

OVERVIEW AND SCRUTINY BOARD

A meeting of **Overview and Scrutiny Board** will be held on

Wednesday, 14 September 2016

commencing at **5.00 pm**

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

Members of the Board

Councillor Lewis (Chairman)

Councillor Barnby
Councillor Bent
Councillor Bye
Councillor Stockman

Councillor Stocks
Councillor Tolchard
Councillor Tyerman
Councillor Doggett

Co-opted Members of the Board

Penny Burnside, Diocese of Exeter

A prosperous and healthy Torbay

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

Kate Spencer, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207063

Email: scrutiny@torbay.gov.uk

OVERVIEW AND SCRUTINY BOARD AGENDA

1. Apologies

To receive apologies for absence, including notifications of any changes to the membership of the Board.

2. Minutes

To confirm as a correct record the minutes of the meeting of the Board held on 6 July 2016.

(Pages 5 - 7)

3. Declarations of Interest

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

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

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

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

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

4. Urgent Items

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

5. Community Services Reconfiguration

To receive an update from the South Devon and Torbay Clinical Commissioning Group on the consultation on the reconfiguration of community services.

(Pages 8 - 77)

The Board to agree how it plans to gather information in order to respond to the consultation.

6. Establishment of Policy Development and Decision Groups

To discuss with the Mayor how the newly established Policy Development and Decision Groups will operate.

- 7. Revenue Budget Monitoring 2016/2017 - Quarter 1** (Pages 78 - 84)
The Assistant Director – Corporate and Business Services to present the Chief Finance Officer’s report setting out the Quarter 1 position for the revenue budget for 2016/2017.
- The Mayor and his Executive Leads to answer the Board’s questions.
- The Board to make any comments, conclusions and recommendations to the meeting of the Council to be held on 22 September 2016.
- 8. Capital Investment Plan Update 2016/2017 Quarter 1** (Pages 85 - 97)
The Assistant Director – Corporate and Business Services to present the Chief Finance Officer’s report setting out the Quarter 1 position for the Capital Plan budget for 2016/2017.
- The Mayor and his Executive Leads to answer the Board’s questions.
- The Board to make any comments, conclusions and recommendations to the meeting of the Council to be held on 22 September 2016.
- 9. Efficiency Plan** (To Follow)
The Chief Executive to present the draft Efficiency Plan.
- The Mayor and his Executive Leads to answer the Board’s questions.
- The Board to make any comments, conclusions or recommendations to the meeting of the Council to be held on 22 September 2016.
- 10. Capital Investment Fund** (Pages 98 - 116)
The Assistant Director – Corporate and Business Services to present the Chief Finance Officer’s report on the proposed Capital Investment Fund.
- The Mayor to answer the Board’s questions.
- The Board to make any comments, conclusions and recommendations to the meeting of the Council to be held on 22 September 2016.
- 11. Torbay Youth Trust Business Plan Proposal** (Pages 117 - 118)
The Director of Children’s Services to present his report on the current position in relation to the Torbay Youth Trust.
- The Executive Lead for Children’s Services to answer the Board’s questions.

12. Torbay Development Agency (TDA) Business Plan 2016-2021
The Council's representatives on the Board of the Torbay Development Agency to report to the Overview and Scrutiny Board on their work and the TDA's draft Business Plan for 2016/2021.

13. Screen on the Green
The Monitoring Officer to present her report in relation to the request from Councillors Darling (M) and Pentney in relation to the Screen on the Green.

(Pages 119 - 121)



Minutes of the Overview and Scrutiny Board

6 July 2016

-: Present :-

Councillor Lewis (Chairman)

Councillors Barnby, Bent, Bye, Stockman, Stocks, Tolchard, Tyerman and Doggett

(Also in attendance: Councillors Darling (M), Mills, Pentney, Brooks, Ellery, Excell, Kingscote, Morey and Parrott)

19. Apologies

Apologies for absence were received from the Mayor and Councillor Morris both of whom had been invited to attend the meeting as the appropriate Executive Leads for items on the agenda. They were both represented by the Deputy Mayor (Councillor Mills).

20. Minutes

The minutes of the meeting of the Board held on 15 June 2016 were confirmed as a correct record and signed by the Chairman.

21. Electoral Review to Reduce the Number of Councillors in Torbay

Following a request made at the meeting of the Council held on 10 December 2015, a report containing statistical and benchmarking information was considered in order for the Board to determine whether it should recommend that a review of the current ward boundaries and/or number of councillors should be undertaken.

It was reported that, since the report had been prepared, further discussions had been held with the Boundary Commission. Given the number of new residential developments which had recently been completed in Torbay, the Commission would be adding a review of Torbay's boundaries into its work programme for 2017/2018. The Board was advised that, if the Council requested that a review be undertaken, the Council would have more control over when the work would start meaning that the associated workload could be programmed accordingly.

Resolved: that the Board recommend to the Council that it requests the Local Government Boundary Commission for England to undertake a review of the ward boundaries in Torbay but, at this stage, the Board do not believe there is a need to review the overall number of councillors.

22. Rationalisation of Discretionary Welfare Funds

Following consideration of proposals in relation to the Social Fund during its Review of Priorities and Resources in January 2016, the Board received an update report on the work that had been undertaken for the Council to make best use of discretionary welfare funds.

The Board heard details of the new Deposit Bond and Crisis Support Loan Schemes and how these worked alongside the Discretionary Housing Payment Scheme. The Deposit Bond Scheme was due to launch on 1 August 2016 with the Crisis Support Loan Scheme having been operational since 1 May 2016.

It was noted that Children's Services Section 17 payments were still largely made in isolation to the other discretionary welfare schemes. The Executive Lead for Children's Services assured the Board that he would make every effort to remove the duplication around the Section 17 payments. The Executive Head – Customer Services explained that he hoped to make use of monitoring software to avoid duplication of applications although careful consideration would need to be given to data protection.

Resolved: that the excellent response of the Executive Head – Customer Services and his team to reconfiguring the discretionary welfare funds to make best use of reducing resources be congratulated and that a further update report be presented in nine months time.

23. Amendments to the Corporate Asset Management Plan

The Board considered a draft report which was due to be presented to the meeting of the Council to be held on 22 July 2016 on proposals amendments to the Corporate Asset Management Plan. The processes and procedures in place to determine applications for grants in lieu of rent had been reviewed, amendment and consolidated and it was proposed that these should now be included as an appendix to the Council's Corporate Asset Management Plan.

Further, a review of the process of granting leases for sports grounds had also been undertaken. It was proposed that an overarching strategy for the granting of such leases also be included as an appendix to the Asset Management Plan.

A representative of Torbay Sports Council attended the meeting and shared the concerns of the Sports Council in relation to the proposals with the Board.

The Board raised questions in relation to how the market value would be assessed, the break clauses available to the Council and its tenants and whether the Executive supported the proposals.

Resolved: that the proposals within the draft report be supported but that officers consider how an appeals mechanism (to councillors) can be included within the process for determining applications for grants to in lieu of rent.

24. Torre Valley North Lease

The Executive Head – Business Services presented his draft report on the proposal to grant a 30 year lease (at less than market rent) of Torre Valley North Playing Field to Torre Valley Sports Group Community Interest Company.

The report also gave details of the potential use of a capital sum of £127,000 which had been transferred from Children's Services to the Council to compensate for Cockington Primary School's encroachment onto Torre Valley North Playing Field when the School was expanded in 2012/13.

A representative of Torbay Sports Council and the Community Interest Company addressed the Board with their views on the proposals.

In response to members questions on the potential use of the capital sum, the Executive Head explained that the wording of the recommendation needed to be amended to make it clear that the facilities at the Playing Field would be reinstated using the monies with any remaining capital then being ringfenced for use to improve sports facilities throughout Torbay.

Resolved: that, subject to recommendation 3.4 being amended as explained by the Executive Head, the Board support the proposals.

25. Screen on the Green

The Board considered a request from Councillors Darling (M) and Pentney for an item to be considered at a future meeting of the Board in relation to "The Screen on the Green".

Resolved: that the Assistant Director – Corporate Services be requested to prepare a report answering the questions identified by Councillors Darling (M) and Pentney plus the following points raised at the meeting:

- What are the implications of the covenant on Torre Abbey Meadows for this attraction and future attractions?
- Was there a business case for the proposal showing the financial and community benefits? If so, can a copy of the Business Plan be shared with the Board?
- What is the decision making process for agreeing to hold such events?

Chairman



Report to Torbay Overview and Scrutiny Board

14 September 2016

Community Services Reconfiguration

1 Purpose

Since the report to Scrutiny Committee in May, the consultation proposals summarised in that report have been subject to the NHS England assurance process. As a result of that process taking longer than anticipated and a desire to avoid consulting in school holidays, formal consultation started on 1 September and will run until Wednesday 23 November. It is anticipated that the CCG governing body will consider the outcome of the consultation as well as any alternative proposals at a meeting in public in January/February 2017.

This paper describes the current position and the main strands of the consultation.

2 Recommendation

The Scrutiny Committee is asked to note this report and to encourage its staff and residents of the Bay to participate fully in the consultation process.

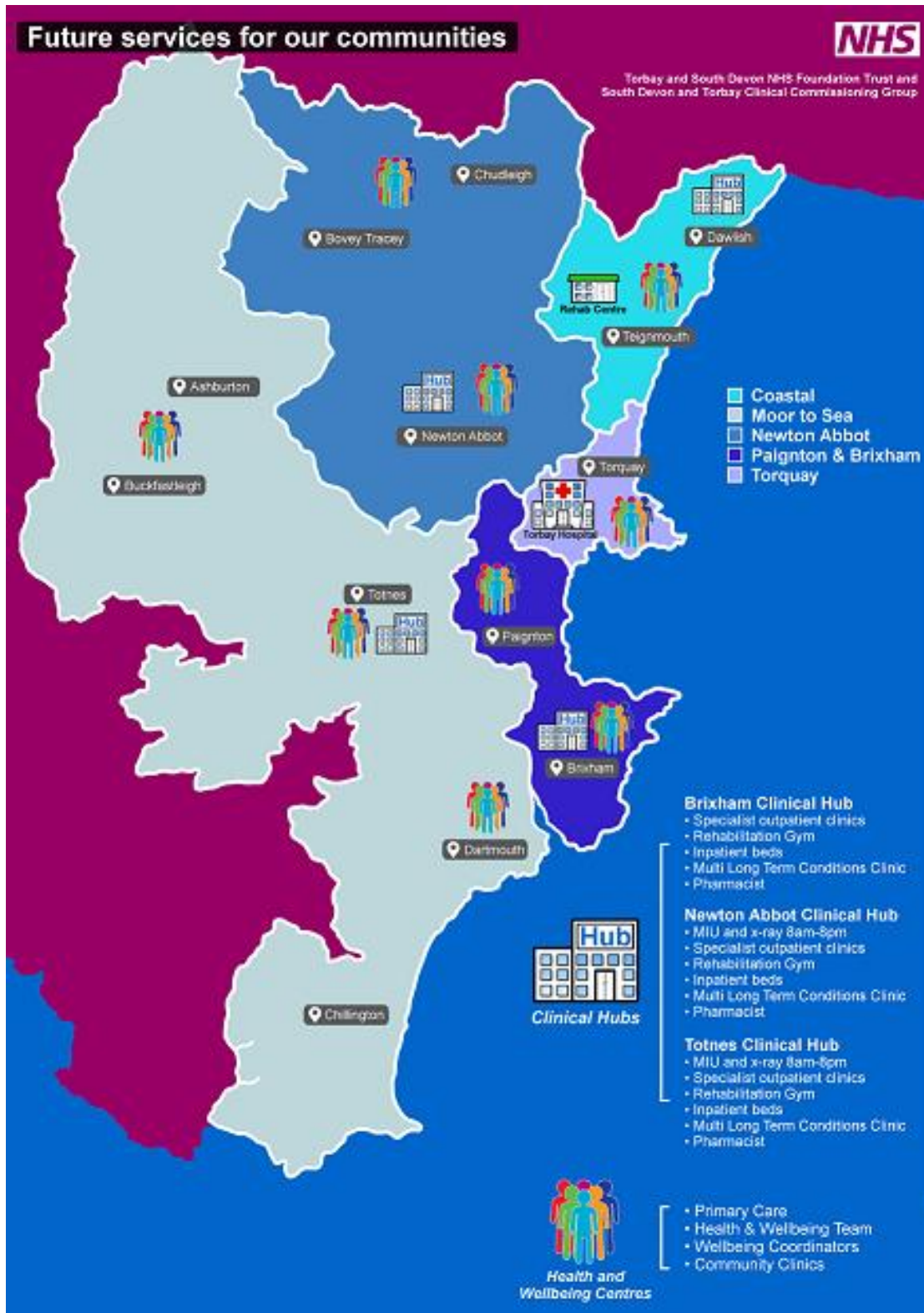
3 Context

As indicated in the May report, the current NHS provision in the area is unsustainable and will be unable to cope with rising demand for services, created in part by the increasingly elderly population, increased life expectancy and the number of people with complex long term conditions. As indicated in our May report, change is inevitable and maintaining the status quo is neither sustainable nor clinically sound.

At the heart of the consultation process is the wish to respond to what people told us they wanted from their health services and to provide care in or close to people's homes, via a more integrated joined up health and social care service.

If approved, the consultation proposals would see a switch of spend from bed based to community based care with the number of community hospital beds being reduced to levels evidence suggests we need and more investment being made in the local services which most people use. Under the proposals, if agreed, minor injuries units would be concentrated in fewer locations, operating consistent hours and with x-ray diagnostics so that they would provide a viable alternative to A&E.

The map below shows the spread of services across South Devon and Torbay should the consultation proposals be approved and implemented.



As set out in our May paper and in the current consultation documentation, the main changes in the Bay are the closure of Paignton Hospital and the MIUs in Brixham and

Paignton; the establishment of a clinical hub in Brixham and of health and wellbeing centres in Brixham, Paignton and Torquay.

Totnes and Newton Abbot will be the location of enhanced MIU services and would operate from 8am to 8 pm, seven days a week and with x-ray diagnostics.

4 Consultation

As indicated above a 12 week consultation started on 1 September and runs until 23 November. During this time our aim is to involve as many people as we can and to generate a debate around the consultation proposals, inviting alternative approaches which are clinically sound, affordable and sustainable.

The CCG website (www.southdevonandtorbayccg.nhs.uk/community-health-services) hosts all consultation material which can be downloaded and also enables people to request paper copies.

The main elements of the consultation are summarised below:

Main consultation document: this covers the entire CCG area, the rationale for the proposals, explains the new model of care, summarises the impact on each locality, includes details of public meetings, how to get involved and the feedback questionnaire.

Four locality summary documents: these cover each of the localities which are part of this consultation and summarises the main issues, includes the same locality impact section, sets out how to get involved and includes the feedback questionnaire.

Electronic copies of the main document and the two Bay locality documents accompany this paper

Feedback questionnaire: in addition to forming part of the above documents, this is also available on line at www.communityconsultation.co.uk Although the questions are identical, the on line form provides some context to the questions for those who might not have read the consultation material or attended a meeting.

Public meetings: these are set out in the consultation documents and on the promotional poster which is attached for ease of reference at appendix 1. Each public meeting will have an independent chair.

Community meetings: community based groups are being encouraged to invite the CCG to attend one of their meetings to discuss the proposals and to answer questions.

Staff briefings: these took place in week one of the consultation and are likely to be repeated later in the process. The Trust is also using its internal communication and engagement channels to ensure staff are kept up to date.

CCG Website: (www.southdevonandtorbayccg.nhs.uk/community-health-services) as well as hosting the above, the site has a range of information including some video case studies, a Frequently Asked Question section, a presentation of the issues in each locality (based on that used in the engagement meetings); and the stakeholder updates. It also includes an interview with Chief Clinical Officer of the CCG, Dr Nick Roberts and Chief Executive of Torbay and South Devon NHS Foundation Trust, Mairead McAlinden broadcast initially by local on line health channel Hiblio TV on 2 September.

Document request: individuals and organisations can request paper copies, view or download consultation material via the CCG website or by:

- Emailing sdtccg.consultation@nhs.net
- Writing to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Calling 01803 652511 during office hours or leaving a message outside these times

Newspaper advertising: public meetings are being advertised in local media and efforts are being made to encourage newspaper, radio and television coverage of the issues at the heart of the consultation.

Social media: our locality facebook pages and our twitter feed (details on our website) will keep people in touch with the consultation and provide opportunities for discussion and for asking questions.

Questions: a team of CCG staff will respond to people who use the above consultation hotline number or who write/email seeking additional information. Our aim is to respond as swiftly as possible and we have established the following service standards: telephone calls or out-of-hours messages left will be responded to by the end of the next working day and written correspondence will be dealt with within five working days.

Stakeholder update: this was started during the engagement phase and we plan to continue this email briefing, ensuring those who sign up to receive it are kept in touch with developments. We anticipate that in the early weeks of the consultation, we will produce this weekly, covering main issues arising at the public meetings and highlighting any new information added to our website.

Material is being distributed across the area and the CCG is responding positively to suggestions for ways in which it can reach more people.

Anything the council can do to draw the attention of staff and residents to the proposals and to encourage participation would be appreciated.

5 Reporting on the consultation

Healthwatch Torbay and Healthwatch Devon are attending all public meetings and where practical all other meetings alongside the CCG to note and report on feedback. The feedback questionnaire goes straight to Healthwatch and responses are not seen by the CCG, other than where it is necessary to follow up alternative suggestions.

Healthwatch will independently assess the feedback received in the consultation and produce a report within 12 weeks of the closing date for consideration by the CCG governing body.

6 Conclusion

Reconfiguring services is never easy and some tough choices need to be made if we are to ensure the sustainability of local health and social care services. The council is familiar with the need to do more with less resources and we hope that irrespective of their views on the consultation proposals, will encourage participation and support the CCG in generating a debate around how best to implement change.

Simon Tapley

Director of Commissioning and Transformation

1 September 2016



**South Devon and Torbay
Clinical Commissioning Group**

The choices facing our healthcare system

Switching resources from hospital-based care to community care

Have your say

- Read the proposals
- Come to a public meeting
- Invite us to a community meeting
- Join the discussion on social media
- Complete the feedback questionnaire
- Suggest alternative proposals



Ashburton:	20 Sept	1pm, 4pm, 7pm	Ashburton Town Hall, TQ13 7QQ
Bovey Tracey:	13 Sept	4.30pm, 7.30pm	Phoenix Hall, TQ13 9FF
Brixham:	29 Sept	6.30pm	Scala Hall, TQ5 8TA
Buckfastleigh:	22 Sept	6.30pm	St Luke's Church, TQ11 0DA
Chudleigh:	16 Sept	6.30pm	Chudleigh Town Hall, TQ13 0HL
Dartmouth:	15 Sept	4pm, 7pm	Dartmouth Academy, TQ6 9HW
Newton Abbot:	13 Oct	6.30pm	Daphne Collman Hall, TQ12 2NF
Paignton:	28 Sept	9am, 4pm, 7pm	Sacred Heart Church, TQ3 2SH
Torquay:	6 Oct	6.30pm	Upton Vale Baptist Church, TQ1 3HY
Totnes:	11 Oct	6.30pm	Totnes Civic Hall, TQ9 5SF
Widcombe:	12 Oct	6.30pm	Widcome Church House, TQ13 7TA

Latest information: www.southdevonandtorbayccg.nhs.uk/community-health-services

Feedback questionnaire: www.communityconsultation.co.uk

Want to invite us to a meeting? Got questions about the consultation? Want a paper copy of the proposals?

- email sdtccg.consultation@nhs.net • call **01803 652511** (Monday-Friday, 8am-5pm)
- write to **South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF**

Twitter: twitter.com/sdtccg Facebook: www.facebook.com/nhs.sdtccg

Driving quality, delivering value, improving your services

Into the future

Re-shaping community-based health services

A public consultation:

Thursday 1 September to Wednesday 23 November 2016

- One: Welcome
- Two: The need to change
- Three: Our proposals
- Four: What this might mean
- Five: Getting involved
- Six: Other issues
- Seven: Complete the feedback questionnaire



South Devon and Torbay Clinical Commissioning Group is responsible for planning and organising health services for local people. It is divided in to five localities – each led by local GPs.

Driving quality, delivering value, improving services

www.southdevonandtorbayccg.nhs.uk/community-health-services

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One: Welcome

Thank you for your interest in the changes being proposed for community health services across South Devon and Torbay. These changes are designed to improve quality of care. Our goal is to ensure that our health system can meet the future needs of our population by providing the best possible health and social care we can within the geographical, staffing and financial limitations in which we operate.

This document describes the reasons for change and the improvements we want to see. It includes dates and times of meetings, sets out how to contribute your views, and explains how to make alternative suggestions. We want to hear from as many people as possible. Please help us by sharing this document with your friends and family, encouraging them to participate and to tell us what they think of the proposals.

Decisions made at the end of this consultation will impact on your NHS services for years to come, so it is important that all parts of our communities get involved.

We hope you will take part.

THE BENEFITS WE WANT TO SEE

In changing the way we deliver local health services, we want to ensure that in the coming years people in South Devon and Torbay are able to get responsive, quality care which meets their needs and is affordable.

If approved, the changes set out in this consultation would provide the following benefits:

- Easier access to a wider range of community-based services to help people stay well and to support them when they are not
- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- More effective response in times of crisis when people need services
- Shared information between professionals so that patients only have to tell their story once
- Increased patient involvement in decisions about their care and treatment
- Closer working by different organisations which support people's wellbeing to provide local, seamless care and to make services greater than the sum of their parts
- Reduced travel for as many people as possible for specialist appointments by providing services in clinical hubs – Brixham, Newton Abbot and Totnes – instead of at Torbay Hospital
- Appointments closer to home and repeat visits avoided by organising appointments where specialists can be seen during one visit
- Reduced pressure on A&E by strengthening minor injuries units to treat a wide range of problems, keeping Torbay's A&E service free to deal with life-threatening issues

“ We want to hear from as many people as possible. Please help us by sharing this document with friends and family, encouraging them to participate and to tell us what they think of the proposals. ”

► One: Welcome

Two: The need to change

Three: Our proposals

Four: What this might mean

Five: Getting involved

Six: Other issues

Seven: Complete the questionnaire



- Fewer hospital visits for treatment as a result of more effective support for people at home or in their community
- Reduced demand for services as a result of helping people live independent lives for longer
- Properly staffed and resourced community hospitals which are able to deliver quality, safe care
- Safe, high-quality hospital care when needed but keeping people out of hospital when they don't need to be there
- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support
- Treatment and recuperation at home, recognising that 'the best bed is your own bed'
- Greater investment in local services by switching funding from hospital to community-based care.

Who we are

South Devon and Torbay Clinical Commissioning Group (CCG) is the organisation which represents local GP practices and is the NHS body responsible for buying and developing services for the people of the area. We are working closely with Torbay and South Devon NHS Foundation Trust, which provides services at Torbay Hospital as well

as community health and social care services in the area, including community hospitals and minor injuries units. Within South Devon and Torbay, we work in partnership with the local councils and GPs to jointly develop services.

We operate through five localities, each of which is led by local GPs: Coastal (Teignmouth and Dawlish), Moor to Sea (Ashburton, Buckfastleigh, Totnes,

Dartmouth and Chillington), Newton Abbot (includes Bovey Tracey and Chudleigh), Paignton and Brixham, and Torquay. Our Coastal locality is not part of this process because we consulted there in 2015 and improvements are currently being implemented.

Alternative formats

If you would like information about the consultation in another format such as large print, audio or in another language, please contact the CCG.

We have many Polish and Chinese people in our population, so we're including this statement below in both languages.

We are consulting people in South Devon and Torbay over possible changes to the way community-based health services are provided. If you require information in Polish/Chinese on this consultation please email: sdtccg.consultation@nhs.net or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF.

Prowadzimy konsultacje z mieszkańcami Południowego Devon i Torbay w sprawie projektu zmian, w jaki zapewniane są usługi zdrowotne w lokalnej społeczności. Osoby pragnące otrzymać informacje o konsultacjach w języku polskim proszone są o kontakt pod adresem: sdtccg.consultation@nhs.net lub o wysłanie wiadomości na adres: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF.

我们正在向南Devon和Torbay的居民进行征询，收集有可能改变社区健康服务提供方式的意见。如果您需要相关中文信息，请发送电子邮件至：sdtccg.consultation@nhs.net
或邮寄信件至：South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF。

Two: The need to change

Seeking your views: Thursday 1 September to Wednesday 23 November

For these 12 weeks, we – South Devon and Torbay Clinical Commissioning Group – are asking local people from across our communities to comment on our proposals to improve healthcare.

This document sets out how we believe we can best support our different communities. It describes a model of care where hospital beds are always available when needed but where people are only admitted if they cannot be cared for safely at home or in their local community. It explains how we would invest in services to keep people

out of hospital unless it is medically necessary for them to be there, make sure they don't stay a day longer than is right for them, and deliver more care in or closer to people's homes. It also focuses on doing more to stop people getting ill, supporting them to make the best choices to be as healthy as possible, and working in partnership with people with complex needs to become 'experts by experience'.

Our proposals reflect the national Five Year Forward View, which has been endorsed by professional groups, the Government and the NHS as the way services should be provided in future. It states that "out-of-hospital care needs to become a much larger part of what the NHS does" and it expects to see

"far more care delivered locally but with some services in specialist centres, organised to support people with multiple conditions, not just single illnesses."

In recognising the changing needs of patients and the impact of new treatments coming on stream, the Five Year Forward View states that "there are better ways of organising care, breaking out of the artificial boundaries between hospitals and primary care, between health and social care, between generalists and specialists – all of which get in the way of care that is genuinely coordinated around what people need and want."


Our proposals reflect the ways in which we believe we can better meet the health and care needs of local communities. We have engaged extensively with local people and their representatives in developing these proposals and we have used their priorities to inform the proposed changes. We believe these would improve health services and are affordable.

However, we are open to alternative suggestions for redesigning clinically effective, sustainable services that meet local needs.

No decisions will be made until after we have heard the views of the people of South Devon and Torbay.



“To meet the scale of these challenges, change is inevitable, essential and clinically desirable.”

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Why consult now?

In late 2013, South Devon and Torbay Clinical Commissioning Group (CCG) – in partnership with our acute hospital, community health providers, Devon County Council and Torbay Council – carried out extensive engagement about our community health and social care services.

People told us that the most important things to them were:

18 Accessible services – convenient opening hours, transport and accessible buildings

- **Better communication** – between clinician and patient, and between clinicians themselves
- **Continuity of care** – to allow relationship-building with clinicians and carers
- **Coordination of care** – including joined-up information systems
- **Support to stay at home** – with a wide range of services and support.

Last year's creation of the integrated care organisation (Torbay and South

Devon NHS Foundation Trust, or TSDFT) resulted in the majority of our health and care services – from district nursing, social work, community therapy, complex care and multi-agency teams, to highly specialist acute care – being delivered by the one NHS Trust. The bringing together of these and other services in one organisation created a huge opportunity to develop new ways of working which can deliver what people told us they wanted in 2013.

Since last summer, the CCG, supported by TSDFT, has engaged with groups across the area to discuss how best to deliver services which would meet the future needs of our local population. These engagement discussions involved a range of interests and expertise and looked at, for example, the predicted health needs of our population, the use of hospital beds to look after people who can no longer live on their own, ways of providing more care in the local community and the difficulties of attracting specialist staff to the area.

Out of the 2013 engagement and in parallel with these discussions, representatives of the CCG, Torbay Council, Devon County Council, TSDFT and primary care, including senior

clinicians, have drawn on the feedback provided and considered how best to provide the range of services required in the future. Informed also by TSDFT staff, a new model of care (see page 9) has been developed, which these organisations believe would meet future need, can be delivered and is affordable.

We are grateful for the contributions of everyone who participated in this process and whose views have been taken into account in framing the consultation proposals. A separate paper summarising views expressed is available on our website or in hard copy by request (see back cover for contact details).

The challenge of change

Communities across South Devon and Torbay are rightly proud of their local health and social care services and their record of meeting the expectations of people who need care, delivering improved health and wellbeing for our local population. The NHS in South Devon and Torbay provides care and treatment to a population of 286,000. Some three million episodes of NHS care are delivered in South Devon and

Torbay every year, a number forecast to rise significantly over the next decade.

Year on year the NHS looks after more people, provides more specialist support and works increasingly in partnership with social care and the voluntary sector.

The NHS has kept up with growing demand by constantly responding to changing needs: redesigning how services are provided, developing new techniques and adopting new drugs and approaches.

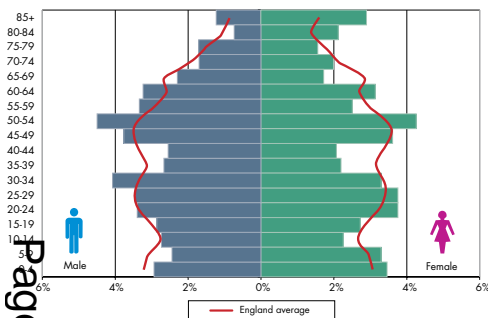
We can easily forget how much the NHS has changed over the years. It is not that long ago, for example, that lengthy hospital stays were required for treatment which now takes place routinely, in a few hours and without a hospital admission.

Delivering health services today is challenging because we have:

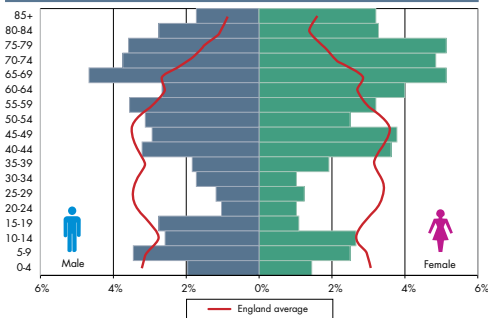
- Increasing numbers of older people, many with long-term and complex health conditions who need support to live independently

- A growing proportion of our younger people living in areas of deprivation, especially in Torbay but also in some rural areas

Population pyramid for the most deprived area in the CCG compared to England average



Population pyramid for the least deprived area in the CCG compared to England average



- Rural and urban communities with different needs

- A high use of urgent care services, especially A&E, which means increasing pressure on emergency and urgent care services

- Flat or reducing finances, especially when health and social care resources are combined
- Changes to professional NHS standards which specify minimum safe staffing levels

- Recruitment problems due to a shortage of doctors, nurses and other clinical staff in some services.

Faced with these challenges, the NHS needs to continue to work differently, creating services which are designed to support people to live well at home and in their local communities. We want to make sure that, at every stage of life, the NHS can provide the best possible care. That is why, in looking at how best to meet the future needs of local people, we want to blend the best of current practice with new, innovative and better ways of working.

Locally and nationally, the NHS must do more with the funding that it receives, responding effectively to the increasing health needs of our population, aligning physical and mental health services, promoting the most clinically effective care and support irrespective of location, and

deploying resources where they can have most impact and where patient demand is greatest.

To meet the scale of these challenges, change is inevitable, essential and clinically desirable. We need to change to ensure we deliver services that support local people to live life to the full.

Nine reasons to change

Deliver high-quality care to an increasing number of people

Our services must meet local people's needs, both now and in the future. Our existing structures and approaches will not cope with the forecast demand for services in the coming years as illustrated in the table on page 6). If we are to provide the care to support people to live the healthiest lives possible, we need to change the way we work.

Increase joint working between services

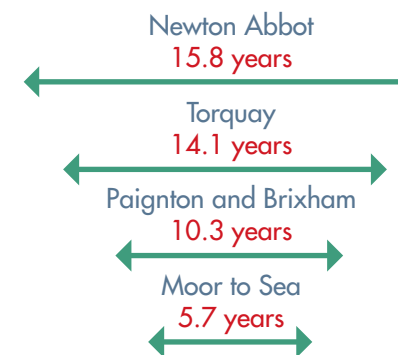
We have an international reputation for our pioneering 'integrated care' model in which adult social care and health services are delivered by local teams working in a joined-up way. Our new integrated care organisation, launched in October, now brings Torbay Hospital and these local community-based health and social care services into a single

provider Trust (Torbay and South Devon NHS Foundation Trust). We want to extend this integration to include a more joined-up way of working with local voluntary and charitable organisations, and with our partners in other public services such as mental health and children's social care.

Improve life expectancy

In each of our localities, there are significant differences in life expectancy between our most deprived and least deprived areas, the numbers of people in the under-16 or over-85 age groups, and the number of emergency admissions. We want to strengthen our preventative and self-care services to help tackle health inequalities and reduce the gaps in life expectancy, providing the best care we can to all sections of our communities.

Life expectancy between most deprived and least deprived in each locality area





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Keep more people out of hospital

People should only be admitted to hospital when it is medically necessary. If people do not need specialist nursing or medical help, they are better supported out of hospital. Successive audits have shown that almost a third of beds in community hospitals are occupied by patients who were fit

to leave if more community support had been available.

We therefore want to invest more in community services so we are able to treat and support people in their own homes or in locally accessible services. This is also what people tell us they would prefer.

We know that treating people in a hospital bed is not always the best approach. For example, the longer older people remain in hospital, the harder it is for them to regain their independence and return home, the more likely they are to be readmitted, and the more vulnerable they are to hospital-acquired infections.

Forecast demand for services, 2015 to 2025

Number of patients with disease, known or not known to primary care	Moor to Sea	Newton Abbot	Paignton and Brixham	Torquay
	2015-25 % change	2015-25 % change	2015-25 % change	2015-25 % change
Coronary heart disease	19.8	20.5	18.3	17.2
Chronic kidney disease	21.5	21.7	19.4	18.5
People aged 65 and over predicted to have:				
• Type 1 or Type 2 diabetes	20.0	20.5	17.1	16.5
• A longstanding health condition caused by a stroke	25.5	25.7	22.1	21.5
• Dementia	34.5	33.4	30.7	30.7
• Depression	20.3	20.7	17.0	16.5
• Severe depression	25.2	25.3	21.7	21.1
• A longstanding health condition caused by bronchitis and emphysema	21.5	21.9	18.5	17.8
• A moderate or severe visual impairment	29.2	28.7	24.9	24.4
• A moderate or severe, or profound, hearing impairment	31.5	31.0	26.0	25.0

This table is based on the CCG's 2015/16 locality structure in which Bovey Tracey and Chudleigh surgeries were part of Moor to Sea. They are now part of the Newton Abbot locality.

Evidence also suggests that some people recover much quicker if they are cared for in their own home, in a more normal environment rather than in a busy hospital setting, and we want to invest in community services to be able to support more people to recover as quickly as possible.

But where people need to be admitted to hospital, we want to make sure that they receive the best quality and experience of care, that we have enough staff to look after them, and that we meet national safety standards. This is challenging, because it is increasingly difficult to attract staff to community hospitals.

Better support for people in the community

We need to make sure we strengthen out-of-hospital services so that they can help people to avoid the need to be admitted to hospital and respond swiftly should they experience deterioration in their health. This means investing in more community-based services so that

they mirror the availability and reliability of hospital-based care. We must ensure it is provided in the evenings, at weekends, 365 days a year, in urban and in rural areas.

To do this, we need to switch funding from hospital to community-based care so that we can increase the range of local services and the times that they are available.

We also want to make sure that people do not travel further than they need to for treatment and support. The more out-of-hospital services we can provide in or close to people's homes the better.

Provide effective minor injuries units

Minor injuries units (MIUs) provide a local urgent care service in the community, filling the gap between GP services, the NHS 111 helpline service and A&E, and are intended to reduce unnecessary travel to the emergency department for non-life-threatening injuries. MIUs are an important part of urgent care services, treating people with, for example, minor burns, sprains and fractured bones.

A lack of awareness of MIUs, and inconsistencies in opening times and services provided, including x-ray diagnostic services, have limited their use by local people.

For MIUs to be a viable alternative to A&E for non-life-threatening injuries they need to:

- Be easily accessible
- Provide a treatment service led by a specialist nurse or paramedic
- Open 12 hours a day, 7 days a week
- Have x-ray diagnostic services
- Operate from an environment that can best support high-quality care.

It is estimated that MIUs need to treat 7,000 patients per annum to ensure the best use of highly skilled staff and to ensure that they are able to maintain their skills by seeing enough patients with a sufficiently wide range of minor injuries. In South Devon and Torbay, MIUs in the past have not been fully utilised, with only Newton Abbot MIU achieving at least the 7,000 criteria.

Focus resources where they have most impact

Public finances are under considerable pressure. These are intensified within the NHS by the rising cost of some treatments, the increasing demand for specialist services and the need to look after more people with a number of long-term conditions.

NHS costs traditionally rise faster than inflation, putting further pressure on the local health community budgets.

The CCG currently receives more money than the national funding formula judges it should, and we need to manage our budgets to bring ourselves back into alignment with the formula in the coming years. Taking these factors into account, the demands on services outstrip any new funding available and the CCG needs to make significant savings over each of the coming years. For 2016/17 we currently need to save £20.5million across the services which the CCG commissions.

In addition to the pressures on CCG funding, Torbay and South Devon NHS Foundation Trust is required to make savings across the range of its activity. In 2016/17 this amounts to £13million.

Overall, health and social care services in South Devon and Torbay are under significant financial pressures, and services are likely to be £142million in deficit by 2020/21 if nothing changes.

In reconfiguring services, we need to not only take account of quality and safety issues but also the need to improve value for money and contribute to this funding gap by finding different and more effective ways of meeting

the increasing needs of our population. The proposals which form the basis of this consultation would contribute £1.4million towards the savings requirements of the Trust.

By switching funding from bed-based to community-based care, we would be investing more of our resources in the local services most used by our communities. As the diagram opposite illustrates, the largest volume of activity rests with GPs, community therapy and nursing.

As the diagram below shows, almost five times the number of people admitted to community hospitals (3,239) are cared for at home (15,912).

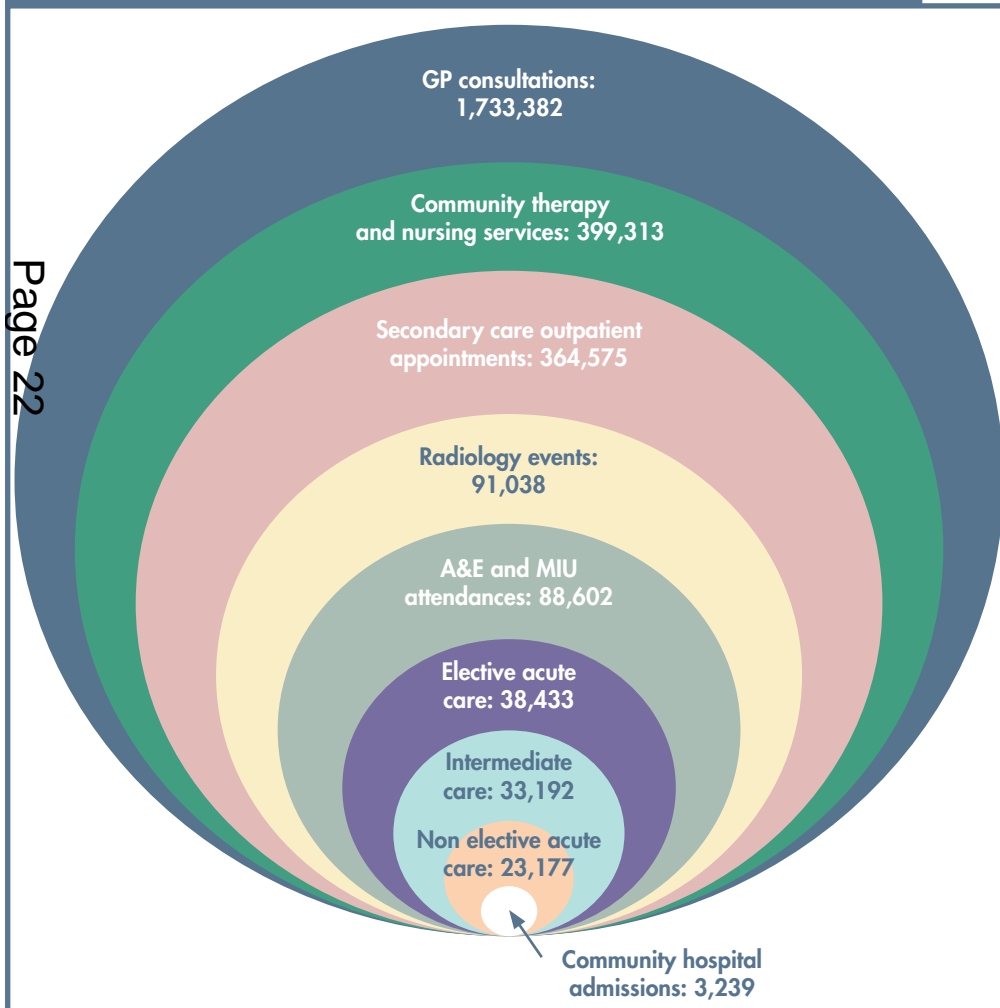
People cared for at home: 15,912

People admitted to a community hospital: 3,239

A separate paper setting out the financial case for change, including details of the financial cost of the different options considered as well as

issues of capital funding, is available from the CCG website and in hard copy on request.

Activity across South Devon and Torbay



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The figures relate to activity not people and are based on extrapolated NHS data.

Make best use of our staff

We want to make best use of our staff, providing good career opportunities and roles which attract people to work in local health and social care services. There is a shortage of doctors, nurses and other qualified staff nationally. We already see the impact of this locally, with MIUs in Dartmouth and Ashburton temporarily closed and beds temporarily relocated to Newton Abbot from Bovey Tracey Community Hospital. The number of beds at Paignton Hospital has also been temporarily reduced due to safe staffing issues.

Many other services are under similar strain, with difficulties in recruiting to community and hospital nursing posts, some medical and therapy specialties, and to specialist social work and social care.

Our partners in residential and nursing care homes are also experiencing challenges in recruiting staff and in providing the range of specialist care needed, particularly long-term care for people with some forms of dementia. Attracting GPs to this part of the country is also difficult, with many practices struggling to recruit.

We need to design services that make the best use of the time, availability and skills of these staff. By bringing them together to work as integrated teams in

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partnership with the local voluntary sector, we would have the range of skills to better respond to the needs of the community they serve. Local bases would enable them to have more patient and client contact rather than use their time in travelling.

Ensure our buildings are fit for the future

We need to rationalise many NHS and social care premises which are not fit to deliver 21st-century services and use the proceeds to invest in bases locally from which our staff can deliver our future model of care and an enhanced range of services. The major sites from which health services are currently delivered locally are owned by Torbay and South Devon NHS Foundation Trust.

Three: Our proposals

The proposed new model of care

The diagram below illustrates the new model of care, which has been

developed in parallel with, and informed by, engagement discussions across the CCG area. It takes account of best clinical practice and is aligned with national NHS approaches such

as the Five Year Forward View. It is this model which forms the basis of this consultation and the following section describes how it would operate if the consultation proposals are approved.

If supported, the model below would see GPs, community health and social care teams and the voluntary sector

The proposed new model of care

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“ The proposed new model of care aims to provide the majority of care as close to home as possible, supporting people to remain independent. ”



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working together to provide for the vast majority of people's health and wellbeing needs in each of the localities that make up the CCG and Trust population. It aims to provide the majority of care as close to home as possible, supporting people to remain independent and in their own homes, reducing reliance on bed-based services, but centralising care where that is more resilient, effective and efficient. We want to see local communities helping to support the wellbeing needs of their local population.

We recognise that one size will not fit all. From locality to locality, and from town to town, there are differences in health, demography and geography, as well as variation in the availability of services such as residential and nursing care. The proposed model of care needs to reflect these differences while being able to deliver consistent, high-quality care.

Our new model of care would reflect the needs of the community in each of the four CCG localities which are part of this consultation: Moor to Sea; Newton Abbot; Paignton and Brixham; Torquay.

Accessing services would be made simpler through a central contact point

for information and signposting. By calling a single telephone number, people would be signposted to support in their local community or to local health and social care teams or services according to their needs.

There are four key elements to delivering this care model locally – locality clinical hubs, including community hospital beds and minor injuries units; local health and wellbeing centres; health and wellbeing teams; and intermediate care provision.

Clinical hubs

In each locality there would be a clinical hub providing people with better access to medical, clinical and specialist services. These hubs would offer a broad range of services to people and, although one is proposed in each locality, they could be used by everybody irrespective of where they live.

The clinical hubs would offer services such as outpatient appointments, specialist conditions clinics and inpatient services. By bringing services together in a single location we would reduce the need for people to travel to Torbay Hospital to access services, therefore adopting the principle of 'care

closer to home'. The clinical hubs would be provided in buildings that are of a high clinical standard and, where necessary, additional investment would be made to improve the quality of environment and range of services offered.

Services provided in the hubs would include:

- **Multi long-term condition clinics:** these would provide a 'one-stop shop' approach to help people manage multiple long-term conditions by accessing information and treatment in a single clinic.
- **Minor injuries unit:** Newton Abbot and Totnes clinical hubs would offer access to MIU and x-ray diagnostic services, between 8am and 8pm, seven days a week.
- **Specialist outpatient clinics:** these are attended by people from a wide geographical area. They are mainly consultant-led and usually have less than 1,000 attendances a year. Specialist services often require more bespoke facilities or equipment which would be available in clinical hubs.

- **Rehabilitation gym:** this would include equipment used to deliver early-stage rehabilitation services.
- **Inpatient care:** a minimum of 16 beds would be provided in the clinical hubs to ensure compliance with safe staffing standards. The use of inpatient services across all of the clinical hubs would be provided to everybody who requires an inpatient stay in a medical ward, irrespective of where they live.

Local health and wellbeing centres

Linked to the locality clinical hub, local health and wellbeing centres would be delivered from Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay. These would see community staff based locally and working alongside GPs, pharmacists and voluntary-sector organisations to provide health and wellbeing services to the area.

Within these centres, the clinical services most frequently used by local

people would, wherever feasible, be provided by professionals based locally and who would work across community sites.

Local health and wellbeing teams

Services from these centres would be provided in each local area by local health and wellbeing teams. These would bring together an integrated team of community health and social care staff, mental health professionals and our voluntary-sector partners to organise and deliver most of the health and social care needs of the population, working as a bridge between their GP services, the clinical hub and the highly specialist care that can only be provided in a large hospital like Torbay.

As well as face-to-face support, we would enable remote access to specialist advice using technology such as Telemedicine and support via Telehealth systems.

CASE STUDY

'Annie' lives alone with no relatives nearby. She suffers from Alzheimer's, heart arrhythmia and COPD, and is at risk from falling. Some time ago, she fell and was unable to get to her phone. She had to wait several hours for help until her care worker turned up and was able to summon assistance.

We have since provided Annie with a community alarm, pendant and key safe for emergency access. When she next fell she was able to contact the

centre immediately via her pendant and we arranged for an ambulance to visit. Within 12 minutes of activating her alarm, the ambulance crew was on site and supporting Annie. Telehealth can provide support and reassurance, minimising distress as far as possible.

The local health and wellbeing team would also oversee arrangements for local intermediate care services which would cover a range of integrated services and would be provided for a limited period, to people who need

extra support and care following a period of ill health. As illustrated in the case study on page 12, they are designed to help people recover more quickly following illness or injury, maximising their independence and helping them to resume normal activities as soon as possible. Intermediate care also supports more timely discharge from hospital following an inpatient stay, and helps to avoid unnecessary hospital admissions by supporting people in their local communities, either at home or in another care setting.



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CASE STUDY

'Tony' is 76 and had experienced at least four significant falls at home in four months, before finally coming in to hospital with a fractured hip. He had called an ambulance after each fall, but refused to accept any follow-up care.

After a short stay at Torbay Hospital, Tony was transferred to an intermediate care bed to recover from his surgery and regain his strength and mobility. On discharge home, he was reluctant to accept further help but agreed to short-term support with a programme of balance and mobility to reduce his risk of further falls and help him to regain his confidence. We were keen to help Tony better manage life at home so that he wouldn't keep needing 'crisis interventions'.

Our multi-disciplinary team helped him learn what to do should he have a further fall and discussed ways in which he could make his home environment safer.

Tony remains fiercely independent, but did eventually agree to a package of care that included some occupational therapy for ongoing mobility, meals, visits from the intermediate care team and support from Age UK. He has not experienced any further falls in the last six months and is planning to start going out to a local café, with the support of the volunteer from Age UK.

Providing holistic end-of-life care to people and their families would be one of the core functions of the health and wellbeing teams. This would involve coordinating support to enable a person to die in the setting of their choice, with care and support made available to provide the best possible experience for people and their families.

Intermediate or specialist care

By switching resources to home-based care, we would be able to strengthen intermediate care teams, with seven-day cover and input from doctors, pharmacists and personal care teams. Wherever possible, a person's future needs would be assessed in their usual place of residence rather than a hospital bed. Intermediate care would be organised at locality level and delivered locally wherever possible – in the person's own home or in a local nursing or residential home. Where patients don't need to be in hospital but are unable to live alone or be supported to remain at home, they would be able to access residential care or specialist housing with care and support on site.



CASE STUDY: SPECIALIST CARE AT HOME

'Joe' has a rare condition that led to his being completely paralysed and only able to breathe on a ventilator. In previous years, his only option would have been to be cared for in an institution, either in a specialist hospital or centre. But Joe is not just a patient. He is a husband, father, grandfather and dog-owner. He wanted to make the most of life and be able to return home to live with his family.

We worked with them to put in place a package of care that meant he could continue to live at home, supported by round-the-clock carers and our community matron, as well as other professionals such as physiotherapists, occupational therapists, podiatrists and his GP. Although life is not what Joe had hoped for in retirement, he is at home with his family and much-loved dog, and is still able to get out and about, thanks to a specially-adapted car.

Putting compassionate care at the heart of what we do every time

As our new care model develops, the importance of giving staff time to deliver compassionate care remains central at all times. One way to do this is to replace the question 'What is the matter with you?' with 'What matters to you?' A key part of giving care and support is to do the things that matter most to people and help them achieve those things for themselves wherever possible.

Changing to the new model

Moving to the new model of care requires us to do things differently. It means switching funding from hospital to community care and making sure the new services are in place before changing the current provision.

Investing in community services

In the current financial year, we are investing £3.9million in strengthening community services in line with the new care model. The full-year effect of this in 2017/18 would be £5.8million. The additional expenditure this year includes:

- £177,000 for wellbeing coordinators, to be employed by our voluntary-sector partners in each locality, to support and signpost local people to the most appropriate services in their local area
- £220,000 to provide clinics and services for people with multiple long-term conditions located at each of our clinical hubs – Totnes (Moor to Sea), Brixham (Paignton and Brixham), Newton Abbot and Torquay town centre – commencing with the first phase in Brixham and Teignmouth (in Coastal locality)
- £2.1 million to provide additional intermediate care services in people's



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own homes or close to home in local residential and nursing homes, which would support people to return to maximum independence.

Fewer, safer community hospital beds

By introducing the new model of care throughout South Devon and Torbay, the number of community hospital beds will fall from 151 to 93. The reduction in the four localities covered by this consultation will be 44 (121 to 77).

The reduction is based on proposals to close four community hospitals (Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Paignton) so that more can be invested in local community teams.

If these consultation proposals are agreed, there would be community hospitals in Brixham, Newton Abbot and Totnes (as well as Dawlish in our Coastal locality) serving the population of South Devon and Torbay.

By concentrating medical beds in fewer hospitals, we would be able to ensure we meet national guidance on safe staffing levels.

At present, many people admitted to hospital do not go to the one nearest to them, so concentrating medical beds in fewer locations is in line with general current usage.

Stronger minor injuries units (MIUs)

To ensure that MIUs provide a viable, effective service, we propose to reduce the number to three and have them located in Newton Abbot and Totnes, as well as Dawlish in our Coastal locality. All MIUs would open 8am to 8pm, seven days a week, and would have x-ray diagnostic services. This means that MIUs in Ashburton, Dartmouth (both of which are currently suspended), Brixham and Paignton would close.

Intermediate and domiciliary care

An integral part of this care model approach is to stimulate the care home/intermediate care market in South Devon in the same way as it has been developed in Torbay. Notwithstanding the partial role that community hospitals play in this area, it is clear that provision at present does not meet current, let alone future, need.

Until there is certainty as to future demand, it is unlikely that the market would expand. An invitation to express interest will be issued to the private sector so as to facilitate discussions on how best to meet future needs and to explain the model of care and the investment strategy.

Discussions have already taken place with local authority colleagues and with

some care home operators. As a result, an initiative is under way to identify the most appropriate model for the future.

The way domiciliary care in the home is purchased in Devon has recently changed. In South Devon and Torbay the primary provider is Mears, which is responsible for providing care directly or managing other providers. This change will improve the quality of patient care, as there will be a greater mix of personal care workers. People will receive packages of care more quickly, careworkers' pay and conditions will be improved, and carers will receive more training. This approach complements the proposed model of care.

In addition, the rehabilitation beds in Teignmouth Hospital will also be available to anybody who needs rehabilitation care, irrespective of the locality in which they live.

Reduced pressure on Torbay Hospital

By improving the availability and quality of support in the community, Torbay Hospital would be able to focus attention on patients who are acutely unwell and cannot be treated near to or in their own homes or in a community hospital. Over the past year, it has had to open an additional 32 beds to cope with demand pressures, caused, in part

at least, by the shortage of out-of-hospital support. Should the proposals set out in this document be approved and implemented, the additional 32 escalation beds would no longer be required. Attendances at A&E are also expected to decline as people's confidence in MIUs increases. As more resources are used to keep people well and independent for longer, then overall people would need fewer admissions to hospital for acute care.

Four: What this might mean

For you as a patient

For someone with a number of long-term conditions, this is how the service might work in future if proposals in this document were implemented.

'Mr Jones' lives in Buckfastleigh and has four long-term conditions, including atrial fibrillation, congestive cardiac failure, chronic kidney disease and Type2 diabetes.

Currently	In the future
Attends three separate appointments to see his consultants at Torbay Hospital	Attends a new service in Totnes
Sees two specialist nurses	Has a wellbeing coordinator to put him in touch with local voluntary services
Sees two dieticians	Sees one team, which includes a doctor, nurse and dietician, for all his conditions
Has a total of 25 different hospital appointments a year	Has just six appointments a year
12 appointments at his GP surgery	Through better coordination he only needs three GP visits a year
Admitted twice for heart failure in the last year	Given support from the heart failure team at home
Takes 14 different medications	Better understands his treatment and how to manage his conditions and now only takes nine medications
Lonely as he lives alone and doesn't know what to do for the best	Much happier as he has access to a range of support and voluntary groups which help him achieve what matters most to him




For your area

The likely impact of these service improvements, if approved, is set out on pages 16-20, alphabetically per locality.

Where reference is made to specialist outpatient clinics that would operate in clinical hubs, these are clinics where patients currently travel further to access them. They are mainly consultant-led and usually have less than 1,000 attendances a year. Some non-consultant-led clinics such as audiology require more specialist facilities or equipment.

Examples of specialist outpatients might include: audiology, cardiology, dermatology, ear, nose and throat, endocrinology, general medicine, general surgery, gynaecology, neurology, orthopaedics, paediatrics, rheumatology and urology.

Community clinics, which would operate in health and wellbeing centres, generally have more than 1,000 attendances a year and are mainly provided by locally-based professionals, working across community sites. Examples of community clinics include: MSK (musculoskeletal assessment and treatment), speech and language therapy and podiatry.

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MOOR TO SEA

What would be different?

A clinical hub would be established at Totnes Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended day diagnostic services, specialist outpatient clinics and the existing community-based rehabilitation services and minor injuries unit.

Totnes Community Hospital currently provides 18 beds, which would slightly reduce to 16 to meet safe staffing ratios. The MIU would open between 8am and 8pm (currently 9pm), seven days a week, reflecting the times of greatest demand and in line with the planned opening times of MIUs in Dawlish and Newton Abbot. X-ray diagnostic services would also be available during these times.

For the population of Totnes, Dartmouth and Ashburton/Buckfastleigh, local health and wellbeing teams would be co-located, where possible, with GP services. These teams would provide

community nursing, physiotherapy, occupational therapy and social care support.

Community inpatient care and specialist outpatient clinics for the population of Dartmouth, Ashburton and Buckfastleigh would be provided at their nearest clinical hub in Totnes, Brixham or Newton Abbot. MIUs would be provided in Totnes and Newton Abbot.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. We would work in partnership with local care home providers to provide more local intermediate care beds.

Providing much more care to people in or near their own home means that the buildings from which we currently provide inpatient and community services – including Dartmouth Community Hospital (16 beds), Dartmouth NHS Clinic and Ashburton and Buckfastleigh Community Hospital (10 beds) – would no longer be required and would close if these proposals are approved.

For those whose GP is based in Chillington, the proposals have little impact other than if adopted, the nearest MIU and community hospital run by Torbay and South Devon NHS Foundation Trust would be in Totnes.

The Trust is not the main provider of community services in this area.

What could services look like and where would they be?

Clinical hub in Totnes (currently Totnes Hospital)

- MIU 8am-8pm
- X-ray diagnostic services
- New multi long-term conditions clinic
- Specialist outpatient clinics
- Community beds (16 beds)
- Rehabilitation gym
- Pharmacist

Health and wellbeing centre in Dartmouth (plans are being developed to co-locate with Dartmouth Medical Practice in new premises)

- Community clinics
- Rehabilitation gym
- Pharmacy
- Enhanced primary care MIU services
- Health and wellbeing team

Health and wellbeing centre in Ashburton or Buckfastleigh (options are being explored to co-locate with GPs in either of the local towns or in other facilities)

- Community clinics
- Health and wellbeing team

Health and wellbeing centre in Totnes (options are being explored to co-locate with GPs)

- Community clinics
- Health and wellbeing team

NEWTON ABBOT

What would be different?

A clinical hub would be established at Newton Abbot Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended x-ray diagnostic services and the existing specialist outpatient clinics, gym-based rehabilitation services and the MIU.

Inpatient services at Newton Abbot Community Hospital would expand from 20 beds to 45 beds (plus 15 stroke

beds). The MIU would open between 8am and 8pm (currently 10pm), seven days a week, reflecting the times of greatest demand and in line with the planned opening times of MIUs in Dawlish and Newton Abbot. X-ray diagnostic services would also be available during these times.

For the population of Newton Abbot, Bovey Tracey, Chudleigh and the surrounding areas, the local health and wellbeing teams would be co-located where possible with local GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. We would work in partnership with local care home providers to provide more local intermediate care beds. Providing much more care to people in or near their own home means that the buildings such as Bovey Tracey Community Hospital (nine beds currently temporarily relocated to Newton Abbot) would no longer be required and would close if these proposals are approved.

What could services look like and where would they be?

Clinical hub in Newton Abbot (currently Newton Abbot Hospital)

- MIU 8am-8pm
- X-ray diagnostic services
- New long-term conditions clinic
- Specialist outpatient clinics
- Community beds (45 beds)
- Stroke unit
- Rehabilitation gym
- Pharmacist

Health and wellbeing centre for Newton Abbot (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics

Health and wellbeing centre for Bovey Tracey and Chudleigh (developing plans to co-locate services with the Bovey Tracey and Chudleigh GP practice)

- Health and wellbeing team
- Community clinics



PAIGNTON AND BRIXHAM

What would be different?

A clinical hub would be established at Brixham Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended specialist outpatient clinics and gym-based rehabilitation services.

The current MIU services offered at Paignton and Brixham Community Hospitals are not sustainable in their current form and, under these proposals, would close. People would have the option of visiting a designated GP practice for some MIU services provided locally or attending the MIU in Totnes or Newton Abbot, which would operate consistently seven days a week, 8am to 8pm, and provide x-ray diagnostics.

For the population of Brixham and Paignton the local health and wellbeing teams would be co-located, where possible, with local GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

To deliver more expert care to people in their own homes, we would invest money into more community-based

staff and enhanced intermediate care services. They would work in partnership with local care home providers to deliver more local intermediate care beds. Providing much more care to people in or near their own home means that the buildings from which we currently deliver inpatient and community services including Paignton Community Hospital (28 beds but currently 12 beds are temporarily closed due to safe staffing issues), Midvale Clinic and Church Street would no longer be required and would close if these proposals are approved.

Community inpatient care and more specialist services such as audiology, cardiology and dermatology outpatient clinics for the population of Paignton would be provided at their nearest clinical hub in Brixham, Totnes or Newton Abbot.

Staff delivering care directly to people in their own homes would have an integrated office base in the King's Ash area, providing easy access to Paignton and Brixham.

What could services look like and where would they be?

Clinical hub in Brixham (currently Brixham Hospital)

- New multi long-term conditions clinic
- Specialist outpatient clinics
- Community beds (16 beds plus 4 flexible use)
- Rehabilitation gym
- Pharmacist

Health and wellbeing centre in Brixham (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics

Health and wellbeing centre in Paignton (planned to be developed in Paignton as part of providing fit-for-purpose accommodation for local GP Services)

- Community clinics
- Pharmacist
- Enhanced primary care MIU services
- Health and wellbeing team

Health and wellbeing centre in Totnes (options are being explored to co-locate with GPs)

- One: Welcome
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TORQUAY

What would be different?

A health and wellbeing centre would be developed in Torquay as part of proposals to co-locate health and wellbeing services which would include community nurses, physiotherapists, occupational therapists, social care staff, coordination and support staff with local GP practices.

The community would have access to a greater range of services, including a new multi long-term conditions service, enhanced intermediate care services, and a health and wellbeing team that works in partnership with local voluntary groups and partner agencies.

This community team has been at the forefront of piloting new enhanced services that would continue to

deliver high-quality services in people's own homes.

Castle Circus Health Centre would continue to deliver community clinics and a range of health services and Torbay Hospital would continue to provide specialist services and acute care to the population of Torbay and South Devon.

What could services look like and where would they be?

Health and wellbeing centre for Torquay (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics



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For our communities

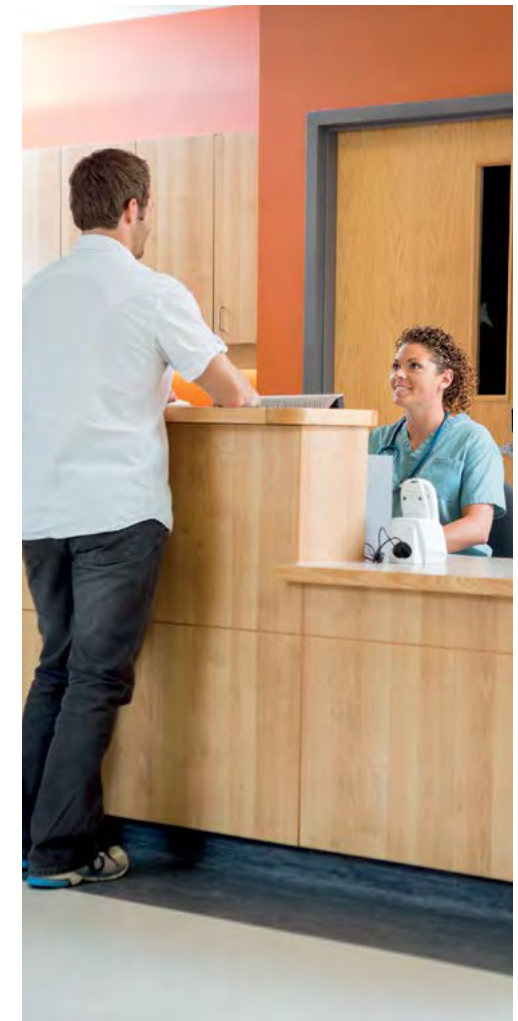
If the proposals set out in this document are approved, core services will be located as shown on this map.

For NHS staff

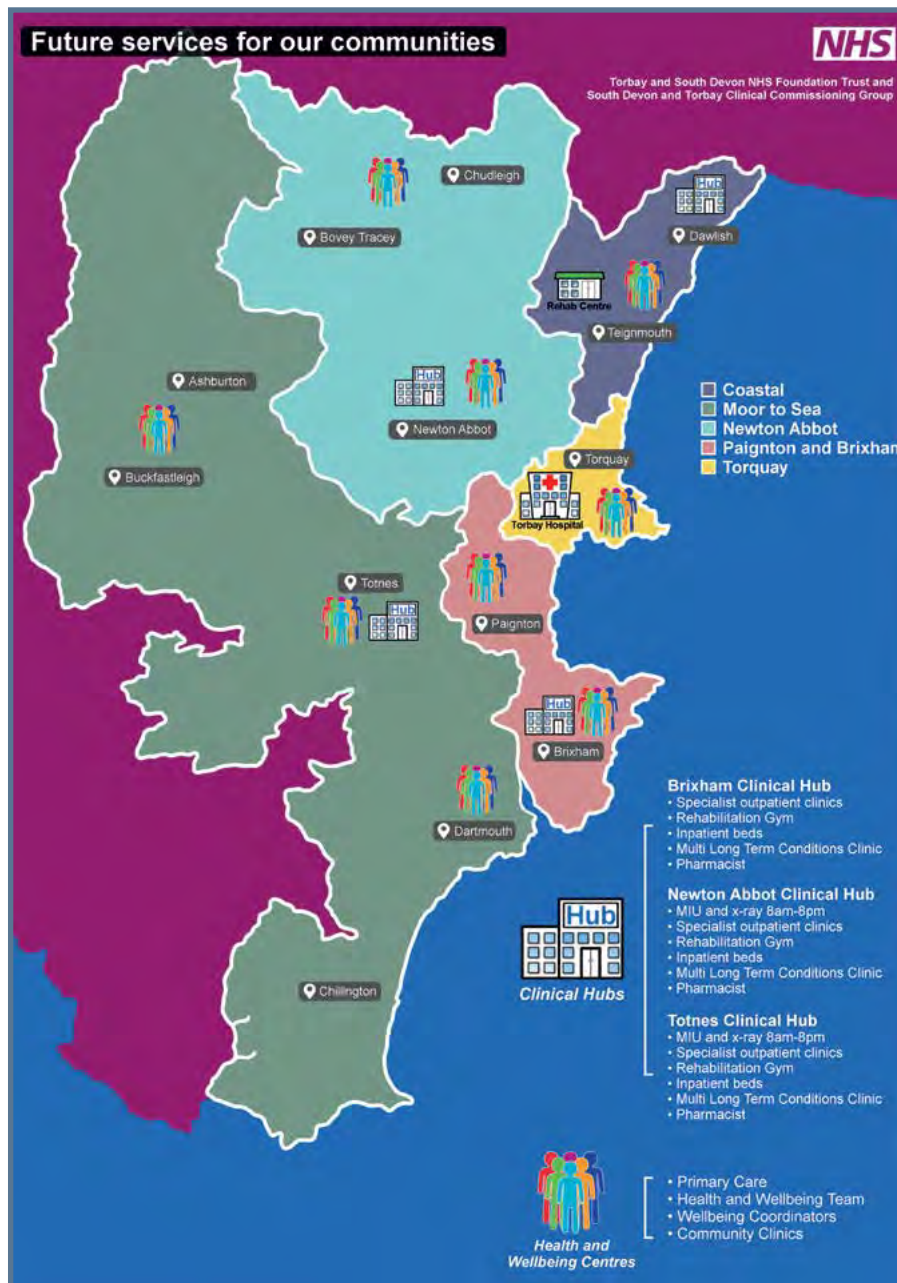
Staff working across the local NHS are part of this consultation and we also want to hear their views.

We believe that more investment into community-based services would mean that local teams would be bigger, stronger and better able to support those with greatest need. They would also be able to provide staff with better career prospects and more varied work. Concentrating staff in larger teams would strengthen our ability to deliver care and make them more resilient to issues which have led to temporary suspension of services in the past.

Once a decision is made we would ensure all staff are properly supported and their skills properly utilised in the new structures. We would ensure they are fully engaged in the changes and work with them to identify any training requirements. We know that we would continue to need the skills of the staff and they have been guaranteed that there would not be any compulsory redundancies as a consequence of these proposals.



Library image



Five: Getting involved

How our proposals developed

The new model of care has been developed over the past three years, since the engagement discussions in 2013. In trying to respond to the clinical, demographic and financial pressures that face us, a range of alternative approaches has been explored with different combinations of bed-based and community-based services.

A separate paper which outlines the development and rationale of the consultation option is available on our website or in hard copy by request. Five options were considered, based on the extent to which they would enable investment in community services and deliver the new model of care. The numbers and locations of community hospitals, MIUs and local teams changed according to the option with a range of possibilities being considered.

Each option was evaluated by the multi-agency Community Services Transformation Group on the extent to which it met future patient needs, delivers safe clinical standards, was affordable and financially sustainable. Where an option did not deliver the proposed care model or was not operationally or financially sustainable, it was rejected.

The CCG and Torbay and South Devon NHS Foundation Trust believe that the approach set out in this consultation

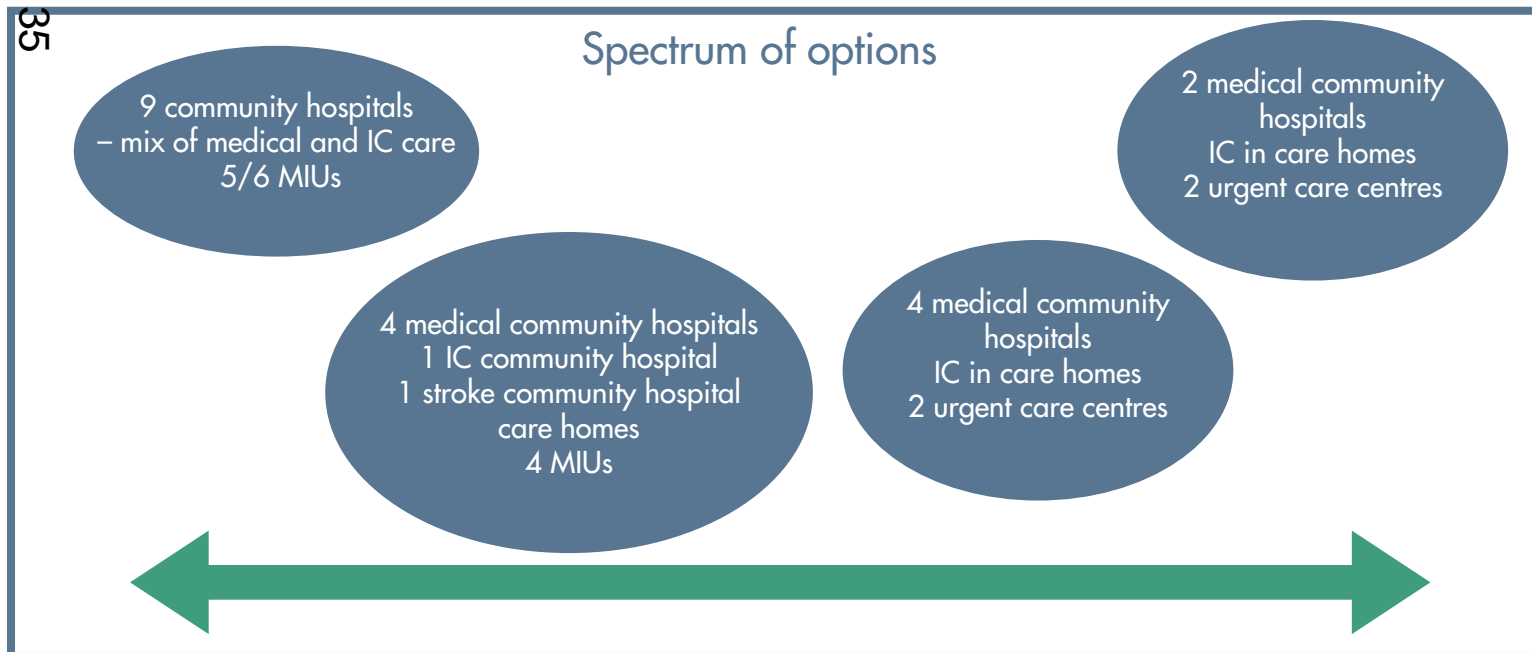
document represents the only viable option for providing what people told us they wanted, in a way that would meet future clinical needs and population pressures within the budget available.

Alternative approaches

The CCG and the Trust would welcome alternative suggestions and approaches. Views expressed in this consultation will be independently collated by Healthwatch and reported to the governing body of the South Devon and Torbay Clinical Commissioning Group, ahead of it deciding what changes should be made. Before any decision is made, all ideas will be evaluated to assess whether they meet the clinical, demand and financial challenges.


There is a range of ways in which local people can find out more about the proposals, discuss any alternatives and give their views as to the service improvements which we are proposing in this consultation. These are outlined on the following pages.

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“ The CCG and Trust would welcome alternative suggestions and approaches. ”

One: Welcome
Two: The need to change
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Taking part

Come to a public meeting

We have arranged public meetings to discuss these proposals across South Devon and Torbay and these will be held at:

Location	Date	Time	Venue
Ashburton	20 Sept	1pm, 4pm and 7pm	Ashburton Town Hall, North Street, TQ13 7QQ
Bovey Tracey	13 Sept	4.30pm and 7.30pm	Phoenix Hall, St Johns Lane, TQ13 9FF
Brixham	29 Sept	6.30pm	Scala Hall, Market Street, , TQ5 8TA
Buckfastleigh	22 Sept	6.30pm	St Lukes Church, Plymouth Rd, TQ11 0DA
Chudleigh	16 Sept	6.30pm	Chudleigh Town Hall, Market Way, TQ13 0HL
Dartmouth	15 Sept	4pm and 7pm	Dartmouth Academy, Milton Lane, TQ6 9HW
Newton Abbot	13 Oct	6.30pm	Exeter Road Campus, Daphne Collman Hall, 28 Old Exeter Road, TQ12 2NF
Paignton	28 Sept	9am, 4pm and 7pm	Sacred Heart Roman Catholic Church, 24 Cecil Road, TQ3 2SH
Torquay	6 Oct	6.30pm	Upton Vale Baptist Church, St. Marychurch Road, TQ1 3HY
Totnes	11 Oct	6.30pm	Totnes Civic Hall, High Street, TQ9 5SF
Widecombe	12 Oct	6.30pm	Widecombe Church House, TQ13 7TA

Invite us to a local meeting

We are very happy to attend as many meetings that happen routinely in your community, as is practical.

If you would like us to present our proposals and answer questions, please email us to arrange this: sdtccg.consultation@nhs.net; or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF; or call 01803 652511.

Read up on the detail

In addition to this document, there are more detailed papers on our website www.southdevonandtorbayccg.nhs.uk/community-health-services covering:

- The clinical case for change
- Information about the use of local services
- Options and rationale
- Population case for change
- The financial case for change
- Travel times
- Summary of stakeholder engagement and feedback
- Consultation terminology.

If you need a paper copy, please email: sdtccg.consultation@nhs.net; or write to: South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF; or call 01803 652511.

You can also visit our website to find a locality-by-locality slide presentation that brings together information used in our engagement meetings over the past year and which summarises the consultation proposals.

Follow on Twitter or Facebook

Throughout the consultation we will be holding question-and-answer sessions on Twitter and using our social media pages for sharing information.

www.twitter.com/sdtccg

Torquay: www.facebook.com/ccgtorquay

Paignton and Brixham: www.facebook.com/ccgpaigntonandbrixham

Newton Abbot: www.facebook.com/ccgnewtonabbot

Moor to Sea: www.facebook.com/ccgmoortosea

Ask to receive our regular briefing

During our engagement discussions we have produced a series of simple stakeholder briefings to keep those involved up to date with discussions across the area. We will continue to produce these during the consultation. They will be available on our website and emailed to stakeholders. If you would like to receive these directly, please let us have your email address by emailing sdtccg.consultation@nhs.net.

We will do our best to make paper copies available locally where it is possible to leave them – for example, in community centres or village halls, information points or GP practices.

What happens next?

Our consultation starts on 1 September. All feedback will be gathered by Healthwatch (Devon and Torbay) and a report produced for consideration by the Governing Body of South Devon and Torbay Clinical Commissioning Group. All alternative suggestions will be fully explored ahead of any decision.

Both the feedback and details on alternative suggestions will be published.

Discussions will take place with GPs, providers, healthcare professionals and managers before a recommendation

is made to the CCG's Governing Body at a meeting in public in January/February 2017. Once a decision is made, it will be communicated widely and a timetable for any changes set out.

The goal will be to put any major service changes into effect before any changes are made to current provision. As indicated earlier, NHS premises which could be affected by the proposals set out in this document are owned by Torbay and South Devon NHS Foundation Trust. Should a decision be made to close and dispose of any of these NHS premises, proceeds from any sale will be used by the Trust in support of services within South Devon and Torbay.

Any questions?

During the consultation, if you have any questions or require more information, take a look at our website: www.southdevonandtorbayccg.nhs.uk/community-health-services.

If you can't find what you are looking for please use one of the following ways of getting in touch:

- Email sdtccg.consultation@nhs.net
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511.

Make sure your views count

Views expressed at public meetings will be noted by Healthwatch, and views expressed at community meetings attended by the CCG or the Trust will also be fed back to Healthwatch to be included in its consultation report. Other correspondence and petitions will also be noted by Healthwatch.

The questionnaire seeks views on the range of issues underpinning the consultation as this will help us to evolve the model of care.

For your views to be registered as part of the consultation, please complete the questionnaire at the end of this consultation document or electronically at www.communityconsultation.co.uk. Paper copies will be available across the area and are available on request by emailing sdtccg.consultation@nhs.net, or writing to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF, or calling 01803 652511.

Six: Other issues

Travel

Impact on mean (and median) travel time to closest site		
	Current model	Proposed model
Public transport weekend	29 mins (19 min)	30 mins (27 mins)
Public transport weekday	20 mins (18 mins)	26 mins (24 mins)
Car peak	7 mins (7 mins)	12 mins (13 mins)
Car off-peak	5 mins (5 mins)	8 mins (8 mins)

Impact on maximum travel time to closest site		
	Current model	Proposed model
Public transport weekend	76 mins	100 mins
Public transport weekday	76 mins	100 mins
Car peak	38 mins	45 mins
Car default speed	27 mins	32 mins

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- Travel times are based on a journey start point at LSOA (Lower Layer Super Output Areas) population centre. LSOAs are geographic areas used by the Office for National Statistics for census data and are areas that consist of between 1,000 and 3,000 people or 400 to 1,200 households.
- In calculating the above figures for public transport, we have taken travel times between 8am and 6pm for the weekend (average of both days) and for weekdays (average of five days).
- Travel times for car travel (road) are based on data from the Department for Transport (DfT). Off-Peak travel times use the DfT default car speeds. Peak travel times use the DfT average traffic speeds for the morning peak between 7am and 10am.
- For maximum and average travel times, we have calculated the time taken to get to the nearest clinical hub for each LSOA and taken the maximum and average of these times for all the LSOAs in the area. The assumption made in the new model calculations has been that an individual would travel to their nearest clinical hub.

In considering the impact of the proposals on communities, we have looked at the implications for travel.

A key element of these proposals is to bring care closer to people's homes, strengthening community-based services. So, for substantial numbers of people, travel times will be reduced as a result of being supported at or near to their home, in their local health and wellbeing centre or at their locality clinical hub. For many, travel to Torbay Hospital will no longer be necessary.

As the tables on the left indicate, where continued travel is necessary to access clinical hub services (such as community beds), the average time would increase by no more than nine minutes if the proposed changes are implemented, and the maximum time by no more than 32%.

We believe that as so many people will have their travel reduced, a nine-minute average increase for those who will need to travel is not unreasonable in terms of concentrating

limited budgets on securing improved, accessible care for the people of South Devon and Torbay.

For those patients who need to travel to a clinical hub but are not able to secure their own transport or voluntary transport, or are unable to access public transport, then patient transport may be available subject to eligibility criteria.

Additional information relating to travel times is contained in the additional support documentation available on our website or in hard copy on request.

Urgent care centres

Nationally, the NHS is seeking to develop new and better ways of providing care through an initiative called Vanguard. This aims to speed up the pace of change in the NHS by developing better ways of delivering services which can be copied and implemented across the country.

South Devon and Torbay is one of eight urgent and emergency care Vanguards. Locally, a range of stakeholders, including staff and patients, has been involved in developing an improved

urgent and emergency care model, covering five workstreams: self-care, NHS 111, urgent care centres (UCC), shared records and mental health.

A key Vanguard rationale is to help implement change quickly and we are running this Vanguard initiative alongside and independently of the consultation. Improvements are already being made: for example, 111 and out-of-hours services have recently been re-procured and a project team is looking at the benefits that might flow from developing MIUs into UCCs.

As part of this work, elements of UCCs are likely to be piloted at Newton Abbot over the coming months so that a judgement can be made as to the benefits they could bring in South Devon and Torbay.

The piloting of some aspects of UCCs does not pre-empt the outcome of the community consultation, although, if patient benefits are identified, it is likely that we would want to build on this in the coming year.





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National guidance

We are carrying out this consultation in line with our duties under the Health and Social Care Act 2012, section 14z2, and in line with Cabinet Office consultation principles published in January 2016.

We have also carried out equality impact assessments on our proposed model of care and our engagement and consultation process.

We have considered all characteristics protected under the Equality Act 2010 and gone further than those, to plan how we will design the consultation so that everyone can take part in it, including those who might not usually hear about such things or get around to taking part.

We are asking groups and organisations to talk about the consultation and will support them to do so. Examples of these are schools, children's centres, groups for older people, local groups that support disabled people and those with sensory loss, drug and alcohol recovery services, and organisations which provide advice.

We have also considered how we communicate changes to groups such as the travelling community, people with learning disabilities and those for whom English is not their first language. We

have identified organisations which can assist in cascading information to such groups.

In terms of the proposed model of care within localities, we have considered accessibility: travel distances, access for people with disabilities or sensory loss, public transport links and parking.

Terminology

Like every major organisation, there is a range of technical terms used in the NHS. Here are some of the terms used most frequently in this document:

Self-care: personal health maintenance. Any activity of an individual, family or community, which is intended to improve or restore health, treat or prevent disease or maintain existing good health.

Urgent care services: outpatient care services focused on treatment for injuries or illnesses requiring immediate care but that are not serious enough to require the intensive care and facilities of the acute hospital.

Intermediate care: a range of integrated services provided for a limited period of time to promote faster recovery from illness, prevent unnecessary acute hospital admission and premature admission to long-term residential care, support

timely discharge from hospital and maximise independent living.

Long-term condition: a condition that lasts longer than a year, impacts on a person's life and may require ongoing care and support. Examples include diabetes, asthma, arthritis and Chronic Obstructive Pulmonary Disease (COPD). Long-term conditions become more prevalent with age and older people are more likely to have more than one long-term condition.

Primary care: The care given by a health provider, often a GP, who typically acts as the principle point of consultation for patients and who coordinates access to other specialists.

Secondary care: healthcare services provided by medical specialists and other healthcare professionals who generally do not have the first contact with the patient.

And finally

Change is never easy, especially when it impacts on well-respected services and requires different ways of accessing services. In putting forward these proposals the CCG and Torbay and South Devon NHS Foundation Trust have sought to develop a model that takes advantage of modern, evidence-based practices, responds to what people tell us they want, and is sustainable and affordable.

This is an opportunity to build with local people a strong system that places compassionate care at its heart, and which will deliver quality care for the diverse communities of South Devon and Torbay.

Please give us your views by completing the questionnaire on the following pages.

Seven: Complete the consultation feedback questionnaire

To formally take part in the consultation

The questions here are presented in sections covering people's preferences for health services and the challenges we face, the proposed new model of care, and the best way we think it can be implemented. Each question provides an opportunity to comment on a number of areas and we would like you to give your views on each.

Question 13 enables you to comment more generally on the consultation proposals or to expand on the reasons for any of your answers.

The final section seeks more general information, designed to enable us to assess whether the responses received are representative of our diverse communities.

It is easier – and cheaper – to complete our feedback questionnaire electronically at www.communityconsultation.co.uk. If completing this printed version, please send it to Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

If there is not enough room for you to provide comments, please do so on a separate piece of paper and give the number of the question to which you are responding

Service preferences and challenges

1. Do you think that what people told us they wanted from health services in 2013 still applies today?

	Yes	No	Don't know
Accessible services – convenient opening hours, transport and accessible buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better communication – between clinician and patient, and between clinicians themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity of care – to allow relationship-building with clinicians and carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of care – including joined-up information systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to stay at home – with a wide range of services and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you would want to see? Please list:

Please continue, if necessary, on a separate sheet

2. Do you feel that the NHS needs to change the way it delivers services so as to:

	Yes	No	Don't know
Establish better joint working between services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look after the rising number of elderly people, many with long-term conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tackle differences in life expectancy between affluent and deprived areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide alternatives to A&E for non-emergency care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that we have enough appropriately experienced staff to look after patients safely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make best use of the money available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Do you think that we should develop more community health services to help keep people out of hospital and avoid unnecessary use of hospital beds?

Yes	No	Don't know
-----	----	------------

New model of care

4. The NHS should support people to keep well and independent for as long as possible by:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Investing in health promotion activities (eg exercise classes for those with heart and lung disease)

Providing support nearer to where people live

Developing more out-of-hospital care and treatments, especially for older, frail people

Funding more community services by reducing the number of hospital beds

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Hospital beds are for patients requiring medical and nursing care that cannot be provided elsewhere and should not be used for people:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Who no longer need nursing or medical care

Who feel lonely or isolated

Who have medical needs that can be managed at home

Who have medical needs that can be met in a care home

Whose family feel unable to look after them

6. When resources are limited, the NHS should prioritise the use of staff and funding to:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Help keep more people well for longer

Treat people with the most complicated health conditions

Care for people in their own homes or close to where they live

Keep open all community hospitals

Implementing the model of care

7. If you need to see a specialist (eg at an outpatient clinic), the most important aspects to you are:

	Strongly agree	Agree	Disagree	Strongly Disagree
The time I have to wait for an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The distance I have to travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expertise of the specialist that I see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Minor injuries units, which provide treatment for non-life-threatening problems and less serious injuries (such as suspected broken bones and sprains, burns and scalds) should:

	Strongly agree	Agree	Disagree	Strongly Disagree
Be open consistent hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be open seven days a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have x-ray diagnostic services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be staffed by specialists experienced in dealing with minor injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be easily reached and have good car parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operate different hours in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer different services in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If the choice is between:

Using resources to keep open community hospitals which look after people from across the CCG area

OR

Using these resources to expand community health services by recruiting trained nurses and therapists to help keep people healthier, out of hospital and supported closer to their homes

do you agree that it is better to do the latter?

Yes	No
-----	----

If you answered 'yes', please go to question 10 (pages 30 and 31). If you answered 'no', please go to question 11 (page 32).

10. If your answer to Question 9 is 'yes', please respond to the statements below:

Close Ashburton and Buckfastleigh Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

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Close Bovey Tracey Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

10 continued... If your answer to Question 9 is 'yes', please respond to the statements below:

Close Dartmouth Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Paignton Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

11. If your answer to Question 9 is 'no', please say why:

Please continue, if necessary, on a separate sheet

12. People sometimes need nursing with extra support and care, following a period of ill health, to help them recover and regain their independence. If similar levels of care and support can be provided, this should be delivered:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Page 46	a person's own home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	a community hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	a care home near to a person's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If you want to comment generally on the proposals set out in this document or have any alternative ideas to put forward for consideration which meet the future needs of our population and the challenges described in this document, please tell us about them below (or in an additional submission):

Please continue, if necessary, on a separate sheet

Other information

To help put this information into context and ensure we are attracting feedback from across the South Devon and Torbay CCG area please complete the following questions:

14. If responding as an individual, are you a:

- | | | |
|---|---|--|
| <input type="radio"/> Member of the public? | <input type="radio"/> Social care/local authority employee? | <input type="radio"/> Prefer not to say? |
| <input type="radio"/> Foundation Trust member/governor? | <input type="radio"/> Independent/third sector employee? | |
| <input type="radio"/> NHS employee? | <input type="radio"/> Volunteer in health or social care? | |

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15. If you are responding on behalf of an organisation, please tell us what type:

- | | | |
|--|---|--|
| <input type="radio"/> NHS provider organisation | <input type="radio"/> Patient representative organisation | <input type="radio"/> Other – please state in the box |
| <input type="radio"/> County or district council | <input type="radio"/> League of Friends or equivalent | <div style="border: 1px solid black; height: 100px; width: 100%;"></div> |
| <input type="radio"/> Town council or parish council | <input type="radio"/> Independent healthcare provider | |
| <input type="radio"/> Third sector provider | | |

16. Postcode (so that we will know if we are getting feedback from across the area)

- | | | |
|--|--------------------------------------|---------------------------------|
| <input type="radio"/> Postcode (first four digits) | <input type="radio"/> No fixed abode | <input type="radio"/> Traveller |
|--|--------------------------------------|---------------------------------|

17. Age

- | | |
|--------------------------------|-----------------------------------|
| <input type="radio"/> Under 16 | <input type="radio"/> 55-64 |
| <input type="radio"/> 16-24 | <input type="radio"/> 65-74 |
| <input type="radio"/> 25-34 | <input type="radio"/> 75-84 |
| <input type="radio"/> 35-44 | <input type="radio"/> 85 and over |
| <input type="radio"/> 45-54 | |

18. Do you consider yourself to have a disability?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

19. Do you have one or more long-term health conditions?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

20. Do you consider yourself to be a carer?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

21. Gender

- | | |
|-----------------------------------|---|
| <input type="radio"/> Male | <input type="radio"/> Gender fluid |
| <input type="radio"/> Female | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Transgender | |

22. Sexuality

- | | |
|------------------------------------|---|
| <input type="radio"/> Heterosexual | <input type="radio"/> Bi-sexual |
| <input type="radio"/> Gay | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Lesbian | |

23. Ethnic group – which category best describes your ethnicity? Please tick the appropriate circle to indicate

- | | |
|--|--|
| <input type="radio"/> White: British | <input type="radio"/> Mixed: Other |
| <input type="radio"/> White: Irish | <input type="radio"/> Chinese |
| <input type="radio"/> White: European | <input type="radio"/> Japanese |
| <input type="radio"/> White: Other | <input type="radio"/> Asian/Asian British: Indian |
| <input type="radio"/> Black/Black British: Caribbean | <input type="radio"/> Asian/Asian British: Pakistani |
| <input type="radio"/> Black/Black British: African | <input type="radio"/> Asian/Asian British: Bangladeshi |
| <input type="radio"/> Black/Black British: European | <input type="radio"/> Asian/Asian British: Other |
| <input type="radio"/> Black/Black British: Other | <input type="radio"/> Other ethnic group |
| <input type="radio"/> Mixed: White & Black Caribbean | |
| <input type="radio"/> Mixed: White & Black African | |
| <input type="radio"/> Mixed: White & Asian | |

**Please see next page
for return address**

Returning the questionnaire to Healthwatch

Thank you very much for completing this questionnaire and for formally contributing to this consultation. Please post your completed questionnaire to: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

There is no need to provide your name and address. If, however, you have suggested an alternative approach, providing contact details below will enable us to get in touch if necessary to clarify any aspect of your proposals.

OPTIONAL

Name:

Email: Phone number:

Address:

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For the latest information on the consultation, please go to the following link:

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Into the future

Re-shaping community-based health services in Paignton and Brixham

A public consultation: Thursday 1 September to Wednesday 23 November 2016



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Driving quality, delivering value, improving services
www.southdevonandtorbayccg.nhs.uk/community-health-services

1. Consultation and benefits
2. A new approach and delivering change
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4. Taking part and finding out more
5. Complete the questionnaire



South Devon and Torbay Clinical Commissioning Group is responsible for planning and organising health services for local people. It is divided into five localities – each led by local GPs.

Consultation and benefits

A public consultation: Thursday 1 September to Wednesday 23 November 2016

We're asking people in South Devon and Torbay what they think of proposals for more community-based healthcare and support, closer to their homes.

We want our services to be available when people need help and to make sure that patients don't have to go into hospital unnecessarily.

The CCG is seeking feedback on its proposals and listening to alternative ideas for strengthening services. Any proposals must meet increasing health needs, be clinically sound, sustainable and affordable.

The consultation proposals respond to increasing demand for healthcare, the need to strengthen services that most people use and the benefits to be gained from switching resources from bed-based hospital care to community-based care, enabling more people to be supported in or near their own homes.


We want to hear the views of those who may be affected and who live in the four localities – Moor to Sea, Newton Abbot, Paignton and Brixham, and Torquay – which are part of this consultation. (Our Coastal locality is not part of this process because we consulted there in 2015 and improvements are currently being implemented.) Find out how to take part in this consultation on page 4 and complete the feedback questionnaire (pages 5-12).

The benefits we want to see

We asked people in 2013 what they wanted from their health and care services. We have been exploring how we can best respond to what people said, most recently working with Torbay and South Devon NHS Foundation Trust (TSDFT) which provides most of our community-based services. By changing the way we do things and by working more closely with social care, we believe our new way of working will deliver benefits such as:

- Easier access to a wider range of community-based services to help people stay well and to support them when they are not

- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- Properly staffed and resourced community hospitals able to deliver quality, safe care
- Safe, high-quality hospital care when needed but keeping people out of hospital when they don't need to be there
- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support
- Treatment and recuperation at home, recognising that 'the best bed is your own bed'
- Reduced pressure on A&E by strengthening minor injuries units (MIUs) to treat a wide range of problems, keeping Torbay's A&E service free to deal with life-threatening issues
- Greater investment in local services by switching funding from hospital to community-based care
- Closer working by different organisations which support people's wellbeing to provide local, seamless

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care and to make services greater than the sum of their parts

- Reduced demand for services as a result of helping people live independent lives for longer.

Since last summer, the CCG, supported by TSDFT, has engaged with groups across the area to discuss how best to deliver services which would meet the future needs of our local population. These engagement discussions involved a range of interests and expertise and looked at, for example, the predicted health needs of our population, the use of hospital beds to look after people who can no longer live on their own, ways of providing more care in the local community and the difficulties of attracting specialist staff to the area.

In parallel with these discussions, representatives of the CCG, Torbay Council, Devon County Council, TSDFT and primary care, including senior clinicians, have drawn on the feedback provided and informed also by TSDFT staff, considered how best to provide future services.

A new approach and delivering change

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- 

A new approach

If implemented, our proposals would see GPs, community health and social care teams and the voluntary sector working together to provide for the vast majority of people's health and wellbeing needs. Accessing services would be made simpler through a central contact point.

Page 2
The four core elements to deliver this approach locally are:

Clinical hubs: In each locality there would be a clinical hub providing people with better access to medical, clinical and specialist services. These hubs would offer a broad range of services to people and, although one is proposed in each locality, they could be used by everybody irrespective of where they live.

The clinical hubs would offer services such as outpatient appointments, specialist conditions clinics and inpatient services. By bringing services together in a single location we would reduce the need for people to travel to Torbay Hospital to access services.

Totnes and Newton Abbot would also offer access to minor injuries units

(MIUs). The hubs would be provided in buildings that are of a high clinical standard and, where necessary, additional investment would be made to improve the quality of environment and range of services offered.

Local health and wellbeing centres: these would be linked to the clinical hub and see community staff based locally and working alongside GPs, pharmacists and voluntary-sector organisations to provide the health and wellbeing services most frequently used by local people. They would be located in Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay.

Health and wellbeing teams: these are made up of the staff based in these centres and would include community health and social care staff, mental health professionals and voluntary organisations. Together they would organise and deliver services to meet most of the local population's health and social care needs.

Intermediate care provision: this is provided to people who need extra support and care following a period of ill-health. It is designed to help

people recover more quickly, maximising their independence and helping them to resume normal activities. Intermediate care also supports more timely discharge from hospital and helps to avoid unnecessary hospital admissions by supporting people in their local communities, either at home or in another care setting. By switching resources to home-based care, we would be able to strengthen intermediate care teams, with seven-day cover and input from doctors, pharmacists and personal care teams.

Delivering these changes

Investment: strengthening community-based services by investing in:

- Wellbeing coordinators
- Clinics and services for people with multiple long-term conditions
- Additional intermediate care services to support people to return to maximum independence, in or close to people's own homes, in local residential and nursing homes.

Fewer, safer community hospital beds: many patients remain in hospital too long because the community-based

support they need is not available. We are therefore proposing to close four community hospitals (Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Paignton) so that more money can be invested in local community teams. Community hospital beds would continue to be available in Brixham, Newton Abbot, Totnes and Dawlish for patients who need them.

Stronger minor injuries units (MIUs): people can't rely on MIUs being open at present because staff and resources are spread too thinly. By reducing them to three and concentrating our staff in Newton Abbot and Totnes, as well as Dawlish, MIUs would open 8am to 8pm, seven days a week and would have x-ray diagnostic services. This means that MIUs in Ashburton, Dartmouth (both currently suspended), Brixham and Paignton would close.

Intermediate and domiciliary care

Discussions have already taken place with local authority colleagues and with some care home operators to see how we can stimulate this market to provide greater provision.

The potential impact

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PAIGNTON AND BRIXHAM

What would be different?

A clinical hub would be established at Brixham Community Hospital that would include community inpatient beds and a range of specialist services to reduce the need to travel as far for specialist care. These would include a new multi long-term conditions service, extended specialist outpatient clinics and community-based rehabilitation services.

The current MIU services offered at Paignton and Brixham Community Hospitals are not sustainable in their current form and, under these proposals, would close. People would have the option of visiting a designated GP practice for some MIU services provided locally or attending the MIU in Totnes or Newton Abbot, which would

operate consistently seven days a week, 8am to 8pm, and provide x-ray diagnostics.

For the population of Brixham and Paignton the local health and wellbeing teams would be co-located, where possible, with local GP services. These teams would provide community nursing, physiotherapy, occupational therapy and social care support.

To deliver more expert care to people in their own homes, we would invest money into more community-based staff and enhanced intermediate care services. They would work in partnership with local care home providers to deliver more local intermediate care beds. Providing much more care to people in or near their own home means that the buildings from which

we currently deliver inpatient and community services including Paignton Community Hospital (28 beds but currently 12 beds are temporarily closed due to safe staffing issues), Midvale Clinic and Church Street would no longer be required and would close if these proposals are approved.

Community inpatient care and more specialist services such as audiology, cardiology and dermatology outpatient

clinics for the population of Paignton would be provided at their nearest clinical hub in Brixham, Totnes or Newton Abbot.

Staff delivering care directly to people in their own homes would have an integrated office base in the King's Ash area, providing easy access to Paignton and Brixham.

What could services look like and where would they be?

Clinical hub in Brixham (currently Brixham Hospital)

- New multi long-term conditions clinic
- Specialist outpatient clinics
- Community beds (16 beds plus 4 flexible use)
- Rehabilitation gym
- Pharmacist

Health and wellbeing centre in Brixham (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics

Health and wellbeing centre in Paignton (planned to be developed in Paignton as part of providing fit-for-purpose accommodation for local GP Services)

- Community clinics
- Pharmacist
- Enhanced primary care MIU services
- Health and wellbeing team

Health and wellbeing centre in Totnes (options are being explored to co-locate with GPs)





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Taking part and finding out more

How to take part in this consultation

- **Read up on the detail:** this pamphlet summarises a more detailed document which, with other material, is available to download from:
www.southdevonandtorbayccg.nhs.uk/community-health-services.
Paper copies are available on request.

Come to a public meeting to discuss these proposals: the meetings in the Paignton and Brixham locality are listed below. A full list of public meetings is included in the main consultation document and online at:
www.southdevonandtorbayccg.nhs.uk/community-health-services.

- **Invite us to a meeting in your community:** we will attend as many as is practical, so if you would like us to

present our proposals and answer your questions, just get in touch.

- **Follow on Twitter or Facebook:** we will post information on our Paignton and Brixham Facebook page:
facebook.com/ccgpaigntonandbrixham and hold question-and-answer sessions on Twitter (twitter.com/sdtccg).

- **Ask to receive our regular briefing:** an email briefing will keep people in touch with developments, so please let us have your email address if you want to receive it.

What happens next?

Healthwatch will coordinate all views expressed at public or community meetings attended by the CCG or by Torbay and South Devon NHS Foundation Trust, and will include these in its consultation report.

Other correspondence and petitions will also be noted by Healthwatch.

We would like individual views on the issues which underpin the consultation and for these to be registered as part of the consultation.

Anonymity

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

Make sure your views count

We would like your individual views on the issues which underpin the consultation. For your views to be registered as part of the consultation, please either complete the questionnaire at www.communityconsultation.co.uk

or, if this is not possible, fill it in on the following pages and return it to us by post at: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG or hand it to Healthwatch at a meeting.

Any questions?

Take a look at our website, where you will find Frequently Asked Questions: www.southdevonandtorbayccg.nhs.uk/community-health-services.

If you can't find what you are looking for, can't find the link to the questionnaire, want another document, would like to request our regular briefing or would like to invite us to a meeting, please get in touch:

- Email sdtccg.consultation@nhs.net
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 during office hours.

Location	Date	Time	Venue
Brixham	29 Sept	6.30pm	Scala Hall, Market Street, Brixham, TQ5 8TA
Paignton	28 Sept	9am, 4pm and 7pm	Sacred Heart Roman Catholic Church, 24 Cecil Road, Paignton, TQ3 2SH

Seven: Complete the consultation feedback questionnaire

To formally take part in the consultation

The questions here are presented in sections covering people's preferences for health services and the challenges we face, the proposed new model of care, and the best way we think it can be implemented. Each question provides an opportunity to comment on a number of areas and we would like you to give your views on each.

Question 13 enables you to comment more generally on the consultation proposals or to expand on the reasons for any of your answers.

The final section seeks more general information, designed to enable us to assess whether the responses received are representative of our diverse communities.

It is easier – and cheaper – to complete our feedback questionnaire electronically at www.communityconsultation.co.uk. If completing this printed version, please send it to Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

If there is not enough room for you to provide comments, please do so on a separate piece of paper and give the number of the question to which you are responding

Service preferences and challenges

1. Do you think that what people told us they wanted from health services in 2013 still applies today?

	Yes	No	Don't know
Accessible services – convenient opening hours, transport and accessible buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better communication – between clinician and patient, and between clinicians themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity of care – to allow relationship-building with clinicians and carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of care – including joined-up information systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to stay at home – with a wide range of services and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you would want to see? Please list:

Please continue, if necessary, on a separate sheet

2. Do you feel that the NHS needs to change the way it delivers services so as to:

	Yes	No	Don't know
Establish better joint working between services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look after the rising number of elderly people, many with long-term conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tackle differences in life expectancy between affluent and deprived areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide alternatives to A&E for non-emergency care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that we have enough appropriately experienced staff to look after patients safely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make best use of the money available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback form continued...

3. Do you think that we should develop more community health services to help keep people out of hospital and avoid unnecessary use of hospital beds?

Yes	No	Don't know
-----	----	------------

New model of care

4. The NHS should support people to keep well and independent for as long as possible by:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Investing in health promotion activities (eg exercise classes for those with heart and lung disease)

Providing support nearer to where people live

Developing more out-of-hospital care and treatments, especially for older, frail people

Funding more community services by reducing the number of hospital beds

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Hospital beds are for patients requiring medical and nursing care that cannot be provided elsewhere and should not be used for people:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Who no longer need nursing or medical care

Who feel lonely or isolated

Who have medical needs that can be managed at home

Who have medical needs that can be met in a care home

Whose family feel unable to look after them

6. When resources are limited, the NHS should prioritise the use of staff and funding to:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

Help keep more people well for longer

Treat people with the most complicated health conditions

Care for people in their own homes or close to where they live

Keep open all community hospitals

Implementing the model of care

7. If you need to see a specialist (eg at an outpatient clinic), the most important aspects to you are:

	Strongly agree	Agree	Disagree	Strongly Disagree
The time I have to wait for an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The distance I have to travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expertise of the specialist that I see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Minor injuries units, which provide treatment for non-life-threatening problems and less serious injuries (such as suspected broken bones and sprains, burns and scalds) should:

	Strongly agree	Agree	Disagree	Strongly Disagree
Be open consistent hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be open seven days a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have x-ray diagnostic services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be staffed by specialists experienced in dealing with minor injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be easily reached and have good car parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operate different hours in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer different services in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If the choice is between:

Using resources to keep open community hospitals which look after people from across the CCG area

OR

Using these resources to expand community health services by recruiting trained nurses and therapists to help keep people healthier, out of hospital and supported closer to their homes

do you agree that it is better to do the latter?

Yes	No
<input type="radio"/>	<input type="radio"/>

If you answered 'yes', please go to question 10 (pages 30 and 31). If you answered 'no', please go to question 11 (page 32).

10. If your answer to Question 9 is 'yes', please respond to the statements below:

Close Ashburton and Buckfastleigh Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

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Close Bovey Tracey Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

10 continued... If your answer to Question 9 is 'yes', please respond to the statements below:

Close Dartmouth Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Paignton Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

11. If your answer to Question 9 is 'no', please say why:

Please continue, if necessary, on a separate sheet

12. People sometimes need nursing with extra support and care, following a period of ill health, to help them recover and regain their independence. If similar levels of care and support can be provided, this should be delivered:

Strongly agree	Agree	Disagree	Strongly Disagree
----------------	-------	----------	-------------------

in a person's own home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
in a community hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
in a care home near to a person's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If you want to comment generally on the proposals set out in this document or have any alternative ideas to put forward for consideration which meet the future needs of our population and the challenges described in this document, please tell us about them below (or in an additional submission):

Please continue, if necessary, on a separate sheet

Other information

To help put this information into context and ensure we are attracting feedback from across the South Devon and Torbay CCG area please complete the following questions:

14. If responding as an individual, are you a:

- Member of the public?
- Foundation Trust member/governor?
- NHS employee?
- Social care/local authority employee?
- Independent/third sector employee?
- Volunteer in health or social care?
- Prefer not to say?

15. If you are responding on behalf of an organisation, please tell us what type:

- NHS provider organisation
- County or district council
- Town council or parish council
- Third sector provider
- Patient representative organisation
- League of Friends or equivalent
- Independent healthcare provider
- Other – please state in the box

16. Postcode (so that we will know if we are getting feedback from across the area)

- No fixed abode
- Traveller
- Postcode (first four digits)

17. Age

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 and over

18. Do you consider yourself to have a disability?

- Yes
- No

19. Do you have one or more long-term health conditions?

- Yes
- No

20. Do you consider yourself to be a carer?

- Yes No

21. Gender

- Male Gender fluid
 Female Prefer not to say
 Transgender

22. Sexuality

- Heterosexual Bi-sexual
 Gay Prefer not to say
 Lesbian

23. Ethnic group – which category best describes your ethnicity?
Please tick the appropriate circle to indicate

- | | |
|--|--|
| <input type="radio"/> White: British | <input type="radio"/> Mixed: Other |
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Please see overleaf
for return address

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OPTIONAL

Name:

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Address:

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Into the future

Re-shaping community-based health services in Torquay

A public consultation: Thursday 1 September to Wednesday 23 November 2016



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Driving quality, delivering value, improving services
www.southdevonandtorbayccg.nhs.uk/community-health-services

NHS
South Devon and Torbay
Clinical Commissioning Group

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Thursday 1 September to
Wednesday 23 November
2016**

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- Easier access to a wider range of community-based services to help people stay well and to support them when they are not

- Earlier identification of those at risk of becoming more unwell through focusing on prevention and self-help
- Properly staffed and resourced community hospitals able to deliver quality, safe care
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- Reduced 'bed blocking' in hospitals as a result of effective alternative community-based support
- Treatment and recuperation at home, recognising that 'the best bed is your own bed'
- Reduced pressure on A&E by strengthening minor injuries units (MIUs) to treat a wide range of problems, keeping Torbay's A&E service free to deal with life-threatening issues
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- Closer working by different organisations which support people's wellbeing to provide local, seamless

- 
- ▶ 1. Consultation and benefits
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care and to make services greater than the sum of their parts

- Reduced demand for services as a result of helping people live independent lives for longer.

Since last summer, the CCG, supported by TSDFT, has engaged with groups across the area to discuss how best to deliver services which would meet the future needs of our local population. These engagement discussions involved a range of interests and expertise and looked at, for example, the predicted health needs of our population, the use of hospital beds to look after people who can no longer live on their own, ways of providing more care in the local community and the difficulties of attracting specialist staff to the area.

In parallel with these discussions, representatives of the CCG, Torbay Council, Devon County Council, TSDFT and primary care, including senior clinicians, have drawn on the feedback provided and informed also by TSDFT staff, considered how best to provide future services.



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A new approach and delivering change

A new approach

If implemented, our proposals would see GPs, community health and social care teams and the voluntary sector working together to provide for the vast majority of people's health and wellbeing needs. Accessing services would be made simpler through a central contact point.

Page 9
The four core elements to deliver this approach locally are:

Clinical hubs: In each locality there would be a clinical hub providing people with better access to medical, clinical and specialist services. These hubs would offer a broad range of services to people and, although one is proposed in each locality, they could be used by everybody irrespective of where they live.

The clinical hubs would offer services such as outpatient appointments, specialist conditions clinics and inpatient services. By bringing services together in a single location we would reduce the need for people to travel to Torbay Hospital to access services.

Totnes and Newton Abbot would also offer access to minor injuries units

(MIUs). The hubs would be provided in buildings that are of a high clinical standard and, where necessary, additional investment would be made to improve the quality of environment and range of services offered.

Local health and wellbeing centres: these would be linked to the clinical hub and see community staff based locally and working alongside GPs, pharmacists and voluntary-sector organisations to provide the health and wellbeing services most frequently used by local people. They would be located in Ashburton/Buckfastleigh, Bovey Tracey/Chudleigh, Brixham, Dartmouth, Newton Abbot, Paignton, Totnes and Torquay.

Health and wellbeing teams: these are made up of the staff based in these centres and would include community health and social care staff, mental health professionals and voluntary organisations. Together they would organise and deliver services to meet most of the local population's health and social care needs.

Intermediate care provision: this is provided to people who need extra support and care following a period of ill-health. It is designed to help

people recover more quickly, maximising their independence and helping them to resume normal activities. Intermediate care also supports more timely discharge from hospital and helps to avoid unnecessary hospital admissions by supporting people in their local communities, either at home or in another care setting. By switching resources to home-based care, we would be able to strengthen intermediate care teams, with seven-day cover and input from doctors, pharmacists and personal care teams.

Delivering these changes

Investment: strengthening community-based services by investing in:

- Wellbeing coordinators
- Clinics and services for people with multiple long-term conditions
- Additional intermediate care services to support people to return to maximum independence, in or close to people's own homes, in local residential and nursing homes.

Fewer, safer community hospital beds: many patients remain in hospital too long because the community-based

support they need is not available. We are therefore proposing to close four community hospitals (Ashburton and Buckfastleigh, Bovey Tracey, Dartmouth and Paignton) so that more money can be invested in local community teams. Community hospital beds would continue to be available in Brixham, Newton Abbot, Totnes and Dawlish for patients who need them.

Stronger minor injuries units (MIUs): people can't rely on MIUs being open at present because staff and resources are spread too thinly. By reducing them to three and concentrating our staff in Newton Abbot and Totnes, as well as Dawlish, MIUs would open 8am to 8pm, seven days a week and would have x-ray diagnostic services. This means that MIUs in Ashburton, Dartmouth (both currently suspended), Brixham and Paignton would close.

Intermediate and domiciliary care

Discussions have already taken place with local authority colleagues and with some care home operators to see how we can stimulate this market to provide greater provision.

The potential impact

Into the future
Re-shaping community-based
health services in Torquay

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TORQUAY

What would be different?

A health and wellbeing centre would be developed in Torquay as part of proposals to co-locate health and wellbeing services which would include community nurses, physiotherapists, occupational therapists, social care staff, coordination and support staff with local GP practices.

The community would have access to a greater range of services, including a new multi long-term conditions service, enhanced intermediate care services, and a health and wellbeing team that works in partnership with local voluntary groups and partner agencies.

This community team has been at the forefront of piloting new enhanced services that would continue to

deliver high-quality services in people's own homes.

Castle Circus Health Centre would continue to deliver community clinics and a range of health services and Torbay Hospital would continue to provide specialist services and acute care to the population of Torbay and South Devon.

What could services look like and where would they be?

Health and wellbeing centre for Torquay (as part of plans to co-locate health and wellbeing services with local GP practices)

- Health and wellbeing team
- Community clinics





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Taking part and finding out more

How to take part in this consultation

- **Read up on the detail:** this pamphlet summarises a more detailed document which, with other material, is available to download from:
www.southdevonandtorbayccg.nhs.uk/community-health-services.
Paper copies are available on request.

• **Come to a public meeting to discuss these proposals:** the meeting in the Torquay locality is listed below.

A full list of public meetings is included in the main consultation document and online at:
www.southdevonandtorbayccg.nhs.uk/community-health-services.

- **Invite us to a meeting in your community:** we will attend as many as is practical, so if you would like us to present our proposals and answer your questions, just get in touch.

- **Follow on Twitter or Facebook:** we will post information on our Torquay Facebook page: facebook.com/ccgtorquay and hold question-and-answer sessions on Twitter (twitter.com/sdtccg).

- **Ask to receive our regular briefing:** an email briefing will keep people in touch with developments, so please let us have your email address if you want to receive it.

What happens next?

Healthwatch will coordinate all views expressed at public or community meetings attended by the CCG or by Torbay and South Devon NHS Foundation Trust, and will include these in its consultation report.

Other correspondence and petitions will also be noted by Healthwatch.

We would like individual views on the issues which underpin the consultation and for these to be registered as part of the consultation.

Anonymity

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

Make sure your views count

We would like your individual views on the issues which underpin the consultation. For your views to be registered as part of the consultation, please either complete the questionnaire at www.communityconsultation.co.uk

or, if this is not possible, fill it in on the following pages and return it to us by post at: Healthwatch Torbay, Freepost RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG or hand it to Healthwatch at a meeting.

Any questions?

Take a look at our website, where you will find Frequently Asked Questions: www.southdevonandtorbayccg.nhs.uk/community-health-services.

If you can't find what you are looking for, can't find the link to the questionnaire, want another document, would like to request our regular briefing or would like to invite us to a meeting, please get in touch:

- Email sdtccg.consultation@nhs.net
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 during office hours.

Location	Date	Time	Venue
Torquay	6 Oct	6.30pm	Upton Vale Baptist Church, St. Marychurch Road, Torquay, TQ1 3HY

Seven: Complete the consultation feedback questionnaire

To formally take part in the consultation

The questions here are presented in sections covering people's preferences for health services and the challenges we face, the proposed new model of care, and the best way we think it can be implemented. Each question provides an opportunity to comment on a number of areas and we would like you to give your views on each.

Question 13 enables you to comment more generally on the consultation proposals or to expand on the reasons for any of your answers.

The final section seeks more general information, designed to enable us to assess whether the responses received are representative of our diverse communities.

It is easier – and cheaper – to complete our feedback questionnaire electronically at www.communityconsultation.co.uk. If completing this printed version, please send it to Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

If there is not enough room for you to provide comments, please do so on a separate piece of paper and give the number of the question to which you are responding

Service preferences and challenges

1. Do you think that what people told us they wanted from health services in 2013 still applies today?

	Yes	No	Don't know
Accessible services – convenient opening hours, transport and accessible buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Better communication – between clinician and patient, and between clinicians themselves	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Continuity of care – to allow relationship-building with clinicians and carers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordination of care – including joined-up information systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Support to stay at home – with a wide range of services and support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you would want to see? Please list:

Please continue, if necessary, on a separate sheet

2. Do you feel that the NHS needs to change the way it delivers services so as to:

	Yes	No	Don't know
Establish better joint working between services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Look after the rising number of elderly people, many with long-term conditions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tackle differences in life expectancy between affluent and deprived areas?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide alternatives to A&E for non-emergency care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensure that we have enough appropriately experienced staff to look after patients safely?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Make best use of the money available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Feedback form continued...

3. Do you think that we should develop more community health services to help keep people out of hospital and avoid unnecessary use of hospital beds?

Yes	No	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

New model of care

4. The NHS should support people to keep well and independent for as long as possible by:

	Strongly agree	Agree	Disagree	Strongly Disagree
Investing in health promotion activities (eg exercise classes for those with heart and lung disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Providing support nearer to where people live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing more out-of-hospital care and treatments, especially for older, frail people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Funding more community services by reducing the number of hospital beds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Hospital beds are for patients requiring medical and nursing care that cannot be provided elsewhere and should not be used for people:

	Strongly agree	Agree	Disagree	Strongly Disagree
Who no longer need nursing or medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who feel lonely or isolated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who have medical needs that can be managed at home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Who have medical needs that can be met in a care home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whose family feel unable to look after them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. When resources are limited, the NHS should prioritise the use of staff and funding to:

	Strongly agree	Agree	Disagree	Strongly Disagree
Help keep more people well for longer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treat people with the most complicated health conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Care for people in their own homes or close to where they live	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Keep open all community hospitals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Implementing the model of care

7. If you need to see a specialist (eg at an outpatient clinic), the most important aspects to you are:

	Strongly agree	Agree	Disagree	Strongly Disagree
The time I have to wait for an appointment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The distance I have to travel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The expertise of the specialist that I see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Minor injuries units, which provide treatment for non-life-threatening problems and less serious injuries (such as suspected broken bones and sprains, burns and scalds) should:

	Strongly agree	Agree	Disagree	Strongly Disagree
Be open consistent hours	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be open seven days a week	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have x-ray diagnostic services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be staffed by specialists experienced in dealing with minor injuries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Be easily reached and have good car parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Operate different hours in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Offer different services in different locations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. If the choice is between:

Using resources to keep open community hospitals which look after people from across the CCG area

OR

Using these resources to expand community health services by recruiting trained nurses and therapists to help keep people healthier, out of hospital and supported closer to their homes

do you agree that it is better to do the latter?

Yes	No
<input type="radio"/>	<input type="radio"/>

If you answered 'yes', please go to question 10 (pages 30 and 31). If you answered 'no', please go to question 11 (page 32).

10. If your answer to Question 9 is 'yes', please respond to the statements below:

Close Ashburton and Buckfastleigh Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

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Close Bovey Tracey Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

10 continued... If your answer to Question 9 is 'yes', please respond to the statements below:

Close Dartmouth Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

Close Paignton Hospital

Yes

No

Don't know

Please give the reason for your choice:

Please continue, if necessary, on a separate sheet

11. If your answer to Question 9 is 'no', please say why:

Please continue, if necessary, on a separate sheet

12. People sometimes need nursing with extra support and care, following a period of ill health, to help them recover and regain their independence. If similar levels of care and support can be provided, this should be delivered:

Strongly agree	Agree	Disagree	Strongly Disagree
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a person's own home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
in a community hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
in a care home near to a person's home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. If you want to comment generally on the proposals set out in this document or have any alternative ideas to put forward for consideration which meet the future needs of our population and the challenges described in this document, please tell us about them below (or in an additional submission):

Please continue, if necessary, on a separate sheet

Other information

To help put this information into context and ensure we are attracting feedback from across the South Devon and Torbay CCG area please complete the following questions:

14. If responding as an individual, are you a:

- Member of the public?
- Foundation Trust member/governor?
- NHS employee?
- Social care/local authority employee?
- Independent/third sector employee?
- Volunteer in health or social care?
- Prefer not to say?

15. If you are responding on behalf of an organisation, please tell us what type:

- NHS provider organisation
- County or district council
- Town council or parish council
- Third sector provider
- Patient representative organisation
- League of Friends or equivalent
- Independent healthcare provider
- Other – please state in the box

16. Postcode (so that we will know if we are getting feedback from across the area)

- No fixed abode
- Traveller
- Postcode (first four digits)

17. Age

- Under 16
- 16-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85 and over

18. Do you consider yourself to have a disability?

- Yes
- No

19. Do you have one or more long-term health conditions?

- Yes
- No

20. Do you consider yourself to be a carer?

- Yes No

21. Gender

- Male Gender fluid
 Female Prefer not to say
 Transgender

22. Sexuality

- Heterosexual Bi-sexual
 Gay Prefer not to say
 Lesbian

23. Ethnic group – which category best describes your ethnicity?
Please tick the appropriate circle to indicate

- White: British Mixed: Other
 White: Irish Chinese
 White: European Japanese
 White: Other Asian/Asian British: Indian
 Black/Black British: Caribbean Asian/Asian British: Pakistani
 Black/Black British: African Asian/Asian British: Bangladeshi
 Black/Black British: European Asian/Asian British: Other
 Black/Black British: Other Other ethnic group
 Mixed: White & Black Caribbean
 Mixed: White & Black African
 Mixed: White & Asian

Please see overleaf
for return address

Returning the questionnaire to Healthwatch

Thank you very much for completing this questionnaire and for formally contributing to this consultation. Please post your completed questionnaire to: Healthwatch Torbay, Freepost-RTCG-TRXX-ZZKJ, Paignton Library & Information Centre, Great Western Road, Paignton, TQ4 5AG.

There is no need to provide your name and address. If, however, you have suggested an alternative approach, providing contact details below will enable us to get in touch if necessary to clarify any aspect of your proposals.

OPTIONAL

Name:

Email: Phone number:

Address:

No information which could identify an individual will be passed to the CCG, other than where it is necessary to follow up alternative proposals.

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For the latest information on the consultation, please go to the following link:

www.southdevonandtorbayccg.nhs.uk/community-health-services where all the documentation, meeting dates and frequently asked questions can be found. You can also access a link to the consultation questionnaire and watch some short videos about different aspects of the consultation.

If you have any questions about the consultation, want to receive paper copies of the documentation or invite us to attend a public meeting please contact us:

- Email sdtccg.consultation@nhs.net
- Write to South Devon and Torbay CCG, Pomona House, Torquay, TQ2 7FF
- Call 01803 652511 office hours (answer phone messaging at other times)

We will respond to emails and letters within five working days and to telephone messages by the end of the next working day.

You can also follow us on Facebook and Twitter (see page 23 for details).

Agenda Item 7



Meeting: Overview and Scrutiny Board

Date: 14th September 2016

Wards Affected: All Wards

Report Title: Revenue Budget Monitoring 2016/17 – Quarter 1

Is the decision a key decision? No

Executive Lead Contact Details: Mayor Oliver, mayor@torbay.gov.uk

Supporting Officer Contact Details: Martin Phillips, Chief Finance Officer (CFO),
Martin.phillips@torbay.gov.uk

1. Purpose and Introduction

- 1.1 The quarterly revenue monitoring report provides a summary of the Council's revenue income and expenditure for the financial year 2016/17.
- 1.2 As at quarter one the Council's revenue budget is predicting an overspend of £2.1m primarily as a result of expenditure pressures in both children's and adults social care.

2. Recommendation (s) / Proposed Decision

It is proposed that this report be presented to the meeting of the Council on 22 September 2016 with the following recommendation:

- 2.1 That the forecast revenue budget position for 2016/2017 be noted.

The Overview and Scrutiny Board is asked to report directly to Council on any recommendations it may have following its consideration of this report.

3. Reason for Recommendation/ Proposed Decision

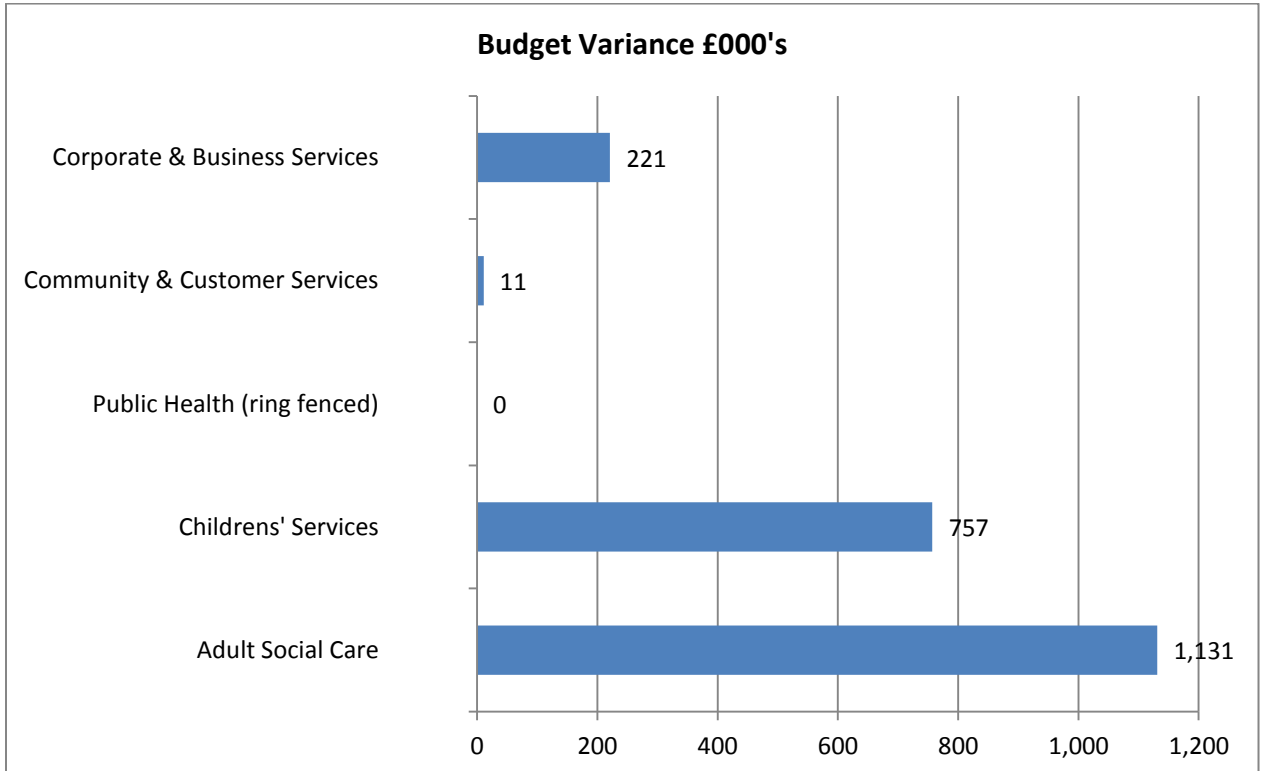
- 3.1 Report for review and information.
-

Supporting Information

4. Position

4.1 Summary Position

- 4.2 As at quarter one the Council's revenue budget is predicting an overspend of £2.1m primarily as a result of issues in both children's and adults social care.
- 4.3 From October 2015, with the start of the Integrated Care Organisation (ICO), the Council now has a 9% risk share of the total financial performance of the ICO. The ICO is predicting an overspend in 2016/17. Torbay's share of the estimated forecast position is £0.9m which is part of an overall net forecast overspend of £1.1m for the year in all adult social care budgets.
- 4.4 The predicted overspend on children's social care of £0.8m is primarily the non achievement of the anticipated placement reductions in spend linked to the children's services cost recovery plan and the staffing costs, including agency staff, are above budgeted levels. These costs have been offset, in part, by in year recovery action.
- 4.5 This level of overspend is a cause for concern. In the absence of any compensating savings in other services Council will need to identify options to fund the over spend.
- 4.6 A bar chart summarising the projected budget variance by service for 2016/17 is as follows.



4.7 Detailed Position

4.8 The budget position for each service is shown in the table below:

Service	2016/17 Budget- revised as at June 2016			Forecast Full Year Variance as at Qtr 1 £000's	Direction of Travel
	Expenditure £000s	Income £000's	Net £000's		
Adult Social Care	37,250	-1,338	35,912	1,131	R
Children's Services	77,446	-48,490	28,956	757	R
Public Health	11,169	-11079	90	0	G
Joint Commissioning	125,865	-60,907	64,958	1,888	R
Community Services	30,168	-6,402	23,766	11	R
Customer Services	73,272	-69,455	3,817	0	
AD Community & Customer Services	103,440	-75,857	27,583	11	R
Commercial Services	6,494	-1,663	4,831	10	R
Finance	19,840	-8,819	11,021	185	R
Business Services	7,826	-11,864	-4,038	26	R
Regeneration & assets	6,686	-1,985	4,701	0	
AD Corporate & Business Services	40,846	-24,331	16,515	221	R
Total Expenditure	270,151	-161,095	109,056	2,120	
Sources of Funding	-	-109,056	-109,056	-37	G
Net Expenditure	270,151	-270,151	0	2,083	R

4.9 A narrative of the position in each service area is as follows:

Service	Variance to Budget £m	Main Variances in 2016/17
Adult Social Care	1.1	<p>From 1st October 2015 the Integrated Care Organisation started. The Council has a 9% risk share agreement from that date based on the total financial position of the Torbay and South Devon Healthcare Foundation Trust (SDH) – a share of a total budget of approximately £379m. Financial performance of SDH is reported to its board – minutes are available on the link below:</p> <p>http://www.torbayandsouthdevon.nhs.uk/about-us/board-meetings/</p>

		<p>The projected overspend for the Council's share of the forecast ICO overspend is £0.9m. This is in addition to the additional funds the Council provided as part of the Annual Strategic Agreement agreed by Council in July 2016.</p> <p>In other adult social care budgets there is a continuation of the prior year pressures on the Joint Equipment Store £0.2m</p>
Children's Services	0.8	<p>As a result of early monitoring within Childrens services recovery action on a projected overspend has been initiated. However the service is still forecast to overspend by £0.8m in 2016/17.</p> <p>The overspend is a combination of delays in the planned reduction in staffing levels and higher than forecast placement expenditure.</p> <p>It should be noted that given the value of placement costs there is a risk to the predicted overspend increasing over the remainder of the year.</p>
Public Health	0	Ring fenced budget
Community and Customer Services	0	<p>Community Services:</p> <p>Projected overspends on CCTV, Public Toilets, Housing Prevention Fund, Torre Abbey, Theatres and Sport offset by a projected saving from the 'Energy from Waste' plant.</p> <p>As per Council in July the costs of the Air Show have been met from reserves and contingency.</p>
Corporate and Business Services	0.2	Projected savings on audit fees and "corporate" pension payments, offset by a budget pressure on treasury management arising from lower rates on investments.
Sources of Funding	0	Grant higher than budget
Total	2.1	Projected overspend

4.10 2016/17 Savings

4.11 The 2016/17 budget relies on the achievement of £11.6m of approved savings. The Council's senior leadership team have been monitoring the achievement of these savings as part of the current year budget monitoring. The majority of savings are

being achieved; however the main areas of variance in the financial year are, as identified above, additional pressures within social care.

4.12 Risks & Sensitivity

4.13 The predictions for the full year outturn in this report are based on three months of financial information and will be subject to changes in both assumptions and demand.

4.14 Historically the Council's overall position improves in the last quarter of the year as actual expenditure and income for the year is finalised and impact of some future year savings are realised in year.

4.15 There are a number of financial risks facing the Council. Key risks are shown below:

Risk	Impact	Mitigation
Achievement of £11.6m of approved savings for 2016/17	High	16/17 Budget monitoring and "saving tracker" monitored by senior staff.
Potential cost impact of the Council's 9% risk share of total ICO performance	High	Monthly information is being provided by the ICO to Council supported by "contract" meetings
Potential impact and costs of judicial review for care home fees	High	Balance of CSR reserve and 2016/17 social care contingency to fund if required.
Achievement of Childrens' Services cost reduction plan	High	Regular monitoring of performance and recovery plan.
Identification, and achievement, of £18.5m of savings for 2017/18 to 2019/20	High	Issue identified in Medium Term Resource Plan. Draft four year Efficiency Plan now available with the final version to be presented to Council in September. Transformation Team set up to coordinate the implementation of potential transformation savings.
Additional demand for services particularly in childrens' social care	High	16/17 Budget monitoring, use of service performance data and recovery plan.
Ability of ICO to deliver a balanced budget in 2016/17 and to prevent further increases in expenditure in year.	High	Regular monitoring of performance and financial performance with challenge to ICO on cost improvements.

4.16 Implications on 2017/18 Budget

- 4.17 A number of 2016/17 budget monitoring issues link directly to the 2017/18 budget proposals. Where a saving has been achieved in 2016/17, if applicable, this will be reflected in 2017/18 budget proposals.
- 4.18 The areas of higher risk are in social care. In adult social care the impact of the total ICO current year position will be reflected in the ICO's financial planning and Cost Improvement Plans for 2017/18.
- 4.19 The new Director of Childrens services is reviewing the financial performance of children's services with a view to presenting to Council a revised financial plan supported by a level of detail to enable performance monitoring and challenge. The impact of this plan will form part of the Council's budget and reserve planning for 2017/18 and future years.

4.20 2017/18 Budget Process

- 4.21 The Mayor is expected to present his budget proposals for 2017/18 in November 2016 for consultation. The 2017/18 Budget is being presented to Council in February 2017.
- 4.21 Council at its meeting on the 22nd September will be asked to approve an Efficiency Plan that will be submitted to DCLG to enable the Council to accept the Revenue Support Grant funding "offer" for the next three financial years.
- 4.22 If the Council accepts the future year funding offer then the local government financial settlement due in December 2016 after the Autumn Statement (usually November 2016) may be less uncertain for the Council. The new Chancellor has been quoted as using the Autumn Statement to "reset fiscal policy", however the impact of this, if any, on local government is unknown.

4.23 Balance Sheet issues

- 4.24 No long term borrowing was taken or repaid so the Council's long term borrowing remained at £138m which was within the Council's approved Operational Boundary and Authorised Limit (for debt and long term liabilities as set by Council In February 2016).
- 4.25 The Council has interests in a number of companies. The financial performance for 2015/16 of these companies is included in the Council's statement of accounts (link below).
- 4.26 The total value of debtor write offs in the first quarter of 2016/17 was:

Service	Number of records written off	Value of write offs £000's	Number over £5,000
Council Tax	610	167	3
NNDR	67	184	14
Housing Benefit	323	114	3

4.27 Any write offs in the quarter over £5,000 are reported to Members of the Overview and Scrutiny Board in exempt Appendix One.

Background Documents

2016/17 Budget digest & supporting reports, including 2016/17 Review of Reserves and the Medium Term Resource Plan.

<http://www.torbay.gov.uk/council/finance/budget/budget-201617/>

2015/16 Statement of Accounts

<http://www.torbay.gov.uk/council/finance/statement-of-accounts/>



Meeting: Overview and Scrutiny Board **Date:** 14 September 2016

Wards Affected: All

Report Title: Capital Plan Update – 2016/17 Quarter 1

Is the decision a key decision? No

When does the decision need to be implemented? Immediately

Executive Lead Contact Details: Gordon Oliver, Mayor, mayor@torbay.gov.uk

Supporting Officer Contact Details: Martin Phillips, Chief Accountant, 01803 207285, martin.phillips@torbay.gov.uk

1. Proposal and Introduction

- 1.1 The Capital Plan budget totals £81.7 million for the 4 year programme, with £33.3 million currently scheduled to be spent in 2016/17, including £4.6m on the South Devon Highway and £4.6m on Claylands Regeneration, but still requires £1.6 million from capital receipts and capital contributions over the life of the Capital Plan.
- 1.2 The Council's Capital Plan is updated on a quarterly basis which includes any new funding announcements and allocations. It provides high-level information on capital expenditure and funding for the year compared with the last Plan update as reported to Council in February 2016.

2. Reason for Proposal

- 2.1 Quarterly reporting to both the Overview and Scrutiny Board and to Council is part of the Council's financial management.
- 2.2 There are a number of Council schemes where Council approval is required for the allocation of funds to a scheme or service including the approval of any prudential borrowing.

3. Recommendation(s) / Proposed Decision

It is proposed that this report be presented to the meeting of the Council on 22 September 2016 with the following recommendation:

- 3.1 Council note the latest position for the Council's Capital expenditure and funding for 2016/17.

3.2 That the allocation of the following grants to services be approved:

Dept for Education: 2016/17 Condition Funding £0.448m to Childrens Services.

Dept for Transport: 2016/17 Highways Maintenance Incentive Fund £0.082m to Highways Services

Dept for Transport 2016/17 Pothole Action Fund £0.071m to Highways Services

The Overview and Scrutiny Board is asked to report directly to Council on any recommendations it may have following its consideration of this report.

4 Supporting Information and Impact Assessment

4.1 Members of the Overview and Scrutiny Board and Council receive regular budget monitoring reports on the Council's Capital Plan throughout the year. The Council's four year Capital Plan is updated each quarter through the year. This report is the monitoring report for the first quarter 2016/17 and includes variations arising in this quarter to the end June 2016.

4.2 The overall funding position of the 4-year Capital Plan Budget of £81.7 million, covering the period 2016/17 – 2019/20, is primarily fully funded but still relies upon the generation of £3 million of Capital income from capital receipts and capital contributions over the life of the Capital Plan.

4.3 Of this £3m funding requirement, Capital Receipts of £1.4 million have been received by the end of June 2016, leaving a balance of £1.6 million still to be realised from both capital receipts and capital contributions. It is only after this target has been reached that any capital receipts should be applied to new schemes.

4.4 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.

4.5 The movements in the estimate of expenditure in 2016/17 on the Capital Plan between the last monitoring report at February 2016 of £41.4m and the current approved budget for 2016/17 of £33.3m are shown below. Please note the format of this table shows schemes ordered by their service Directorate, as is Appendix 1.

Scheme	Variation in 2016/17	Change £m	Reason
Estimate as at Q3 2015/16		41.4	Capital Plan Update – 2015/16 Quarter 3 (Report 25 Feb 2016)
Budget changes since last report (Q3 2015/16)			
Paignton Academy - Secondary Places	Rephased budget	0.3	Transfer budget from New Pgn Primary to provide

			required secondary places
		41.7	
Scheme budgets brought forward from 2015/16 and year end adjustments.	Re profiled to 2016/17	6.4	For details see 2015/16 Capital Outturn report (Council 21 July 2016)
		48.1	
Adult Services			
Affordable Housing	Increase budget	0.2	Budget increased by Right To Buy receipts 2015/16
		0.2	
Childrens Services			
Devolved Formula Capital	New Govt grant allocation	0.1	2015/16 ringfenced grant allocation
New Paignton Primary School	Part budget transferred to separate scheme	(0.5)	Part budget required for relocation of existing school
Torbay School Relocation	Budget transfer from New Pgn Primary	0.5	
Torquay Secondary School places	Rephased part of budget	(1.5)	Scheme rescheduled and delayed pending review of resources
		(1.4)	
Community and Customer Services			
Clennon Valley Sport Improvement	New scheme	0.1	Drainage work mainly funded from Reserve
Transport – Integrated Transport projects	Additional budget	0.1	S106 funding to fund works
		0.2	
Corporate and Business Services			
Claylands Redevelopment	Budget rephased	(5.4)	Expenditure profile reviewed
Essential Capital Repairs	Part budget moved to 2017/18	(1.0)	Use of budget being determined
Flood Defence/Cliff works	Move part budget to 16/17	(0.1) (0.1)	Part to Hollicombe Cliffs scheme and rest moved to 2017/18
Hollicombe Cliffs Rock Armour	New scheme	0.9	Work to protect coastal defences and railway line
Investment Fund	Rephase budget	(4.0)	Profile reviewed
General Contingency	Budget to 2017/18	(0.6)	Not expected to be required in 2016/17
TEDC Capital Loan	Part to 2017/18	(0.6)	Part of Loan drawdown delayed.
Torbay Innovation Centre Phase 3 (EPIC)	Rephase budget	(2.9)	Review of expected work programme
		(13.8)	
Estimate – Quarter One 2016/17		33.3	

4.6 Expenditure

- 4.7 The Capital Plan Budget has been updated for any further revision to both projects and timing, resulting in the latest revision attached to Annex 1. The Plan now totals £81.7 million over the 4 year period of which £33 million relates to 2016/17 and £36 million relates to 2017/18.
- 4.8 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.
- 4.9 Expenditure to the end of this first quarter was £1 million with a further £1.4 million of commitments on the Council's finance system. The expenditure of £1 million is only 3% of the latest budget for 2016/17. This compares with £1 million (or 5% of outturn) for the first quarter last year.
- 4.10 The Chief Finance Officer has challenged service managers on a number of spending profiles and it is expected further re profiling will occur on a number of schemes.

	2011/12 £m (%)	2012/13 £m (%)	2013/14 £m (%)	2014/15 £m (%)	2015/16 £m (%)	2016/17 £m (%)
Quarter One	3 (14%)	2 (11%)	4 (23%)	2 (10%)	1 (4%)	1 (3%)
Quarter Two	7 (32%)	4 (21%)	4 (23%)	4 (20%)	4 (17%)	
Quarter Three	5 (22%)	5 (26%)	3 (18%)	4 (20%)	8 (35%)	
Quarter Four	7 (32%)	8 (42%)	6 (35%)	10 (50%)	10 (44%)	
Total In Year	22	19	17	20	23	33

4.11 **Updates to Capital Plan**

4.12 **Joint Commissioning Team**

- 4.13 Affordable Housing – in line with the Council's approved Capital Strategy, the budget to support affordable housing schemes has been increased by £0.153 m to reflect the 2015/16 Right to Buy Clawback receipt received from Sanctuary Housing Association under the terms of the original transfer agreement relating to the transfer of the Council's housing stock to (then) Riviera Housing. A further £0.2m of the 2015/16 clawback receipt has been used to fund the Empty Homes scheme.
- 4.14 The affordable housing budget now totals £1.9m and at present this is uncommitted.
- 4.15 Integrated Care Organisation (ICO). Council, at its July 2016 meeting, approved the Annual Strategic Agreement 2016/17 for the ICO. Part of the agreed funding package will be provided from capital resources as detailed in paragraphs 4.37 and 4.38 below. Whilst this decision falls outside the period of this monitoring report it is noted here for convenience.

4.16 Childrens Services:

4.17 There are a number of variations to budgets on various schemes as detailed below.

4.18 School Basic Need projects: In February 2015 Council approved a report from Childrens Services outlining proposals to provide additional school places based on assumed levels of future funding. At that time it was assumed that the 2018/19 Basic Need allocation would be £2m, however the Council has recently been informed that its Basic Need grant allocation for 2018/19 is zero. As a result of this drop in funding some of the proposed schemes have been delayed and/or suspended whilst a review of the projects and resources is undertaken. In additional funding options for these projects will be explored.

4.19 New Paignton Primary School – In July 2016 Council approved a report on the proposals for a new Paignton Primary School located on the Torbay School site. Part of the budget initially provided for this project included funds for the potential relocation of Torbay School. Following approval of the report the budget for relocation costs (£3m) has now been transferred to a separate scheme in the Capital Plan for the required relocation of Torbay School to My Place Parkfield (subject to consultation).

A number of multi Academy trusts are submitting bids to open the proposed new primary school. If one of these bids is taken forward the new primary school will then be funded by the Education Funding Agency with no cost to the authority.

4.20 Secondary School places - This project is currently on hold following reduced Government Basic Need funding (see para. 4.18).

4.21 The Devolved Formula Capital grant allocation for 2016/17 of £0.091m is a ring fenced grant and has been added to the Capital Plan.

4.22 **Joint Operations Team**

4.23 Community and Customer Services

4.24 Clennon Valley Sport Improvement – works estimated to cost £0.07m are required to improve the drainage of sports pitches at Clennon Valley. This will be funded from Reserves and revenue funds.

4.25 Transport – Edginswell Station. The Council is still awaiting details of the Government's New Stations Fund which, it is hoped, may provide some additional funding towards this scheme which currently has grant support from the Local Enterprise Partnership, however this grant allocation is insufficient to build the station.

4.26 Transport Structural Maintenance – The Government have announced additional grant allocations from their Incentive Fund (£0.082m) and Pothole Action Fund (£0.071m) for 2016/17. If agreed by Members these amounts will be added to the Highways Structural Maintenance budget to improve the condition of roads in Torbay.

- 4.27 In the Q3 2015/16 Monitoring report part of the Highways Structural Maintenance grant allocation was identified as 'at risk' since it was subject to Government assessment of the authority's efficiency performance. It now appears that this element of grant (the "Incentive Fund") takes the form of an additional payment where appropriate so the initial reduction made in Qtr 3 2015/16 has now been reinstated. The potential additional Incentive Fund allocations in future years will still be determined by Government assessment of performance.
- 4.28 Transport Integrated Transport Schemes – budget increased by £0.072m to reflect works required by, and funded from, Section 106 (Planning) agreements.
- 4.29 Transport – Western Corridor and Tweenaway Cross. There are increasing demands on these budgets both from ongoing construction costs and related compensation claims. These cannot easily be delivered within existing budgets and commitments so officers are considering options, but additional resources are required.
- 4.30 Disabled Facilities Grants (DFG) – The Council meeting in July 2016 approved £0.524m of the 2016/17 DFG allocation funding to support the ICO 2016/17 funding shortfall, leaving £1.0m to fund DFGs in the current year. The figures are not yet reflected in the Capital Plan at 30 June since the decision was taken after this date, but is noted here for reference.
- 4.31 In addition, the previously unused balance of DFG funding which was set aside last year for potential reallocation is also to be used to part fund the ICO shortfall in funding for 2016/17, as proposed and approved in Annual Strategic Agreement 2016/17 report to Council July 2016. Again this change is not yet reflected in the Capital Plan figures for Quarter 1 2016/17.
- 4.32 Corporate & Business Services
- 4.33 Claylands Redevelopment – the budget has been rephased in the light of revised expenditure plans, with £5.4m budget moved to future years.
- 4.34 Innovation Centre Phase 3 - Electronics & Photonics Innovation Centre – the likely expenditure profile for this project has been reviewed and consequently £2.9 m of the budget has been moved to reflect this. Potential ERDF funding of £1.5 million is still to be confirmed for this project, and could now be in doubt, but does not yet form part of the scheme budget.
- 4.35 Employment Site (Graphics Control) – In its July 2016 meeting Council approved this £6.7 million Prudential borrowing scheme to enable a business to relocate to Torbay. This decision is noted here for information however since the scheme was not part of the Capital Plan at 30 June (Q1) it is not included in figures shown.
- 4.36 Essential Capital Repairs – this budget is provided to enable urgent works to Council assets including Infrastructure. At present its use is being carefully considered but it is unlikely that all the current budget (£1.5m) will be required so £1m has been moved to 2017/18.
- 4.37 Flood Defence schemes – the Capital Plan currently includes a provision of £0.155m to support future Environment Agency schemes. The majority of this

funding is now needed to part fund Hollicombe Cliff works, which has recently received an Environment Agency grant allocation. The Torbay Council match funding requirement will leave little of this provision available for other Cliff / flood defence schemes.

- 4.38 Hollicombe Cliffs Rock Armour – Following a successful bid for grant aid from the Environment Agency for this scheme, work will begin to secure the sea defences and the railway line at Hollicombe. Torbay’s contribution to the scheme will come from the existing resources within Capital Plan (see para.4.42 above) with additional contributions expected from SW Water and/or Network Rail.
- 4.39 Haldon/Princess Piers Structural repair – some work is continuing on the structures of these piers and on completion of this work a further survey will be made to identify remaining works required and time scale.
- 4.40 Investment Fund – £4m of the 2016/17 budget has been rephased to 2017/18 following a review of likely expenditure.
- 4.41 Oldway Mansion – in August 2016 the developer and the Council agreed to terminate the development agreement. As a result the capital plan will be updated to reflect this position. The development agreement premium, in addition to the deposit, was paid in full to the Council by OML to be used for the benefit of the Mansion.
- 4.42 TEDC Capital Loan – the remaining loan facility given to support TEDC to enable development of specific schemes is not likely to be drawn down in this year so part of the budget has been moved to next financial year.
- 4.43 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 Plan budget. Currently it is not anticipated that the contingency will be required in this financial year.

5 Receipts & Funding

- 5.1 The funding identified for the latest Capital 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 Plan is shown in the Table below:

	2016/17	2017/18	2018/19	2019/20	Total @ Q1 16/17
	A	B	C	D	E
Funding	£m	£m	£m	£m	£m
Unsupported Borrowing	11	18	2	1	32
Grants	17	17	7	2	43
Contributions	1	0	0	0	1
Reserves	0	1	0	0	1
Revenue	1	0	0	0	1
Capital Receipts	3	0	0	0	3
Total	33	36	9	3	81

5.2 Grants

5.3 Capital Grants continue to be the major funding stream (over 60% in last 3 years) 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 £11 million of grants in 2015/16 and is currently estimating to use £17m of grants in 2016/17.

5.4 As reported in the last Capital Plan update (Outturn 2015/16) reported to Council in July 2016, the Council has been notified of the following capital grant allocations:

Department for Education –

2016/17 Devolved Formula Capital	£0.091m
2016/17 Condition Funding	£0.448m

The Devolved Formula Capital grant is ring fenced for schools and has been added to the Capital Plan.

The £0.448m 2016/17 Condition funding will need to be allocated by Council as this is an un-ringfenced grant.

The 2016/17 Basic Need allocation has previously been notified and is already allocated to Childrens Services for their ongoing school expansion programmes.

Department for Transport –

2016/17 Highways Maintenance Incentive Fund £0.082m, following a successful efficiency and performance submission from the Council,

2016/17 Pothole Action Fund £0.071m to address deteriorating road surfaces. These un-ring fenced grants will need to be allocated by the Council.

Department of Health –

2016/17 Disabled Facilities Grants allocation £1.524m, This is higher than last year’s allocation (£1.020m) but now includes the value of Adult Social Care capital grant.(2015/16 = £0.461m). In July 2016, Council agreed to split this allocation between Disabled Facilities Grants (£1m) and the ICO funding (£0.524m).

Environment Agency –

The Council has also secured £1.279m grant to deal with cliff erosion at Hollicombe which threatens the nearby railway line. This scheme has been added to the Capital Plan. The £1.5 million scheme requires additional funds from the Council and other partners (e.g. Network Rail / SW Water).

5.5 Capital Receipts

5.6 The approved Plan relies upon the generation of a total of £3.0 million capital receipts from asset sales by the end of 2018/19 of which £1.4m has now been

received by the end of June 2016, leaving a target of £1.6m 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.

5.7 Assets proposed for disposal are reported to Council for approval, with the last full report at Council in October 2014. The Mayor at Council in February 2016, approved the disposal of Lincombe Court. The disposal is expected to be completed in September and will be reported in the next capital monitoring report.

5.8 Capital Contributions – S106 & Community Infrastructure Levy

5.9 The Council’s Capital Strategy states that capital contributions are applied to support schemes already approved as part of Capital Plan and are not allocated to new schemes unless the agreement with the developer is specific to a particular scheme outside the Capital plan.

5.10 Income from Section106 capital contributions so far in 2016/17 only amount to £0.115 million.

5.11 Following the adoption of the Local Plan in late 2015, Council has now also approved a Community Infrastructure Levy (CIL) scheme which will provide funds for infrastructure improvements linked to and in the vicinity of proposed developments. The main capital project identified for CIL receipts is South Devon Highway.

5.12 Borrowing and Prudential Indicators

5.13 There was no borrowing taken or repaid during the quarter.

5.14 The Council’s capital expenditure has an overall positive impact on the Council’s Balance Sheet. Expenditure in the Capital Plan on the Council’s own assets will increase the value attached to the Council’s fixed assets. As at 31 March 2016 the Council’s “Non Current Assets” were valued at £335 million.

CAPITAL PLAN - QUARTER 1 2016/17 - EXPENDITURE

Appendix 1

	Latest Est Scheme Cost	Expend in Prev Years (active schemes only)	Actuals & Commitments 2016/17 Qtr 1	Original 2016/17 (@ Q3 15/16)	2015/16 Adjs and Slippage b/f	2016/17 Q1 Adjustments	New Schemes 2016/17	Revised 4-year Plan June 2016				
								Total 2016/17 Revised	2017/18	2018/19	2019/20	Total for Plan Period
PB = Approved Prudential Borrowing schemes	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ADULT SERVICES												
Adult Care												
Adult Social Care	0	0						0				0
Autism Innovation - IT Enhancements	0	0	0					0				0
Mental Health Care Initiatives	704	704						0				0
Housing Strategy												
Affordable Housing	1,934			1,526	254	154		1,934				1,934
Sanctuary HA - Hayes Road Pgn	500	250			250			250				250
DCHA - Wall Park, Bxm	0							0				0
	3,138	954	0	1,526	504	154	0	2,184	0	0	0	2,184
CHILDRENS SERVICES												
2 Year Olds Provision	253	130	17	80	43			123	0			123
Asbestos Removal	79	73			6			6				6
Barton Primary Cap Project	4,405	4,402			3			3				3
Brookfield House Site	750	465	35	400	(115)			285				285
Capital Repairs & Maintenance 2012/13	469	438			31			31				31
Capital Repairs & Maintenance 2013/14	198	198						0				0
Capital Repairs & Maintenance 2014/15 (incl. Furzeham)	668	668	92					0				0
Capital Repairs & Maintenance 2015/16	490	21	119	320	149			469				469
Childrens Centres	232	230			2			2				2
Cockington Primary expansion	3,142	3,074	67		68			68				68
Devolved Formula Capital				100	59	91		250				250
Education Review Projects			73	150	49			199				199
Ellacombe Primary expansion	502	469	65	20	13			33				33
Key Stage 1 Free School Meals	121	121						0				0
New Paignton Primary school	1,500	2	7	750	(37)		(465)	248	250	1,000		1,498
Paignton Academy Places - mobiles	500	1	181		499			499				499
Roselands Primary expansion	667	667		0				0	0			0
Secondary School places	2,866	185	223	2,000	115	(1,500)		615	66	2,000		2,681

CAPITAL PLAN - QUARTER 1 2016/17 - EXPENDITURE

Appendix 1

	Latest Est Scheme Cost	Expend in Prev Years (active schemes only)	Actuals & Commitments 2016/17 Qtr 1	Original 2016/17 (@ Q3 15/16)	2015/16 Adjs and Slippage b/f	2016/17 Q1 Adjustments	New Schemes 2016/17	Revised 4-year Plan June 2016				Total for Plan Period
								Total 2016/17 Revised	2017/18	2018/19	2019/20	
St Margaret Clitherow Primary expansion	623	623						0				0
Torbay School PRU Hillside	120	101			19			19				19
Torbay School Relocation	3,000	35					465	465	1,500	1,000		2,965
Torre CoE Primary expansion	1,300	1,293			7			7				7
Warberry CoE Primary expansion	1,161	1,161						0				0
Whiterock Primary expansion	3,874	3,574	379	300				300				300
Youth Modular Projects	409	372		20	17			37				37
	45,632	18,303	1,258	4,140	928	(1,409)	0	3,659	1,816	4,000	0	9,475
COMMUNITY AND CUSTOMER SERVICES												
Babbacombe Beach Road	70	0		70				70				70
Barton Infrastructure	128	128						0				0
CCTV equipment	350	0		350				350				350
Clennon Valley Sport Improvements	70						70	70				70
DfT Better Bus Areas	462	263	85	0	199			199	0			199
DfT Local Sustainable Transport Fund (Ferry/Cycle)	1,642	1,639	0	0	3			3	0			3
Disabled Facilities Grants			278	0	73	21		94		0		94
Disabled Facilities Grants Reserve - Potential reallocation (e.g. to Infrastructure)	398	0			398			398				398
Empty Homes Scheme	500	39		250	211			461				461
NGP - Strategic Cycleway	478	432			46			46				46
NGP - Windy Corner Junction	11	10			1			1				1
Paignton Picture House	50	50						0				0
Private Sector Renewal				0	113			113		0		113
Public Toilets - Utilities saving measures	93	93		0				0	0			0
South Devon Highway - Council contribution	20,224	12,670		1,500	3,147			4,647	1,500	1,000	407	7,554
St Michael's Chapel, Torre	95	95	17					0				0
Street Lighting - Energy reduction	515	496			19			19				19
Street Lighting - Energy reduction Ph2	1,112	0		1,112				1,112				1,112
SWIM Torquay - Improve facilities	594	594						0				0
TCCT - Grant re Green Heart Project	100	100						0				0
Torbay Enterprise Project	747	747						0				0
Torbay Leisure Centre - structural repairs	545	535	11	0	10			10	0			10
Torre Abbey Pathway	50	50						0				0

CAPITAL PLAN - QUARTER 1 2016/17 - EXPENDITURE

Appendix 1

	Latest Est Scheme Cost	Expend in Prev Years (active schemes only)	Actuals & Commitments 2016/17 Qtr 1	Original 2016/17 (@ Q3 15/16)	2015/16 Adjs and Slippage b/f	2016/17 Q1 Adjustments	New Schemes 2016/17	Revised 4-year Plan June 2016				Total for Plan Period
								Total 2016/17 Revised	2017/18	2018/19	2019/20	
Torre Abbey Renovation - Phase 2	5,010	4,992	11	15	3			18				18
Torre Valley North Enhancements	127	3	19	124				124				124
Transport - Edginswell Station	4,511	511	30	0				0	4,000			4,000
Transport Integrated Transport Schemes			57	1,184	100	72		1,356	931	931	799	4,017
Transport Structural Maintenance			247	1,256	(85)	81		1,252	1,297	1,174	1,174	4,897
Transport Structural Maintenance - Incentive Fund (funds at risk)	0			81		(81)		0	0	0		0
Transport - Torquay Gateway Road Improvements	3,875	604	14	1,200	(254)			946	2,325			3,271
Transport - Torquay Town Centre Access	625	208	(39)	176	241			417				417
Transport - Western Corridor	7,405	1,571	(101)	3,900	334			4,234	1,600			5,834
	49,787	25,830	629	11,218	4,559	93	70	15,940	11,653	3,105	2,380	33,078
CORPORATE AND BUSINESS SERVICES (INCL. CONTINGENCY)												
Corporate Services												
Corporate IT Developments	1,000	0		250				250	250	250	250	1,000
Essential Capital repair works	3,000	0		1,500		(1,000)		500	1,500	500	500	3,000
Enhancement of Development sites	278	75	24	173	12	18		203				203
Office Rationalisation Project Ph 3 - Project Remainder	8,737	8,737						0				0
Oldway Estate works	400				400			400				400
Payroll Project	370	346	(10)		24			24				24
Riviera Centre renewal	1,140	1,131			9			9				9
General Capital Contingency	631	0		631		(631)		0	631	0		631
Business Services												
Beach Hut Acquisition/Renewal (Broadsands, Meadfoot)	2,622	2,622	(12)					0				0
Brixham Harbour - Major repairs	90	0	58	90				90				90
Brixham Harbour - Victoria Breakwater	40	40		0				0	0			0
Claylands Redevelopment	10,000	0	0	10,000		(5,400)		4,600	3,900	1,500		10,000
Council Fleet Vehicles	463	322		140	1			141				141
Flood Defence schemes (with Env Agency)	689	625	21	155	9	(155)		9	55			64
Haldon Pier - Structural repair Phase 1&2	3,072	3,012	(138)		60			60				60
Harbour Workboat	45	0		45				45				45
Hollicombe Cliffs Rock Armour	1,544	0	4				930	930	614			1,544
Investment Fund	10,000	0		5,000		(4,000)		1,000	9,000			10,000

CAPITAL PLAN - QUARTER 1 2016/17 - EXPENDITURE

Appendix 1

							Revised 4-year Plan June 2016					
	Latest Est Scheme Cost	Expend in Prev Years (active schemes only)	Actuals & Commitments 2016/17 Qtr 1	Original 2016/17 (@ Q3 15/16)	2015/16 Adjs and Slippage b/f	2016/17 Q1 Adjustments	New Schemes 2016/17	Total 2016/17 Revised	2017/18	2018/19	2019/20	Total for Plan Period
	267	267						0				0
PS Meadfoot Sea Wall structural repair	267	267						0				0
PS NGP - Torbay Innovation Centre Ph 3 (EPIC)	7,221	696	10	3,431	94	(2,905)		620	5,905			6,525
Oddicombe Beach Chalets	192	192						0				0
Old Toll House, Torquay	150	4		71	75			146				146
PS On Street Parking meters - move to Business Servs	856	856						0				0
Princess Pier Decking - move to Business Servs	360	235	129	106	19			125				125
Princess Pier - Structural repair (with Env Agency)	1,744	0		1,744				1,744				1,744
Riviera Renaissance (Coastal Communities Fund)	649	649		0				0	0			0
Sea Change - Cockington Court	3,284	3,284						0				0
Small Ports Recovery Fund - Winter 13/14	291	291						0				0
PS TEDC Capital Loans/Grant	2,474	1,327	0	1,190	(43)	(600)		547	600			1,147
Torquay Harbour - Inner Harbour Pontoons	48	0			48			48				48
	61,657	24,711	86	24,526	708	(14,673)	930	11,491	22,455	2,250	750	36,946
TOTALS	160,214	69,798	1,973	41,410	6,699	(15,835)	1,000	33,274	35,924	9,355	3,130	81,683
CAPITAL PLAN - QUARTER 1 2016/17 - FUNDING												
Unsupported Borrowing				19,322	1,916	(9,500)		11,738	17,671	2,671	1,118	33,198
Grants				18,679	3,385	(5,814)	930	17,180	16,971	6,737	2,237	43,125
Contributions				252	275			527	164			691
Reserves				1,167	(140)	(774)	50	303	1,120	(132)	(264)	1,027
Revenue				229	150		20	399	79	118		596
Capital Receipts				1,761	1,113	253		3,127	(81)	(39)	39	3,046
Total				41,410	6,699	(15,835)	1,000	33,274	35,924	9,355	3,130	81,683

Agenda Item 10



Meeting: Council **Date:** 22nd September 2016

Wards Affected: All Wards in Torbay

Report Title: Capital Investment Fund

Is the decision a key decision? Yes

When does the decision need to be implemented? Immediately

Executive Lead Contact Details: Mayor Gordon Oliver, 01803 207001,
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Supporting Officer Contact Details: Martin Phillips, Chief Accountant, 01803 207285,
martin.phillips@torbay.gov.uk

1. Proposal and Introduction

- 1.1 Building on the Council approval of a £10m investment fund in February 2016 and linking to the Efficiency Plan and the Transformation Programme, this report expands the fund proposal by £40m and provides criteria for both the investments made by the fund and details the proposed governance arrangements around the management of the investment fund. In addition the report proposes investment to increase future NNDR revenues within Torbay.
- 1.2 Examples of good practice used by other local authorities with similar funds have been incorporated into this document.

2. Reason for Proposal

- 2.1 To make investments in property (within and outside Torbay) in order to increase revenue streams, this report sets out an appropriate strategy for acquiring properties and setting up and managing a portfolio.
- 2.2 To make investments in Torbay to increase its revenue stream from NNDR, this report sets out an appropriate strategy for acquiring properties, making investments and capital loans.

3. Recommendation(s) / Proposed Decision

It is proposed that the following recommendations will be made to the Council at its meeting on 22 September 2016:

- 3.1 That the Investment Fund be increased by £40 million to a total of £50 million to be initially funded by prudential borrowing, with the revenue costs associated with that borrowing (MRP and interest costs) to be funded from the investment returns or higher NNDR income.
- 3.2 That the Investment Strategy for the fund as detailed within Appendix 1 be approved.
- 3.3 That the governance of fund as detailed within paragraph 7.4 be approved.
- 3.4 That the Chief Executive be delegated authority to set up a delivery team including sourcing external support if required, to be funded from the investment returns.
- 3.5 That the Chief Executive be delegated authority to make any changes to the Strategy, in consultation with the Mayor, Group Leaders, Section 151 Officer and Executive Head of Business Services.

The Overview and Scrutiny Board is asked to report directly to Council on any recommendations it may have following its consideration of this report.

4. Background Information

- 4.1 Council approved prudential borrowing of £10 million to enable acquisition of properties (both within and outside Torbay), with the borrowing costs to be funded from future rental income in February 2016.
- 4.2 In addition, as part of its efficiency plan and transformation programme, the Council intends to use this Investment Fund to increase its future NNDR taxbase income by investing capital resources within Torbay to stimulate growth. Capital resources could be a combination of asset purchase, co-investment in projects or capital loans.
- 4.3 For the sake of clarity the following descriptions have been used;
 - “Investments – Yield” .These are property purchases where the objective is to increase rental income to the Council
 - “Investments – Taxbase” .These are property purchases where the objective is to increase NNDR or Council tax income to the Council
 - “Investments – Loans or Co Investment” .These are loans to business for capital expenditure where the objective is to increase rental income to the Council or to increase NNDR or Council tax income to the Council. Co Investment is where the Council with another investor provides finance or jointly purchases a property.

- “Property Purchase” – property to include purchase of land and/or buildings.
- 4.4 To provide a significant boost, show clear leadership and ambition for growth, and to achieve a greater scale of return it is proposed to increase the fund value by £40 million to £50 million.
- 4.5 A detailed Business Case will be required for every investment/acquisition, setting out the potential future performance of the investment/asset together with projected disposal price or capital value at the end of the borrowing period. An example template shown is attached at Appendix Two. Internal Rate of Return calculations will be carried out to model expected cash flows over the term.
- 4.6 The Council will have to borrow to fund this strategy. Currently (July 2016) Public Works Loan Board (PWLB) rates are at historic lows. If borrowing is taken at the current low rates in advance of cash flow requirements there will be a short term “cost of carry” as the borrowing rates are approx 1.5% above current money market investment returns, however in the long term this provides a greater opportunity for significant return on investments
- 4.7 Any investments arising from “Masterplan” delivery will be approved and funded outside of this Fund. In addition any investments made under the Treasury Management Strategy (such as money markets, property funds etc) are outside of this Fund.
- 4.8 It will be essential to realise future income that sufficient capacity is allocated to manage this Investment Fund as soon as Council approval is given. The net returns assume that the ongoing costs of the fund management will be met from future returns. In the short term there will be some initial management costs which will be funded from the Invest for Income reserve, up to a value of £50,000.
- 4.9 This report sets out the proposed investment strategy (appendix 1) and covers the following:
- Background
 - Objective
 - Scope
 - Strategy
 - Yield
 - Sector spread
 - Locations
 - Target Assets
 - Assessment of Risks
- 4.10 Inevitably the Strategy will be subject to revision as the Council’s knowledge and experience of operating such a fund increases. It is proposed that the Chief Executive is given delegated authority by Council to revise the Strategy if it is in the best interests of the Council in consultation with Mayor, s.151 Officer and Group Leaders.

4.11 A summary table of the key considerations for the Fund is set out in the table below:

	Investment - Yield	Investment - Taxbase	Investment- loans & co investment
Objective	Increase revenue streams	Increase NNDR & Council Tax income	Increase revenue streams Increase NNDR & Council Tax income
Governance			
Business case (see appendix two for example)	Yes	Yes	Yes
Review by S151 & Fund Manager	Yes	Yes	Yes
Legal Due Diligence	Yes	Yes	Yes
Decision maker	Chief Executive	Chief Executive	Chief Executive
Consultees	S151, Mayor, Group Leaders	S151, Mayor, Group Leaders	S151, Mayor, Group Leaders
Informed	OSB Chair	OSB Chair	OSB Chair
Reporting Performance	Quarterly to SLT, MEG, OSB & Investment Board (Audit Committee)	Quarterly to SLT, MEG & OSB & Investment Board (Audit Committee)	Quarterly to SLT, MEG & OSB & Investment Board (Audit Committee)
Criteria			
Scope	Maximum £50m in total		
Maximum individual Purchase	£5m	£5m	£2m
Valuation of asset	Yes	Yes	If applicable
Condition Survey	Yes	Yes	If applicable
Assessment of Asset Life	Yes	Yes	If applicable
Independent Assessment of Residual value	Yes	Yes	If applicable

Security required	-	-	Yes – minimum 75% of investment/loan
Target Assets for Acquisition	Yes – in strategy	-	-
Yield	Rental	NNDR	Loan repayments or rental
Minimum Yield Required (before costs)	6.5% of purchase price (or 2% above estimated borrowing costs)	Increased NNDR income (after multiplier) and/or rental yield equivalent to 6.5% of purchase price	6.5% of investment value (or 2% above estimated borrowing costs) If capital loan prevailing borrowing rates + 2%
Benchmarked Yield (linked to rate/size)	Yes	Yes	Yes
Sector Diversification – retail, leisure, office & industrial	Yes - retail, leisure, office and industrial	Yes - retail, leisure, office & industrial	Yes - retail, leisure, office and industrial
Risk Appetite	Risk averse	Moderate risk – linked to NNDR yield	Risk averse – linked to security
Lease	Tenants of strong financial standing and minimum 5 year unexpired lease term	Tenants of strong financial standing and minimum 5 year unexpired lease term	If applicable
Location	National (UK)	Torbay	Torbay
Location – Diversity	25% in any one Council area	100% Torbay	100% Torbay
Reputational Issues	No “sin” assets or tenants	No “sin” assets or tenants	No “sin” assets or tenants
Financial Assumptions			
MRP	50 years land and 40 years buildings or life of asset	50 years land and 40 years buildings or life of asset	As applicable
Interest Costs used in appraisal	New Borrowing Rates	New Borrowing Rates	New Borrowing Rates

SDLT & other purchase costs	Part of purchase price	Part of purchase price	-
Fund Management Costs & ongoing client costs	0.50% of purchase price	0.50% of purchase price	0.50% of loan or investment
“Green Book” Financial profile over life of asset (IRR)	Yes	Yes	Yes

5.0 Other Councils

5.1 Other Councils have started similar investment funds including Luton and Harrow Councils. Details of Harrow’s Fund and Investment Strategy are available on their website:

<http://www.harrow.gov.uk/www2/documents/s131517/Invest%20Property%20Strategy%20-%20Main%20Report.pdf>

5.2 Analysis of Investment Funds already set up by other Local Authorities has been used in preparing this report. For illustration, the figures declared for one such fund over a two year period are given below:

New purchases (gross, 5 properties)	£19,900,000
Rental Income per annum	£1,650,000
Gross Income yield	8.30%
Assumed financing costs (4% interest; 2.5% MRP)	£1,290,800
Net Income	£359,200 (1.8% on capital)

5.3 Eastleigh Council has been used as a LGA case study. The LGA summary stated the following:

“Eastleigh Borough Council’s main area of commercialisation has been in respect of property. They have actively been pursuing the purchase of a range of property assets which generate a high investment yield. By 2015, expenditure (financed principally by borrowing) will have reached over £100 million and includes a range of assets such as shops, banks, pubs and offices (one of which, following refurbishment, is now their headquarters).

Its innovative to property management now means the Council is landlord to a high profile mix of businesses including B&Q, Lloyds Bank, Wetherspoons, Matalan, Halfords, Pets at

Home, Costa Coffee and Travelodge as a result of the freehold purchase of land and buildings over the last five years .

The most ambitious acquisition has been the Ageas Bowl, home of Hampshire Cricket, where the council is investing £40 million, including the construction of a 4 Hilton Hotel.*

Assets owned by Council have risen, according to the latest valuation, from £55 million to £188 million. Revenue surplus after borrowing and other costs is almost £2.5 million per annum. The assets contribute to regeneration, economic and employment objectives. For example, the Ageas Bowl alone is forecast to generate £55 million in direct and indirect economic benefits annually and 500 additional jobs”.

6 Existing Investment Properties

6.1 The Council already holds a portfolio of non-operational properties within Torbay for investment purposes, managed on its behalf by the Torbay Economic Development Company (TDA) with the client function undertaken by the Executive Head of Business Services.

7. Staffing, Management and Delegation

7.1 Existing expertise within the TDA (and/or expertise to be recruited to by the TDA) is best placed to provide management of the Investment Fund (subject to an agreement between the two parties) supported where required by the Council's Finance and Legal sections with the client function undertaken by the Executive Head of Business Services.

7.2 It is proposed that a valuation be obtained for each property purchase and consideration needs to be given to further obtaining specialist expertise to actively manage market presence, acquisition & disposal and portfolio mix for this larger investment.

7.3 The above costs and any other associated purchase costs such as legal fees, property searches etc will be met by applying a 1% (of purchase price) one off cost, to be funded from the estimated return.

7.4 The following decision making process is proposed:

- a) The Chief Executive is given delegated authority by Council to approve any investment or purchase within the fund in consultation with Mayor, S151 Officer, Group Leaders and Executive Head of Business Services. The Overview and Scrutiny Co-ordinator will be informed prior to any investment/purchase.
- b) Any use of the Investment Fund is to be in line with approved criteria as outlined in the Investment Strategy. (Appendix 1)

- c) Audit Committee and the Mayor (as Executive Lead for Finance) be requested to meet as an Investment Board to review the performance of the Investment Fund on a quarterly basis.
- d) All investments or purchases to be subject to a (documented) review by S151 Officer, Monitoring Officer, Fund Manager and Executive Head of Business Services.
- e) The Chief Executive is given delegated authority by Council to revise the Strategy if it is in the best interests of the Council in consultation with Mayor, S151 Officer, Group Leaders and Executive Head of Business Services.

8. **Legal**

- 8.1 Local authorities have broadly drawn powers allowing them to invest and to borrow, in each case either for purposes relevant to the performance of any of their functions or generally for the prudent management of their financial affairs (s1 and s12 of the Local Government Act 2003).
- 8.2 They may also acquire property by agreement located either inside or outside of their borough for the purposes of any of their functions, including their investment functions, or otherwise for the benefit, improvement or development of their area (s120 of the Local Government Act 1972).
- 8.3 Furthermore, they may also take any action (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions, which would again include their investment functions (s111 of the Local Government Act 1972).
- 8.4 The council will need to ensure that in exercising its investment and borrowing functions to expand its property portfolio, any actions are reasonable and proportionate and for proper purposes consistent with the Council's prudential regime and its investment strategy. Investment decisions also need to be taken mindful at all times the council's fiduciary duties to ensure the sound management of the public finances.
- 8.5 Legal due diligence will be required on all property acquisitions, to include a review of title and ownership, and searches and enquiries of the vendor, in order to ascertain relevant liabilities and restrictions connected with the subject property. The results of the legal enquiries, and any associated risks, should be considered prior to any decision to enter into contract.
- 8.6 On any sale of an investment property the Council will be required to obtain best consideration in accordance with s123 of the Local Government Act 1972. Usually this will be achieved by placing the property onto the open market or otherwise, in respect of a sale agreed off market, demonstrating by way of professional valuation that it is achieving no less than market value for the property.

8.7 In all purchases, in particular on any loans, State Aid implications will need to be assessed.

9 Financial Implications

9.1 The potential income from this investment Fund has been estimated as follows. These figures will be included in the Efficiency Plan and as applicable included in future year budget proposals.

Year	Investments In year £m	Income Return @ 1.5% over costs £000's	Cumulative Income Return £000's
2016/17	5	75	75
2017/18	10	150	225
2018/19	15	225	450
2019/20	20	300	750
Total	50		

9.2 The 1.5% return above costs is considered to be a prudent target, although returns above this level will be aimed for.

9.3 It is proposed to allocate a sum of £50m (an increase of £40m) to be available for the purchase of an Investment Fund which will be added to the capital budget and will be funded from prudential borrowing with the ongoing revenue costs funded from future income.

9.4 It is likely that the source of funds will be the Public Works Loans Board where Interest rates for periods of 45 years are currently in the range around 2.0% (2.5% used as prudent). Where possible the TDA will support the Council in using LEP support to gain access to the lower PWLB rate (by 0.2%) for projects that meet certain criteria. Any capital expenditure incurred by the Council necessitates a minimum revenue provision (MRP) of 2% if the principal repayment is spread equally over 50 years. If asset life is assessed as lower, then the MRP period will be adjusted accordingly.

9.5 As a guide if £50m is borrowed and expended the additional annual costs to the revenue budget will be £2.250m (4.5%). If long term borrowing rates increase then the costs may rise accordingly.

9.6 The draft Investment Strategy states that a minimum gross yield of 6.5% (or 2% above borrowing costs) is required from an investment property to ensure an additional income stream for the authority after accounting for capital financing costs. 0.5% of the return will be allocated to an earmarked reserve to cover any "asset" costs associated with the purchase, ongoing portfolio management and legal, repair, void costs etc.

Cost	% Rental	% NNDR	% Loan	Costs per annum for £1m Cost
Minimum Target Return	6.5%	6.5%	4.5%	£65,000
Less:				
MRP	2%	2%	-	£20,000
Interest Costs	2.5%	2.5%	2.5%	£25,000
Asset Costs	0.5%	0.5%	0.5%	£5,000
Net Return	1.5%	1.5%	1.5%	£15,000

- 9.7 For loans, where there is a clear assumption that the loan will be repaid then no MRP will be applicable, therefore the minimum interest rate will be 2% above interest costs (subject to state aid compliance).
- 9.8 For purchases to increase NNDR, the target return is still 6.5% however this will need to be assessed for each purchase linked to the estimated increase in the Council's 49% share of NNDR collected. In addition, as DCLG is currently consulting on reforms to the NNDR retention scheme leading to the Council by end of Parliament retaining at least 98% of NNDR income, each scheme will need to be reviewed in light of any DCLG proposals.
- 9.9 In relation to tax; if the properties are to be held directly by the Council then there should be no Corporation Tax or Capital Gains issues arising.
- 9.10 VAT implications will be considered in all purchases to ensure that optimum arrangements are put in place.
- 9.11 Stamp Duty Land Tax (SDLT) will be payable on purchases which will be included in the purchase cost of the investment.
- 9.12 On all purchases financial due diligence will be undertaken with all partners, and tenants and where applicable appropriate security/guarantees will be obtained.

Appendices:

Appendix 1: Investment Strategy

Appendix 2: Business Case for Investment Template

Background Documents:

Capital Investment Plan – Council February 2016

Investment Fund Strategy:

September 2016 revision

Background

As part of its efficiency plan and transformation programme the Council needs to increase its future local taxbase income (Council tax and NNDR) by investing capital resources within Torbay to stimulate growth. Capital resources could be a combination of asset purchase, co investment in projects or capital loans.

As clarification the following descriptions have been used

- “Investments – Yield” .These are property purchases where the objective is to increase rental income to the Council
- “Investments – Taxbase” .These are property purchases where the objective is to increase NNDR or Council tax income to the Council
- “Investments – Loans or Co Investment” .These are loans to business for capital expenditure where the objective is to increase rental income to the Council or to increase NNDR or Council tax income to the Council. Co Investment is where Council with another investor provides finance or jointly purchases.
- “Property Purchase” – property to include purchase of land and/or buildings

This appendix sets out an appropriate strategy for the management of the Investment Fund including purchases/investments. The strategy adopted should reflect a suitable balance between the risks inherent in the types of property/investments to be acquired and the financial rewards obtainable whilst limiting risks appropriately. In addition, the portfolio of investments being acquired should be diversified in order to spread risks via a balanced portfolio, such diversification principally being across geographical location and the use type of properties held.

The risks of investing in property may be mitigated through the acquisition of assets with secure, long income streams. This needs to be balanced against the requirement for a given level of income yield on capital invested in a careful and controlled manner, with specific analysis of risk criteria carried out in the ‘due diligence’ stage prior to the completion of each purchase.

Objective:

	Investment - Yield	Investment - Taxbase	Investment- loans & co investment
Objective	Increase revenue streams	Increase NNDR & Council Tax income	Increase revenue streams Increase NNDR & Council Tax income

To invest in commercial investment properties to provide income (rental or increased NNDR or a combination of both) from investments with a minimum income return over the medium-term of 6.5%

(or 2% above capital costs) on capital invested, through a balanced strategy of acquisition, retention and management of good quality property investments.

The objective is specifically to acquire income-producing property in order to enhance Council revenue streams in combination with investments in potential development sites and development schemes within Torbay. Long-term growth of capital values is also an objective where possible but not a key focus.

Scope:

	Investment - Yield	Investment - Taxbase	Investment- loans & co investment
Scope	Maximum £50m in total		

Strategy:

	Investment - Yield	Investment - Taxbase	Investment- loans & co investment
Maximum individual Purchase	£5m	£5m	£2m

Achieving a spread of risk across a greater number of assets and by acquiring properties across the range of different property asset classes, namely retail, leisure, office and industrial, is to be desired, however it has to be recognised that opportunities to do this may not arise, and ultimately if individual business cases are robust groupings in any individual property class should not pose any increased risk to the Council.

The principle of being relatively risk-averse by limiting fresh investment to properties with minimum unexpired lease terms of five years at the date of acquisition, and with tenants of strong financial standing, will be adopted.

Properties will be acquired to hold rather than to dispose.

Minimum and maximum yield

	Investment - Yield	Investment - Taxbase	Investment- loans & co investment
Yield	Rental	NNDR	Loan repayments or rental
Minimum Yield Required (before costs)	6.5% of purchase price (or 2% above estimated borrowing costs)	Increased Council NNDR income (after multiplier) equivalent and/or rental yield to 6.5% of purchase price (or 2% above estimated borrowing costs)	6.5% of investment value (or 2% above estimated borrowing costs) If capital loan prevailing borrowing rates + 2%
Maximum Yield	10%	10%	10%

Benchmarked Yield (linked to rate/size)	Yes	Yes	Yes
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Acquisitions of assets will be pursued at a target minimum yield (before costs) of 6.5% and, as a guide to potential risk, maximum yield of 10.0%. Assets producing initial yields in excess of 10.0% are likely to exhibit high risk characteristics, such as very short unexpired leases, or financially weak or insubstantial tenants, or obsolete buildings and are therefore to be avoided. Assets with a projected yield of over 10% will be discounted unless officers can demonstrate that risk characteristics are acceptable and avoid very short unexpired leases, financially weak tenants or obsolete buildings.

Sector spread

	Investment - Yield	Investment - Taxbase	Investment- loans & co investment
Sector Diversification – retail, leisure, office & industrial	Yes - retail, leisure, office and industrial	Yes - retail, leisure, office and industrial	Yes - retail, leisure, office and industrial

Traditionally the highest returns come from the office and industrial sub-sectors. Offices can provide an income return of 5.5% in quality in-town areas and between 7.5% and 8.5% for reasonable quality offices in regional and sub-regional centres. Industrial income yields can range from 6.0% up to 7.5% for acceptable quality assets. The retail sub-sector for prime retail property is lower than comparable office/industrial assets with typical yields ranging between 5% and 7% for high quality in-town properties. On this evidence it is likely that predominantly office and industrial/warehouse will be targeted for acquisition with a lesser emphasis on retail. Leisure and mixed use investments will also be eligible under the strategy.

Residential property tends to be management intensive and requires specialist expertise. It is therefore proposed that this sector is excluded from the Investment Fund strategy.

Locations

	Investment - Yield	Investment - Taxbase	Investment- loans & co investment
Location	National (UK)	Torbay	Torbay
Location – Diversity	25% in any Council area	100% Torbay	100% Torbay

Torbay would be the preferred location for fresh acquisitions of investment properties, so that reinvestment is retained within the local economy and any additional capital expenditure is made in the local area. However, there is a finite and limited supply of property within the local area, and of that supply only a small proportion may be available for purchase at any time. A wider area should also be considered for fresh acquisitions. Taxbase investments, loans and co investments will be for investments only within the Torbay area.

Target assets

The following assets will be sought;

1. Retail investments with the following characteristics;

- Lot sizes between £1m and £5m
- Good locations in town centres or in good out-of-town retail clusters/parks
- Well let to sound tenants on leases with a minimum of five years unexpired terms
- Income yield range from 6.5% to 10.0%

2. Office investments with the following characteristics;

- Lot sizes between £1m and £5m
- Modern specification, likely to be built since 1990
- Good locations in commercially strong town/city centres or in good out-of-town business parks
- Well let to sound tenants on leases with a minimum of five years unexpired terms
- Multi-let properties to be considered with average unexpired lease terms of 3 years, subject to a spread of expiry dates
- Income yield range from 6.5% to 10.0%

3. Industrial/Warehouse investments with the following characteristics;

- Lot sizes between £1m and £5m
- Modern specification with flexible standard layout, built since 1980
- Good locations on major road routes and good access to motorways
- Well let to sound tenants on leases with a minimum of five years unexpired terms
- Multi-let properties to be considered with average unexpired lease terms of 3 years, subject to a spread of expiry dates
- Income yield range from 6.5% to 10.0%

4. Leisure investments, such as public houses, restaurants and health & fitness centres with similar characteristics as above will also be sought.

5. Mixed-use investments would also be potentially suitable additions to the portfolio. These may include a mixture of commercial uses or a mixture of retail and office use. Again, similar characteristics as set out above for office investments will apply.

6. Residential investment – tends to be significantly more management intensive than the types of commercial property investment envisaged under this strategy and requires specialist residential management expertise, so is proposed to be excluded from the strategy under the proposals set out in this report.

Assessment of risks

	Investment - Yield	Investment - Taxbase	Investment- loans & co investment
Independent Valuation of asset	Yes	Yes	If applicable
Condition Survey	Yes	Yes	If applicable
Independent Assessment of Asset Life	Yes	Yes	If applicable
Independent Assessment of Residual value	Yes	Yes	If applicable
Security required	-	-	Yes – minimum 75% of investment/loan
Risk Appetite	Risk averse	Moderate risk	Risk averse
“Green Book” Financial profile over life of asset (IRR)	Yes	Yes	Yes
Lease	Tenants of strong financial standing and minimum 5 year unexpired lease term	Tenants of strong financial standing and minimum 5 year unexpired lease term	If applicable
Reputational Issues	No “sin” assets or tenants	No “sin” assets or tenants	No “sin” assets or tenants

A rigorous assessment of all risks is required in each case of fresh investment in order firstly to value each property and then to check its suitability for inclusion in the portfolio. The risks fall into two categories, firstly economic and property market risks in specific property market sub-sectors and locations and secondly asset-specific risks (as set out below). These can be measured and an assessment made of the likely future performance of the investment carried out based on the ranges of likely future rental growth of the property and also the projected disposal price or capital value at the end of the period over which the cash flow analysis is being measured. Financial returns are modelled over a medium-term horizon of five years, based on proposed offer prices, to determine the acceptability of each investment, and can be compared against general market forecasts. Internal Rate of Return (IRR) calculations will be carried out to model the expected cash flows from each investment. The anticipated returns can be modelled on different bases to reflect the range of risks applicable in each case, to ensure that forecast returns properly reflect the measured risks. In this way a Business Case is put together to support each recommended property acquisition.

Asset-specific risks

Income and capital returns for property will depend principally on the following five main characteristics;

- Location of property
- Building specification quality
- Length of lease unexpired
- Financial strength of tenant(s)

- Rental levels payable relative to current open market rental values

Location – this is the single most important factor in considering any property investment. In the retail sector prime or good secondary locations in major regional or sub-regional shopping centres are likely to provide good long-term prospects, or alternatively prime locations in sub-regional or market towns.

Industrial and warehouse property has a wider spectrum of acceptable locations with accessibility on good roads to the trunk road and motorway network being the key aspect.

Experienced knowledge will be required to ensure that good locations are selected where property will hold its value in the long term.

Building specification quality – In office property especially it is important to minimise the risk of obsolescence in building elements, notably mechanical and electrical plant. Modern, recently-built office and industrial property should be acquired to ensure longer-term income-production and awareness of the life-cycle of different building elements and costs of replacement is critical in assessing each property's merits. For town centre retail property trends have been towards larger standard retail units being in strongest demand from retailers.

Length of lease unexpired – At present capital values are highest for long-term leased property and values tend to reduce significantly when unexpired lease terms fall below five years, as owners expect significant capital expenditure to be necessary when leases expire and tenants may not renew leases and continue to occupy. Fresh investments should be made ensuring that diminishing lease terms will not either adversely affect capital value or that significant capital expenditure and voids are experienced. A strategy to dispose of investments before unexpired lease terms reach terms of shorter than three years should be adopted.

Financial strength of tenant(s) – assessment will be required of each tenant of potential acquisitions through analysis of their published accounts and management accounts where necessary. Risk of tenant default in rent payment is the main issue but the relative strength of a tenant's financial standing also impacts upon capital value of property which is let to that tenant and careful analysis of financial strength is a key part of due diligence prior to purchase of investments.

Rental levels – following the banking crash in 2007/8 rental levels fell across most occupier markets, particularly in office and retail markets. As a result rents payable on leases that were granted before 2007 may be at levels which are higher than current rental values. Rents in some sub-sectors have recovered back to pre-2007 levels but care is required in all purchases to assess market rents local to each property to check whether rents payable under leases are above or below current levels, as this will impact on whether growth in rents in the future will be fully reflected in the specific property being analysed.

Environmental and regulatory risks - Risks such as flooding and energy performance are taken into account during the due diligence process on every property purchase.

Reputational risks - A policy on specific types of commercial tenant which may not be acceptable to the Council such as tobacco, gambling or alcohol-related companies should be adopted. Properties tenanted by such companies would not then be considered for purchase. However, this would not necessarily protect the Council in the event of a future transfer of any tenancy to a prohibited company.

INVESTMENT FUND

BUSINESS CASE FOR INVESTMENT

1. INVESTMENT NAME AND ADDRESS

2. STRATEGY OBJECTIVE

3. COMPLIANCE WITH STRATEGY OBJECTIVE – NON-FINANCIAL

- Sector and target assets
- Location
- Building specification
- Management and maintenance obligations
- Lease arrangements
- Quality of tenants

4. COMPLIANCE WITH STRATEGY OBJECTIVE – FINANCIAL (Completion of Appendix with commentary as below)

- Purchase price
- Estimated exit value
- Building survey results
- Rental income
- Outgoings
- Estimated voids
- Cashflow
- Costs including stamp duty, legal fees, survey fees, letting costs
- Management and maintenance obligations
- IRR Calculation

5. LEGAL ISSUES (to include)

- Review of title and ownership

- Liabilities and restrictions

6. RISK ASSESSMENT

- Economic and Property Market

- Asset-specific –eg location, building quality, length of lease, financial strength of tenant, rent payable

- Environmental and regulatory

- Reputational

7. RECOMMENDATION

8. REVIEW

- Chief Finance officer

- Monitoring officer

- Investment Fund Manager



Meeting: Overview and Scrutiny Board **Date:** 14 September 2016

Wards Affected: All

Report Title: Torbay Youth Trust – Update Report

Executive Lead Contact Details: Councillor Julien Parrott, Executive Lead for Children’s and Adults Services,
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1. Introduction

1.1 It is proposed to commence dialogue with Torbay Youth Trust Trustees, young people and stakeholders on options for future youth service provision based on a sustainable budget of circa £300k. It is envisaged to have the revised budget and delivery arrangements in place by 1 April 2017.

2. Feasibility Assessment

2.1 The decision to relocate Torbay School to the Parkfield site is a material and significant consideration within the existing proposals for the Torbay Youth Trust. The use of Parkfield as a base for the Trust and a potential source of revenue had been an integral element within the business plan.

2.2 Discussions have commenced between Catch 22 (as the sponsor) for Torbay School and the Youth Trustees about how the site can be utilised. The conditions of capital grant for Parkfield are such that some youth activity will be continued at the site. However, the use of the site by the Trust will be as a service platform rather than a permanent base with much less potential (if at all) for revenue generation.

2.3 The current plan is for Torbay School to commence delivery from the Parkfield site at the commencement of the 2017/2018 academic year. This will require Children’s Services to meet the premises’ costs until that point. Any evening and weekend youth provision after transfer will include some element of premises’ cost for the provider/commissioner as the academy will not be able to subsidise youth provision from its budget.

2.4 The current budget (2016/17) for youth services is £476K. The business plan approved by Council envisaged this tapering down to £330k by 2020/21. A further

forward thinking, people orientated, adaptable - always with integrity.

commitment was given that the Council would underwrite the TUPE and ongoing pension liabilities for any Council staff transferring to the Trust.

- 2.5 The Children’s Services budget is currently projecting a significant overspend due to a combination of staffing and placement costs. Although action has been taken to begin to address these pressures, considerable work needs to be completed to bring the budget back in line.
- 2.6 The Council’s draft Efficiency Plan identifies in excess of £18.5 million in savings to be achieved by 2019/20. As a significant area of expenditure, Children’s Services is projected to contribute over £5m of planned efficiencies. The combined impact of the in year position and longer term efficiencies are such that reductions in youth service spend will be required to a greater extent and depth than had previously been planned. The Trustees have been informed of the budget situation as a precursor to more detailed discussions.
- 2.7 The loss of the Parkfield site as a base and the reduced level of funding are of such significance that they call into question whether the Youth Trust is the best model for securing future youth provision on a sustainable basis from 2017/2018 onwards.

3. Details of timetable for next steps:

Milestone	Date	Overall responsibility
Initial discussions with Torbay Youth Trust	September 2016	Andy Dempsey/Gail Rogers
Engagement with young people and stakeholders	September – November 2016	Gail Rogers
Formal consultation with staff if TUPE commencing	November 2016	Andy Dempsey/Gail Rogers
Revised budget and delivery model in place	April 2018	Andy Dempsey/Gail Rogers

- 3.1 The Transformation Board has agreed that work commences immediately to secure future youth provision on a base budget of circa £300K from April 2017 onwards. This will involve dialogue with Trustees to determine the viability of the Youth Trust, alongside engaging young people and stakeholders on the nature and scope of future provision.

Appendices

None



Monitoring Officer report - Screen on the Green

The Chief Executive initially requested that I review the decision making in respect of the Screen on the Green. Subsequently Overview and Scrutiny Board have requested that the following areas be addressed;

1. We understand that Councillor Morris has received a £10,000 grant from the Council to provide the Screen on the Green. Why was such an invitation not put out to open tender?
2. We understand that prior to being elected as a councillor Mr Morris put such a proposal forward previously. Why was this request denied?
3. What claw back provisions are there within the grant for any profit made from this venture?
4. There is a prohibition on illuminated advertising on Torre Abbey Meadow. How has this been circumvented?"
5. What are the implications of the covenant on Torre Abbey Meadows for this attraction and future attractions?
6. Was there a business case for the proposal showing the financial and community benefits? If so, can a copy of the Business Plan be shared with the Board?
7. What is the decision making process for agreeing to hold such events?

Having reviewed available records and having spoken to relevant officers I set out below my conclusions generally, whilst also addressing the questions as set out by Overview and Scrutiny Board;

1. Decision making

Approval was sought by Officers from the Mayor for the use of £10k from the Events Fund in early October 2015 to fund a screen for this event.

The Events Fund comprises of a revenue budget of £60k, under the ultimate responsibility of the Assistant Director of Community and Customer Services. There appears to be some confusion as to decision making for these monies, with some officers believing that no money can be spent from this budget without the Mayor's approval.

It was on this basis that approval was sought from the Mayor to fund the screen for this event. Following this approach through, this should have resulted in a Record of Decision for the Mayor to sign, however this was not done. Minutes of the Events Project Board Meeting from 9 November 2015 demonstrate that the Mayor agreed this funding.

From my investigation there is no consistent process for how the Council makes decisions on events.

Recommendations

- (i) The Assistant Director of Community and Customer Services to review the current arrangements and put in place a clear and transparent process for;

- consideration and determination of future events run/supported by the Council,
 - any expenditure from the Events Fund,
 - consideration and determination of how the Council makes its land available for use by others for events.
- (ii) Where appropriate, records of decision need to be completed and publicised in accordance with the requirements of the Constitution.
- (iii) Governance Training to be delivered as determined by the Assistant Director of Community and Customer Services.

2. Compliance with Financial Regulations

The Council's hire of the screen from Maritime Group was conducted in accordance with the Council's Financial Regulations, which permits the direct award of contracts up to the value of £10,000.

However, Financial Regulations were not complied with in respect of the permission granted to Quattro Events to operate around the site of the screen. This was approached as a hire arrangement of the land, although no hire charge was levied, nor was there any arrangement for the Council to receive a financial benefit from the hire arrangement. Records demonstrate that Laura Ballard, now of Quattro Events, contacted the Events Team in late 2015 wanting to run an event on Torbay Seafront. She was advised by Officers of their longstanding idea to have a 'Fanzone' event and she started to work up proposals for it. Ultimately she requested to complete a hire agreement.

In the intervening period, Quattro Events was formed, and the hire agreement was completed in the name of Quattro Events.

It was incorrect for this to be dealt with as a hire agreement situation. The records demonstrate that this should have been dealt with as a concession contract, and therefore should have followed a procurement process in order to select the provider.

There is no evidence to suggest that this error was anything other than a lack of knowledge on behalf of the officer concerned.

Recommendation

Events staff to receive immediate procurement training as to procurement generally, and specifically in respect of concession contracts.

3. Area of Special Advertising Control

The area of the Screen on the Green was within an Area of Special Advertising Control. In such areas there are limits on certain types of advertisements.

In this case it is arguable that the advertising was incidental to the purpose of the screen and was not therefore a breach of the Area of Special Advertising Control. However the Events team were unaware of this restriction and advice was not sought from the Planning department.

Recommendations

- (i) The events team urgently receive information as to the Area of Special Advertising Control from Planning colleagues,
- (ii) The events team establish a mechanism by which they routinely obtain advice from Planning at the conception of events, so as to ensure that they are fully aware of any restrictions which may impact upon proposals.

4. Members Register of Interest

Councillor Morris is a Director of Quattro Events Ltd. Having checked his Register of Interest, his interest in this company was not registered. It is a company which has a place of business in Torbay, and therefore should be included within his register.

Quattro Events Ltd was incorporated at Companies House on 9 June 2016. Cllr Morris accepts that he overlooked updating his Register and has now done so.

Recommendation

All members be reminded as to the need to regularly review their register of interests to ensure that they are up to date.

5. Covenant on Torre Abbey Meadow

The Council placed covenants on Paignton Green and Babbacombe. No similar covenant was placed on Torre Abbey Meadows. An application to register Torre Abbey as a Village Green was refused.

There are some long standing covenants, and I have asked the Property Legal Team to do a complete review of the title in respect of Torre Abbey. However it is not believed that there are any covenants that would restrict such events occurring.

6. Previous proposals for such an event

Records indicate that David Morris was involved in discussions for a screen for the La Solitaire du Figaro event in 2015, however this was not progressed by Dave Morris for business reasons.

Officers are not aware of a previous proposal for a Fanzone from Dave Morris, although it is recognised that there could have been discussions with Officers who are no longer with the Council.

7. Business Plan

Financial forecasts rather than a full business plan were provided. The financial forecasts predicted that the event would break even.

Recommendation

As a part of recommendation 1(i) above, the submission of a Business Plan should be an essential requirement before consideration of an event proposal.

Anne-Marie Bond

Monitoring Officer

28.07.16