and there is feedback from the consultation process.

- 2.6 That an additional £400,000 from the 2015/16 Local Authority Capital Maintenance Fund be allocated to a third phase of improvements at Furzeham Primary School.

**Mayoral Decision:**

- 2.7 That, subject to 2.1 above, the Mayor be recommended to acquire Brookfield House to improve the facilities at Torbay School.

**3.2 Reason for Decision**

- 3.1 The Council has a statutory duty to provide sufficient and appropriate school places. This proposal will ensure that the Council is meeting the increasing demand for school places as well as enhancing existing service delivery for children and families in Torbay.
- 3.2 The proposal will benefit the children and families attending Torbay School as well as offering good quality school places for future generations of Torbay.

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**Supporting Information**

**4. Position**

- 4.1 The Council has a statutory duty to manage the supply of school places within Torbay and currently within the Council's Capital Plan there is a commitment of £3m for 2 primary expansion projects; St Margarets (£2m) and Roselands (£1m), which were both to start in 2016. However, initial estimates show that the £3m will not be enough and more funding will be required to deliver these two projects. The latest pupil number projections show that the birth rate is not increasing as quickly as anticipated 2 years ago. As a result there is not such an immediate need to provide the additional primary places. This provides the Council and Children's Services opportunity to consider if there is a better alternative method for providing the additional places that will be needed from 2018/19.
- 4.2 A more pressing issue for Children Services (CS) is the problematic site of Torbay School. The school currently occupies a split site with the main school being on Torbay Road, Paignton and its alternative provision being sited at Hillside, Torquay. The main school in Paignton is keen to relocate for several reasons; the existing site is cramped and has limited outdoor space, it is completely surrounded by residential housing and the school has a history of difficult relations with neighbours which is getting progressively worse.

- 4.3 The recommendation is to relocate all of Torbay School's provision to the Hillside site. This will require significant investment for improvements and new build. It is estimated that the expansion and modernisation of the Hillside site for Torbay School is likely to cost £3m. The existing school site in Paignton could then be used as a primary school with some changes needed.
- 4.4 Whether Torbay school relocate or not, additional land is required for the site to provide a much needed playing field and to improve the access. This would benefit the existing Torbay School as well as any possible future primary school located on that site.
- 4.5 Negotiations are underway with Sanctuary Housing to acquire Brookfield House which is adjacent to Torbay School. This land would significantly improve the provision at the site by enabling the development of a much needed play area. It would also provide a new entrance to the site which would alleviate some of the difficulties that the school has regarding poor access and difficult relations with neighbours.
- 4.6 Sanctuary Housing has indicated that they will consider a cash purchase. In addition to the land acquisition, there would be 3 key elements to this project; demolition of existing building; security/fencing & new entrance; and a new Multi-Use Games Area (MUGA) and hard playspace. The total cost of acquiring and developing the Brookfield site would be £750,000. This could be funded from savings on existing Children's Services Capital projects. No "new" resources are required.
- 4.7 The latest secondary pupil number projections for Torbay indicate a pressure in Torquay from September 2018 onwards. Torquay Academy currently offers the best option in Torquay to offer additional secondary places as it has sufficient site area to accommodate expansion and this year's first preferences show that it is popular with parents. However, there is a complication that they have recently opened a 6th Form and have indicated that they may wish to reduce 11-15 numbers so that they can accommodate post 16 within their existing buildings. If they reduce their PAN to 210 from September 2015 then there is likely to be a shortage of secondary places in Torquay as early as September 2016. In order to facilitate an agreement with the school, the Local Authority (LA) will need to provide additional accommodation for 11-15 and post 16. As an Academy, Torquay Academy is highly unlikely to accept mobile/temporary accommodation as a cheap solution. However, they have indicated that they will keep their PAN at 240 and will be inclined to take additional pupils in future if the LA helps fund the post 16 accommodation that they need now. It is estimated that this would cost approximately £1m, possibly more. Further feasibility work would be required to establish an accurate project cost.
- 4.8 In February 2014, the Council approved £500,000 for major repairs at Furzeham Primary School. Significant improvements have already been made and a second phase of works is scheduled to start early 2015. However, parts of the school are still in a very poor condition. The most recent condition survey identified that there is still a considerable amount of investment needed to bring the school up to an acceptable

level. A third phase of works starting in 2016 would ensure that the improvements being made reach throughout the school and would address significant outstanding problems with the ancillary accommodation. An estimated £400,000 would be required for phase 3. The Department for Education (DfE) will shortly be announcing the LA Capital Maintenance funding for 2015/16. This funding could be used to fund the next phase of work at Furzeham Primary.

## **5. Possibilities and Options**

- 5.1 The alternative would be to keep Torbay School on its current site and continue with the existing proposals for St Margaret's and Roselands. This would not be a cost effective option for providing the additional places needed and expanding existing schools on difficult sites would result in a less satisfactory service outcome than a new primary school. Furthermore, the current difficulties experienced by Torbay School with site constraints and neighbours would continue to escalate.
- 5.2 A new primary school, a new site for Torbay School, and a new access and playing field for the proposed primary site will provide a cost effective solution that meets numerous service needs.
- 5.3 As part of the proposals, Officers have considered alternative sites for both a new primary school and for the relocation of Torbay School. The site at Occombe House/ Fairwinds and the forthcoming closure of Stoodley Knowle have been considered. Neither site would be in the right location for a new primary school but both sites are still options for other education needs. A report will follow once further investigation work is done.

## **6. Fair Decision Making**

- 6.1 A consultation paper was sent to those parties most affected by these proposals i.e. the staff, governors and parents/carers of all pupils attending Torbay School. The paper outlined the proposal, the reasons behind it and the process which would follow. It included a response form for the consultees to complete and return by the closing date. A copy of the consultation paper is attached to the Equality Impact Assessment accompanying this report.
- 6.2 There will be a further opportunity for interested parties to comment and inform the decision making during the statutory process. The relocation of a school is a prescribed change and as such must follow a statutory process as prescribed by the Secretary of State. Part of this involves a further consultation with interested parties and any responses received will be used to inform the Council's final decision on whether to proceed with the proposals or not.
- 6.3 The setting up of a new school also has to follow a statutory process and will be established through competition. As part of the competitive process, a formal

consultation with all interested parties, stakeholders and potential providers will be undertaken. This consultation will inform all future recommendations to Council and the Secretary of State.

## **7. Public Services (Social Value) Act 2012**

7.1 The proposals will require procurement of major capital projects, including consultants and contractors. This will be done in accordance with advice from the Council's procurement team and in accordance with the Council's financial regulations and standing orders.

## **8. Risks**

8.1 If the proposed decisions are not implemented then there is a significant risk that the difficulties experienced by Torbay School will escalate, increasing poor community relations between the school and its neighbours. There is also a risk that the Council would not meet demand for additional school places or would not be ensuring value for money by expanding existing schools.

8.2 Risks if the decision is made include; future basic need allocations being lower than expected; pupil numbers being higher or lower than expected or demand for places increasing quicker or significantly slower than forecast.

## **Appendices**

Appendix 1 Equality Impact Assessment

Appendix 2 Torbay School Parents, Staff & Governors Consultation Document

## Equality Impact Assessment (EIA):

<b>Name (Key Officer/Author):</b>	Clare Talbot	<b>Business Unit:</b>	Schools Capital & Planning, TDA
<b>Position:</b>	Schools Capital & Planning Manager	<b>Tel:</b>	01803 208220
<b>Date:</b>	10 <sup>th</sup> February 2015	<b>Email:</b>	Clare.talbot@torbay.gov.uk

Since the Equality Act 2010 came into force the council has continued to be committed to ensuring we provide services that meet the diverse needs of our community as well as ensure we are an organisation that is sensitive to the needs of individuals within our workforce. This Equality Impact Assessment (EIA) has been developed as a tool to enable business units to fully consider the impact of proposed decisions on the community.

This EIA will evidence that you have fully considered the impact of your proposal / strategy and carried out appropriate consultation with key stakeholders. The EIA will allow Councillors and Senior Officers to make informed decisions as part of the council's decision-making process.

### Executive Lead / Head Sign off:

<b>Executive Lead(s)</b>	Ken Pritchard	<b>Executive Head:</b>	Richard Williams
<b>Date:</b>	10 <sup>th</sup> February 2015	<b>Date:</b>	10 <sup>th</sup> February 2015

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### Relevance Test – ‘A Proportionate Approach’

Not all of the proposals or strategies we put forward will be ‘relevant’ in terms of the actual or potential impact on the community in relation to equality and vulnerable groups. For instance, a report on changing a supplier of copier paper may not require an EIA to be completed whereas a report outlining a proposal for a new community swimming pool or a report proposing a closure of a service would.

Therefore before completing the EIA please answer the following questions. If you answer ‘yes’ to any of the questions below you must complete a full EIA.

1)	<b>Does this report relate to a key decision?</b>	Y	
2)	<b>Will the decision have an impact (i.e. a positive or negative effect/change) on any of the following:</b> <ul style="list-style-type: none"> <li>• <b>The Community (including specific impacts upon the vulnerable or equality groups)</b></li> <li>• <b>Our Partners</b></li> <li>• <b>The Council (including our structure, ‘knock-on’ effects for other business units, our reputation, finances, legal obligations or service provision)</b></li> </ul>	Y Y Y	

**Section 1: Purpose of the proposal/strategy/decision**

No	Question	Details
<p>1.</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 334</p>	<p><b>Clearly set out the proposal and what is the intended outcome?</b></p>	<p>The Council has a statutory duty to manage the supply of school places within Torbay; currently within the Council's Capital Plan there is a commitment of £3m for 2 primary expansion projects; St Margarets (£2m) and Roselands (£1m), which were both to start in 2016. However, current projections show that the birth rate is levelling and as a result there is not such an immediate need to provide any further additional primary places in Paignton and Torquay.</p> <p>A more pressing issue is the problematic site of Torbay School. The school currently occupies a split site with the main school being on Torbay Road, Paignton and its alternative provision being sited at Hillside, Torquay. The main school in Paignton is keen to relocate for several reasons; the existing site is cramped and has limited outdoor space, the school is also completely surrounded by residential housing.</p> <p><b>In view of this, the proposal is to reallocate the £3m earmarked in the Capital Programme for expansion, to facilitate the relocation of the Torbay School providing a long term solution for Torbay School.</b></p> <p>The intended outcome of these proposals is that:</p> <ul style="list-style-type: none"> <li>• Torbay School relocates to purpose built premises with appropriate facilities for its vulnerable pupils September 2017;</li> <li>• the vacated site in central Paignton could then be used to provide a new primary school as demand is expected to rise again from 2018</li> </ul>
<p>2.</p>	<p><b>Who is intended to benefit / who will be affected?</b></p>	<p>These proposals will benefit:</p> <ul style="list-style-type: none"> <li>• Young persons aged 11-16 with behaviour, emotional and social difficulties (BESD) as the new site will give them a better school environment with better facilities</li> <li>• The staff and governors at the existing school site; they will also benefit from a better school environment which will offer better facilities</li> <li>• Families moving into central Paignton; as they will have access to a more convenient Primary School, currently surplus places tend to be in schools on the outskirts of town or families commute to schools in Torquay</li> <li>• The Council through a more effective use of funding; the Council will utilise the existing school premises in Paignton as a primary school whilst using capital to fund new purpose built BESD premises for Torbay School.</li> </ul>

## Section 2: Equalities, consultation and engagement

Torbay Council has a moral obligation as well as a duty under the Equality Act 2010 to eliminate discrimination, promote good relations and advance equality of opportunity between people who share a protected characteristic and people who do not.

The **equalities, consultation and engagement** section ensures that, as a council, we take into account the Public Sector Equality Duty at an early stage and provide evidence to ensure that we fully consider the impact of our decisions / proposals on the Torbay community.

### Evidence, consultation and engagement

No	Question	Details
3.	Have you considered the available evidence?	<p>BESD is an umbrella term to describe a range of complex and chronic difficulties experienced by some children. These children can often demonstrate the following:</p> <ul style="list-style-type: none"> <li>• Being withdrawn or isolated</li> <li>• Displaying a disruptive &amp; disturbing nature</li> <li>• Hyperactive and lacking concentration</li> <li>• Immature social skills</li> <li>• Changing behaviour</li> </ul> <p>Guidance issued by the DfE states that 'connection to and use of outdoor space is essential for pupils who have SEN and disability. A variety of different types of space are needed in and around the school for the outdoor classroom, sensory stimulation, sheltered or covered plan, and social and recreational use.'</p> <p>In fact for a school with pupils with BESD, the DfE recommends that a larger space for PE and sport should be available due to the higher activity needs of the pupils and the benefits which may be gained from sport activities in promoting the development of teamwork and social skills. In the Building Bulletin 77 it states that a secondary BESD school should have at least one hard court 1000-1400m<sup>2</sup> and one grass court 4698-6016m<sup>2</sup>.</p> <p>At its present site, in Paignton, Torbay School is land locked with a small amount of outdoor space. It has a hard play area of 652m<sup>2</sup> and additional hard surface area of 845m<sup>2</sup>: it has no grass courts.</p> <ul style="list-style-type: none"> <li>• <b>Relocating the school would give Torbay Council the opportunity to address the shortfalls in the existing accommodation and site</b></li> </ul> <p>As stated in paragraph 1 above, projections show that primary pupil numbers are stabilising in the short term;</p>

No	Question	Details																																																																																
		<p>however, long term with the expected level of housing completion in the area, the Council is expecting numbers to rise again. The proposal for a new one form of entry primary school in Paignton in 2018 would provide sufficient capacity to meet that demand. The table below provides the latest pupil projections for Paignton:</p>																																																																																
		<table border="1"> <thead> <tr> <th data-bbox="591 320 770 395">Academic Year</th> <th data-bbox="770 320 1111 395">Current Planned Admission Number</th> <th data-bbox="1111 320 1218 395">Age 4+</th> <th data-bbox="1218 320 1326 395">Age 5+</th> <th data-bbox="1326 320 1433 395">Age 6+</th> <th data-bbox="1433 320 1541 395">Age 7+</th> <th data-bbox="1541 320 1648 395">Age 8+</th> <th data-bbox="1648 320 1756 395">Age 9+</th> <th data-bbox="1756 320 1863 395">Age 10+</th> <th data-bbox="1863 320 1957 395">Total</th> </tr> </thead> <tbody> <tr> <td data-bbox="591 395 770 448">2014-15 act.</td> <td data-bbox="770 395 1111 448">507</td> <td data-bbox="1111 395 1218 448">458</td> <td data-bbox="1218 395 1326 448">494</td> <td data-bbox="1326 395 1433 448">474</td> <td data-bbox="1433 395 1541 448">465</td> <td data-bbox="1541 395 1648 448">471</td> <td data-bbox="1648 395 1756 448">478</td> <td data-bbox="1756 395 1863 448">463</td> <td data-bbox="1863 395 1957 448">3303</td> </tr> <tr> <td data-bbox="591 448 770 501">2015-16</td> <td data-bbox="770 448 1111 501">507</td> <td data-bbox="1111 448 1218 501">505</td> <td data-bbox="1218 448 1326 501">475</td> <td data-bbox="1326 448 1433 501">504</td> <td data-bbox="1433 448 1541 501">480</td> <td data-bbox="1541 448 1648 501">463</td> <td data-bbox="1648 448 1756 501">478</td> <td data-bbox="1756 448 1863 501">480</td> <td data-bbox="1863 448 1957 501">3385</td> </tr> <tr> <td data-bbox="591 501 770 553">2016-17</td> <td data-bbox="770 501 1111 553">507</td> <td data-bbox="1111 501 1218 553">470</td> <td data-bbox="1218 501 1326 553">523</td> <td data-bbox="1326 501 1433 553">485</td> <td data-bbox="1433 501 1541 553">510</td> <td data-bbox="1541 501 1648 553">477</td> <td data-bbox="1648 501 1756 553">470</td> <td data-bbox="1756 501 1863 553">481</td> <td data-bbox="1863 501 1957 553">3416</td> </tr> <tr> <td data-bbox="591 553 770 606">2017-18</td> <td data-bbox="770 553 1111 606">507</td> <td data-bbox="1111 553 1218 606">497</td> <td data-bbox="1218 553 1326 606">487</td> <td data-bbox="1326 553 1433 606">533</td> <td data-bbox="1433 553 1541 606">491</td> <td data-bbox="1541 553 1648 606">507</td> <td data-bbox="1648 553 1756 606">485</td> <td data-bbox="1756 553 1863 606">472</td> <td data-bbox="1863 553 1957 606">3473</td> </tr> <tr> <td data-bbox="591 606 770 659">2018-19</td> <td data-bbox="770 606 1111 659">507</td> <td data-bbox="1111 606 1218 659">483</td> <td data-bbox="1218 606 1326 659">515</td> <td data-bbox="1326 606 1433 659">497</td> <td data-bbox="1433 606 1541 659">540</td> <td data-bbox="1541 606 1648 659">488</td> <td data-bbox="1648 606 1756 659">515</td> <td data-bbox="1756 606 1863 659">487</td> <td data-bbox="1863 606 1957 659">3525</td> </tr> <tr> <td data-bbox="591 659 770 722">2019-20</td> <td data-bbox="770 659 1111 722">507</td> <td data-bbox="1111 659 1218 722">490</td> <td data-bbox="1218 659 1326 722">501</td> <td data-bbox="1326 659 1433 722">525</td> <td data-bbox="1433 659 1541 722">503</td> <td data-bbox="1541 659 1648 722">536</td> <td data-bbox="1648 659 1756 722">496</td> <td data-bbox="1756 659 1863 722">517</td> <td data-bbox="1863 659 1957 722">3568</td> </tr> </tbody> </table>	Academic Year	Current Planned Admission Number	Age 4+	Age 5+	Age 6+	Age 7+	Age 8+	Age 9+	Age 10+	Total	2014-15 act.	507	458	494	474	465	471	478	463	3303	2015-16	507	505	475	504	480	463	478	480	3385	2016-17	507	470	523	485	510	477	470	481	3416	2017-18	507	497	487	533	491	507	485	472	3473	2018-19	507	483	515	497	540	488	515	487	3525	2019-20	507	490	501	525	503	536	496	517	3568										
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		Source: LA November 2014 Projections																																																																																
		<p>Sites for a new primary school in Paignton are limited. This particular option provides a good, central location plus it has the infrastructure and buildings for a new school already there, so minimal additional resource would be needed. It is also expected that a new school in this location could attract back those local pupils who currently attend schools on the border with Torquay; the effect would be to free up much needed capacity within Torquay for expected long term demand.</p>																																																																																
		<p>This proposal, therefore, has the potential to support and address raising demand in the two towns in the long term.</p>																																																																																
		<ul style="list-style-type: none"> <li data-bbox="613 1129 2136 1201">• <b>The proposal will ensure that the Council fulfils its statutory duty to provide sufficient capacity to meet long term demand</b></li> </ul>																																																																																



No	Question	Details
4.	How will you consult on the proposal?	<p>A consultation paper was sent to those parties potentially affected by these proposals – the staff, governors and parents/carers of all pupils currently attending Torbay School. The consultation paper outlined the proposal, the reasons behind it and the process which would follow. It included a response form for the consultees to complete and return by the closing date. A copy of the consultation paper is attached as Appendix 2.</p> <p>This decision by the Council is the first stage in the process. The relocation of a school is a prescribed change and as such must follow a statutory process as prescribed by the Secretary of State. Part of this process involves the publication of notices and the opportunity for interested parties to write in either supporting or opposing the proposals; any responses received will be used to inform the Council's final decision on whether to proceed or not.</p>
5.	Outline the key findings	<p>In total 159 consultation papers were sent out by the school and at the close of the consultation 8 responses had been received back. A summary of the consultation responses received is attached to the Consultation Paper in Appendix 2. Out of the responses received 100% were in support of the proposals; none were against it.</p> <p>The comments given for supporting the proposal were:</p> <ul style="list-style-type: none"> <li>• The school does need more outdoor space</li> <li>• Current site is inadequate</li> <li>• Growing demand for alternative provision...current site unsuitable for extension</li> </ul> <p>Comments were also made about the need for future consultation over the site and development of the new school; Torbay Council is already in discussions with the school about possible sites and would ensure they were engaged in the planning stage.</p>
6.	What amendments may be required as a result of the consultation?	<p>In view of the fact that all of the responses received to date were in support of the proposal, there are no changes proposed at this stage of the process.</p> <p>As stated above further consultation will need to be undertaken at a later stage in line with the statutory requirements. At which point there will be a further opportunity for interested parties to comment and inform the decision making process before a final decision is made.</p>

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### Positive and negative equality impacts

No	Question	Details
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No	Question	Details		
7.	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people	Providing a new primary school in central Paignton will benefit: <ul style="list-style-type: none"> <li>• families moving into the area</li> <li>• families who currently have to travel outside of the area to school</li> </ul> Relocating Torbay School will benefit: <ul style="list-style-type: none"> <li>• existing &amp; future pupils with new &amp; better facilities</li> <li>• staff at the school</li> </ul>	Dependent on this proposal being accepted, moving Torbay School to a new location could potentially impact on residents that may live in the surrounding area(s) , <i>Mitigating actions will include looking for a bigger site , looking for an area that may not be surrounded or in such close proximity to residential dwellings; steps will also be taken in the new school's design to mitigate any possible issues</i>  Relocation could create transport issues for some families, <i>Mitigating actions will include Torbay Council &amp; the school proactively working with families to find solutions to any arising issues</i>	No neutral impact
	People with caring Responsibilities	Providing a new primary school in central Paignton will benefit: <ul style="list-style-type: none"> <li>• families moving into the area</li> <li>• families who currently have to travel outside of the area to school</li> </ul> Relocating Torbay School will benefit: <ul style="list-style-type: none"> <li>• existing &amp; future pupils with</li> </ul>	Relocation could create transport issues for some families, <i>Mitigating actions will include Torbay Council &amp; the school proactively working with families to find solutions to any arising issues</i>	No neutral impact

No	Question	Details	
	People with a disability	<p>new &amp; better facilities</p> <p>Any new premises built for Torbay School will be DDA compliant</p> <p>The new school would be purpose built in line with the latest recommendations and guidance to meet the needs of the pupils it serves</p>	<p>No negative impact</p> <p>No neutral impact</p>
	Women or men	No differential impact	
	People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>	No differential impact	
	Religion or belief (including lack of belief)	No differential impact	
	People who are lesbian, gay or bisexual	No differential impact	
	People who are transgendered	No differential impact	
	People who are in a marriage or civil partnership	No differential impact	
	Women who are pregnant / on maternity leave	No differential impact	
	Socio-economic impacts (Including impact on child poverty issues and deprivation)	No differential impact	
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)	No differential impact	
8.	<b>Cumulative Impacts – Council wide</b>	No cumulative impacts – Council wide	

No	Question	Details
	(proposed changes elsewhere which might worsen the impacts identified above)	
8b	<b>Cumulative Impacts – Other public services</b> (proposed changes elsewhere which might worsen the impacts identified above)	No cumulative impacts – Council wide

### Section 3: Mitigating action

No	Action	Details
9.	<b>Summarise any negative impacts and how these will be managed?</b>	The negative impacts that have been identified through the EIA are linked to the proposed relocation of Torbay School. The consultation identified what it considered to be the main negative impact for interested parties, i.e. transport, but until a site is located and individual cases examined it is difficult to say how the impact will be managed; the fact is that at the time of the proposed move (September 2017) the situation of the pupils and staff at the school could have changed. Torbay Council and the school will work closely with each family at the time of the relocation to minimise the impact of the relocation, and further consultation will need to be undertaken once further detailed proposals are established as part of the statutory process. This statutory process will also ensure that the proposals, in line with the Council's duty, do not adversely impact on any disadvantaged groups.

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### Section 4: Monitoring

No	Action	Details
10.	<b>Outline plans to monitor the actual impact of your proposals</b>	<p>To manage the impact of these proposals Torbay Council will work closely with Torbay School during the relocation process; actions to be taken will include:</p> <ul style="list-style-type: none"> <li>• the involvement of interested parties in the identification of the site</li> <li>• the engagement of interested parties in the planning of the new school</li> <li>• the facilitation of one to one discussions between families and the school over any specific issues, including transport</li> </ul> <p>Torbay Council would also monitor the impact of these proposals by:</p> <ul style="list-style-type: none"> <li>• regularly reviewing its pupil projections against current capacity</li> <li>• monthly budget monitoring and checks on the capital spend; reporting back to members</li> </ul>

		<ul style="list-style-type: none"> <li>• appointing a competent and specialised project team to oversee the new build</li> <li>• keeping interested parties informed through regular updates</li> </ul>
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No	Action	Outcome	Tick ✓	Reasons/justification for recommended action
11.	State a recommended course of action	<i>Outcome 1: No major change required</i>	✓	No major change to the proposal is required as no negative comments have been received and whilst negative impacts have been identified so have actions to mitigate them. The proposals aim is to enhance provision currently on offer to its service users; all responses received have been in support of the proposal.
		<i>Outcome 2: Adjustments to remove barriers</i>		
		<i>Outcome 3: Continue with proposal</i>		
		<i>Outcome 4: Stop and rethink</i>		

# Agenda Item 22

## Appendix 2



16 January 2015

*Dear Parents, Carers, Staff and Governors of Torbay School*

*As you are aware we have been working with Torbay Council in its review of the provision for pupils with social, emotional, behavioural and mental health difficulties. This recently led to the amalgamation of Torbay School with the Pupil Referral Unit at the beginning of this year. To further enhance the provision on offer the Council is now looking at a proposal to relocate Torbay School to a new site with a purpose built school.*

*The attached paper gives more detailed information about the proposal and why we believe this would be beneficial to the school.*

*It also provides you with an opportunity to comment on what is being proposed; please note that any comments received will be used to inform the decision making.*

*If you require this document in a different format or would like any further information then please contact 01803 208260,*

*It is important to remember we are holding this consultation to gather your views; no decisions have been made at this point.*

*The closing date for responses is the **30<sup>th</sup> January 2015.***

*Yours sincerely*

**James Evans**  
**Executive Headteacher Torbay School**

# **The Relocation of Torbay School**

## **Consultation Paper Spring 2015**

### **WHAT IS THE PROPOSAL?**

Torbay Council is proposing to move Torbay School from its current location on Torquay Road, Paignton TQ3 2AL, to a new site with a purpose built school for secondary pupils with behavioural, emotional and social difficulties. The school leadership and Governing Body are very supportive of this proposal.

### **WHY DOES THE COUNCIL WANT TO MOVE TORBAY SCHOOL?**

Torbay School has been at its current location since 2003. Under a reorganisation of the Council's provision for pupils with special needs it was established at that site as a special school for 60 pupils aged between 9 and 16 with behavioural, emotional and social difficulties. Since that time the demand for provision at the school has risen and in 2013 the age range of the provision was changed so that it became a provision for secondary aged pupils only.

The needs and demands of the school population have changed and continue to change. Discussions have been ongoing with the Council about possible solutions not only to the issues around the existing premises but also the suitability of the site with its close proximity to residents and the lack of outdoor space.

The site is landlocked and offers no easy solutions. The most viable and least disruptive to the running of the school would be the complete relocation to a new purpose built school. The new school would be designed with involvement from the senior staff of the school and experienced consultants.

At present the Council is carrying out feasibility studies to identify the most appropriate site from those available within the area. The current preferred location is Torquay.

It is acknowledged that a relocation from Paignton to Torquay could create transport issues for some families; should the relocation go ahead then the Council and the school would work closely with families to secure a solution.

### **WHAT HAPPENS NEXT?**

The purpose of this consultation is to gather your views and inform the decision making process; it will run from 16<sup>th</sup> January until 30<sup>th</sup> January 2015. After that date all responses received will be collated and the proposal will be submitted along with a summary of the responses received to the Council for a decision on whether to proceed with this proposal or not.

If the Council decides to proceed with the proposal there is still a long way to go. The relocation of a school is a prescribed change so in order to implement it the Council will need to follow a statutory process; this will involve a further consultation and a further opportunity for interested parties such as yourselves to have your say.

The Council will also need to identify a suitable site for the new school and new purpose built premises will need to be constructed.

**Bearing all this in mind, the Council would not expect Torbay School to relocate before September 2017.**

## **HOW TO MAKE YOUR VIEWS HEARD**

Attached to this document is a response form which gives you an opportunity to give us your views on the proposals. We do have to ask for your name since everyone and anyone is entitled to return one form only.

In addition to completing a response form, or instead of, you can also send your views by letter or email to the following addresses.

Letter:           Samantha Poston  
                      Schools Capital & Planning Officer,  
                      Schools Capital & Planning Team, TDA  
                      3rd Floor Tor Hill House  
                      Union Street  
                      Torquay  
                      TQ2 5QW

Email:           [schoolscapital@torbay.gov.uk](mailto:schoolscapital@torbay.gov.uk)

If you would like additional copies of this document and response form, or require it in a different format or language, please telephone 01803 208260.

**The closing date for responses is 30<sup>th</sup> January 2015.**





CONSULTATION ON RELOCATION OF TORBAY SCHOOL

Response Form
Spring 2015

This response form sets out questions relating to the Consultation Paper. Please read each question and indicate your preferred response by ticking the relevant box. Your comments are also welcome and space has been provided after each question for this purpose.

Before completing the response form, please provide the following information (block capitals)

NAME: \_\_\_\_\_

Please tick one of the following boxes as appropriate:

Governor [ ]

Staff [ ]

Parent [ ]

Other, please specify \_\_\_\_\_

1. Do you agree with the proposal to relocate Torbay School?

Yes [ ] No [ ] Not sure [ ]

Comments:

.....
.....
.....

2. Do you have any other options for consideration?

Yes [ ] No [ ] Not sure [ ]

Please indicate below any other options that are not included in this consultation, giving reasons for these and any supporting information:

.....
.....
.....

THANK YOU FOR COMPLETING THIS RESPONSE FORM
Please return your completed form by 30th January 2015 to:

Samantha Poston
Schools Capital & Planning Officer,
Schools Capital & Planning Team, TDA
3rd Floor Tor Hill House
Union Street
Torquay TQ2 5QW

## Summary of Consultation

Consultation papers were issued to those parties directly affected by the proposals, the parents and carers of all pupils currently attending Torbay School and the staff and governors of the school.

A total of 159 papers were issued.

At the close of the consultation 8 responses had been received.

This is a response rate of 5%.

In total, 100% (8) of the respondents were in favour of the proposal to relocate Torbay School; none were against the proposal.

Please find below a more detailed look at the responses to the questions put forward in the consultation;

### **Responses to question 1: Do you agree with the proposal to relocate Torbay School?**

Comments made include:

- ...the school does need more outdoor space....
- The current school premises are not suitable to educate children because it is landlocked and there is little space for secondary pupils
- Current site is inadequate....
- Growing demand for alternative provision...current site unsuitable for extension
- Change supported subject to ongoing consultation.
- Subject to appropriateness of new site.

Council's response:

*The comments received support the arguments behind the proposal that the current site is not suitable for current and raising demand.*

*There will be ongoing consultation and discussion with all interested parties as the proposal is developed and before any final decisions are made.*

### **Responses to question 2: Do you have any other options for consideration?**

No alternative options were given.